

Texas Higher Education Coordinating Board  
Advisory Committee on RN Nursing Education (ACORN)

Minutes of Meeting Held November 21, 2008  
10:00 am – 3:00 pm

Texas Higher Education Coordinating Board  
1200 East Anderson Lane  
Austin, TX 78752  
Board Room

**Members Present**

Peggy Aalund  
Patricia Allen  
Barbara Cordell  
Eileen Deges Curl  
Regina Jones Johnson  
Josefina Lujan  
Beth Mancini  
Ana Mejia-Dietche  
LeAnn Wagner

**Members Absent**

Joyce Batcheller  
Edward Russell  
Debora Simmons  
Mary Beth Thomas

**Coordinating Board Staff Present**

Chris Fowler  
Donna Carlin  
Elizabeth Mayer

**Guests Present**

Suzanne Pickens  
Mary Jane Hamilton

<p>I. Call to Order and Roll Call of Members</p>	<p>Ms. LeAnn Wagner, Chairwoman of the committee started the meeting at 10:05 am. Ms. Wagner announced that Ed Russell resigned his position, but since his term is up in March of 2009 he will be replaced at that time. Ms. Wagner called the roll of committee members. Absent at the time of roll call: Regina Jones Johnson, Deborah Simmons, Joyce Batcheller, and Mary Beth Thomas. Since Mary Beth Thomas was unable to attend for the Board of Nursing, Janice Hooper attended.</p>
<p>II. Consideration of Minutes from Meeting of August 15, 2008</p>	<p>Ms. Wagner asked if there were corrections to the minutes. Dr. Curl moved that the minutes be approved as amended and presented at the meeting. The motion was seconded by Dr. Allen. Motion was approved unanimously by roll call vote. Dr. Regina Jones Johnson joined the group.</p>
<p>III. Discussion of the Final Report on a New Curriculum Model for Initial RN Licensure Programs</p>	<p>Ms. Chris Fowler provided the background for the new curriculum model, which was developed to fulfill Senate Bill 139. The bill asked the Coordinating Board to evaluate methods to improve instruction on patient safety. Ms. Fowler discussed the process of hiring the consultants, the consultants drafting the report, and finally the redrafting of the report by a subcommittee of ACORN members. The final document that was redrafted by the subcommittee was written based upon the outline that was approved by the committee at the August 15<sup>th</sup> meeting. The subcommittee consisted of Ms. LeAnn Wagner, Ms. Ana Mejia-Dietche, Beth Mancini, Robin Wilson, who represented the Board of Nursing, and Deborah Simmons from UT MD Anderson Cancer Center. The document outlines the components for a curriculum framework that focuses both on the quality of instruction and on quantity. The framework links the curriculum to both patient safety and increasing enrollments.</p> <p>Ms. Donna Carlin reviewed the content of the report. The curriculum is based on the IOM competencies which are thought to be the best framework for the initial licensure programs. The five conceptual concepts remained in the curriculum report from the IOM <i>Quality Chasm</i> document. Constructional elements such as partnerships in the different regions of the state are still in the report and thought to be needed.</p> <p>Ms. Fowler briefly discussed the regionalization concept. She explained that focusing on regions might be a better way to apply a common curriculum as opposed to having a common curriculum across the state. The idea is really to develop best practices for regions within the state and this is a concept that is discussed in more depth later in the meeting by Alexia Green.</p> <p>Dr. Beth Mancini commented that with a state this diverse geographically and with such a wide dispersal of the population, regionalization might be a better way of sharing best practices.</p> <p>Dr. Josefina Lujan asked if the regional curriculum would be the first step in a move to a statewide curriculum or is regionalization enough?</p> <p>Ms. Fowler responded that her question is getting a little ahead of the stated THECB mandate since at this point the Coordinating Board is</p>

asking the Legislature for more direction. Ms. Fowler explained that there would be a basic model and the specific regions would work to adapt it to their best practices.

Dr. Lujan asked how this differs from what we already have? According to the Board of Nursing there is standard content that has to be taught. How does this build on that?

Ms. Fowler replied that it would involve common sequencing, new admission standards, more uniformity and more efficiencies built in. Some are concerned that a standard curriculum would lower standards of high performing schools, but in fact it would likely raise the standards of other schools.

Ms. Wagner explained that the Board of Nursing has very broad concepts that allow for lots of latitude.

Dr. Curl mentioned that as the ACE Chair at the Board of Nursing they are relooking at the DELCs and revising them. In the regulations the concepts are very broad, but the DELC's are more specific. It will also be good to look at the curriculum model and see how it relates to the DELCs.

Dr. Mancini explained that the concept is efficiency and effectiveness and that curriculum reform promote seamlessness. The intent was to say how we can make this happen. We want to encourage innovation and still create efficiency. The language in the report was to be open and not so "locked-step" that there can no longer be innovation.

Ms. Carlin continued the discussion by indicating that there has been a slowing down of the process and that the report really asks for more direction from the Legislature in going forward. The phases initially discussed -- phases two, three, and four have been put on the back burner until further direction from the Legislature. This was largely due to the dynamic tension that exists as far as the concept of a model curriculum. The report outlines additional proposed phases that would include the THECB expanding the framework into a new curriculum model or models. The model(s) would have standard prerequisites, course descriptions, recommended course sequencing, and recommended methodologies, as well as best practices. Regions would evaluate sharing faculty and resources. If the legislature gives the go ahead for phase three, a final report would be prepared with an implementation plan. Phase four would be piloting the project in different regions at an estimated cost of \$15 million. This committee would serve as a steering committee during the pilot phase. An estimated 48 schools would participate in the pilot for six regions.

Ms. Fowler discussed whether it will even be possible to get the \$15 million dollars in the current economic climate. Originally staff wanted to move ahead with a curriculum model so a draft would be available, but this has been postponed and the Board is now asking for more direction from the Legislature. Ms. Fowler thanked those who worked on the report. Dr. Regina Jones Johnson asked what are we expecting the Legislature to tell us?

Ms. Fowler explained that the Board would like the Legislature to tell us if this is a project that staff should continue to work on and part of that would be in giving the agency funding. If the state plans on developing these concepts then it will cost money. If the Legislature doesn't see it as a priority, then the Board could work on things like seamless transition in other ways that maybe aren't done in such a short amount of time or systematically. That support is needed in order to move ahead with the project.

Dr. Curl asked if asking the Legislature for the \$15 million would take away from the nursing shortage program or if it would be an addition to that amount.

Ms. Fowler responded that since the state is in an economic downturn, it is hard to say how much extra money there will be for important initiatives like this. There are going to be hard decisions to be made by the legislators during this session.

The members discussed how they could be more involved during the session. Committee members also discussed how several groups will be asking for funding and that it is important to prioritize these requests.

The committee then moved to a discussion regarding the survey of IOM competencies that was done for the report by the consultants.

Ms. Wagner began the discussion by explaining that the survey wasn't comprehensive enough to get basic information. She asked the committee if it would be useful to find out more from schools about their understanding of the IOM competencies. Is that something that should be looked at or not? Ms. Wagner didn't think the results from the survey found out a great deal of detail about what the schools are doing regarding the competencies.

Ms. Fowler asked the committee if it thought another survey should be done. The prior survey only really showed that the schools are using the competencies to some degree and in different ways. Is there a need for a better assessment of how programs are applying these competencies within their curriculum?

Ms. Wagner mentioned that it was difficult to determine if programs were thinking about the curriculum or if they were implementing the competencies. This is important especially if the IOM competencies are really going to be the core of the curriculum.

The committee members discussed the pros and cons of doing a new survey of the schools.

Dr. Mancini explained that this really fits in with the Excellence and Best Practices Subcommittee. If the committee accept that patient safety, IOM competencies and others are important pieces of excellence and best practices, getting solid information from the schools regardless of this project might fit in with other innovative grants. Perhaps the committee should get the information from schools regardless if it used for this project or not.

The committee members discussed further the idea of doing another survey and particularly including patient safety in the survey.

Dr. Curl went over what ACORN would want the survey to include: specifically faculty use and understanding of the IOM competencies.

Ms. Wagner clarified the ideas that should be included in the survey. First, what does faculty understand about the IOM competencies and what has taken place to implement them and are they looking at implementing things differently based on the competencies in the future. Finally, have the schools had any results positive or negative with using the competencies.

Dr. Mancini commented on the importance of how to ask the questions. She emphasized the importance of asking about specific principles and also the need to include providers in the survey.

Ms. Wagner asked if there are any data statewide on hospitals satisfaction with new graduates.

The members of the committee discussed how to get statewide data on the satisfaction from hospitals with new graduates.

Dr. Mancini mentioned that as far as she knows the Advisory Board is the only group that looks at this issue and it is only national data. There is not a statewide assessment that she is aware of. She explained that it is difficult to acquire specific information about a specific nurse or new nurses.

Ms. Meijja-Dietche mentioned that the Advisory Board does provide good information in their report which gives some national data.

Dr. Curl indicated that ACE is focused on high quality graduates and also looking at Benner's work for new graduates. Dr. Curl also asked for clarification regarding the survey that the Excellence subcommittee was going to compile. Dr. Curl stated that it is important to make sure faculty and programs across the state are able to contribute to this framework so she would hope that the survey would not just ask what the schools are doing, but really incorporate what schools perceive is missing.

Ms. Wagner explained that the more ideas the programs can contribute the better.

Dr. Curl clarified that the survey should include the understanding of IOM, use of IOM, but should also include a third component which is requesting feedback on the framework that is in the report.

Ms. Wagner suggested that maybe the survey could include a comment area where the program could identify, for example, this is an essential component to any curriculum model, and give programs an opportunity to identify any gaps that they see.

The committee continued discussion about what specifics should be covered in the survey. There was also discussion about using a survey tool that is in the back of Kenner's book which evaluates nursing faculty knowledge about the IOM competencies.

	<p>Dr. Pat Allen explained that some of her faculty did find the Kenner survey threatening so she was not sure if it would be a good idea to use and not sure how to go about it.</p> <p>There was further discussion among the group about who is aware of the IOM competencies and how in-depth they are covered. The committee also discussed what the survey is trying to achieve.</p> <p>The Committee took a brief break in preparation for Dr. Alexia Green's report.</p> <p><i>Go to agenda item V.</i></p>
<p>V. Presentation of Strategic Plans Prepared for the 81<sup>st</sup> Legislature – THA/TNA representative and Team Texas representative</p>	<p>Dr. Alexia Green joined the group via phone to discuss the plan that the Texas Team has developed. Dr. Green began by reviewing the plan and the background of the summit that AARP, the Robert Wood Johnson Foundation (RWJF), HRSA, and DOL hosted. There were 18 states that were selected to participate in the summit. The purpose of the summit was for each state to synthesize a strategic plan for increasing capacity in the state. The Governor's office was involved as well as State Representative Donna Howard.</p> <p>Dr. Green explained that RWJF is going to continue to work with the 18 states selected to participate. Each state signed a memorandum of understanding to commit to work with RWJF and AARP for one year. Dr. Green then went over briefly the strategic plan that Team Texas is proposing.</p> <p>One major idea that Dr. Green discussed that is in the plan is the idea of regionalization. It is clear that programs need to work together to address the shortage. It is important to be collaborators not competitors and to go out into our regions to find new relationships and new dollars.</p> <p>The committee then discussed the concept of regionalization and how programs would be broken down into various regions.</p> <p>Dr. Green concluded her presentation of the strategic plan. The committee then took a 30 minute break for lunch.</p>
<p>III. Discussion of the Final Report on a New Curriculum Model for Initial RN Licensure Programs</p>	<p>The committee returned to agenda item III following the lunch break.</p> <p>The committee continued the discussion about what specifically should be included in the survey. They also discussed the possibility of doing something at the April conference. Regina Jones Johnson asked what April conference are people referring to.</p> <p>Ms. Chris Fowler reviewed the statewide nursing conference for faculty that will be held in Lubbock in April. The first conference which focused on student retention was held a year and a half ago in Houston. The focus of this conference will be on partnerships and there will be two nationally known speakers.</p> <p>Dr. Curl explained that perhaps one reason to ask the question to the whole state would be to find out where people are with using the IOM competencies and perhaps how much change programs would have to undergo in order to adopt the framework that is being discussed.</p>

	<p>Ms. Wagner said that it would probably be helpful to just work off of the survey that the committee is already doing including something that is meaningful, but not time consuming for members of the subcommittee to develop. The key would be the operational definitions for the five competencies that the curriculum model uses.</p> <p>Dr. Curl also asked about the comment area of the survey. Obviously we want to identify their understanding of the competencies as well as their plan to use it in the future. The survey would need a general area about the use of the IOM competencies in a curriculum framework.</p> <p>Dr. Allen suggested putting a draft of the survey together and then put it out for the committee to comment.</p> <p>The committee decided that the Excellence subcommittee would work on the survey and then it would be available for comment by the advisory committee. The survey would also include a section for comments about the use of the IOM as a curriculum framework.</p> <p>The committee then moved on to the subcommittee reports.</p>
<p>IV. Reports from Subcommittees and Possible Consideration of Subcommittee Members and Immediate Long-term objectives</p>	<p>Dr. Cordell gave a report on the <i>Capacity Subcommittee</i>. Dr. Cordell began by going over the members who are on the subcommittee (see Capacity Report attachment). Dr. Cordell also provided the revised objectives of the subcommittee (see Capacity Report attachment). The motion to accept the committee members and objectives was made by Dr. Curl and seconded by Dr. Allen. The committee accepted the objectives and the subcommittee members. Dr. Cordell stated that the subcommittee welcomes any comments from the advisory committee or outside members.</p> <p>There was a discussion by the committee about faculty salaries and why that objective was dropped from the Texas Team Strategy. Ms. Fowler, who is a member of the Texas Team, commented that the group decided to focus on a strategy that they could make more progress on since the Legislature feels that they have done what they can with the Nursing Shortage Reduction program.</p> <p>Dr. Allen gave the <i>Retention and Graduation Subcommittee</i> report on its activities since the last meeting. Two handouts were provided to the committee. The first handout was a breakdown of the statewide graduation rates for various regions (see Graduation Rates attachment). The second handout was a report of the activities of the subcommittee including recommendations for the full ACORN committee to review that relate specifically to graduation and retention issues (see Graduation and Retention Report attachment). The two short term objectives for the subcommittee are the graduation rates and best practice standards for financial aid/financial assistance programs. Dr. Allen reviewed the report with the committee, specifically focusing on the first two objectives. Dr. Allen explained that the recommendations included in the report are for the consideration of the whole committee.</p> <p>Dr. Allen requested feedback regarding persisters. How should persisters be counted and classified? Dr. Allen asked the committee if it is important to collect data on persisters.</p>

Dr. Mancini brought up the issue of where these recommendations will go and what does the group plan to do with them.

Ms. Wagner suggested that prioritization needs to be done by the subcommittee and then by the ACORN. Dr. Allen clarified that the first two objectives are the priority for the subcommittee.

Ms. Wagner suggested making these ideas available and then letting each program assess the best way to handle these issues based upon the specific situation. Ms. Wagner also brought up the idea of regional groups evaluating recommendations and deciding how to proceed.

Dr. Mancini asked what is the goal of having this information and these recommendations by the subcommittees? Is it to be used for dissemination purposes?

Ms. Fowler responded that the recommendations could be passed around to other nursing education groups and conferences where they can be evaluated and perhaps implemented. Ms. Fowler also suggested that the subcommittee should decide how the recommendations could be implemented.

Ms. Wagner suggested that the subcommittee go back and prioritize the recommendations and also operationalize them. Then she suggested bringing them back to the committee.

Dr. Allen said that she would take back to the Retention and Graduation subcommittee the report and prioritize as well as operationalize the recommendations.

Ms. Wagner stated that no action will be taken with the subcommittee's report with the understanding that the subcommittee will go back and prioritize and discuss potential activation of their recommendations.

Dr. Mancini, chair of the *Research Subcommittee*, presented its report (see Research Report attachment). Following her review of the subcommittee report, there was a brief discussion among the committee regarding the calculation of the graduation rates. Dr. Mancini explained that for the research grants the graduation rates will be calculated by each program depending on the specific length of that program. The point was clarified that the graduation rate calculation for the grants is different from the graduation rate that had been done by the Retention and Graduation subcommittee.

Ms. Fowler suggested an external evaluator for each of the grants for the next grant cycle. Dr. Mancini commented that she would bring that idea to the subcommittee.

Dr. Mancini completed her report by reviewing the agenda for the next Research Subcommittee meeting on January 29th.

The committee accepted the report.

Dr. Curl presented the *Excellence Subcommittee* report (see Excellence Report attachment) by specifically reviewing ideas that were discussed during their most recent meeting.



	<p>After completing the report the committee then discussed graduation and retention rates. Specifically the committee discussed the 85 percent graduation rate and an 85 percent NCLEX pass rate. Currently there are only 12 programs that meet both of these standards. The committee seemed to agree that most programs in the state do have an 85 percent NCLEX pass rate. The committee discussed looking at the 85 percent NCLEX pass rate and that the subcommittee may want to evaluate perhaps raising the pass rate.</p> <p>Ms. Wagner did make the point that with only approximately 12 programs that meet the 85/85 goal already, it is important to keep the standards at a reasonable level and not make it impossible for programs to reach the goal.</p> <p>Ms. Fowler also brought up the importance of recognizing programs that have shown improvement.</p> <p>Ms. Wagner asked if there was anything that ACORN needed to do for the subcommittee.</p> <p>Dr. Curl requested that if there is a problem with the idea continuing with “programs with distinction” ACORN members should let the subcommittee know now. None of the ACORN members had an objection to using “programs of distinction”. Therefore the subcommittee will move forward.</p>
<p>V. Presentation of Strategic Plans Prepared for the 81<sup>st</sup> Legislature – THA/TNA representative and Team Texas representative</p>	<p>Claire Jordan from the Texas Nurses Association (TNA) and Elizabeth Sjoberg, from Texas Hospital Association (THA) presented on a coalition strategic plan for the 81<sup>st</sup> Legislature.</p> <p>Ms. Sjoberg began by explaining that THA and TNA convened a workgroup to discuss strategies for nursing funding for the session and that a website has been created. She stated that the workgroup had developed a concept paper to provide guidance to the government relations office of each of the schools so that they could assist THA/TNA in writing the rider. Currently, the coalition is in the process of fine tuning the “ask”. Ms. Sjoberg then presented the “red paper” (see Red Paper attachment).</p> <p>Dr. Mancini commented that the message needs to be consistent. It is important that accountability is included.</p> <p>Dr. Curl asked how it might be perceived that all these different nursing groups are requesting various funding and that there is only one pot of money that the Legislature can pull from.</p> <p>The committee then discussed the various groups that are requesting funding for nursing.</p> <p>Ms. Sjoberg then reviewed ideas that will eventually be put on the website, but at this time it is still under construction. She then explained that groups that are interested in joining the coalition are listed on the back of the “red paper”.</p>
<p>VI. Public Comment</p>	<p>Bonnie Higgins had a few points of clarification: On page 13 for the New Curriculum Model report, number 2, Ms. Higgins wanted to know how</p>

	<p>ADN and BSN programs are both included. Ms. Wagner explained that most ADN and BSN programs are completed in four semesters beginning with entry into the program. Ms. Fowler explained that the model would try to fit in with the majority of programs and most of the programs are four semesters although there is some variation. The idea is really to come up with the common denominator for a new curriculum model.</p> <p>Ms. Higgins also requested clarification on point number 9 on page 13. Ms. Fowler clarified that it means looking at clinical models that might better use the time of faculty. Perhaps using more clinical simulation and using less patient to patient interactions.</p>
VII. Future Meeting Dates for ACORN	The committee decided that they would try to meet on January 29 <sup>th</sup> to discuss what will be presented at the April conference in Lubbock.
VIII. Agenda Items for Next Meeting	Ms. Wagner said that she would check with Dr. Allen to see what information might be utilized from that subcommittee during the conference in April. Ms. Wagner also mentioned that the committee should probably discuss what kind of focus the committee would like for the next NIGP cycle. Will also have new committee appointments in March. Some current appointees will need to reapply. THECB will be soliciting applications from across the state so those whose membership ends in March, Dr. Allen, Peggy Aalund, Joyce Batcheller, Regina Jones Johnson, Josephina Lujan, will need to apply if they would like to continue on the committee.
IX. Adjournment	The meeting was adjourned by Ms. Wagner at 3:00 pm.