



## **Nursing Advisory Board Meeting - Moorhead**

**{10/26/17}**

**Mission Statement:** **M State:** Provide dynamic learning for living, working and serving.

**Vision Statement :** **M State:** A success story for every student and stakeholder.

**Values Statement:** **M State:** M State is focused on excellence, integrity, respect, and innovation.

- Excellence in teaching and service
- An environment conducive to learning and working
- A culture of diversity and inclusiveness
- Responsiveness to communities served
- Respect and civility in communications
- Openness to innovation and change
- Accountability and transparency in decision-making

**Nursing Programs:** Prepare practical and associate degree nursing students for licensure by providing dynamic learning, while fostering scholarship and excellence in nursing to contribute to the health of the community and create a positive impact to healthcare.

**Members:** Alicia Swanson: MSUM, Barb Mathees: MSUM, Kate Steinke: Sanford Health, Bonnie Vangerud: Vibra Healthcare

**Faculty/Staff:** Shannon Dahms, Janell Juelich, Joel Hoffman

**Students:** Lacey Steinen, Crystal Sheppard

**Others:** Jennifer Jacobson (Dean), Tracy Morstad (Director of Nursing), Kristen Nelson and Leah Trontvet (advisors)

Direct link to Annual CQI Plan (CQI = Continuous Quality Improvement)				
Agenda Item	Lead	Discussion	Quality Improvement Action Plan <ul style="list-style-type: none"> <li>Write a Quality Improvement action plan for Program Development or Revision.</li> </ul>	Follow-up actions taken
<b>CNEA Standard I Outcomes</b> (NCLEX, Program Completion, Job Placement, Exit, Graduate, Faculty and Employer Surveys/Feedback)				
Accreditation Update	Tracy	Process of submission to CNEA, on Nov 13, 2017 to small committee to review to make recommendation to forward to board of commissioners in Feb, and then evaluate to decide, expect results in March for candidacy. Nov 14 start to prepare for site by May 2019, spring site visit. 3 site visitors here at M state for CNEA Tracy just returned from site visit last month.	Continue to work on process	None
Advisory Board Survey: results and follow up	Faculty/ Tracy	<p><b>Survey from last Spring after last meeting (Spring 2017)</b></p> <ul style="list-style-type: none"> <li>Less responses from last year's survey</li> </ul> <p><b>Aug 2017 Benchmark:</b></p> <p>80% of Advisory Board members will agree or strongly agree to each question.</p> <p>80% of employers will agree or strongly agree to satisfaction of the preparation of graduates</p> <p>Qualitative comments are reviewed and changes made to the program as needed.</p> <p><b>Analysis:</b></p> <p>Spring 2017 Advisory Board Survey results:</p> <ul style="list-style-type: none"> <li>N = 10 Advisory Board Members combined from all 4 locations (Clinical Partners that filled out the online after the meeting).</li> <li>100% agreed or strongly agreed to each of the questions.</li> <li>100% agreed or strongly agreed to satisfaction of the preparation of graduates.</li> <li>Qualitative Comments: <ul style="list-style-type: none"> <li>Some of the advisory board members did not have direct access to the students at their facility so</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>Plan to determine ways to gather more employer input at fall advisory board meeting.</li> <li>Will revise survey to reflect the needs of the program for the spring advisory board meeting.</li> <li>Get feedback from Advisory Board in the fall on decreasing #s of advisory board meetings for the nursing program from 8 a year to 4 a year.</li> </ol>	

		<p>chose neutral on the survey (perhaps change survey to N/A instead).</p> <ul style="list-style-type: none"> <li>• Felt the faculty should relax more at the Advisory Board meetings.</li> <li>• Students need to be more prepared for larger assignments (multiple clients). Looking at the census and how to assign multiple patients.</li> <li>• Do not give information on the other allied health programs during the nursing advisory board meetings. We like to give information for other options for unsuccessful students in nursing. Please let us know if you like more information. Barb commented that it is a good thing to understand the options.</li> <li>• The majority of the comments were positive.</li> </ul> <p>We sent out the survey online after the advisory board meeting, and only got 10 responses. Last year we got 20 responses. Will discuss the idea with the advisory board members of filling out the survey at the beginning of the meeting in the spring.</p> <p>Discussion on making this survey valuable: options to send out prior to the meeting and address issues with immediate feedback at the face to face board meeting. Link to be sent out prior to the meeting. Biggest change with the survey and making sure it asked the right questions to gather the valid information. Currently, making changes in the curriculum and process.</p> <p>Advisory board meetings: MNSCU mandates that we have 2 meeting a year. Currently we have an advisory board meeting at each of the 4 campus locations twice a year (8 meetings a year). Discuss possibility of changing to 4 meetings a year and combine campuses. How to better utilize the time for giving advice on how to improvement of the programs (more listening for M state).</p> <p>Example: (DL/Moorhead)</p> <ol style="list-style-type: none"> <li>1. DL and Moorhead in the Spring? telepresence? 40 minutes of common conversation, then community members discuss after telepresence is shut off.</li> </ol>		
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		<p>2. Fergus Falls in spring and Wadena in the fall ? telepresence?</p> <p>Other recommendations: Jenn discussed where the Deans meet prior and discussed the adv. Board meetings. Have a division meeting for a hour, then break it down to each program. With the division and surg tech/dental in the fall, then division and nursing in the spring.</p> <p>Tracy will add this to the survey to discuss options with one meeting face to face and possibly one telepresence.</p> <p>Kate was appreciative of having faculty present at the meetings</p> <p>Discussed comparpentalized education, questions about Practicum experience, need industry partners to assist, MNBON requires us to re-evaluate our clinical experiences, observations, question on how we use the observations with evaluation, the faculty needs to evaluate the student, not the buddy nurse. The MNBON is build on the 2010 standards (acen standards). MBON has a “university” outlook.</p> <p>Lacey (student) commented that they are in OB simulation, but expected to know the content prior to that content. Preparation is necessary to take care of patients.</p> <p>Crystal: looking at pass rates from campus to campus, is it a problem to be a LPN first..</p> <p>Director looks at the trends in Feb at 4<sup>th</sup> quarter and will look at these variables</p> <p>#1 PN program</p> <p>Use ATI to help with pass rates, but very predictive in pass rates</p> <p>Adjusted pass rates in individual course across the nursing programs.</p> <p>Other colleges are more aggressive with grades, testing.</p> <p>Kate: Responsibility to the safety of the public and need to be counseled in or out of the program to maintain integrity.</p> <p>Crsystal doesn’t want another student that is barely passing to pass and harm patients</p>		
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		<p>Tracy: we are looking at our tests and blueprints that mirror the NCLEX and Bloom's taxonomy with NCLEX planned questions, depending on which semester they are in.</p> <p>Devastating for faculty to see student's fail in the 2<sup>nd</sup> semester.</p> <p>Lacey: loved the PN program, prepared, confident, thus RN program and worried about that they are not prepared due to decrease observations in the RN with more hands-on experience. Theory side, cramming content, evening classes, working full-time, other campuses have 2 lectures, wed days for clinical, requesting more time at Sanford, looking for acute care opportunities for RN.</p> <p>This evening cohort was developed from industry partners and student feedback.</p> <p>Increase in simulation experiences, and the same on all campuses.</p> <p>Crystal: discussing the options for "shadowing"</p> <p>Kate: per HIPPA if it is built into the curriculum, then it is ok with outcomes</p> <p>Shadowing is basically an observations</p> <p>Students need to create the experience, the scope of practice and create 3 learning objectives off the NCLEX practice survey. Students need to research the site and understanding the higher level of thinking</p> <p>Looking at the interdisciplinary experiences with holistic assessments, client care,</p> <p>Needs to follow the RN lead in the Peds Clinic vs follow the LPN.</p> <p>Peds content is treaded throughout the program.</p> <p>BON; every student needs to have evening, day and weekend shifts for clinical.</p> <p>Accreditation helps us to review the data, trends and how to improve the program</p> <p>Kate supports the change in grading scale</p> <p>MSUM: discusses the student issues, life events, very challenging to fail students</p>		
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		<p>Crystal: Many students are looking at other colleges for the RN, due to the low pass rate.</p> <p>Prove that you need to be in the program, give permission to back out of the program and it is Ok and not be a “failure” in the program.</p> <p>The public may view nursing as “easy” just because you are a nurse</p> <p>2 campuses were suspicious of a “cheating ring”, but could not prove it.</p> <p>Guilty by association by not reporting</p> <p>Lacey: dishearted by the pass rates and questions about the attendance policy.</p>																																										
NCLEX Results and job placement	Faculty	<p><b>NCLEX Benchmark:</b></p> <p>The Nursing Programs 1<sup>st</sup> time NCLEX pass rate will be 80% or above average over last 3 years.</p> <table border="1"> <thead> <tr> <th colspan="5">NCLEX Results 3 Year Average</th></tr> <tr> <th></th><th>2013</th><th>2014</th><th>2015</th><th>3 Year Avg</th></tr> </thead> <tbody> <tr> <td>ADN</td><td>94.74%</td><td>85.34%</td><td>92.98%</td><td>91.02%</td></tr> <tr> <td>Practical Nursing</td><td>98.17%</td><td>98.89%</td><td>97.59%</td><td>98.21%</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5">NCLEX Results 3 Year Average</th></tr> <tr> <th></th><th>2014</th><th>2015</th><th>2016</th><th>3 Year Avg</th></tr> </thead> <tbody> <tr> <td>ADN</td><td>85.34%</td><td>92.98%</td><td>82.86%</td><td>87.06%</td></tr> <tr> <td>Practical Nursing</td><td>98.89%</td><td>97.59%</td><td>91.67%</td><td>96.05%</td></tr> </tbody> </table> <p>Current: 2<sup>nd</sup> quarter pass rates: PN: 100% with 95% YTD</p>	NCLEX Results 3 Year Average						2013	2014	2015	3 Year Avg	ADN	94.74%	85.34%	92.98%	91.02%	Practical Nursing	98.17%	98.89%	97.59%	98.21%	NCLEX Results 3 Year Average						2014	2015	2016	3 Year Avg	ADN	85.34%	92.98%	82.86%	87.06%	Practical Nursing	98.89%	97.59%	91.67%	96.05%	<p>Continue to monitor and make program adjustments as needed.</p> <p>Adjusting of grading scales/breakdown for grades for individual course.</p> <p>Aligning clinical with theory courses</p>	None
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		<p>RN: 75.68% with 74.31 YTD.</p> <p>ND: 1 fail for PN, 64.29% for RN.</p> <p><b>Job Placement Benchmarks:</b></p> <p>PN and AD: 90% of graduates will be employed in their field within 1 year of graduation.</p> <p>PN and AD: 20% of students will continue on for further education.</p> <table><tr><th>Major and Year</th><th>Response Rate</th><th>Job Placement</th><th>Continuing Ed</th></tr><tr><td>2015 Nursing AD</td><td>110/116 = 95%</td><td>96%</td><td>23%</td></tr><tr><td>2014 Nursing AD</td><td>111/117 = 95%</td><td>97%</td><td>20%</td></tr><tr><td>2013 Nursing AD</td><td>129/136 = 95%</td><td>100%</td><td>20%</td></tr><tr><td>2015 Nursing PN</td><td>77/82=94%</td><td>98%</td><td>56%</td></tr><tr><td>2014 Nursing PN</td><td>81/84 = 96%</td><td>100%</td><td>63%</td></tr><tr><td>2013 Nursing PN</td><td>126/138=91%</td><td>100%</td><td>74%</td></tr><tr><td colspan="4">This data relates to what our advisory board has been saying, that the LPN's are continuing their education to be an RN, contributing to an increased demand for LPN's in the workplace.</td></tr></table>	Major and Year	Response Rate	Job Placement	Continuing Ed	2015 Nursing AD	110/116 = 95%	96%	23%	2014 Nursing AD	111/117 = 95%	97%	20%	2013 Nursing AD	129/136 = 95%	100%	20%	2015 Nursing PN	77/82=94%	98%	56%	2014 Nursing PN	81/84 = 96%	100%	63%	2013 Nursing PN	126/138=91%	100%	74%	This data relates to what our advisory board has been saying, that the LPN's are continuing their education to be an RN, contributing to an increased demand for LPN's in the workplace.				Continue to monitor and share results with the advisory board.	
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CNEA Standard II Administration (Mission, Values, Goals, Governance, Advisory Board, Publications, Policies, DON, Budget, Resources)																																				

CNEA Standard III Faculty (Faculty Individual and Collective Outcomes, Preceptors, Resources for Faculty Development)				
CNEA Standard IV Students and Resources (Support Services, Policies, Communication of Changes in Policies, Student Records, Formal Complaints)				
CNEA Standard V Curriculum (Student Learning Outcomes, Competencies, Professional Standards, Program Plan, Evidenced Based, Intra and Inter-Professional, Clinical, Teaching and Evaluation Methods, Technology)				
Other Items				
Faculty updates		<p><b>MSUM:</b> RN to BSN 31 credits: admitted for Spring 17, 44 start  Changed admission policy, cum GPA, nursing GPA, essay  Implemented early admission for next semester to hear in a timely manner  APPLICATION deadlines, April 1, Nov 1 (changed)  Stable faculty and full classes  MSN: Nursing Admin, Nursing Ed programs  Up for accreditation, visit 11-15  HSD: Long term care emphasis administration  Looking for \$ for the generic program, actively pursuing</p> <p><b>Sanford:</b> New Nursing Chief: Brittany Montecullo  Continue to need LPNs, finding that that they don't stay as LPNs long  Nursing shortage, still need nurses  Hiring AD nursing on the acute care settings, not critical care</p> <p><b>M state:</b></p>		



		<p>Stepped down from the career academy program due to duplication</p> <p>Workforce development room here at M state for our community trade oriented classes</p> <p>New programs: cardio tech accredited, dialysis program still needs instructor to pursue or move to FF campus with clinical experiences here in FM area.</p> <p>Approval to certified medical assistant program, posting active for faculty in DL campus.</p> <p>Exploring a Scribe certificate</p> <p>M State President retirement on June 30, 2017 with listening sessions this week</p> <p>Working to have a Healthcare Summit here in the FM area for late March 2018 for junior high students for career exploration.</p> <p>2 new Deans in Admin; Dr B (liberal arts), Carrie Ward (tech dean)</p> <p>HLC visit this Spring</p> <p>MBON: Implemented the finger printing starting now prior to NCLEX.</p> <p>Janelle just passed CNE exam</p> <p>Shannon: published</p> <p>Amber Reed: published implementing</p> <p><b><u>Vibra:</u></b></p> <p>Enjoying students and hiring students</p> <p>IV certifications for NDBON, Workforce Development does have a course: contact Karen Stendtrom for courses.</p> <p>Supports: a Practicum</p> <p>Moving to new Sanford Dec 14, 31 bed, 26 bed facility</p> <p>Open house Nov 28<sup>th</sup> at the new site</p> <p>Blank cards for entrance for clinical at new Sanford, sign out from Joel</p> <p>Flu shots (Joel will send to Vibra)</p> <p><b><u>Advising center:</u></b> Oct 15 deadline for PN program, next week will have letters ready to, approx. 110 applicants</p> <p>Mix of both traditional and non-trad</p> <p>RN: Increasing TEAS scores</p>		
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		GPA requirements 2.75  Love to have increasing cohorts for applicants		
Next Meeting:		<b>Agenda Items that need follow-up:</b> <ul style="list-style-type: none"> <li>• Need last meeting minutes to be sent out</li> </ul>		<b>Will contact board with survey and meeting minutes prior to spring meeting.</b>

Adjourned at 1130

Minutes respectfully submitted by: Shannon Dahms, DNP