

Oklahoma City Community College
Nursing Program
Nursing Advisory Committee
College Union, Rm 1 (CU1)
October 27, 2010
Minutes

Members Present: Karen Tomajan, Josie Scott, Pamela Jackson, Heather Patterson, Pam Spanbauer, Ron Scribner, Kerri Bayer, Dr. Felix Aquino, and Greg Gardner.

Faculty Present: Traci Boren, Sarah Brown, Heather Campbell-Williams, Michael Cole, Linda Cowan, Jackie Frock, Carol Heitkamper, Monica Holland, Rosemary Klepper, Judy Martin, Valerie McCartney, Deborah Myers, Beverly Schaeffer, Terri Walker, Jimmie Kay Wetmore, Cindy Williams, and Heather Worden.

Adjunct Faculty

Present: Kelia Crabbe, Pam Caldwell, and Fran Masters.

Students Present: Katherine Elrod, Leah Payne, Cody McBride, Angela Albertson, Jessica Adams, Huong Doan, Arlyssa Harris, Sarah Okeh, Tiffany Davis, Jessica Onesky, Kaitlin Ketner, Verritt Moon, Jennifer Hader, Leslie Doshier, Jennifer Clause, and Libby Morris.

I. Call to Order

Karen Tomajan called the meeting to order at 3:30 p.m.

II. Welcome and Introductions: Karen Tomajan, R.N., M.S., Chairperson

Karen introduced herself and asked those present to introduce themselves to the group.

III. Approval of Minutes: Spring 2010

Karen asked the members to review the minutes from the spring 2010 meeting. Minutes were approved as distributed.

IV. College Updates:

- a. Oklahoma City Community College Updates: *Felix Aquino, PhD, Vice President for Academic Affairs*

Dr. Aquino reported that the enrollments at Oklahoma City Community College are at an all time high. There has been a 25% increase in credit enrollment in the past two years. The enrollment of students between the ages of 25 and 44 has gone up twice the rate. We have a strong budget for next year. There are no frozen positions and the tuition was not raised last year. According to an analysis

by the Oklahoma State Regents of Higher Education State Question 744 would cost the college \$2.5 million if passed. They have broken ground on the performing arts center. The theater will be in the shape of a "C". They anticipate it will consist of 1,000 seats and it will be the largest concert venue between the Civic Center and Norman. The FACE Center is in the process of going through some renovations. The Community Ed Center is there now. In January they plan on opening a student scheduled child care center. The students will be able to keep their children here while they are attending class. He was not for certain on the price but it would be very reasonable for the students. Once the child care center is moved out they will begin construction on the new John Massey Center. The proceeds made from selling the old John Massey Center to Chesapeake Energy will be used to build the new facility. This facility will include all of Human Resources, Finance, etc. They will continue to fill faculty positions as they become vacant.

- b. Health Professions Division Update: *Jo Ann Cobble, EdD, NREMT-P, R.N., Dean of Health Professions Division*

Rosemary Klepper reported on behalf of Jo Ann Cobble that she will be retiring in early January 2011. She sends her appreciation for the work that the Advisory Committee has provided for the nursing program and will continue to provide.

V. Program Updates:

- a. Program Updates: *Rosemary Klepper, M.S., R.N., Program Director*
Rosemary Klepper presented the following report on behalf of the Nursing Program. (Please see Appendix A).

- b. Faculty Updates: *Deborah Myers, M.S., R.N., Associate Program Director*
Debbie Myers reported that they had lost two faculty members since the committee last met. By this last August they had hired two new faculty members. Monica Holland has now replaced Cindy Neely as the Campus Lab Coordinator. She is still taking on the role of the Nursing Process I team leader. Debbie introduced Heather Worden, the new faculty member for Nursing Process IV, and spoke a little on her background. Heather Campbell-Williams is the other new faculty member for the Career Ladder Pathway. She spoke a little about her background and it was mentioned that she is also taking on the role of interim for the Nursing Process I team leader. She has been working with Monica trying to learn that role. There will be a vacancy in the Career Ladder Pathway if Heather decides to transition into Nursing Process I. Sarah Brown will be receiving her Master's degree on December 9, 2010 and Heather Campbell-Williams will be receiving hers in May 2011. The nursing division is at 50% or greater with the adjunct faculty with Master's prepared nurses. The ultimate goal is to have 100% Master's prepared faculty including the adjuncts.

VI. Overview of Process for Input: Linda Cowan, M.S., R.N.

Linda Cowan reviewed a report that was done by the Advisory Board Company. They took a look at surveys from nursing faculty and also service representatives. They asked how prepared are the graduates. This report showed that the faculty felt that they were better prepared than what they found to be. The faculty did admit there were gaps. They categorized the lack of preparation into six primary categories. In each of these six primary categories there are six subcategories. Linda then reviewed that in last spring's meeting everyone reviewed the six topics in each area that they had problems with. The object for this meeting was to break out into groups discussing each area. They were to discuss ways that they could enable the students to be better prepared. She reminded everyone of what group that they would be in.

a. Breakout Groups: (Solutions for strengthening graduate preparation in the following:)

1. Clinical Knowledge
2. Technical Skills
3. Critical Thinking
4. Communication
5. Professionalism
6. Management of Responsibilities

b. Summaries of the Six Areas were presented as below.

1. Clinical Knowledge

Linda Cowan reported that the key to improving competency and performance is communication. New graduates need to feel both confident in their knowledge base and confident that they can communicate their concerns to other professionals. Infusing scenarios where they must practice communication with other professionals into simulation activities could increase their ability to do this. Another suggestion is to review and analyze legal cases to develop a better understanding of the nurse's responsibility to challenge orders or procedures when it could negatively impact patient care. Again, this type of experience could be infused in simulation cases. Documentation is also a problem as many new graduates are concerned that they will write inaccurate information. It is recognized that practice of this skill is a problem as so many hospitals are converting to computer charting thereby eliminating a student's opportunity to develop documentation skills. However, there are some computer programs that will allow the students to practice this skill – it is recommended that we investigate such resources. Making certain the students focus on what objectives they have for a given clinical day is also important. The student should coordinate what learning or skills

needs they have with their patient's care plan to make the experience more meaningful. If there are skills that need to be practiced beyond the assigned patient's needs, letting the assigned nurse know. This would enable the nurses in the facilities to enhance the student's learning and skills. This encourages the student to take more responsibility for their own development.

2. Technical Skills

Heather Campbell-Williams reported that they discussed the process of integrating more simulations in the labs and classrooms at OCCC. It was suggested by Josie Scott, that we model their Metro Care day at MTC. This activity uses role-play and simulation and allows the students to work through clinical problems that they are not exposed to in clinical. Metrotech involved their surgical tech, dental hygienist, radiology tech, nurse prep, PN classes, security officers and high school students at the Health Career Center. There was a surgical suite, med-surg floor, ER, X-ray department, lab department, Medical Records, and medical transport. Students were able to do routine care as well as call doctors for orders, run codes, transfer patients to other departments, and admit and discharge patients. The students suggested that it would be helpful if the lab could have some open lab slots for simulation. The students thought that working through the simulation in groups with a resource, even if it was paper algorithms, would help them apply nursing process and critical thinking. They agreed that they learn a lot from the simulations that they are exposed to and are requesting more.

3. Critical Thinking

Heather Worden reported that the group discussed the problems facing new graduates in the work place regarding the critical thinking competencies. Problems that were observed with new graduates were identified as: assertiveness, independence, confidence, developing relationships (with colleagues, patients and family members), and the difficulties of role transition from student to nurse. The suggestions to help decrease these problems covered using a variety of simulations that present patient trends, incorporate staff/patient/family interactions, presenting rare clinical experiences and increase student confidence. Incorporating information gathered from area clinical facilities to help increase student preparation for the real world was discussed. Critical thinking methods in general education classes were presented as using essay test questions and through lab experiences. The suggestion was made to look at having a pre-

nursing program class to help build critical thinking skills. The group agreed that critical thinking skills could be increased through these experiences, to help students transition from “shadow” to “nurse”.

4. Communication

Kay Wetmore reported with student’s cell phones they appear to be complying with policies as per mercy representative. The students are focusing on patient care and not being distracted by external focus. The suggestions made were to emphasize touch as communication and not to be stand offish with patients. Another suggestion was to emphasize students’ interpersonal communication. The possible issue with the “online generation” is they do not understand therapeutic touch and being detached from the patient. This manifests as students standing away from the bed and only touching the patient when absolutely needed for assessment purposes. To evaluate communication, the suggestion made was to use taped interviews with actors as patients. They would then have the students evaluate their own performance. This could be especially useful in psych prior to the students going to clinical with the patients.

5. Professionalism

Debbie Myers reported that the sub-committee addressing professionalism came up with the following possible solutions for strengthening graduate preparation:

1) Ability to work independently:

- Increased opportunities for student to practice independently, or in groups, in the campus lab with models and low to mid-fidelity simulators.
- Pairing students up with staff in the clinical areas that model professional behaviors.
- Increased utilization of SSI to be used as tutors and role models for underclass students.
- Encourage and support increased use of NSA mentors throughout the first three nursing courses to provide students with additional resources on “how to succeed” in nursing school.

2) Ability to work as part of a team:

- Continue to require group projects and activities in the classroom and lab settings. Have students evaluate their peers in the area of group process and collaboration.

- Develop a multidisciplinary approach to a comprehensive simulation activity whereby EMS, OTA, PTA and nursing would participate and collaborate.
 - Assign observational time within the clinical setting to offer students the opportunity to follow other disciplines while they perform their daily routines.
 - Continue to fully utilize the SBAR communication tool within theory, lab and clinical situations.
 - Encourage and supports students to utilize the communication's lab for assistance in study techniques, group facilitation, and critical thinking exercises.
- 3) Ability to accept constructive criticism:
- Utilize the ATI critical thinking exam for information leading to insight/awareness in the area of self-regulation.
 - Demand that all faculty model professional behavior in the classroom and clinical settings.
 - Instruct faculty to always debrief students when unprofessional criticism or verbal exchanges take place.
- 4) Customer service:
- Treat others as if they were your family members.
 - Modeling and bringing attention to excellent examples of customer service.
- 5) Accountability for actions:
- Encourage faculty to plan classroom activities depicting clinical errors and how to work through the Quality Improvement process.
 - Work with students on a one-to-one basis if accountability issues surface. Help them to develop skills and then to pay it forward with other students.
- 6) Respect for diverse cultural perspectives:
- Develop simulations/scenarios for classroom activities that have cultural perspectives as the "main" focus of the assignment.

6. Management of Responsibilities

Terri Walker reported that the members of her group first reviewed last year's comments and then the New Graduate Competencies. Mentioned was a research study that involved decreasing the student to faculty ratio at clinical as the complexity of the patients increased. An example was to start with 1: 10 in Fundamentals and decrease to 1: 8 or 7 in the last semester to give the faculty more time with the individual students. Another suggestion was to assign the students to a team instead of one

patient. The group then looked at restructuring of clinical; change weekly activities such as in Fundamentals the student would be assigned to a nurse who is a member of a team and in the last semester where the student would be assigned to a charge nurse. The differing roles would demonstrate prioritization and delegation at different levels. Changing how we do preplanning to tailor it more to the student assignment was a suggestion. Also suggested was having the students set goals at the beginning of each clinical to define what they will do that day; have more realistic clinical rotations (full shift, off shifts, taking same number of patients as the nurse would); assigning procedure intensive experiences at an earlier level; hospitals providing clinical instruction and teaching; increased use of simulation and role playing; assigning the student to the same nurse or preceptor for half or all of the clinical rotations or the same unit; and the hospitals providing more summer extern programs or fellowships to allow more learning to achieve the competencies.

VII. Adjournment:

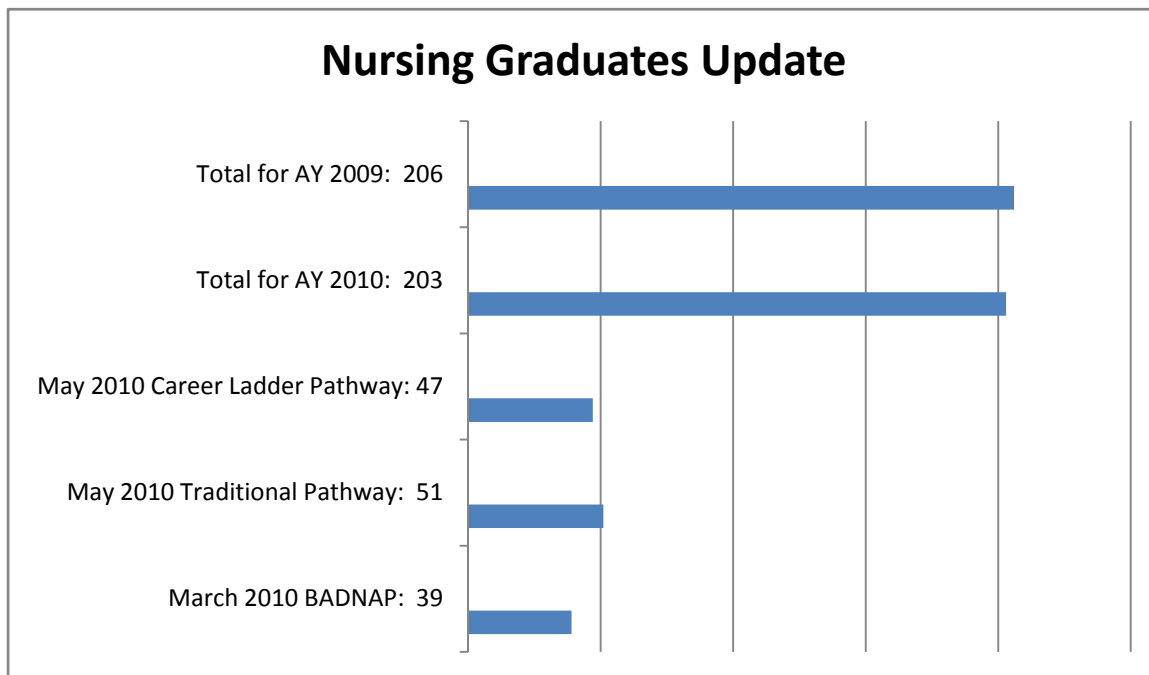
Before the meeting was adjourned Linda mentioned that the date for the next meeting had not been set. She reminded everyone that she would send out a save the date email along with the materials for the next meeting.

The meeting was adjourned at 5:14 p.m.

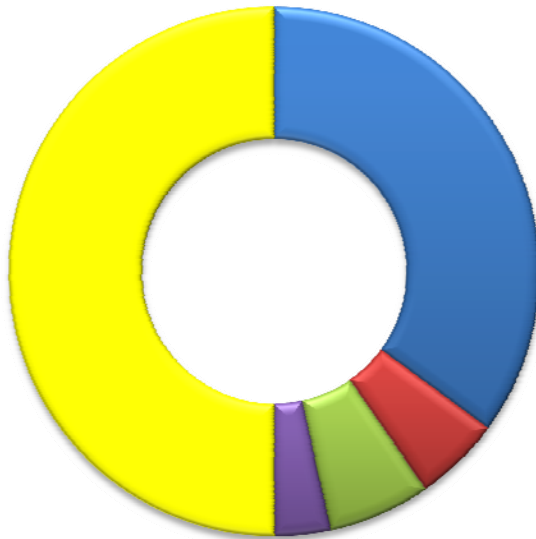
Appendix A

OCCC Nursing Program Advisory Committee Report
Presented at October 27, 2010 Meeting
By Rosemary Klepper, Nursing Program Director

OCCC Nursing Program Growth and Progress

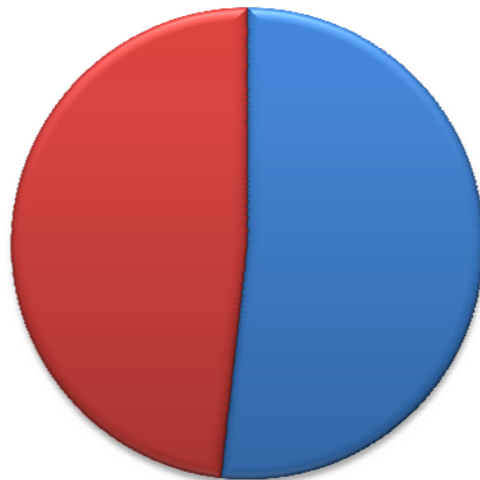


Current Nursing Program Enrollment



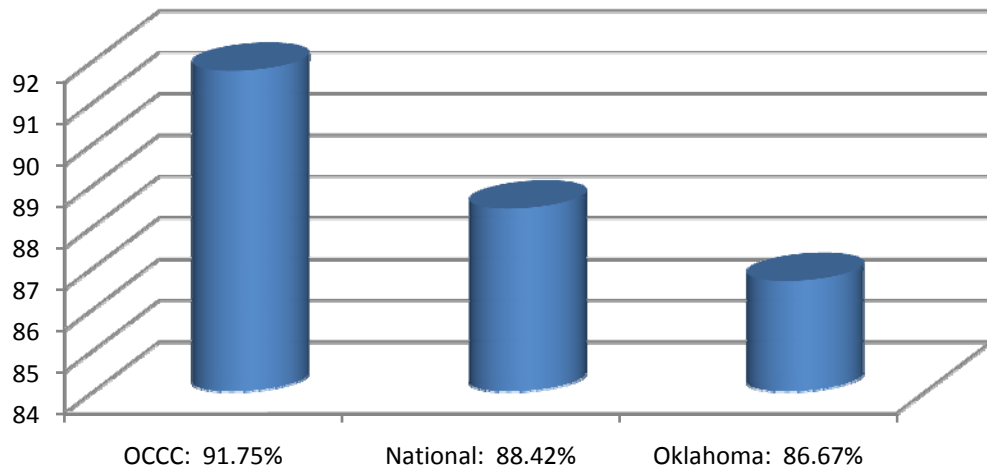
- Current* Traditional Pathway: 247
- Current BADNAP: 37
- Current Career Ladder Pathway: 44
- Current OU-OCCC CBSN: 24
- Total for Current Enrollment: 352 (*as of 10-4-2010)

NCLEX-RN First Time Pass Rates for Calendar Year 2010 (reported to date)



- OCCC: 94%
- National: 87.50%

NCLEX-RN First Time Pass Rates for Calendar Year 2009



Highlights/Plans for Future

- Curriculum updates/consultation to include QSEN content
- Curricular implementation to include more simulations for enhancement of learning outcomes
 - Acquisition of NOELLE High Fidelity OB/Infant Simulators
 - Acquisition of two virtual IV trainers
 - Acquisition of one new METI Human Patient Simulator
 - Existing inventory of one HPS; 11 Vital Sims; one mid-fidelity OB simulator
- Revision of application requirements for BADNAP students