NURSING EDUCATION & WORKFORCE ADVISORY COMMITTEE (NEWAC)  
AGENDA AND TELECONFERENCE SITES

| Board of Registered Nursing | United Nurses Association of California 
| 1747 North Market Blvd. | Union of Health Care Professionals 
| HQ-2 Hearing Room, Ste. 186 | 955 Overland Ct. Suite 130 
| Sacramento, CA 95834 | San Dimas, CA 91773 
| Phone: (916) 574-7600 | 
| Samuel Merritt University | Mt. San Jacinto College 
| 3100 Summit Street, Room #3466 | 28237 La Piedra Road 
| Oakland, CA 94609 | Menifee, CA. 92584 |

October 17, 2018  
10:00 am - 2:00 pm

1.0  Call to Order/Roll Call/Establishment of a Quorum/Approval of Minutes  
1.1 Approval of minutes - October 12, 2017  
1.2 Approval of minutes - February 12, 2018

2.0  Executive Officer Report  
2.1 Report of BRN Current Initiative

3.0  Report of Nursing Education Issues  
3.1 Report on BRN Report on BRN Clinical Displacement Survey of Nursing Education Programs  
3.2 Clinical simulation Update and findings  
3.3 Report on BRN Annual School Survey

4.0  Report of APRN Report  
4.1 Report of BRN 2016 Advanced Practice Registered Nurse Survey and forecasting Report of RNs in California  
4.2 Presentation on Intervention and Probation Program

5.0  California directors of Public Health Nursing  
5.1 Discuss and Review changes to Public Health Nursing Certificate qualifications and Requirements

6.0  Public Comment for Items Not on the Agenda

7.0  Adjournment
NOTICE:
All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web site www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or e-mail webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing office at 1747 N. Market #150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote.
DATE & TIME: October 12, 2017

MAIN LOCATION: Board of Registered Nursing
1747 North Market Blvd.
HQ-2 Hearing Room, Ste. 186
Sacramento, CA 95834

TELECONFERENCE LOCATIONS:

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PRESENT: Loucine Huckabay, PhD, RN, PNP, FAAN, CSU Long Beach, Chair
Tanya Altmann, PhD, RN, CSU Sacramento
BJ Bartleson, RN, MS, NEA-BC, California Hospital Association/North
Judith G. Berg, MS, RN, FACHE, HealthImpact
Audrey Berman, PhD, RN, Samuel Merritt University
Jose Escobar, MSN, RN, PHN, Los Angeles County Department of Public Health
Brenda Fong, California Community College Chancellor’s Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCNS-BC, FAPA, UCLA School of Nursing
Jeannine Graves, MPA, BSN, RN, OCN, CNOR, Sutter Cancer Center
Marketa Houskova, RN, BA, MAIA, American Nurses Association\California
Katherine Hughes, SEIU Nurse Alliance of California
Saskia Kim, California Nurses Association
Pat McFarland, MS, RN, FAAN, Association of California Nurse Leaders
Judy Martin-Holland, PhD, MPA, RN, FNP, University of California, San Francisco
Robyn Nelson, PhD, RN, West Coast University
Stephanie Robinson, PhD, MHA, RN, Fresno City College
Joanne Spetz, PhD, Institute for Health Policy Studies,
University of California, San Francisco
Peter Zografos, PhD, RN, Mt. San Jacinto College

STAFF PRESENT: Stacie Berumen, Assistant Executive Officer
Julie Campbell-Warnock, MA, Research Program Specialist
Katie Daugherty, MN, RN, Nursing Education Consultant
Susan Engle, RN, DNP, PHN, Nursing Education Consultant
Joseph Morris, PhD, MSN, RN, Executive Officer
Janette Wackerly, MBA, RN, Supervising Nurse Education Consultant

ABSENT: Norlyn Asprec, Health Professions Education Foundation, OSHPD
Denise Duncan, BSN, RN, UNAC/UHCP
Pilar De La Cruz-Reyes, MSN, RN, Board Member
Sandra Miller, MBA, Assessment Technologies Institute
1.0 Call to Order/Roll Call/Establishment of a Quorum/Approval of Minutes
Meeting was called to order at 9:00 am, roll was taken and a quorum was established.

1.1 Vote on Whether to Approve Previous Meeting Minutes
January 26, 2017 – Nursing Education and Workforce Advisory Committee (NEWAC)

Motion: Judy Martin-Holland made a motion that the Committee approve the Minutes from January 26, 2017, Nursing Education and Workforce Advisory Committee Meeting.
Second: Pat McFarland

No public comment.

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2.0 Vote to Recommend Committee Background, Purpose, Goals, and Membership

The committee discussed whether the BRN Executive Officer (EO) should have final approval of all appointments or if appointments should be recommended to the Board’s Education Licensing Committee (ELC) and then to the full Board and that the EO determines which organizations have membership but that the organization choose who they would like to fill that position. For positions that are independent (i.e., RN employer representatives, currently practicing RNs, etc.) it was discussed whether the EO should appoint those positions or they be approved through the Committee/Board. It was also discussed whether the document should include an option for the NEWAC to have the ability to submit Majority/Minority Reports to the ELC when there is not consensus on an issue, the majority and minority opinions could be presented. It was determined that this is more of a committee function and does not fit into this document but could be included in another document which would outline how the NEWAC functions/procedures.

Motion: Judy Martin-Holland made a motion that the document be edited in two ways 1) that four types of appointments (RN employer representatives, currently practicing RN representatives, currently practicing APRN representatives and public representatives) be recommended by the EO and submitted to the Board for approval and 2) the organizational positions be appointed by the respective organizations and recommended to the Board for approval.
Second: Stephanie Robinson

No public comment.

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2.1 Nominations and Vote to Recommend 2018 to 2020/2021 NEWAC Chair/Co-chairs and Secretary Positions

Motion: Robyn Nelson made a motion to nominate Judy Martin-Holland as Chairperson.
Second: Judee Berg

No public comment.

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Motion: Stephanie Robinson made a motion to nominate Lucy Huckabay as Co-Chairperson.
Second: Judee Berg

No public comment.

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Motion: Judee Berg made a motion to nominate Stephanie Robinson as Secretary.
Second: Judy Martin-Holland

No public comment.

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3.0 Report of Nursing Education Issues

3.1 Report of April 11, 2017 Roundtable Discussion: Clinical Placement Issues

It was reported that the BRN held a roundtable discussion regarding clinical placement issues on April 11, 2017. After discussion the committee decided the most critical question is whether public schools at an unfair disadvantage for clinical placements compared to private schools since they don’t have the same resources? It was discussed that the additional data collection is helpful that there are some additional questions that need to be asked related to whether “incentives” (not “fees”) are being offered to clinical partners. It was recommended that another questionnaire be distributed to obtain data on this issue. Dr. Morris reported that a summit with clinical partners to continue to discuss this issue is being planned. BJ Bartleson will also consider what information might be obtained from employers to assist in data collection.

No public comments received and no motion required.
3.2  Report on BRN Clinical Displacement Survey of Nursing Education Programs
The committee agreed that additional information is necessary to collect and that the issue will continue to be discussed by the NEWAC as more data is available from this and other surveys. No public comments received and no motion required.

3.3  Report of April 24, 2017 NEWAC Education Subgroup Meeting
The committee was provided with the highlights of the Annual School Survey changes recommended by the Education Subgroup. An overview of the BETA test procedures was also provided. No public comments received and no motion required.

3.4  Presentation of Clinical Simulation Workgroup Findings
KT Waxman, Chair of the NEWAC simulation subcommittee and Director of California Simulation Alliance presented information regarding the Subcommittees findings and recommendations. One recommendation is that the BRN change regulations to allow California pre-licensure nursing program students to have up to 50% of their clinical experience be in simulation. This recommendation is based largely on the National Council of State Boards of Nursing (NCSBN) study that showed no difference in outcomes between students who had up to 50% of simulation and those who did not have simulation. Seven states currently allow up to 50% of simulation. Another recommendation is to adopt simulation guidelines to ensure that nursing programs are committed to providing high-quality simulation educational activities. Also presented was the BRN response to the recommendations. The BRN response to the recommendation to implement simulation guidelines was to support the recommendation to change regulation (Section CCR 1426 (g) (2) to up to 50% of simulation) was to request additional data evidence be gathered. Therefore, the NEWAC simulation subcommittee requests permission to conduct 3-5 simulation pilots in schools of nursing using the proposed guidelines in order to obtain sufficient outcome data. The BRN response also recommended that the NEWAC appoint the simulation subcommittee be ongoing to continue overseeing the further study of simulation in California schools over the next two academic years.

3.4.1  Discussion and Possible Vote to Recommend Workgroup Findings
The committee discussed the information presented by KT Waxman.

Saskia Kim noted that in her opinion the documentation shows that simulation is good but does not necessarily support that more is good, especially that the recommendation to 50% would be replacing direct patient hands-on clinical experiences. She recommended that since the simulation percentage change is a significant change/proposal that the two recommendations be tabled until more information is gathered from the pilot study. KT Waxman will develop a timeline and make recommendations.

Audrey Berman suggested other items that should be discussed in relation to simulation which included determining the rationale schools use to decide how to distribute their clinical hours and if we should consider regulations that address this, rather than percentage of hours, minimum number of direct patient care hours in the different areas as defined percentages as number of clinical training hours vary by school so for example, 25% of 90 hours is significantly different than 25% of 300 hours. There is currently not a set number of hours required for the different content areas and this should be considered.

The committee further discussed areas related to a pilot project and the simulation workgroup:

1. Authority – Katie Daugherty, BRN-NEC and Dr. Morris reported they are checking with the legal office on the schools ability to participate in a pilot project through a major/minor curriculum revision
process which would be much more efficient than a regulation change which is a minimum of two
years. Joanne Spetz noted that there is a process through OSHPD that can grant the ability to
participate in an innovative project. It would go through a rigorous review process that would take
time.

2. Funding – The pilot project would need to be funded and an estimate would need to be made on how
much funding would be necessary. Joanne Spetz may be able to obtain a projected amount or some
ideas from a colleague.

3. BRN staff will determine if the simulation workgroup must follow the requirements for Open Meetings
   Act (Bagley-Keene).

4. Simulation should be very well defined by the workgroup in the guidelines.

Motion: Audrey Berman made a motion to continue the clinical simulation workgroup, refer guidelines back
to them for refinement and outline a pilot project while waiting to hear how authority for the pilot project can
be obtained as well as funding.
Second: Robyn Nelson

No public comment.

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Motion: Lucy Huckabay made a motion for KT Waxman to continue as chair for the clinical simulation
workgroup.
Second: BJ Bartleson

No public comment.

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3.5 Report on Additional Questions Regarding Clinical Simulation Added to BRN Annual
School Survey

Questions added to the 2016-2017 Annual School Survey regarding simulation were presented for
information. Jose Escobar requested that Public/Community Health be added as a content area for
collecting in the simulation questions. There are concerns about the preparation of the entry level nurse
in public health and the usage of simulation. One being that some programs may be including
simulation in the 90 hours clinical experience required. The committee discussed that this just impacts
BSN programs and the public health certificate is separate from the pre-licensure requirements.
However, it was determined that collecting information in this area would be beneficial and it was
requested:

1. The simulation workgroup look at this issue related to simulation in public health.
2. The education workgroup review the issue and consider if questions to collect data could be added to
4.0 Report of Nursing Workforce Issues

4.1 Report on BRN 2016 Survey and Forecasting Report of RNs in California

The 2016 RN workforce survey was sent to 8,000 actively licensed RNs and over 50 percent response rate was received. The survey was conducted and analyzed for the BRN by the University of California, San Francisco (UCSF), Institute for Health Policy Studies. Joanne Spetz, PhD served as the principal investigator for the study and presented a summary of the preliminary findings to the Board in May 2017.

Data from the 2016 RN survey as well as other sources was used to develop the BRN 2017 California RN Forecasting Report. The report found with what we know at this time and if we keep graduating the current number of RN graduates (around 11,000 per year) California is on target to have an adequate supply of RNs in the 10 to 20-year future. The recent HRSA projections indicate a shortage of approximately 44,000 RNs in California by 2030. Joanne Spetz explained that the HRSA projection model has some differences to that used in the BRN forecasting report which most likely accounts for the different projected outcomes. BRN forecasting reports are completed every two years and the projections are updated and closely reviewed. Other issues discussed included the BRN NP-CNM survey report and the employer survey currently being conducted by UCSF and other stakeholder partners.

The BRN NP-CNM survey was conducted in early 2017 and the data is currently being analyzed. There was an over 60 percent response rate for this survey. These reports will be posted to the BRN website when finalized. The employer survey (surveying only hospitals) was conducted over the past few years and funded by the Betty Moore Foundation which has ended. This is the last year of this survey unless additional funding source(s) can be obtained. The hope is that if it continues, different types of employers can be added to the survey.

No public comments received and no motion required.

4.2 Discussion of BRN 2018 RN Survey Questions

The 2018 RN survey is being shortened from 16 to 12 pages to hopefully increase the response rate to make it quicker and easier for respondents to complete. A draft of the 2018 survey questions was reviewed by the committee and the following items were discussed and feedback provided to UCSF and the BRN for consideration in finalizing the survey:
1. Add a question regarding student loan debt
2. Q. 27 regarding clinical areas – have them rank the top three areas to allow for multiple responses in a more controlled format
3. Q. 28 consider whether we need this question any longer
4. Q. 60 regarding adding “other” as an option for gender, one committee member expressed a dislike for “other”, the possibility of changing the question wording was discussed (i.e., “what gender do you most identify with?” or adding different options besides “other”.

No public comments received and no motion required.

4.3 Report on Resources Collected Related to Increasing Diversity of RNs in California

A summary sheet of the articles, ideas and information provided by the committee was prepared and presented. Two separate documents were prepared, one related to increasing diversity of RNs and one
on increasing career pathways for RNs focused on primary care. A copy of all articles listed are included in a folder as a “master” for the committee. The possible distribution of the list of resources was discussed and determined that nursing program deans and directors could benefit from the list with the URL links. It will be considered an ongoing document to be updated as resources in the future are obtained.

No public comments received and no motion required.

5.0 Public Comment for Items Not on the Agenda
Dr. Morris shared that SB 799, the BRNs Sunset Bill, has been signed by the governor and includes sun rising of the Board for four more years.

No public comments regarding items not on the agenda were received.

6.0 Adjournment
Meeting adjourned at 12:00 pm.
MEMORANDUM

DATE	December 5, 2017

TO	Joseph Morris, PhD, MSN, RN
    Executive Officer
    Board of Registered Nursing

FROM	Spencer L. Walker
    Attorney III

SUBJECT	Prelicensure Nursing Education Clinical Simulation Experiences

The Nursing Education & Workforce Advisory (NEWAC) subcommittee is seeking to have the Board reduce the percentage of clinical hours in a course related to direct patient care, for the purpose of allowing the prelicensure nursing education programs to utilize more simulation for students as part of their clinical experiences. The NEWAC has also requested permission to conduct 3 to 5 simulation pilot projects in schools of nursing.

Proposed Amendment to California Code of Regulations section 1426

The NEWAC proposes to have the Board amend section 1426(g)(2) by decreasing the required percentage of prelicensure direct patient care clinical experiences for nursing students, which would effectively increase the percentage allowed for clinical simulation. California Code of Regulations section 1426(g) provides as follows:

(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:
   (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
   (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

The NEWAC proposes to have the Board amend section 1426(g)(2) to read as follows:

With the exception of an initial course that teaches basic nursing skills in the skills
lab, 50% of clinical hours in a course must be in direct patient care in an area
specified in section 1426 (d) in a board-approved clinical setting.

Although the board has the authority to pursue an amendment to section 1426(g)(2), Government
Code section 11349.1 sets forth six standards that must be met when a board proposes to amend a
regulation. Those standards are necessity, authority, clarity, consistency, reference, and
nonduplication. Section 11349 defines the standards as follows:

(a) “Necessity” means the record of the rulemaking proceeding demonstrates by
substantial evidence the need for a regulation to effectuate the purpose of the
statute, court decision, or other provision of law that the regulation implements,
interprets, or makes specific, taking into account the totality of the record. For
purposes of this standard, evidence includes, but is not limited to, facts, studies,
and expert opinion.

(b) “Authority” means the provision of law which permits or obligates the agency
to adopt, amend, or repeal a regulation.

(c) “Clarity” means written or displayed so that the meaning of regulations will be
easily understood by those persons directly affected by them.

(d) “Consistency” means being in harmony with, and not in conflict with or
contradictory to, existing statutes, court decisions, or other provisions of law.

(e) “Reference” means the statute, court decision, or other provision of law which
the agency implements, interprets, or makes specific by adopting, amending, or
repealing a regulation.

(f) “Nonduplication” means that a regulation does not serve the same purpose as a
state or federal statute or another regulation. This standard requires that an agency
proposing to amend or adopt a regulation must identify any state or federal statute
or regulation which is overlapped or duplicated by the proposed regulation and
justify any overlap or duplication. This standard is not intended to prohibit state
agencies from printing relevant portions of enabling legislation in regulations
when the duplication is necessary to satisfy the clarity standard in paragraph (3)
of subdivision (a) of Section 11349.1. This standard is intended to prevent the
indiscriminate incorporation of statutory language in a regulation.

My concern is that the “necessity” standard will not be able to be met, since there is no substantial
evidence which demonstrates that decreasing the percentage of clinical hours in direct patient care is
necessary for the board to achieve its goal in ensuring that nursing students achieve essential clinical
competence for an entry level registered nurse.

Business and Professions Code section 2708.1 provides that “protection of the public shall be the
highest priority for the Board of Registered Nursing in exercising its licensing, regulatory, and
disciplinary functions. Whenever the protection of the public is inconsistent with other interests
sought to be promoted, the protection of the public shall be paramount.” It is clear that the need for a
high level of direct patient care in the educational setting is for the purpose of ensuring that
consumers are protected when a student becomes a licensed registered nurse. There is no substantial
evidence that suggests a student can obtain the skills necessary to treat live patients if 50% of the
clinical experiences are by simulation.
Pilot Simulation Projects in Schools of Nursing

With respect to the NEWAC's request to conduct 3 to 5 simulation pilot projects in schools of nursing, Business and Professions Code section 2786(c) provides as follows:

The board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse. The board's regulations shall be designed to require all schools to provide clinical instruction in all phases of the educational process, except as necessary to accommodate military education and experience as specified in Section 2786.1.

Nowhere in that section or any other statute is the Board given the authority to approve pilot projects in nursing schools or as part of a nursing program. Absent the requisite statutory authority, the board may not approve such programs or promulgate a regulation that would allow pilot projects.
October 5, 2018

Report of the NEWAC Simulation Work Group

We have 2 suggestions for the NEWAC to consider:

**#1: Data collection**

The BRN asked us to collect further data beyond the NCSBN study. We feel we will need to go outside of California to obtain data related to increasing simulation to up to 50% of clinical hours. We propose to study outcomes differences between prelicensure nursing students whom are in simulation for 50% of clinical time and those that are not. An interschool study methodology with a cross over study design will be used. Regulations within California will not permit this study methodology, so our sample will include nursing schools outside of the State that already do 50% of clinical time in simulation. To date, we have identified one school that is interested in discussing the details of the study further. We will need funding to complete this project and need to ensure that the BRN would accept the survey results as part of the additional data they requested.

If we want to conduct a study inside the State of California, given the current regulations, we would like more information on BRN approved innovative projects that schools can apply for that could include increasing the percentage of simulation used.

Here is a useful link to the states who have adopted the 50% simulation regulation:

[https://www.inacsl.org/sim-regulations/](https://www.inacsl.org/sim-regulations/)

**#2: Implement guidelines for simulation in schools of nursing**

The BRN supports implementing simulation guidelines based on our last report. These guidelines have been updated as per their comments and are below.

*Motion for the NEWAC to approve the proposed guidelines.*

The remaining question is how will they be implemented, who will lead this project, and will they be optional or mandatory?
Proposed Simulation Program Guidelines

These guidelines have been developed based on findings from the NCSBN National Simulation Study (Hayden, Smiley, Alexander, Kardong-Edgren, & Jefferies, 2014), the International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: SimulationSM, the Society for Simulation in Healthcare CORE Accreditation Standards, and the Society for Simulation in Healthcare TEACHING/EDUCATION Accreditation Standards and NCSBN Model Rules (2017)

Definitions
“Simulation” means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004), and includes all modalities of simulation.
“Debriefing” means an activity that follows a simulation experience, is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.

Standard - The nursing program is committed to providing high-quality simulation educational activities. The program can demonstrate the criteria listed below.

Evidence of Compliance
a. A program shall provide evidence to the board of nursing that these standards have been met.

Organization and Management
a. The program shall have a framework that provides adequate resources (fiscal, human, and material) to support the simulation activities.
b. Simulation activities shall be managed by an individual who is academically and experientially qualified as defined by faculty education in simulation pedagogy from a recognized source (list?). The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
c. The budget will sustain simulation activities and education and training of the faculty.

Facilities and Resources
a. The program shall have appropriate facilities for conducting simulation.
b. The program has personnel with expertise designing simulation educational activities.
c. The program has adequate equipment and supplies to create a realistic patient care environment.

Faculty Preparation
a. The program has a process to assure faculty utilizing simulation are formally trained in simulation education pedagogy.

b. The program has a process to assure initial and ongoing development and competence of simulation educators.

**Curriculum**

a. The program shall demonstrate that simulation activities are linked to course and programmatic outcomes.

b. The program uses appropriate simulation related planning, implementation and evaluation processes, and clinical practice learning activities that comply with the state board of nursing regulatory requirements.

c. The program uses simulation educational activities that are evidence-based, and effective.

**Policies and Procedures**

a. The program shall have written policies and procedures or operations manual in place to ensure quality consistent simulation experiences for the students throughout the curriculum. This includes the following:
   I. short-term and long-term plans for integrating simulation into the curriculum
   II. method of debriefing each simulated activity
   III. plan for orienting faculty to simulation
   IV. clearly defined roles and responsibilities for simulation faculty members/facilitators
   V. Psychological Safety for learners

**Evaluation**

The program has mechanisms in place to evaluate educational activities, including:

a. Criteria to evaluate the simulation activities.

b. Faculty ensure all simulation-based experiences require participant evaluation.

**Resources available**

CHSE Certification: http://www.ssih.org/Certification/CHSE

California Simulation Alliance Education Courses, Mentor Program, and Apprentice Program: https://www.californiasimulationalliance.org/education/

Three-Step Program at Boise State: https://hs.boisestate.edu/nursing/lgcp/

INASCL Standards: https://www.inacsl.org/i4a/pages/index.cfm?pageID=3407

Massachusetts Nursing Initiative: http://www.mass.edu/currentinit/Nursing/Sim/Scenarios.asp

Montgomery College—Maryland: http://cms.montgomerycollege.edu/nursingsims/

National League for Nursing (NLN): www.nln.org/professional-development-programs/teaching-resources/aging/unfolding-cases

Quality and Safety Education for Nurses (QSEN): http://qsen.org/teaching-strategies/strategy-search/advanced-search-results/?strat_type=Simulation%20Exercises


University of South Dakota: www.usd.edu/health-sciences/nursing/simulation-scenarios
University of Washington: http://collaborate.uw.edu/educators-toolkit/stroke.html-0

**Textbooks**

Jeffries (2007) Simulations in Nursing Education: From Conceptualization to Evaluation


**References**


Respectfully submitted,

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Director, California Simulation Alliance
The Board of Registered Nursing’s (BRN) Enforcement Division needs your help so graduates with enforcement concerns can sit for the NCLEX as soon as they are ready.

Applications that result in review by enforcement staff are delayed due to lack of supporting documentation enabling BRN staff to make a prompt decision to approve or deny the application. When students fill out a licensure application, please instruct them to include all of the following information with their application packet:

**Written Statement:**
- A written statement from the applicant, in their own words, describing the incident(s), date(s) incident(s) occurred, outcome (ex. paid fine, placed on probation, court ordered classes or rehabilitation), and any rehabilitative efforts or changes to prevent future occurrences.

**Certified Arrest/Incident Reports:**
- Contact the arresting agency for this report. The arresting agency is the agency that conducted the arrest and/or issued the citation (ex. Highway Patrol, Police Department, Sheriff’s Office). If the arrest documents are purged or unavailable, please provide a letter or proof from the arresting agency which confirms that information.
- If the arrest is for **DUI** ensure the Blood/Breath Alcohol Content (BAC) is included in the report.

**Certified Court Documents:**
- Contact the court to get a certified copy of all court documents pertaining to the conviction(s) including satisfaction/compliance with all court ordered probation orders.

**Evidence of Rehabilitation:**
- Include completion certificates of court ordered/voluntary rehabilitation.

**Reference Letters for Alcohol or Drug Related Convictions:**
- Recent, dated letters from professionals in the community; for example, AA/NA Sponsor, counselor, probation officer, employer, instructor, etc. who can address an awareness of the past misconduct and current rehabilitation; for example, use/non-use of alcohol/drugs. The letters must be signed and dated by the author of the letter within the last year.

**Reference Letters for all other Convictions:**
- Recent, dated letters from professionals in the community; for example, counselor, probation officer, employer, instructor, etc. who can address an awareness of the past misconduct and current rehabilitation; honesty/integrity, management of anger/stress. The letters must be signed and dated by the author of the letter within the last year.

**Work Performance:**
- A copy of a recent work evaluation or review which may or may not be from a health related agency.

**NOTE: FOR TRAFFIC CITATIONS > $1,000.00**
- A letter of explanation is all that is required

Phone calls requesting application status further delays the process for everyone. Calls to analysts should not be made until a file has been in enforcement for at least 4 weeks (not 4 weeks since the application was submitted to the BRN).

The goal is to complete enforcement reviews and return applicant files to licensing staff within two weeks of receipt in enforcement. This can only be accomplished if all required documents are included at the time of application and phone calls are limited.
California Exam Application Process

1. **Paper Application** → **DCA MAILROOM** → **BRN MAILROOM**
2. **Online Application** → **BRN SUPPORT STAFF** → **BRN US EVALUATOR**
   - COMPLETE
   - DEFICIENT
3. **BRN SUPPORT STAFF** → **REGISTRATION matched with Eligibility from BRN** → **ATT sent to applicant from Pearson VUE**
4. **SCHEDULE & TAKE NCLEX With Pearson VUE**
   - PASS/COMPLETE
   - FAIL
5. **ISSUE RN LICENSE**

**Register With Pearson VUE**