Greetings from the Education Consultants

Editor, Gayle P. Varnell, PhD, RN, CPNP-PC (our FROG Expert)

Find, Reflect, Organize, & Generate news = FROG

The Texas Board of Nursing Education Consultants have prepared this newsletter for information purposes for programs. Please share with the nursing faculty in your school.

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The Publication That Brings Nursing Regulation & Education Together

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When you have some time to surf, try NCSBN. You will be amazed at how much information is available to help you in your leadership role and teaching role. The available information related to NCLEX is surprising.
Following Hurricane Harvey's harsh blow to the Houston area immediately preceding the initiation of the Fall 2017 semester, The University of Texas School of Nursing Houston pulled their rubber boot straps up and developed a plan to address the incoming cohort of approximately 1300 students. UTHealth closed all campuses until 9/4/2017, one week after intended start of the fall semester.

The following chronology depicts the events that unfolded and our response to issues we anticipated. UTHealth Houston, under Dr. Colasurdo’s guidance, has developed a need based fund for students and employees at all schools within the medical center who are in need of economic support.

- Dean Frazier immediately emailed faculty to assess their well being
- Emergency and Community Faculty developed a plan to initiate and organize students and faculty at disaster command centers to obtain clinical hours during school closure. The initiation of this plan occurred following a meeting of key faculty and the Dean.
- Students and Faculty were all asked to check in with a short questionnaire - essential information included; evacuation status, house and transportation status, general well-being. A spreadsheet was developed to separately track students and faculty.
- Clinical faculty were asked to ‘check in’ with hospitals and agencies to determine the fall plan; unfortunately, many tertiary care facilities could not support the number of students due to reduced staff and thus reduced potential preceptors.
- Contact was initiated with Red Cross Coordinators and Federal representatives to develop a plan and schedule students and faculty to serve evacuees at George R. Brown and other outlying disaster shelters. Shift coverage at evening and night hours was determined more of a need and faculty were required to be present with clinical students during disaster team and triage shifts.
- A Town Hall for all students and faculty able to attend was coordinated to discuss the method for reporting and clinical options prior to school and campus opening.
- Faculty was briefed on symptoms of PTSD and depression and encouraged to be cognizant of students who may not be prepared to manage the semester’s rigor.
- Faculty were also encouraged to reach out to their advisees to evaluate options if students felt that they would not be able to begin the fall semester and assess the need for dropping courses.
- Clinical faculty were encouraged to develop alternative enrichment assignments for didactic courses, proceed with planned content or to video lectures if possible.
- Student affairs extended the drop date for courses.
- Discussions were initiated with Skills Lab Coordinator regarding expanding hours for the Simulation lab and substituting simulation skills lab in place of clinical hours; also expanding hours to accommodate week-end coverage to facilitate all students.

Allison P Edwards, DrPH, MS, RN, CNE
Texas Board of Nursing Board Member
Representing Baccalaureate Education
UTHealth School of Nursing
Assistant Professor
How much simulation is right for our program?

Our standard answer to all questions is: It depends. Clinical hours are already being reduced to meet the mandated semester credit hours. The rationale for deciding on what and how much simulation should be based on:

• The value of simulation in preparing for hands-on patient care;
• Availability of prepared scenarios;
• Faculty expertise with equipment; and
• Clinical objectives that can be addressed/met through simulation.

Faulty reasoning for determining simulation time:

• Asking how much simulation can we do to lessen supervised hours in clinical settings?
• Starting with a percentage of clinical hours for simulation and looking for a place in the curriculum where simulation might fit.

Factors critical to quality simulation:

• Trained faculty in guiding simulation and providing constructive feedback;
• Adequately planned scenarios;
• Optimal faculty-to-student ratios (perhaps less than 1:10);
• Planned scenarios to meet clinical objectives;
• Focusing on the learning experience, not the substituted hours; and
• Mimicking a real-life situation.

It is not the technology; it is the experience in clinical judgment.

Please email your consultant about your lessons learned from using simulation with students.

A Prescription:

Richard L. Pullen, EdD, MSN, RN, CMSRN, former Program Director for the ADN Program at Amarillo College in Amarillo, Texas, wrote an article entitled “A prescription for NCLEX-RN success” that was published in the June Nursing2017. It describes a brighter side of having to write a Self-Study Report. He also provided this summary for our newsletter:

Maintaining curriculum rigor is more important than ever, especially at a time when patient centered scenarios are more complex. It is important for faculty to make “Intentional Caring Connections” with students while using diverse pedagogies in the classroom, clinical, and online learning environments. We must also celebrate the talents of faculty members and mentor experienced and novice educators. In other words, the unique role of the nursing educator is to have a “Helping” relationship with students and each other.

Congratulations to Dr. Pullen!
NCSBN Message to Members - June 28, 2017

Editorial Discusses How Nurse Educators Can Facilitate Knowledge about Population Health and Challenges Associated with Social Determinants of Health

An editorial in the Journal of Nursing Education discusses “how nurse educators can better facilitate students' knowledge and experiences with population health and the challenges associated with the social determinates of health.” The author advises nurse educators to “make it a priority to provide clinical opportunities that teach students upstream measures to improve the health of populations.” Recommendations include structuring clinical experiences that provide students with an understanding of the culture of health that lead to improved population health.

The author challenges nurse educators to:
- Develop community experiences in the promotion of health outside hospital walls;
- Redesign the curriculum to facilitate the students’ acquisition of the knowledge, abilities and values that will enable them to build healthier communities;
- Equip students to engage with underserved communities to gain intimate knowledge of the effects of social determinants of health and how those conditions affect health and health care; and
- Design community-based learning experiences that extend through the entire educational experience so students gain an appreciation of complex health issues and challenges and the strategies for addressing them to improve health.

For Recognition of Greatness . . .

Dr. Virginia Ayars, EdD, MS, RN, CNE, Education Consultant for Nursing attended the Nurse Tim Nuts and Bolts for Nurse Educators Conference on August 4-5, 2017 in Minneapolis, Minnesota, offering both podium and poster presentations.

The learning objectives were:
(1) to examine corrective measures identified in 88 Self-Study Reports submitted to the Texas BON over a three-year period, and
(2) to discuss the March 2017 follow-up survey results.

Dr. Ayars’ poster appeared on the Nurse Tim web page.
Using Clinical Teaching Assistants in RN Programs

Question: How much can Clinical Teaching Assistants (CTAs) do. Can they grade and evaluate students?

CTAs are employed by the RN nursing program and may ASSIST the MSN or doctorally-prepared nursing faculty member in managing up to 15 students in a clinical group. Rule 215.10(i)(2) requires the supervising faculty to be available to the CTA and meet with them periodically for the purpose of monitoring and evaluating learning experiences.

Details (qualifications and responsibilities) about the use of CTAs should be included in the faculty policies. Assignments to the CTA are made by the faculty member and are based upon the experience, expertise, and competencies of the CTA. In order for decisions in grading and evaluating students to be legally defensible, the CTA may assist in grading and evaluation but the faculty member should make the final decision.

See Rule 215.10 and Education Guideline 3.8.4.a

APRN Corner by Nicole Buckingham, BSN, RNC-LRN
Program Supervisor, Advanced Practice Licensure

Free Webinar: APRN Application Process
November 3, 2017 10:00 AM US/Central

The purpose of this webinar is to describe the nursing laws, rules, and regulations required for the registered nurse to obtain advance practice licensure. Helpful tips will be shared to assist the advance practice applicant move through the licensure process with ease.

Objectives:

At the end of this webinar, the participant will be able to:
1. Discuss the four essential documents necessary for advance practice licensure
2. Describe specific information that must be included on each essential document for advanced practice licensure

To register for this event, please visit the Board of Nursing Continuing Education Course Catalog.

Update from TEXAS TEAM

The Texas Team, along with the Foundation of the National Student Nurses Association, developed a video to address faculty shortage in nursing education programs. Special thanks to Carol Boswell, Pat Allen, Jayson Valerio, Susie Sportsman, Marvella Starlin, Sharon Cannon, and Michael Evans. This video is available to all nursing programs that need to recruit new faculty. It can be accessed at: http://nursing.ttuhs.edu/cfa/
Expressions of Love and Caring Among Nursing Programs:

It has been heart-warming to see the support from program to program during and after Harvey. Board Staff appreciate the caring and concern expressed by the program directors to each other. We are taking the liberty to document some of your comments that are so meaningful and demonstrate the nursing spirit:

“On behalf of TADDPNP I want to let the Deans & Directors of programs in the South Texas area know that you have been in my thoughts all weekend. I know the initial damage – and continued rains from hurricane Harvey has significantly impacted so many of your universities and colleges — and more importantly the welfare of all of you, your faculty, staff, and students in your programs. Those of us not in the path of destruction of this storm are here to support all of you. Please let me know if we can assist in any way.”

Cheryl Livengood, Weatherford

“We would like to thank you for your support and prayers during this difficult time. Several students, faculty, and support staff have lost everything. The spirits are high and restoration will begin soon. Today is the first day of classes and through the tears, laughter, and strong sense of community a new sense of normal will emerge soon. Thank you for everything,”

Sandy Brannan, Galveston College

“Thank you all for the support. Our building came through fine with just some minor window leaks. We are currently trying to assess the impact on students and faculty as many have been evacuated. At the same time we are working to organize a response and volunteering in the shelters. For those of you who have gone through something like this, I would appreciate any lessons learned. Thanks for your thoughts and prayers.”

Lorraine Frazier, UTHSC Houston

“Our immediate concern is that of the safety and welfare of our families, students, faculty and staff. Many have already evacuated and nurses who are our faculty and students are on lock down in our hospitals. Your thoughts and prayers are very important and much appreciated.”

Kathryn Tart, UH

“The start of classes was delayed a week due to the hurricane and restoration of power so it’s been rather hectic as we ensure students who sustained damage are taken care of, readjusting semester schedules, etc...”

Jennifer McWha, Del Mar College

We welcome any and all input to our newsletter. If there is anything that you are interested in learning about, please let us know. We are here to assist you and look forward to hearing from you.