**College of the Redwoods**

**Nursing Advisory Board Meeting**

**Humboldt Area Foundation – April 30, 2015**

**Present: Dawn Arledge (Connie Stewart), Kady Dunleavy, Roberta Farrar, Paula Feldon, Laurie Garrison, Jessica Howard, Sandy Jones, Maggie Kraft, Janis Polos, Alison Pritchard, Dennis Sullivan, Connie Wolfsen**

Meeting called to order. Brief introductions were made by attendees.

**RN Program Update:**

**NCLEX – RN Pass Rates:** 84.2% for first time test takers. BRN benchmark is 75%.

**Update on CR Graduates:**

Graduates – 42 Generic/10 LVN-RN (52)

Applications- 98 Generic/28 LVN-RN Applications

Waitlist - 145 Generic/33 LVN-RN

Admit – 44 Generic/11 LVN-RN

**TEAS – Test of Academic Skills** – ATI preparedness test for nursing students – most schools use ATI as admission criteria, as does CR. 72 students took the test/62 passed this year. A student must pass with a score of 62 or above in order to be placed on the program waitlist.

**Admission:** Because seats are scare, students apply to multiple schools. There is generally a two year wait on CR’s program waitlist before a student is assigned a seat in the nursing program. Clinical site saturation makes expanding the program problematic.

**Total Program Evaluation Plan:** A continual quality improvement plan which is being implemented Fall 2015. The process of formal program evaluation will guide decisions made about enrollment and curriculum.

**Area Retention of Graduates:** Anecdotally, 50%-70% students stay in the area after they graduate. Delayed retirement in the nursing workforce and the economy have both contributed to the ability of local facilities and agencies to hire new graduates. There are approximately 14 students who graduated last May who are still searching for jobs.

**Local vs. Out-of-Area Hires:** Mad River hires half of their nurses from outside the area; half are local. Out-of-area hires tend to leave after two years on the job.

**Clinical Sites:** CR does not utilize Sutter Hospital in Del Norte for clinical at this time. BRN says this site is not appropriate for RN learning for second year students.

**Simulation Update:** We are expanding how we use simulation in the nursing programs and other Health Occupations programs via renovation of skills lab space to accommodate two more beds which will be used for simulation. The renovation will not impact the current area used for skills learning. The RN and LVN nursing curricula are also being revised to reflect an expanded use of simulation.

**BRN Site Visit:** The Board of Registered Nursing made a continuing approval site visit April 13-14. Re-approval visits are made every five year. The visit went well. However, we have work to do in regards to our program Total Evaluation Plan to bring it more in line with continuous, quality improvement.

The site visitors were at both Mad River/St. Joseph Hospitals – their visit focused on acute care. Open Door was also visited. The BRN was very complementary of our facilities, and our program.

**Faculty Recruitment:** A challenge for CR is finding qualified clinical faculty. We appreciate all the support in helping us find teaching staff. Hospitals are willing to help but they need to know what time requirements/time commitments are expected. Hospitals will post this information for us. Because of the specific days/times clinical faculty are needed, hospitals need time to schedule time off for their employees so they can teach.

**Bright Spots** – Faculty:

Kady – grateful for community peds experiences. BRN impressed with the pediatric experience we provide to students.

Jessica – kudos to nurses who take students day in and day out. We are grateful to all of you.

Roberta – obstetrics – have small clinical groups at St. Joseph and Mad River. They do not go to community. As a result, they have been able to interact with a lot of women – before/during/after birth. They have also had interactions with homeless women and families and those who are challenged by substance abuse.

Connie – status quo year for psych/fall semester; geri-community/spring semester. Excited about working on our curriculum revision

**Stakeholder Input:**

**Area Agency on Aging:** Would like feedback from students on how valuable the experience with elders in the community is. Very often in geri rotation a student’s favorite part is finding out about the resources that are offered in the community. All the HYTOP information – medicare info – it is very complicated to navigate. Students are surprised we have so many resources in this area. Connie Wolfsen suggested clipping out student comments to pass along to facilities – will do this next year.

**Dennis Sullivan – PACE Program** - PACE is a comprehensive health program for older adults which provides and coordinates their care.  It is different model of health care being offered to those who qualify for the program.  Program willing to consider placement of our students

**Dawn Arledge – CCRP** – putting together a task force – four or more adverse childhood experiences – not just mental health but physical problems – can adversely affect a person’s life. Suggested integrating their findings into our curriculum. CR Nursing Program looking at concept based curriculum – this concept can be integrated into our curriculum.

**Paula Feldon –St Joseph** - seeing more patients in acute care setting who have mental health issues. It is challenging to be able to provide both kinds of care. We have good communication with faculty. However, there is no set schedule for Paramedic and EMT students. Need to have better communication with other program faculty members regarding their clinical schedules.

Next Spring, 2016 – Accreditation Study Joint Commission Survey. We will keep CR informed. Do not know if students should be present during the visit. This visit usually last 4 days.

Skin Exams occur every month at the hospital. This could be a good opportunity for students who want to participate.

**Sandy Jones – Mad River** - associate faculty do not feel they get enough orientation. It would be helpful if CR would work with staff development. A master clinical schedule would be helpful to facilities. Limiting clinical groups to four students would also be helpful. Challenge to find faculty – smaller groups means more faculty. Expanding clinical hour times into the early evening would also be helpful.

Post Conference – nursing library – no calendar schedule --- may have a new person to schedule these. May not be in the library, but may be scheduled elsewhere.

**Janis Polos – Open Door Clinics** – communication has improved this year. Continue to work with other group; ie. MA students – keep this going.

Submitted by: Janet Humble