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PRACTICE and EDUCATION COMMITTEE (Approved July 3, 2012)

The Practice and Education Committee held a meeting on June 5, 2012 at 9:00 A.M. in Conference Room B , Cannon Building, 861 Silver Lake Blvd, Dover, Delaware.

PRESENT: Robert Contino, Barbara Willey, Nancy Bastholm, Linda Brauchler, Jayne Fernsler

ABSENT: Stephanie Evans-Mitchell, Valerie Harrison

GUESTS: Barbara J. Robinson, Ola Aliu

PRESIDING: Dr. Contino

STAFF: Pamela Zickafoose, Executive Director, Delaware Board of Nursing
Patty Davis-Oliva, Deputy Attorney General for the Board

CALL TO ORDER: Dr. Contino called the meeting to order at 9:22 a.m. and welcomed Ms. Brauchler to the committee.

REVIEW OF MINUTES: Dr. Fernsler made a motion to accept the May 1, 2012 minutes. Ms. Bastholm seconded the motion. By majority vote the motion carried.

EDUCATION

Leads School of Technology

Dr. Fernsler asked for background information since she was a fairly new member of the committee regarding the approval status. Dr. Contino stated they never achieved full approval; they were granted initial approval which then included conditional approval because of the NCLEX pass rates. Dr. Fernsler then commented that page 1 of their annual report should say "approved with conditions" under letter H and all members agreed. Ms. Davis-Oliva stated their first deficiency listed in the April 25, 2012 letter is NCLEX pass rate below 80% for first time candidates. Dr. Fernsler asked if the annual report should ask for the pass rate specifically and Ms. Willey stated the committee members calculate the percentage numbers. Dr. Zickafoose stated the old annual report did request the NCLEX pass rate but it was incorrectly reported by most schools so it was eliminated. The NCSBN statistics give us the actual pass rates each year calculated from October 1 to September 30.

Ms. Bastholm noted that Leads requires an exit exam and she stated that the NLNAC frowns on using exit exams. Dr. Contino agreed saying it is called high stakes testing and this policy is not endorsed nor recommended by either the NLN or NCSBN. However, it is not illegal nor does it

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violate any rules or regulations and some schools do choose to have this policy. Dr. Contino also stated that there have been some challenges to this policy on the Civil court level. Members reviewed the *Strategic Plan to Increase NCLEX Pass Rate to 80% Minimum* document submitted by Leads. Ms. Willey questioned what was gained by the retrospective study other than the findings show that regardless of whether students pass or fail they repeat one or more classes during the program. Dr. Contino noted students can only repeat one class and Ms. Willey stated the students are then failed out of the program. They discussed the plan to increase the NLN pre-entrance exam score from 80 to 95 starting in September 2012. Dr. Contino commented that for BSN programs, the NLN set a score of 115 for predicting success in the BSN program. Ms. Brauchler stated 95 sounds reasonable for a PN program and other members agreed.

The second item in the *Strategic Plan to Improve on Low NCLEX Pass Rate* was to increase the GPA from 2.0 to 2.5 for progression. Ms. Willey questioned how this would be implemented and how long students could remediate because to improve the GPA students must repeat the entire course. Dr. Zickafoose stated there was too heavy a reliance on ATI for remediation as well as testing in each class. Members reviewed *Appendix D Remediation Plan* and concluded there were two categories at risk for progression which were those who fail and have a low GPA or those who fall below the ATI benchmark. Ms. Bastholm commented the largest problem with the remediation plan is there is no timeframe for remediation. Dr. Contino questioned whether remediation using ATI would increase the GPA and members concluded it would not because GPA is calculated based on overall course grades, not remediation with ATI. Ms. Bastholm questioned how they go from ATI to increasing the GPA. Ms. Brauchler pointed out from page 2 of Appendix D, that the ATI Content Mastery Series is only 20% of the overall course grade. Ms. Willey stated another school where she taught used ATI and it was beneficial but it was not used in any way to increase GPA. Dr. Fernsler asked why they would encourage students to reenroll when they fail out of the program. Ms. Bastholm summarized saying “this is their plan to raise GPA but it needs clarification. Do they repeat the whole course? If they pass the mastery exam do they repeat the course?” Dr. Fernsler asked for a definition of their probationary period. Dr. Zickafoose read the policy from the *Student Handbook* submitted and found the policy on probation was not updated to coincide with this Action Plan. They also noted the Action Plan did not include the GPA scale that would make it clearer and cleaner to discern what a 2.5 GPA actually is. Dr. Zickafoose read the GPA scale from the *Student Handbook* indicating it was not a plus/minus GPA scale with a 75 being a “C” which is passing. Ms. Willey stated the handbook would need to be updated to reflect the increase to an 80 as passing, per their plan.

Members then moved on to number 3 in the *Strategic Plan to Increase NCLEX Pass Rate* which states “per school policy students will be allowed to repeat only once throughout the duration of the program.” Dr. Zickafoose asked if a level has 5 courses which one course the students can remediate. Ms. Brauchler commented it was not stated if any courses are pre-requisites for other courses. Dr. Fernsler asked if a student needs to repeat a course, is that course available or does the student have to sit out a year and wait for the course to cycle back again? She also stated allowing only one repeat of a course will greatly affect their attrition rates.

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Number 4 in the *Strategic Plan to Increase NCLEX Pass Rate* stated “to encourage and support individual student to take NCLEX exam within 90 days after graduation.” Students will be required to have a study plan and faculty will be assigned to assist students develop this plan. The outcome is that 95% of students will attempt the NCLEX exam within 90 days. Dr. Zickafoose pointed out the Board had a 90 day rule until November 2011 and Leads has not met the 80% rule since their first graduating class in 2007. Dr. Contino commented schools lose track of students after they graduate it is difficult to get them to take it within 90 days but the Board does a good job of scheduling the exam once students have registered. Dr. Zickafoose suggested the Leads students complete their criminal background check a month before they graduate which will afford students an earlier opportunity to test. Ms. Willey stated this is a good plan but it is still dependent on students reporting back to the school.

Number 5 in the *Strategic Plan to Increase NCLEX Pass Rate* states they will utilize ATI products for standardized assessment tools to predict student success on the NCLEX exam. *Appendix D Remediation Plan* was referenced again for this. It was noted that the ATI Content Mastery exams are to be used as the final exam worth 20% of the course grade for each course. Members concluded a student could fail the ATI and still pass the course with a “B” although ATI is heavily weighted in the curriculum. Dr. Zickafoose stated faculty need to develop test questions rather than rely on ATI so much. The ATI Comprehensive Predictor is being used as an “exit exam” and it is worth 50% of the NURS 402 course.

Number 6 in the *Strategic Plan to Increase NCLEX Pass Rate* addresses early identification of at-risk students. Ms. Bastholm asked several questions: Who is responsible for remediation-the instructor of the course or someone else? If multiple students need remediation, do they all get the same remediation? Where is the standardization? Dr. Fernsler again commented on the language “advise students to reenroll” and suggested that students be given the option to reenroll. Ms. Bastholm stated the remediation plan is going to be an enormous amount of work for the faculty and Dr. Fernsler stated it will dramatically increase faculty workload.

Number 7 addressed faculty development. Dr. Contino stated this is very expensive because it would require the administration to invest a large amount of resources (money), and that time would tell us if this commitment from the administration was there. Dr. Fernsler commented they will need strong administrative support especially with the cost of ATI and no increase in tuition.

Dr. Contino stated he was surprised they were not already using the NCLEX Blueprint mentioned in Number 8 of the plan. Number 9 included the purchase of a Simulator 3G to be bought in September 2012 and faculty trained by November 2012. Ms. Willey questioned whether they are buying the scenarios to go along with the simulator as these are very complicated to develop. Members were not sure if the modules would be purchased or not but a simulator without the modules would be useless. Ms. Willey noted in Number 10 they plan to provide NCLEX item writing continuing education and she questioned how they will be able to accomplish all of this in a one year program with 11 full-time faculty.

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Ms. Davis-Oliva directed the members to address the second deficiency in the letter dated April 25, 2012 which was Annual Reports are unclear. Dr. Zickafoose noted the *Action Plan to Correct Annual Report Deficiencies* was not included in the hard copy of the entire report submitted to the Board but it was submitted electronically. Copies were made for members. Ms. Bastholm commented she did not know of any nursing program that has a committee doing the annual report. Usually the program director completes the annual report. Dr. Contino stated the numbers in their Annual Report still do not add up and it was clear the person writing the report did not understand the report. The report states there were 53 students enrolled with 48 progressing yet only 23 graduated on time which is a 43.3% completion rate. Their report lists a 90.5% completion rate. There was no way to determine when students completed the program. There was one number for enrollment and no way to determine the actual number of full-time and part-time students progressing. Dr. Fernsler counted 54 students in Appendix L which is different from the 53 noted in the Annual Report. NCLEX results included two different report years instead of only the current year. For the current year 23 students graduated on June 2, 2011 and 18 had not taken the exam by September 30, 2011. Lead's Action Plan is to have IT create a database which members agreed was a good plan.

Members then reviewed the student and employer surveys. They questioned why the surveys were not sent to all 63 students and asked for clarification of the number of 27 as to whether it was the number of employers who hired the students or the number of students who took the survey to their employers. The Annual Report, on page 8, shows a response rate and summary of responses but no analysis of the results. Dr. Contino stated we need clarification of the survey methods and how students were selected with 63 graduates and only 27 surveys sent and 29 students passing the NCLEX.

For administrative support, the report does not say if the secretary is part-time or full-time but the organizational chart was top heavy. Dr. Fernsler asked if Leads only had the PN program or other programs. Ms. Willey went to their website and found the website was difficult to read but only found the PN program listed.

There was no faculty list in the revised Annual Report so members were unable to determine adequacy of faculty. Dr. Zickafoose reported from the December 2011 Annual Report there were 11 FT, 9 PT, and 3 adjunct faculty for 93 students.

For clinical hands-on and observational experiences a letter was sent to Nurses N Kids (submitted as Appendix M) stating Leads will provide one instructor for 2 students. Committee members commented this was an unusual ratio for clinical experiences. Dr. Fernsler counted 22 observational and 32 clinical experiences on the clinical chart in the annual report but stated she is not sure how many hours each clinical is allocated. Members were directed to Appendix N titled "Class and Clinical Course Report" which described classes being held on Monday and Tuesday with lab on Wednesday and all clinical on Thursday and Friday. Leads was asked to submit a month by month student calendar and this was not submitted so members were unable to determine adequacy of faculty or clinical. Dr. Fernsler stated they should include how many students went to each clinical site address adequacy of faculty.

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The curriculum was reviewed and members found it was still not clear whether they had 12 or 14 week levels, whether it was a 15 or 16 month program, and the number of lab hours was changed from 2 to 3 in calculating credit hours in Appendix E. The curriculum plan on page 24 listed a 14 week semester for 4 levels which totals 56 weeks for a 12 month program. The Appendix E key to the part-time curriculum shows 65 weeks which is approximately 16.25 months in a 15 month program. The key also says the part-time evening program schedule is Monday through Thursday from 4pm to 10pm with one hour of break time. This amounts to 5 hours per day times 4 days which is 20 hours per week for 12 weeks times 5 levels with a total of 1200 hours. The curriculum lists 1524 hours total in the chart above the key. To address the issue of LST 205 Peds/OB/Psych clinical, Leads removed the course and added the word "clinical" to each of the three classes in the second quarter/level. Leads was asked to submit a month by month student calendar demonstrating when each class and associated clinical was scheduled. Since this was not submitted committee members could not determine if the curriculum was detrimental to the educational process. Ms. Bastholm stated that Appendix N was not a month by month calendar as requested. Dr. Fernsler said this is still not clear and Dr. Contino added the calendar was requested in the April 25, 2012 letter so why was it not included?

Ms. Davis-Oliva directed members to the third discrepancy in the letter addressing student complaints. Dr. Fernsler questioned whether students bypassed the system as Leads does have a grievance policy but that does not mean it is an effective policy. According to the *Action Plan to Correct Annual Report Deficiencies* the Department of Education required two of three complaints be addressed with one student withdrawn from the program.

Ms. Davis-Oliva stated the committee members have gone through all points of clarification and directed them to determine the next steps. She stated the committee could approve the report, approve the report with corrections, or reject the report and continue to propose to withdraw program approval. Dr. Contino stated their Annual Report is the biggest problem. Ms. Willey left the meeting early but her written input was that there were still too many inconsistencies. Dr. Contino stated their Remediation Plan has merit. The Annual Report and curriculum hours were still problematic and they did not follow instructions to include the month by month student calendar. Ms. Bastholm stated she thought this Action Plan would be clear, it took her three hours to review before the meeting and four hours today and yet there are still fundamental question. Why don't the hours add up? Why are the cohorts merged? Dr. Zickafoose commented their consultant helped them write a good plan for remediation but they never mentioned looking at NCLEX data for their individual student's results to guide the curriculum.

Committee members were undecided how to proceed. Dr. Contino stated that withdrawal of approval is such a serious step he would prefer they re-do the Annual Report and he made this a motion. Ms. Brauchler seconded. Discussion continued with Dr. Contino stating the big issue is lack of clarity with the Annual report and the lack of a calendar. Ms. Bastholm added we do not know if they have a daily schedule by them not submitting the calendar and a revised Annual Report is no going to give us this information. Dr. Fernsler stated the plan for remediation is appropriate but we can't determine if it is detrimental or not as we did not get the information

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needed. Dr. Contino withdrew his motion and made a new motion to seek clarification in those areas identified as incomplete in the Annual Report. There was no second for this motion.

Further discussion included the need for a corrected Annual Report including the correct enrollment and NCLEX statistics, corrected curriculum, and the month by month calendar. Dr. Fernsler asked if we could request information and give them one chance to submit it and then determine whether the plan is acceptable or not. She made a motion saying "in light of the committee being unable to make a decision we are asking for clarification of those areas within 5 days from the date of the email." Dr. Contino seconded the motion. By unanimous vote, the motion carried.

PRACTICE ISSUES

None

Other Business (for discussion only)

NEXT MEETING- Dr. Zickafoose will email members possible dates for the next meeting.

ADJOURNMENT- The meeting was adjourned at 1:15 P.M.

Respectfully submitted,



Pamela C. Zickafoose, EdD, MSN, RN, NE-BC, CNE
Executive Director
Delaware Board of Nursing