MINUTES
June 8, 2021
1:00 pm-3:00 pm

Meeting called to order via Zoom 1:00 p.m. by Chair, Sandi Kellogg.
Present via Zoom: Chair, Sandra Kellogg, Angela Powell & Karmin Maher-Hasse
ONA Staff: Larlene Dunsmuir, DNP, FNP, ANP-C, PK Martin, Education & Daniel Bunten-Foster, PA.

Absent: Paula Gubrud-Howe, Amber Vermeesch, RN, Dr. Kimberly Jones, OCN Director, Jana Bitton and Whitney Wong

1:00 Welcome & Introductions
Sandi
Agenda review
Potentially a short meeting, due to lack of quorum. Larlene invited PK to join earlier to share with the group.

1:03 Approval of March Minutes – no quorum, tabled until next meeting.

1:05 Environmental Scan
All
Karmin: As an acute care nurse it was great to have student nurses back on the floor. Due to COVID these senior students are not quite where they were when they were having clinicals consistently throughout their programs. Critical skills and critical thinking are down with these senior students. They are picking it up fine through their integrated practicum. There was first year scared/first year thinking. End of term doing just fine. Not having clinicals have bogged them down some, but wonderful to have back.

Angela: New to Oregon State Board of Nursing (OSBN) Board of Directors, she will continue as an appointed Cabinet of Education member serving second term starting July 2021. Mercy Medical Center, Roseburg has a 30% vacancy rate, hard time finding
preceptors. Would love to hire and have students, just no preceptors. With OSBN there are a lot of practice changes coming though.

- Adding labeling emergency nurse practitioner licensing for NPs.
  - Currently there is a lot of testimony against that.
- Good clarifications on wording around competency
  - Good from an ONA standpoint.
    - A way to say we do not feel competent which is a valid way to get out. So, we can’t be forced to do stuff.
  - Clarifications are under scope of nursing practice framework.
- OSBN interpretive statement: Is the activity or intervention role prohibited by the Nurse Practice Laws and Rules
  - Yes, if it prohibited, then stop what you are doing.
    - Additional question and if you cannot answer yes you must stop.
    - Scope of practice edits for clean-ups for RPN.

**Summary Conversation Around Changes**

Concerns around preceptors and placement, especially for advanced practice nurses. The whole emergency nurse practitioner clause is very problematic especially with OSBN providing a license for a specific population foci. It’s building an unsustainable structure and would make Oregon the only state with such a requirement. Not in compliance with what the National Council of State Boards of Nursing (NCSBN). Not congruent with APR or NPR. There are already ways to expand a nurse’s role through certifications. Licensing that happens through your educational program is not what happens in the real world. Friday, June 11 is the deadline to enroll in providing testimony. Larlene plans to sign-up. There is an inconsistency with the final document and the conversations that happened during the stakeholder’s meetings.

Sandi – The education portion has been taken care of and we were able to stop that. Now they are reopening it. We have issues with the simulations (SIMS) hours, clinical hours, direct care hours. After we presented our case it has been reopened to sub-committee again. We recognize that students who are graduating are not where students have been pre-COVID. Clinical hours have been reduced. Now instead of taking eight students, they will only take four. Student issues are where I get involved, such as if a student grieves a decision, as I review those files there are several issues now. It’s not just about students not learning content, we need to get them out into clinical sites. It is a bigger picture of what their time with us has been because of these reduced hours and just not where we want them to be. Do more planning for success. Develop them better than we’ve done before. We are doing more hand holding.
Larlene – Is there any conversation happening about the repercussions of reduced hours. We'll be feeling these affects for five years.

Sandi – OCN Friday huddles the downside of keeping students off the floors during COVID. Whitney Wong Salem has been, Portland worse in reduced clinic sites during COVID. less time per students. Fall still have sites that will not commit yet. Could be an issue with clinics that have agreed to take students, possible doubling up. Need to replace two faculty. 2nd year placements are not firm yet. no Home Health hospice for 2nd year clinical. Only acute care is available. No time Didn't take a full load last year, had committed to taking 48, but do not have staff so pushing back to 40 students. 30% loss take forever to get out of.

Karmin – As a nurse on the floors, we are seeing that we need to start from the bottom and work our way up. For instance, I have to take a senior student and treat them like a sophomore or treat them like this is their first practicum. With an integrated practicum, they are in there every day that I am there fortunately. Whereas a sophomore is only a couple of times a week. With talking to my manager, I’ve told them we need to give these nurses a period of grace, since they have not had clinical experience. I didn’t know why, if it was the hospital or the colleges that said we are not going to put them into the environment. It was not helpful to the incoming group of students, and they are going to have a struggle in the real world.

Sandi – It’s not the colleges, but the clinical sites, and it has been worse for the Portland area. With fewer students per group, that means less clinical time per student. Some sites have said they will take students, while others have not committed yet. As I accept students for next fall, I just hope we have clinical sites for them. If we don’t come through, we will need to double up on the sites that have agreed to take students. This seems to be the case everywhere; we just don’t know right now. On top of all that, I have two faculty to replace. Clinical placements are shored up for first year, second year students placement is not firm. Second year is where we would do home health and hospice, and those are all shut down for now, all we have available is acute care. No sure what we will do around home health and hospice if we can’t provide that clinical and when they will come back on board with us.

Angela – Mercy is currently the only clinical site for Polk Community College, and their wanting to double the number of students next year from 30 to 60/65. With a 30% vacancy rate it will be a difficulty to be the only clinical setting.

1:30 ONA Updates Larlene Dunsmuir
Second Equity training June 28 and July 1
ONA Health Equity Conference: A Vision For Equity And Nursing
The Armory 128 NW Eleventh Ave – August 5-6, 2021

- Ernest Grant, PhD, RN, FAAN, ANA President
- Maya Rockeymore Cummings, PhD, former chair of the Maryland Democratic Party
- Allyson P. Brantley, Ph.D., Dept. of History and Political Science and Author
  - Brantley is the author of *Brewing a Boycott: How a Grassroots Coalition Fought Coors & Remade American Consumer Activism.*
- Panel of Bipoc Nurses
- Breakout for APRNs
- Still room for breakout for education topic

- We have three people elected to the Education Cabinet
  - Amy Blankenship, BSN, RN
  - Gabriel Wihtol, RN, BSN, CEN
  - Paula Gubrud-Howe, RN, Ed.D
- Amber Vermeesch will continue with an appointed seat.

1:35  OCN Update  Larlene Dunsmuir
Check handout that was emailed on Monday.

1:45  ANCC update  PK/Larlene
Please refer to power point presentation and ONA Approver Unity-CONE letter support for specific information.

Meeting adjourned at 2:16 pm