Report of Routine Survey Visit
Army Practical Nurse Program in Fort Sam Houston, Texas
Vocational Nursing Education Program

Summary of Report
Consider the report of the August 6-7, 2013, routine six (6)-year survey visit to the Army Practical Nurse Program at Fort Sam Houston, Texas. The visit was conducted by Sandi Emerson, MSN, RN and Virginia Ayars, EdD., MS, RN, Texas Board of Nursing Consultants for Education.

Historical Perspective:
• The Army Practical Nurse Program offers the only military education program comparable to the education standards of the vocational nurse. The Texas State Board of Nursing serves as the central approval authority for the U.S. Army Practical Nurse Program (APNP).
• In 1954, the US Army gained approval for a branch Practical Nursing Program from the Board of Vocational Nurse Examiners (BVNE). The practical nursing program maintained BVNE approval until 1978. After a four (4) year hiatus, the Army Practical Nursing Program sought and gained BVNE re-approval and has remained an approved program since 1982.
• The APNP is one of fifteen (15) Department of Nursing Science (DNS) programs within The Academy of Health Sciences (AHS).
• The AHS is accredited by the Council on Occupational Education (COE) and the USA Training and Doctrine Command (TRADOC). The most recent reaffirmation of COE accreditation status occurred in 2011.
• The US Army Medical Department Center and School (AMEDDC&S), AHS is the largest medical education and training campus in the world producing nearly 35,000 medical profession graduates every year.
• The APNP is taught in two (2) segments: Phase I, an eight (8) week instructional period taught exclusively at Fort Sam Houston, Texas, and Phase II, a forty-eight (48) week instructional period taught at one (1) of five (5) United States Army medical facilities: Brooke Army Medical Center (BAMC) in Fort Sam Houston, TX; Eisenhower Army Medical Center (EAMC) in Fort Gordon, GA; Madigan Army Medical Center (MAMC) in Tacoma, WA; Walter Reed National Military Medical Center (WRNMMC) in Bethesda, MD; and, William Beaumont Army Medical Center (WBAMC) in El Paso, TX.
• The last Phase II survey visits were conducted in 2007 at Walter Reed Army Medical Center in Washington, D.C. and Dwight David Eisenhower Army Medical Center at Fort Gordon in Atlanta, GA.
• The last Phase I survey visit was conducted in September 2001.
• The NCLEX-PN® examination pass rates for the past five years are provided in the following table:

<table>
<thead>
<tr>
<th>Exam Year</th>
<th>NCLEX-PN® Examination Pass Rate</th>
<th>Number of First-Time Candidates (Passed/Total)</th>
<th>BON Approval Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>94.19%</td>
<td>370/393</td>
<td>Full</td>
</tr>
<tr>
<td>2011</td>
<td>94.51%</td>
<td>396/419</td>
<td>Full</td>
</tr>
<tr>
<td>2010</td>
<td>96.58%</td>
<td>395/409</td>
<td>Full</td>
</tr>
<tr>
<td>2009</td>
<td>90.50%</td>
<td>381/421</td>
<td>Full</td>
</tr>
<tr>
<td>2008</td>
<td>94.54%</td>
<td>450/476</td>
<td>Full</td>
</tr>
</tbody>
</table>
Synopsis of the Survey Visit:
The Army Practical Nurse Program at Fort Sam Houston, Texas has extensive positive features, including well-maintained and well-equipped instructional facilities and a state-of-the-art medical center; enthusiastic, dedicated and competent faculty, a full array of essential student services, both academic and personal; a supportive learning environment; and, strong leadership.

Pros and Cons from the Survey Visit:
Pros:
• The APNP’s 2012 NCLEX-PN® pass rate was 94.39% (370/393). Unofficial, program calculated 2012 pass rates for the five (5) Phase II sites student cohorts are reflected in the following table:

<table>
<thead>
<tr>
<th>Site</th>
<th>Number Tested/Graduates</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eisenhower Army Medical Center, GA (EAMC)</td>
<td>48/59</td>
<td>81.36%</td>
</tr>
<tr>
<td>Madigan Army Medical Center (MAMC)</td>
<td>38/41</td>
<td>92.68%</td>
</tr>
<tr>
<td>William Beaumont Medical Center (WBAMC)</td>
<td>43/46</td>
<td>93.5%</td>
</tr>
<tr>
<td>Walter Reed National Military Medical Center (WRNMMC)</td>
<td>57/64</td>
<td>89.06%</td>
</tr>
<tr>
<td>Brooke Army Medical Center (BAMC)/(SAMMC)</td>
<td>* one (1) cohort only</td>
<td>86%</td>
</tr>
</tbody>
</table>

• The program is directed by a knowledgeable leader focused on quality education.
• The APNP instruction is conducted face-to-face, with faculty incorporating interactive classroom teaching strategies, student centered learning activities, and simulation learning experiences.
• The curriculum is developed according to Board of Nursing (BON) rules and has integrated the Differentiated Essential Competencies (DECs) (2010) objectives.
• Division and department leadership expressed support for the APNP and stated they were ready and willing to implement any changes or suggestions for improvement.
• Clear communication between the director and administration was evident.
• Faculty members at the Phase I site are a supportive, communicative cadre of individuals committed to the educational and personal development of the soldier and the nurse.
• Students expressed a high degree of satisfaction with the program and confidence that the director and faculty are committed to their success.
• Monthly meetings of faculty at all five (5) Phase II sites are conducted via teleconferencing.
• A detailed Total Program Evaluation (TPE) plan is in place. Data is collected regularly and decisions made in nursing faculty meetings are reflected in the plan.

Cons:
• Progression of expected clinical behaviors lacks clarity.

Rationale for Staff Recommendations:
The following recommendations are made to: 1) ensure that the director has the opportunity to fully assess and evaluate program curriculum compliance at all Phase II sites and 2) provide an opportunity for faculty to assess, evaluate, and refine expected clinical progression outcomes.

Staff Recommendations:
Move to accept the report of findings of the routine six (6) - year survey visit to the Army Practical Nurse Program at Fort Sam Houston, Texas and issue two (2) recommendations:

Recommendation #1:
It is recommended that the Army Practical Nurse Program Director establish a schedule for visiting Phase II extension sites to assess curriculum implementation consistency with the main program site at Fort Sam Houston. A response to this recommendation is to be submitted to Board staff by February 1, 2014.

Recommendation #2:
It is recommended that the Phase II faculty and directors review clinical evaluation tools to ensure that progression is clearly demonstrated. A response to this recommendation is to be submitted to Board staff by February 1, 2014.
Summary of Routine Survey Visit  
Army Practical Nurse Program at Fort Sam Houston, Texas  
Vocational Nursing Education Program

Purpose of Survey Visit: routine six (6)-year survey visit.

Dates of Visit: August 6-7, 2013

Nursing Education Consultants Conducting Visit: Sandi Emerson, MSN, RN, and Virginia Ayars, EdD, MS, RN

Education Consultants met with:

- Col Denise Hopkins-Chadwick, Dean, Academy of Health Sciences (AHS)
- Col Margaret Dixon, Acting Chief, Department of Nursing Science (DNS)
- SFC Graciela Flores, Non-commissioned Officer in Charge (NCOIC), DNS
- LTC Clyde Hill, Director, M6
- LTC Deborah Bain, Deputy Director
- SFC Katrina O’Coin, NCOIC
- Mr. Calvin Hogg, Education Development
- Mr. Robert Jones, Education Development
- CPT Felecia Hudson, Director, Phase I
- SFC Shaina Newton, NCOIC
- SPT Sharon Douglas, Instructor/Writer
- SSG Alfred Varon, Instructor/Writer
- Mr. Richard Neilson, Instructor/Class Advisor
- Mr. David Graham, Instructor/Class Advisor
- Ms. Wendi Cortez, Instructor/Class Advisor
- LTC Jose Nunez, Director, San Antonio Military Medical Center (SAMMC), Phase II
- SFC Olvado Rosado, NCOIC
- Mr. Milhouse, Instructor/Class Advisor
- SSG Lange, Instructor/Writer
- SSG Crandall, Instructor/Writer

Activities Carried Out by Education Consultants During Survey Visit:

- conducted initial meeting with director and administration
- interviewed faculty and staff
- interviewed students
- observed Phase I classroom instruction
- attended closing ceremony of concluding Phase I cohort
- toured the facilities housing both the Phase I and Phase II instructional programs
- reviewed the curriculum and all syllabi
- reviewed the Student Handbook, Faculty Handbook, and clinical contracts
- reviewed student and faculty files
- reviewed minutes of faculty meetings
- reviewed tests and clinical evaluation tools
- reviewed Total Program Evaluation (TPE)
- toured clinical facility at Brooke Army Medical Center
- conducted exit meeting with director, faculty and administration
Summary of Findings:

Findings Related to Administration:

- LTC Clyde Hill was appointed director of the Army Practical Nurse Program (APNP) July 8, 2013. His past experiences include one (1) year in pre-licensure nursing education, having served as the Deputy Director of the APNP Phase II at Fort Sam Houston, Texas. He has extensive administrative and clinical expertise, having served in various clinical arenas in the Army since 1994.
- Administration expressed a desire and willingness to exceed the existing standard for program implementation and sought input on ways to improve program operations.
- The Dean and Acting Chief stated that their initiatives are based upon the Army's mission to care for its soldiers and others in both peace and war time.
- The director and faculty articulated appreciation for the support the program receives from administration.
- Excellent communication between the director and administration was evident.
- The director does not carry a teaching assignment.

Findings Related to Program of Study:

- The fifty-two (52) week APNP is completed in two (2) segments: Phase I and Phase II. Phase I is an eight (8) week instructional period held at the AHS, at Fort Sam Houston, Texas. Phase II is a forty-four (44) week instructional period held at one (1) of five (5) designated Army medical facilities across the United States.
- The APNP curriculum consists of 1920 contact hours: 751 didactic hours; 255 skills lab hours; 124 simulation lab hours; and, 790 patient care clinical hours.
- The organization of the curriculum is based upon sequential learning, with Phase I instruction laying the foundation for Phase II course content and clinical.
- The program of study includes all requisite content and the curriculum is sound and logically organized. The program of study is designed to ensure students are competent in skills prior to entering the clinical setting.
- The curriculum includes IV therapy.
- The 2010 Differentiated Essential Competencies (DECS) are incorporated throughout the curriculum.
- The teaching model is face-to-face instruction.
- Standardized testing is used for admission, progression, and remediation purposes.

Findings Related to Faculty:

- At the Phase I site, program personnel include the Phase I director, an assistant, and seven (7) full-time faculty.
- Each Phase II site has a director, assistant and faculty. The number of full-time faculty at each of the five (5) Phase II sites is reflected in the table below:

<table>
<thead>
<tr>
<th>Medical Facility</th>
<th>Faculty Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooke Army Medical Center, Fort Sam Houston, Texas</td>
<td>12</td>
</tr>
<tr>
<td>Eisenhower Medical Center, Fort Gordon, Georgia</td>
<td>12</td>
</tr>
<tr>
<td>Madigan Medical Center, Fort Lewis, Washington</td>
<td>12</td>
</tr>
<tr>
<td>Walter Reed National Military Medical Center, Bethesda, Maryland</td>
<td>14</td>
</tr>
<tr>
<td>William Beaumont Military Center, Fort Bliss, Texas</td>
<td>8</td>
</tr>
</tbody>
</table>

- All faculty members are full-time and meet BON requirements. Faculty offer a rich diversity in educational and experiential backgrounds.
- Phase I faculty were enthusiastic about their teaching assignments, methods of instruction, and students. Faculty shared their engagement in curriculum development and revision.
- Phase I faculty reported they receive strong support from one another as well as the program director.
- A mandatory orientation of ninety (90) days occurs upon assignment to teach at a Phase I or Phase II site for all faculty. Numerous opportunities for professional development opportunities are available for faculty.
• Phase I faculty meet weekly. Faculty report that decision-making is evidence-based and collaborative.
• The APNP director conducts monthly meetings for all Phase II faculty via teleconferencing.
• Review of Phase I faculty meeting minutes reveals documentation of faculty discussion, decisions and rationale.
• Phase I faculty files provide evidence that policies related to faculty qualifications and faculty evaluations are followed.
• Military faculty assigned to a Phase I or Phase II site typically have a two (2) to three (3) year tenure. Civilian faculty may have longer tenure. One civilian faculty member has been with the Phase I program for eleven (11) years.
• Several Phase I and Phase II faculty interviewed reported they are APNP graduates.

Findings Related to Students:
• The program admits ten (10) cohorts of students annually. Individual cohort capacity varies from fifty (50) to seventy-five (75) students.
• Upon completion of Phase I, a cohort is assigned to one (1) of five (5) Phase II sites. At each Phase II site, there are two (2) cohorts of students at a time, a junior and senior class.
• NEPIS data indicates that the program enrolled 523 students during the October 2011-June 2012 time frame.
• At the time of the survey visit, ninety (90) students were enrolled in Phase I and 274 students were enrolled in Phase II, with ninety-one (91) students at the Brooke Army Medical Center at Fort Sam Houston site.
• Students in the program are comprised of both active duty and reservist military personnel.
• Students interviewed agreed the program of study is effective and is preparing them well for the role of LPN/LVN.
• Students expressed that the director and faculty are receptive to their input about the program.
• Student policies are in place.
• Students receive required written information via the student handbook. The information is also presented verbally in a one (1) hour session at the start of Phase I.

Findings Related to Clinical Learning Experiences:
• Each of the five (5) Phase II clinical sites has a Memorandum of Understanding (MOU) between the school house and each clinical site. Each MOU is reviewed periodically prior to the start of clinical rotations.
• For those Phase II hospital sites lacking experiential learning opportunities in a specific content area, clinical affiliation agreements with outside facilities are in place.
• On-site, hands-on faculty supervision is provided for all Phase II clinical experiences.
• Phase II clinical experiences are scheduled to match related didactic content in the classroom.
• Clinical evaluation tools provide for formative and summative evaluation. The tools are limited in defining clear progression from one level or clinical course to the next.
• The program utilizes simulation to prepare students for clinical and for remediation purposes.

Findings Related to Facilities, Resources, and Services:
• A complete array of student services is available through military resources.
• Students have twenty-four (24) hour access to online holdings from base or home. Students at any Phase II site have access to the post library and each base hospital library. Phase I students also have access to the AMEDD C&S library.
• Each APNP student is provided a set of textbooks and a blackboard account.
• The building in which Phase I instruction is conducted is well-equipped, spacious, and offers a positive learning environment.
• The Phase I site nursing skills laboratory is spacious and well-equipped. Sufficient mannequins and task trainers are available for instructional purposes. Hot and cold running water is available.
• The instructional facilities at Phase II at Fort Sam Houston are large and spacious. Two (2) dedicated classrooms provide adequate space for 130 students.
• A computer with internet access is available at each student seat in classrooms at both the
Phase I and Phase II school houses.

- The Phase II site nursing skills laboratory is a six (6) bed, hospital-like equipped environment with sufficient equipment and supplies available for all students. Five (5) simulation mannequins are utilized in the skills laboratory for learning scenarios. At the Brooke Army Medical Center, Phase II site, a high-fidelity, state-of-the-art simulation center is available for student and faculty use.
- Restrooms, study areas, and break areas are available in both the Phase I and Phase II school houses.
- Files are locked and located in a secure area.
- The APNP director has a private office conveniently located to program staff and Phase I faculty.
- Phase I faculty members have individual cubicle spaces with all requisite furnishings and equipment. Private offices are available for student counseling.
- The director at the Fort Sam Houston Phase II site has a large, private office conveniently located to program staff and faculty.
- Phase II faculty have private offices equipped with all needed equipment and furniture.

Findings Related to Records and Reports:

- The program has in place a Total Program Evaluation (TPE) Plan and it is used for decision making.
- Minutes indicate when decisions are made.
- Student and faculty files contained all documents required by Rule 214
October 17, 2013

LTC Clyde Hill,
Army Practical Nurse Course
Attn: MCCS HNP
2250 Stanley Road
Fort Sam Houston, Texas 78234-6140

Dear LTC Hill:

At the October 17-18, 2013 meeting, the members of the Texas Board of Nursing considered the report of the August 6-7, 2013 routine six-year (6) survey visit to the Army Practical Nurse Program at Fort Sam Houston, Texas. It was the decision of the Board to accept the report of the survey visit and issue the following two (2) recommendations:

**Recommendation #1:**
It is recommended that the Army Practical Nurse Course Director establish a schedule for visiting the Phase II extension sites on a regular basis to assess curriculum consistency with the main program site at Fort Sam Houston. A response to this recommendation is to be submitted to Board staff by February 1, 2014.

**Recommendation #2:**
It is recommended that the Phase II faculty and directors review the clinical evaluation tools to ensure that progression is clearly demonstrated. A response to this recommendation is to be submitted to Board staff by February 1, 2014.

Recommendations are suggestions based upon program assessment indirectly related to the rules to which a program must respond but in a method of their choosing.

If you have any questions or if we may be of assistance, please contact board staff at (512) 463-4631.

Sincerely,

Kathy Shipp, MSN, RN
President

Sandi Emerson, MSN, RN
Nursing Consultant for Education

copy: COE
Col Denise Hopkins-Chadwick, Dean Army Medical Department Center and School at U.S. Army