



## **NURSING PROGRAM ADVISORY COMMITTEE MEETING**

Tuesday, May 21, 2019

11:30 am-1:00 pm

Automotive Showroom - Working lunch meeting

### **MINUTES**

**Attendees: Janell Ansell, Amy Curtis, Angelina Flores-Montoya, Sydne James, Debbie Kelly, Niki Kirby, Lindsey Kirsch, Robin Lawrence, Kathryn Ogden, Jamie Shirley, Pru Arnquist, LeAnn DeLuna, Mark Glover, Betty Kost, Sheryl Rasmussen, Jessica Simpson, Anna Sterner, Sharon Lowenborg, Mary Burroughs, Lauren Hadley, Aparna Sen, Emily Howerter (guest), Michelle Carroll (student)**

**I. Welcome & Introductions - Debbie Kelly**

**II. Approval of Minutes from February 26, 2019**

**Approved w/the following changes: Correction of misspelled names and misspelling of Vizient**

**III. Committee Member Updates**

**IV. Shoreline Nursing Program Updates**

a. Associate Dean position

1. Hired associate dean of Nursing – Mary Burroughs – starting July 1, 2019

b. Program Evaluation

- NCLEX results
  - Above 90% - which is above the national average

c. Fall application numbers

- 1) 155 applicants – admitting 6 and 10 Quarter Program
- 2) 56 students will be starting in the Fall
- 3) 104.75 is the lowest admitted to this point

d. Work has been done to update application criteria. Will review admission points at next meeting in the Fall

- 1) Added one required course – Nutrition is now added to admission points
- 2) NAC points have been neutralized by allowing same points for all healthcare experience instead of stepped categories
- 3) Employment/volunteer has been merged to allow students to have either. This was a request by International Education.
- 4) 50% of pre-req's at SCC - points added by request of college administration to increase enrollment in prerequisite courses
- 5) Veteran point has been added

6) NAC program at SCC points – points given for taking NAC program at SCC

Discussion: Debbie and Niki asked if bias related to students taking courses and NAC at SCC was considered. It could cause issues in regards to income due to north end location of college being higher income area than others. How is this equitable for students not taking prerequisites here at SCC? We need to increase diversity in nursing, it could cause equity disparity. Mary and Aparna responded that the college perspective is that the prerequisites here create income for the college and helps with retention and completion rates for the college, which is tied to funding by the state.

Lindsey asked why employment points were changed. Mary responded that the issue arose because of MAC receiving less points than NAC, but their training is longer with more clinical hours. An analysis was done on a state wide basis and to level the experience and training was very complex, so decision to simplify was made.

Sydney asked if we had considered that we were giving students points both for training as NAC and for working as NAC, but no other healthcare professions were getting that advantage. LeAnn responded that this was only for taking training at SCC.

Mary agreed that equity and diversity should be considered and will bring this to those at the college who are responsible for equity and diversity. We will discuss again at the fall meeting.

**V. Medication Calculation Exam changes and input**

- a. Looking at again to check for consistency and appropriateness of content.
- b. Lindsey from Seattle Childrens's said nurses are required to take Med calc test every year – thinks test is very through – suggests more questions on insulin and a rounding factor. Insulin volumes and timeliness is so critical with insulin. She states that using the drip method is outdated – this is not a realistic expectation for nurses at this time as all fluids are on pumps. What is important is learning the correct dosage. Nurses should have a feel for drips, to have a feel for what would be reasonable, but feels testing on this calculation is too much.
- c. Anna responded that there have been situations (hurricanes) where nurses did not have power and could not use pumps. In a disaster situation the drip calculation would be essential
- d. Kathryn confirmed the focus of the exam is that the students can do math so pump calculations are important, student need to know if the calculation makes sense for the facility that the student is working at. It would be important during review to ask students if the answer is reasonable.
- e. Betty mentioned that the program did make a change on the number of questions that could be wrong initially as we were concerned that we testing on anxiety versus the students math ability.
- f. Mary showed the new grid showing that students in the first year can miss 2 questions and then if they are able to revise them correctly at that time, they pass. In the second year this reduces to one question. The program looked at other programs criteria and facility requirements. We also were concerned about holding back students and the effect on progression and completion on one exam.
- g. Michele commented that students really appreciate the new implementation of being able to revise.
- h. Debbie commended program for making these important changes to the medication calculation testing requirements.

## **VI. Discussion of content related to setting boundaries & building confidence**

- a. This topic came up at an early meeting in regards to inpatient and outpatient mental health issues – one of the objectives was to look at the communications and psychiatric content to see how this content could be updated. Also suggested having some Lunch N Learn (L&L) on the topic of setting boundaries, building confidence in working with behavioral issues.

Outcomes from two different courses were reviewed: the 1st quarter communications course NURS 121 and the 4th quarter psychiatric nursing course NURS 241.

LeAnn and Pru reviewed content covered in the communications course including the simulated-role plays in the communications lab. TeamSTEPPS is discussed in every quarter of the program. LeAnn thought a L&L on violence against nurses would be very helpful prior to that content taught in class – this content makes the students uncomfortable and they often believe that they wouldn't see this kind of behavior.

Niki reminded us that verbal assault as well as physical assault needs to be addressed as verbal is just as abusive as physical assault and a report needs to be filed with institution and the police – this behavior is not acceptable at any level. Students need to be taught this at the early stages of nursing education we need to show students that poor behavior is not tolerated at any level, this is very critical that students get this training at every level including poor behavior from staff and code grey drills. If they have scripting to help them with what to say, that is very helpful. Niki suggests students having a full simulation to help students to step up in those situations with specific things they can say and do. New nurses need to know their resources, that they need to be in charge of code greys, not just security. They also need to know how to prevent a code grey by reductions or increases in meds. Also need to know that they will come across this in their 1st month of nursing and potentially “riding the bus” with these patients.

Mary asked for volunteers to present L &L on this topic, perhaps even more than one. Mary also asked Niki to send script information so that it can get incorporated into our curriculum. We will look into doing a simulated code grey in 4th quarter psychiatric nursing course.

## **VII. Meeting planning for 2019-2020**

- a. The group agreed that the meeting time and day works well and would like to continue the same for next year. Mary and Debbie will send out dates for meetings.
- b. Please let Debbie and Mary know if you have ideas for community updates, what would be most helpful for faculty, and what would be most helpful for facilities to know from the program.
- c. The college will be having a Fall Kick-off for advisory committee meetings. Information will be coming.
- d.

## **VIII. Additional Comments at End of Meeting**

Seattle Childrens a record number of patients – especially Emergency Department, overall increase plus a huge increase of psych patients, boarding 6-8 kids and these kids are very very ill, a danger to themselves as well as staff. Also saw a huge number of flu patients were seen this year/ and some measles. Childrens has a special room and protocol for patients with the potential of measles. Also seeing an increase in teen/child suicide.

Debbie asked how many facilities do work place violence or-escalation training. Seattle Children's does annually, Swedish does training on hire and then 4 hours annually, Virginia Mason does regular code grey drills.

The program recently decided to eliminate employment summaries. It seems that facilities were wanting individual letters of recommendations or using Skills Surveys. Niki said it's important to be sure the names are correct on letters of recommendation. It often clear that the faculty has reused letters and not changed the names.

IX. Adjournment -