

**BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE
MEETING MINUTES**

DATE & TIME: January 26, 2017
9:00 am

MAIN LOCATION: Department of Consumer Affairs Headquarters #2 – Board of Registered Nursing
1747 North Market Blvd., Suite 100, Pearl Room
Sacramento, CA 95834-1924

TELECONFERENCE LOCATIONS:

Kaiser Permanente NPCS Department 1800 Harrison Street, 17th Floor Oakland, CA 94612	Kansas City Downtown Marriott 200 West 12th Street, Yardbird A Room Kansas City, MO 64105
28237 LaPiedra Road Nursing and Allied Health, Building 500 Menifee, CA 92584	

PRESENT: Stephanie L. Decker, Kaiser Permanente National Patient Care Services, Co-chair
Loucine Huckabay, PhD, RN, PNP, FAAN, CSU Long Beach, Co-chair
Tanya Altmann, PhD, RN, CSU Sacramento
Judith G. Berg, MS, RN, FACHE, HealthImpact
Vicki Bermudez, RN, California Nurses Association/National Nurses United (for Saskia Kim)
Fiona Castleton, Health Professions Education Foundation, OSHPD (for Linda Onstad-Adkins)
Pilar De La Cruz-Reyes, MSN, RN, Board Member
Brenda Fong, California Community College Chancellor's Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCNS-BC, FAPA, UCLA School of Nursing Hlth Ctr
Jeannine Graves, MPA, BSN, RN, OCN, CNOR, Sutter Cancer Center
Marketa Houskova, RN, BA, MAIA, American Nurses Association\California
Carol Jones, MSN, RN, PHN, UNAC/UHCP (for Denise Duncan)
Judy Martin-Holland, PhD, MPA, RN, FNP, University of California, San Francisco
Sandra Miller, MBA, Assessment Technologies Institute
Robyn Nelson, PhD, RN, West Coast University
Susan Odegaard-Turner, PhD, RN, Association of California Nurse Leaders (for Pat McFarland)
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

ALSO PRESENT: Julie Campbell-Warnock, MA, Research Program Specialist, Board of Registered Nursing
Katie Daugherty, MN, RN, Nursing Education Consultant, Board of Registered Nursing
Miyo Minato, RN, Supervising Nurse Education Consultant, Board of Registered Nursing
Joseph Morris, PhD, MSN, RN, Executive Officer, Board of Registered Nursing
Janette Wackerly, MBA, RN, Supervising Nurse Educ Consultant, Board of Registered Nursing

PUBLIC PRESENT: Ross Lallian, OSHPD
Dorian Love, Health Professions Education Foundation/OSHPD
Dorian Rodriguez, OSHPD
Angie Strawn, Chamberlain College of Nursing
Linda Zorn, Butte College/California Community College Chancellor's Office

ABSENT: BJ Bartleson, RN, MS, NEA-BC, California Hospital Association/North
 Audrey Berman, PhD, RN, Samuel Merritt University
 Stacie Walker, Health Workforce Development Division, OSHPD

1.0 Call to Order/Roll Call/Establishment of a Quorum

Meeting was called to order at 9:45 am, roll was taken and a quorum was established.

1.1 Introductions

Introductions of all committee members, staff, and guests was completed.

2.0 Vote on Whether to Approve Previous Meeting Minutes of Minutes

2.1 November 17, 2015 – Nursing Workforce Advisory Committee (NWAC)

Motion: Judith Berg made a motion that the Committee approve the Minutes from November 17, 2015 Nursing Workforce Advisory Committee Meeting.

Second: Jeannine Graves

No public comment.

VOTES	TA	JB	VB	FC	SD	PDCR	BF	SF	JG	MH	LH	CJ	JMH	SM	RN
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

VOTES	SOT	SR	JS	PZ
	Y	Y	Y	Y

2.2 April 26, 2016 – Education Issues Workgroup (EIW)

Motion: Judy Martin-Holland made a motion that the Committee approve the Minutes from April 26, 2016 Education Issues Workgroup.

Second: Stephanie Robinson

No public comment.

VOTES	TA	JB	VB	FC	SD	PDCR	BF	SF	JG	MH	LH	CJ	JMH	SM	RN
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

VOTES	SOT	SR	JS	PZ
	Y	Y	Y	Y

3.0 Background and Purpose of the Nursing Workforce Advisory Committee (NWAC), Education Issues Workgroup (EIW) and Nursing Education and Workforce Advisory Committee

This current, newly formed NEWAC is the combination of the EIW and the NWAC as recommended by the legislature during the BRNs Sunset Review Report process to bring together educator and employer representatives and stakeholders to communicate, collaborate and assist one another on relevant nursing issues and identify how the Board might assist in these efforts. The EIW's main task has been to assist the BRN staff by reviewing the Annual School Survey and at times advise BRN staff on education issues. The EIW included representation from different pre-licensure educational degree programs deans or directors and a few stakeholders. Membership representation always included a variety of geographic (north, south, central) and program type representation (i.e., public and private, degree type). The EIW has been meeting annually. The NWAC was established in 2001 to advise the Board on the content of surveys regarding RN workforce issues and identify factors in the workplace that positively and negatively affect the health and safety of consumers and nursing staff. Over time, largely due to budget constraints, the Committee had been meeting biennially with its main purpose to review the biennial RN survey and provide input. This Committee included members from nursing education, nursing associations/stakeholders, and other state agencies.

3.1 Vote on Whether to Approve EIW or Similar Subgroup to Complete Annual School Survey Work

The EIW has played an important role in working with the BRN staff and the BRN contractor, UCSF, in providing input to the Annual School Surveys questions and data review. The meetings with the EIW have been working meetings, where details about what questions should be asked, and question and answer choice wording are discussed. As the BRN staff have relied upon the input of the EIW for the Annual School Survey, the BRN staff recommend a subgroup of the education representatives and perhaps some stakeholders continue to work with the staff and report back to the NEWAC. BRN staff still need to verify any legal requirements of a subgroup and consider budget issues to finalize details but is requesting the Committee to make a decision on the approval of the subgroup in concept.

The Committee discussed the positive aspects of this and possible representation on the subgroup. For further clarification in the future and to work most effectively, the Committee requested staff to draft goals and objectives for the NEWAC and the subgroup and to provide a draft at the next meeting.

Motion: Judy Martin-Holland made a motion that the Committee approve a subgroup to work with staff on the Annual School Survey and have staff and the NEWAC Co-chairs determine membership and other details.

Second: Susan Odegaard-Turner

No public comment.

VOTES	TA	JB	VB	FC	SD	PDCR	BF	SF	JG	MH	LH	CJ	JMH	SM	RN
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

VOTES	SOT	SR	JS	PZ
	Y	Y	Y	Y

3.2 Review/Discuss RN Recruitment in California – Ways to Increase Diversity

The majority of RNs in the California workforce (and nationally) are white females and until the majority of these RNs over 50 begin to retire this will continue. There is a significant difference in the diversity of the RN student population compared to the workforce. The student population is much more diverse, but while small increases are being made in the male and Hispanic RN population, future forecasts indicate there will still be a discrepancy compared to the population of California. The African-American population has seen slight declines from the past. Native Americans and Pacific Islanders are other groups that have not seen any significant change over time.

Some issues identified and discussed include:

- Pipeline Issues (DOE has pipeline grants)
 - Need student recruitment/resources in elementary and junior high schools
 - Need for mentors/tutors at all levels
 - Information to high school counselors and science teachers
- Nursing Program Issues
 - Educators at all levels need more cultural/diversity training to deal with different ethnic/racial groups
 - Schools need to promote their programs to the different communities, let them know there are options
 - Go out to the community
 - Provide resources to assist with decreasing attrition
 - Develop partnerships and affiliations with the targeted populations

The Committee wants to accumulate a resource for best practices, partners and contacts related to increasing the diversity of RNs. Committee members will send those they have to BRN staff by February 28, 2017 and a resource list/information will begin to be drafted. The BRN staff shared a recently developed flyer about careers in nursing targeted to men and minority groups. These flyers are being distributed to a variety of groups and the BRN can provide to stakeholders if they would like to distribute. Some possible edits to the flyer were identified and committee members were encouraged to send any other feedback/suggested edits to the BRN staff by February 28, 2017 for consideration in editing future versions of the flyer.

No public comments received and no motion required.

3.3 Review/Discuss Clinical Practice Sites – Issues Related to Educators and Employers and Displacement Issues

Keeping and finding clinical placements continue to be a challenge for some schools and an increase in placements in non-hospital settings continues. There is concern from public schools that some private schools with more resources are providing monetary support to the hospitals and/or paying preceptors and public schools do not have the resources to do this. Space is also sometimes taken by students enrolled in out-of-state programs, thus leaving less space for students of schools in California. Data was provided from the draft 2015-2016 BRN Annual School Report showing the trend of programs reporting being denied a clinical placement, unit or shift. This data appears to be showing a decline, however data showing programs that reported fewer students allowed for a clinical placement showed an increase from the previous year. Additional data was presented on reasons for space being unavailable and alternative clinical sites used.

In order to work on some of these issues or keep them from occurring, the committee discussed the importance of strong academic/practice partnerships being in place. Schools must facilitate ongoing communication and build relationships with the service agencies. Schools should encourage service agencies to agree not to let students from out-of-state programs displace current students from California based programs. Regional consortiums often assist with this and other placement issues. Alternative and non-traditional sites are being more widely used. The Department of Corrections is willing to work with students, however, concern for students safety has kept this from being a widely used alternative. Some states are beginning programs to reward agencies through reimbursements or tax rebates for offering placements to public school nursing program students to increase access for public schools. This issue will continue to be discussed by the committee.

No public comments received and no motion required.

3.4 Review/Discuss Clinical Simulation

Currently the BRN regulation limits the amount of simulation to 25% of the total hands-on patient care training. There has been ongoing discussion/requests from nursing programs to increase this percentage as clinical practice space has become more difficult to obtain and keep. The BRN collects data on the Annual School Survey regarding the use of clinical simulation in the nursing programs and a summary of the data was presented that shows on average overall, nursing programs report 7% to 8% of clinical training is spent in simulation. This percentage varies slightly by content area with the highest percentage (9%) reported in obstetrics and pediatrics.

The NCSBN study regarding clinical simulation was discussed and the idea of working on a pilot project in California to identify simulation standards and identifying schools (such as CSU Chico) with best practices in simulation. Other states such as Arizona and Texas were discussed as possible models, places to obtain information. It was discussed that a subgroup would be formed to review these issues and determine the best process for moving forward. HealthImpact will spearhead with funding assistance from the Community College Chancellor's Office. Representatives from COADN, CACN, BRN, and other simulation experts will be included on the workgroup. Reports and updates will be provided back to this committee.

No public comments received and no motion required.

3.5 Review/Discuss Changes in Education for Ambulatory Care

RN care is moving more and more outside of the traditional hospital setting and into the community. It was discussed that two papers provide some good information in this area, one being from the Macy Foundation (June 2016) titled "Registered Nurses: Partners in Transforming Primary Care – Recommendations from the Macy Foundation Conference on Preparing RNs for Enhanced Roles in Primary Care" and one from the California HealthCare Foundation (August 2015) titled "RN Role Reimagined: How Empowering RNs Can Improve Primary Care". These papers will be sent to committee members as background for future discussion.

No public comments received and no motion required.

3.6 Committee Members Share Other Recent Nursing Research & Ideas for Possible Additional Research

This is an opportunity for committee members to provide any updates on recent nursing workforce research or any ideas for possible additional research. It was reported that the BRN and UCSF complete a variety of research which is available on the BRN website at <http://www.rn.ca.gov/forms/pubs.shtml>. UCSF (Susan Chapman) is researching Psych Nurse Practitioners to determine shortage areas.

Some ideas for areas where research would be helpful included:

- Successful methods for recruiting and retaining diverse student populations
- Assessments of current diversity and forecasts on a regional basis
- Onboarding/retention of new graduates from graduate and employer perspective (some of this collected in annual new graduate survey conducted by a collaboration of organizations)

Some parts of these topics are being collected on existing surveys. These research areas and others will continue to be discussed by the committee.

No public comments received and no motion required.

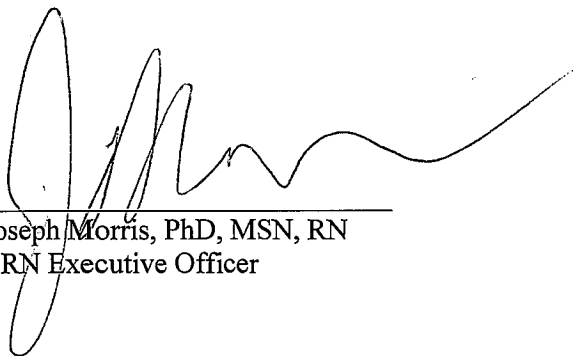
4.0 Public Comment for Items Not on the Agenda

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

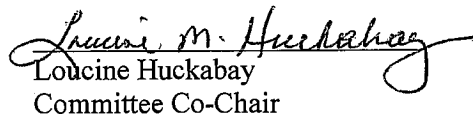
5.0 Adjournment

Meeting adjourned at 12:05 pm.

Date of next meeting: TBD



Joseph Morris, PhD, MSN, RN
BRN Executive Officer



Loucine Huckabay
Committee Co-Chair