College of DuPage
Nursing Department

Advisory Committee Meeting
Minutes
April 22, 2010

4:00pm-6:00pm
Room HS 1135

425 Fawell Blvd.
Glen Ellyn, IL

Facilitator: Vickie Gukenberger

Present:

External Partners
Lynne Bell
Maureen Holbrook
Mary Beth Marshall, DuPage Workforce
Ethel C. Ragland, Benedictine University
Sally Strong, Marianjoy Rehabilitation
Ruth Thurston, Central DuPage Hospital

Faculty and Staff
Donna Badowski Linda Barkoozis Bob Berry Theresa Bucy
Rosa Colella-Melki Susanne DeFabiiis Larinda Dixon Patti Donahue
Karen Hawes Karen Renn James Ryan Carol Stewart
Maureen Waller Vickie Gukenberger

Recorder: Trish Sowa
Committee approved these minutes on October 26, 2010 (Nancy Boutcher)
<table>
<thead>
<tr>
<th>#</th>
<th>Topic</th>
<th>Facilitator</th>
<th>Action/Discussion</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Welcome and Introductions  Correct contact information  Approval of Minutes from October 28, 2009 meeting</td>
<td>Vickie Gukenberger</td>
<td>ₜ Vickie welcomed all. ₜ She identified the programs for which this advisory council provided direction. These include:  o Certified Nursing Assistant (C.N.A.),  o Practical Nursing (P.N.)  o Associate Degree Nursing (A.D.N.), and  o L. P. N. to A.D.N. Transition ₜ Introductions were given around the room. ₜ Minutes were reviewed</td>
<td>ₜ Introductions of Committee members ₜ Minutes Correction to the spelling from Alice Simia to Alice Simla from Benedictine University. Maureen Waller motioned to accept the minutes and Ethel Raglund seconded it. Committee members approved the October 28, 2010 minutes ₜ Contact information was sent around to be updated during the meeting.</td>
</tr>
<tr>
<td>2.</td>
<td>State of the Nursing Department</td>
<td>Vickie Gukenberger</td>
<td>Vickie reviewed the April 2010 Department Highlights* Three College of DuPage CTE Program Review Reports, for Certified Nursing Assistant, Practical Nursing and Associate Degree Nursing were included in the packet of information  ₜ Current student enrollment in the Associate Degree Nursing program is 217 out of 234, Practical Nursing 39 out of 40 and Nursing Assistant approximately 89 out of 110 for the Spring Semester.  ₜ Department operates currently with 55 full and part-time faculty and staff.  ₜ A.D.N. and Practical Nursing programs are IDFPR approved  ₜ Nursing Assistant program is IDPH approved  ₜ Practical Nursing program voluntary accreditation by NLNAC  ₜ Associate Degree Nursing program has submitted NLNAC candidacy application March 12, 2010  ₜ Currently COD has over sixty clinical sections scheduled for</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td><strong>Around the world in an hour</strong></td>
<td><strong>All</strong></td>
<td>Fall 2010-2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. <strong>Promoting communication and understanding</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participants were divided into four groups to brainstorm on items “a” thorough “d”.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. <strong>What are mechanisms to promote communication between clinical sites and the college/department of nursing?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ We need to pass on critical administrative information to agencies such as change in leadership and accreditation status.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o We could use an E-Blast mechanisms to send out such information</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Personal touch matters on all levels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ We need to provide feedback to the agencies as to how they are doing in terms of student experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ Nursing instructors need to be officially visible by uniform and ID, visible on the unit, in contact with the nurse working with the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ Instructors need to have contact not only with the “home unit” but any unit where the student float to. This helps with risk management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ We need to let them know if a student has been unsatisfactory in clinical performance and given reassurance that the student will not return to that site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ We need to elicit feedback from the agencies about the students and our relationship with the agency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ We need to have clear and consistent communication across all levels of the spectrum</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Emails and voice mails need to be answered promptly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Share syllabus and course objectives with the clinical agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Instructor to nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Instructor to unit manager (before the start date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ DON to nurse educator to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>∞ set up sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Four groups were formed with and determined who would be the recorder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teams rotated into all four sections to add their ideas and thoughts.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b. Ensuring a comprehensive learning and assessment experience in the practice setting

a. How do we ensure a comprehensive learning and assessment experience in the practice setting

- Use of a checklist by the college in advance to the facilities
- Discuss the clinical agency constraints (rationale) for limiting activities
- Fewer, longer clinical days (allows for twice as many colleges/students)
- Simulation – for complications, med pass/Pyxis
- Share expectations among “stakeholders”:
  - Faculty ↔ Charge nurse ↔ Staff nurse
  - Students
- Faculty debrief with charge nurse daily or weekly
  - Instructors and/or unit manager ---- DON weekly (St. Pat’s)
- Daily, instructor asks for opportunities or “don’ts”...
  - Dynamic curriculum
- Culture of inclusion from the top down
- Holistic approach to student involvement
- Expectations, Learning Outcomes-oriented experiences –not just answering lights
- Flexible on clinical days (smash sacred cows of Mondays and Tuesdays only... or days only... be open to other possibilities)
- Save skills lists so that nurses save opportunities for
### c. Meeting participation requirements for clinical placement of faculty and students.

- Students as long as patient welfare is not compromised
  - Start shifts with staff – no late start, early off
  - **Open communication** between unit manager and nursing faculty
  - Inform of rotation competencies, objectives, how assignment is to be made, roles defined
  - Prepared clinical faculty – not just oriented to facility, but prepared for the day
  - Know resources/opportunities available (simulation/educational opportunities)

**Transcriber’s summary:** Facility concerns seemed to revolve around the faculty coming prepared and the faculty concerns seemed to revolve around knowing who to interface with and how to share the course/rotation objectives. Everyone agreed that COMMUNICATION (means of communicating as well as content of what’s to be shared) is the crux of making sure the clinical experiences are beneficial for all concerned.

### b. How can the College best present to clinical sites that clinical placement requirements and competency (level) is shared with clinical sites?

Provide a simple list that identifies the actual skills/competencies that a student will be expected to perform in the clinical setting for each course taught.

This list should be communicated by the instructor to the unit manager as well as the nurses working directly with students.

- Provide a checklist with the various skills/competencies that will be performed by the end of the program and the clinical instructor can check off the pertinent skills/competencies for the clinical course that is being taught.
- The College sends a letter stating the various clinical requirements the have been met along
d. **Maintaining access to valued clinical sites and value-adding clinical experiences**

- Clinical faculty must meet with the unit manager and be expected to shadow a staff nurse on the unit where students will be practicing.
- Provide a checklist of the students’ responsibilities to the nurses working directly with the staff nurses.
- Question: How will the College communicate to the clinical agency when a student does not meet the requirements?
- Question: What about students with special needs?
  - Who is responsible for any accommodations
- Would be nice to send the student handbook to clinical sites along with objectives/outcomes for the course.

**Communication**

- Must be open at all levels, Nurture relationships, Networking
  - Clinical instructor should have a relationship with the manager and clinical educator
  - Administrator at the college should establish a relationship with key people at the hospital
- Ensure good student performance, Provide clear objectives for each clinical experience, Enforce professional behavior, Obtain feedback from clinical site
  - Develop a web based form
  - Have nurses, clinical educator, and manager to complete form

**Develop ways of giving back**

- Faculty member could conduct an in-service for staff or newly hired new graduates
- Provide certificates of appreciation for nurses who work with students
- Have a Tea for the clinical educators at the end of the school year (provide them with 2-3 month notice)

**Faculty**
- Identify strengths and weaknesses of students when making assignments
- Require all students and instructors to attend report

**Clinical Assignments**
- Get clinical request in early (request could be granted based on when request was received)
- Participate in central scheduling

**Culture**
- Understand the culture of the organization
- Integrate culture and hospital mission into nursing care

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Report out</td>
<td>Recorders for each section item #3 section</td>
</tr>
<tr>
<td>5</td>
<td>Follow up survey</td>
<td>Vickie</td>
</tr>
<tr>
<td>6</td>
<td>Adjournment</td>
<td>Vickie</td>
</tr>
</tbody>
</table>