# Northland Community and Technical College PN and AD Advisory Committee Meeting October 4, 2007 - 6:00 – 7:30 pm Thief River Falls Campus Minutes

### **Those Present:**

NCTC: Anne Temte, Kent Hanson, Gayle Swanson, Karen Znajda, Tracy Wright, Karen Bierman, Kari

Koenig, Mei Sather, Sue Field, Barb Forrest, Betty Carlson, Carmen Stinson **Student Reps:** Albert Jones (AD TRF), Erica Weatherford (PN TRF)

## **Industry Partners:**

LHS: Beth Wheeler,

Pennington and Red Lake County Public Health: Anita Cardinal

Riverview Hospital in Crookston: Merleen Knott Hillcrest Nursing Home RLF: Sandy Boice

Pioneer Memorial Center Erskine: Clellie Kiecker, Julie Seeger

Thief River Falls Care Center: Michelle Naplin

Altru Clinic GF: Kelly, Renee Olson

Topic	Responsible Party	Discussion/Outcome
Program Updates and Pass Rates	Carmen Stinson/Tracy Wright (TRF PN)	TRF PN #'s has decreased recently on TRF campus, but there is now a Roseau and Mahnomen cohort that could account for that. Marketing efforts are underway (radio ad, mentoring program, and career expo day). Pass rates are at 100% for TRF PN's with 100% job placement.
	Barb Forrest EGF PN	EGF PN #'s 492 enrolled on campus and online majors. Pass rates at 95% for EGF PN program with 100% job placement.
	Sue Field AD &	<b>TRF AD #'s</b> : Down this year without Bemidji cohort. 50 students in EGF and 40 students in TRF each year. 88.5% pass rate with 100% job placement. Working to get pass rates up by implementing review course in the spring along with ATI testing program.
	Mahnomen	Mahnomen Program: Cohort #1 PN #'s: 29 students fall 07 after 1 year of gen/eds Cohort #2 PN #'s: 27 students fall 07 starting gen/eds RN completion: 19 students fall 07
New Technology	Kari Koenig Mei Sather Barb Forrest	Athens Project: Electronic Medical Record System that the State Wide college system has purchased for nursing education. Kari is working with students and faculty to incorporate the Electronic Medical Record system into our AD program. Barb Forrest is currently attending the training and will work on the PN program incorporation in the spring.

<b>PDA's</b> Mei Sather is working with Dorinda Sorvig to begin using
PDA's in the clinical setting for faculty and ultimately for students.
None of the facilities represented at the advisory meeting were
currently using PDA's.

Topic	Responsible Party	Discussion/Outcome
Curriculum Changes	Sue Field	<ol> <li>New Course outcomes for Nursing Interventions were approved by the advisory committee.</li> <li>New Course outcomes for Advanced Concepts were approved by the advisory committee.         <ul> <li>Discussion on/Rationale for Outcome Changes:</li> <li>Prior med surg nursing course outcomes focused heavily on Anatomy/Physiology. Students take 15 credits of Science including Anatomy and Physiology I and II, Microbiology, Survey of Chemistry and Advanced Physiology. Faculty were spending an hour each week reviewing A&amp;P information and did not have enough time to focus on Nursing Interventions.</li> <li>Expectations on their knowledge of Anatomy and Physiology is now in a self study mode and is tested online by the student prior to lecture.</li> <li>Outcomes are now concentrated on Nursing Interventions and we now have only one instructor for the med/surg courses.</li> <li>New Book is being used with a 12<sup>th</sup> grade reading level</li> </ul> </li> </ol>
	Gayle Swanson	rather than the 16 <sup>th</sup> grade reading level that we have had for the past 10 years which will hopefully promote student success.  3. AD Nursing Program: IV Certification (1 credit course/32 hours)  • Discussion regarding requiring this as a prerequisite for the RN program  • Situation: Gayle teaches the Health Assessment Principles course for TRF and for EGF for the RN program. She has students from both the EGF and the TRF PN programs.  • The EGF students complete a 63 credit AASPN degree requiring 39 PN credits including the 1 credit IV certification course. This comprehensive 32-hour course includes didactic and lab experience including but not limited to fluid and electrolyte concepts, IV starts, secondary medication administration, and central line dressing changes.

- The PN program at the TRR campus is a 50 credit PN diploma program with 38 not 39 PN credits. All the courses are the same with the exception of not having the IV certification course. The IV Therapy course is available to the TRF students both on-campus and on-line although it is not a required component of the curriculum.
- O The students in the AD Health Assessment Principles are at different levels of competency. Therefore, the instructor needs to focus on the more basic "PN skills" for IV therapy and is not able to spend as much time as is needed on the higher thinking AD nursing skills needed in IV therapy.
- o 50% of her students have taken the IV Certification course and 50% have not taken it. Those who are currently certified have voiced frustration on amount of time needed to review content they have already been instructed on.
- Discussion on REQUIRING IV Certification course to get into the AD Nursing program:

#### o Pros listed:

§ All students would potentially be on the same cognitive level and the instructor could concentrate on more of the higher level critical thinking skills needed for our graduates. However, this would not guarantee equal psychomotor skills, as this is highly dependent on individual healthcare setting policies regarding LPN and IVs.

### Cons listed:

- § How do you validate student competency if they have been trained on the job?
- § We need to consider those students that work in a nursing home where IV skills are needed only on a limited basis. These individuals have a unique skill set especially in Gerontology and critical thinking skills. Instituting IV Therapy as a pre-requisite for the RN program may hamper them from going on for their RN degree.
- § There is a new legislative requirement slated to go into effect in January of 2009. This would limit the AD RN degree to 60 credits (this total credit limit would need to include any prerequisite courses). The IV course would be a prerequisite. The MnSCU system is working on language to allow exceptions for programs that have

extraordinary layers of standards to meet, such as accrediting boards. Additionally, IV Therapy could be considered a stand-alone certificate which impacts how the legislation is applied. This may or may not be an issue.

- Other thoughts from the advisory board:
  - § Could we have the IV certification course as part of the PN Diploma program? It would increase the credits to 51 for the Diploma and the PN nursing credits themselves would then be 39 at TRF and 39 at EGF instead of 38 at TRF and 39 at EGF.
    - S This would mean offering more sections of IV certification on the TRF campus. This would impact summer scheduling which is already very "tight" as courses must be completed within a brief 42 day time parameter.
    - § This would mean more credits for students wanting to go straight from PN to AD nursing. (1 credit more) 51 instead of 50 credits.
    - § Adding it as a required component of the PN program would diminish the need for having it as a prerequisite for the RN program. (Based on historical admission data, this most likely would only impact 2 or 3 RN applicants a semester. They could be advised that it is recommended but not required.)
    - § Problems: Completing the diploma PN within three semesters requires the student to carry a high credit load.

• Would it be possible to offer the AASPN on the TRF campus?

- O An industry partner from TRF expressed the opinion that graduate PN's would be better suited to enter today's practice arena with the skills gained from course work in higher level math, speech, and ethics (courses required by the AAS and not the diploma)It was shared that this is why Altru hospital prefers the AASPN program to the Diploma graduates.
- Suggestion for an "option" courses for students such as "Leadership and Management in Long Term Care" "IV Certification Courses for Acute care PN's" Etc.
- Industries that uses PN's for IV's:

Tour of the Lab	Carmen Stinson	2006. There were no objections by the advisory committee to proceeding into investigating the accreditation by the NLNAC commission.  Lab toured, including new test out rooms and the new Lift system which was donated to the program.
National League for Nursing Accrediting Commision (NLNAC) accreditation for the RN program	Suc Piciu	<ul> <li>Discussion on the areas that accreditation would benefit the RN program. These include: <ul> <li>Mayo clinic will not hire a graduate from a non-NLNAC accredited program without one year of experience and a letter of recommendation from the nurse's direct supervisor.</li> <li>Winona State University will not accept a student from a non NLNAC accredited school until they successfully complete a NLNAC competency examination.</li> <li>Students who desire to rank as a nurse in the military are required to be from a NLNAC accredited program.</li> <li>To apply for Federal Grants for the Native American Program in Mahnomen the school needs to be in the process of NLNAC accreditation.</li> <li>We are currently approved by the Board of Nursing and have a 10 year approval that we received in December of</li> </ul> </li> </ul>
	Sue Field	§ Riverview Hospital has LPN's starting IV's and managing IV therapy. They do not do IV push meds or manage central lines.  § Hillcrest if LPN's come with training, they will use them for IV therapy, but only if they come certified.  § Altru hospital has LPN's doing IV's in the hospital setting. This includes IV starts, central line access and several IV push meds.  § Erskine Pioneer Nursing Home stated that LPN's can maintain sites that have already been established if they have been trained. The problem is, not very many are trained and they don't have enough RN coverage.  Conclusion: More discussion needs to occur on this issue.  IV certification for RN program will be sent out for discussion on Email and then brought back to the Advisory committee meeting in the spring of 2008.

Respectfully submitted: Sue Field 10/5/07

