



NMNEC Statewide Meeting Notes

WNMU Campus Friday, July 29, 2016

Prepared by Jennifer White, WNMU Faculty

8:30 John Scarborough - Welcome and introduction

8:41 Becky Dakin- Review of statewide program, review of agenda and CEs

- Congratulates NMNEC and the curriculum which has been recognized nationally. Robert Wood Johnson Foundation has been holding this curriculum up as a benchmark.
- Discussed the list of the current schools using NMNEC curriculum. Taos is the newest school starting it at the end of August.
- Reviews agenda. 5.5 hours of CEs are available today. Must sign into the registration table. Required to attend all sessions. Partial credits are not available. Must fill out evaluation form and hand to Becky so she can give you CE certificate.
- Officially approved meeting, No disclosures needed.
- Reviewed Leadership team for NMNEC introducing the newest clinical partners, making it a total of 9 on the leadership.

8:49. Dr. Judy Lievsveld from UNM gave us an update on NMEC funds

- Reviewed Historical information on funding for the project. Received more and more money each year totaling \$850,00 from NMBON. However, this year the BON awarded NMNEC half of what was requested.
- RWJ grant ends this year however an extension was given through Nov 30 (\$72,000). NMBON gave 74,000 this year.
- Staffing will be cut- several staffing will be going to part-time. Becky .50FTE, Mary .40FTE, Admin .25FTE. Upcoming leadership meeting on August 11th will be focusing on sustainability. Both the November and the February statewide meeting have funds. Afterward funding for meetings is uncertain.

8:57 Joseph Sanchez, PHD, MSN - NMCNE Update

- Representative for the New Mexico Center for Nursing Excellence
- Reviews Statewide Programs: nurse excellence award, nurse educator conference, Nightingale Scholarships, Lecture series
- New Mexico Action Coalition has been working on Future of Nursing Campaign for Action
- NMCNE affiliations: National Forum of Workforce Centers, Future of Nursing Campaign for Action, NMNEC, NM Organization of Nurse Leaders, NM Hospital Association
- Professional Development: continuing education approved provider offerings: lecture series (2programs annually), Nurse Educators Conference, Leadership workshops

9:11 Marsal Stoll, EdD, MSN, CEO of ASEN- "Changes of ACEN"

- Introduction
- Accreditation is built around peer review- not the staff if ACEN



- Elections end on Sunday for the next class of commissioners
- Asked for an earlier review of guidelines- standard 2,4 and 6 seemed to have problems in the 2013 criteria. They did a data analysis and found out which criteria were problematic. In 12 months they went from reviewing criteria to changing criteria, which is very quick in the world of accreditation.
- Changes were seen between version 1 of criteria and version 2 based on feedback
- Benefits of accreditation
- Requires that a nursing program
- Emphasis is placed on total program in its compliance
- Heightens faculty members and administrators awareness and responsiveness to areas needing attention
- Aides in student require
- Required for many nursing programs
- Required by some state regulatory agencies
- Assists employers in making decisions about hiring graduates
- Opportunity to continue to grow as professionals
- Facilitates transfer of credits
- Facts about ACEN and ACEN accredited programs
 - Licensure exam pass rates are higher
 - Recognized for the rigor and quality
 - Original and most experienced body
- Accreditation is not about perfection, it is about improvement.
- Review of newest updated standards for both BSN and ADN programs. This were just approved for update yesterday. The standards are used to evaluate student at the completion of the program, (See program handouts outlining specific changes to ACEN standards.

10:30 Beverly Romero, SFCC & Louise Cisneros, CNM - "L3: Care of the Patient with Chronic Conditions"

- Challenges- skills intensive, clinically intensive, graded on A,B, C not pat fail
- Front loaded skills content at the beginning of the semester, first two weeks spent on campus, 12 weeks in the clinical setting, written care plans due each week
- Two days a week in clinical, developed a 14 week calendar so the curriculum doesn't get changed over the summer
- Rubrics for the skills are loaded for the students and instructors to have access to them. Had to do a lot of instruction with instructors to normalize grading among faculty
- Shared calendar between all three classes in level three so the classes work together
- Care plan swapping helped with the uneven grading. Two separate times during the semester papers are graded by different instructors
- Mini lectureship, math quizzes, reviews done in pre and post conference. Each student has to do one presentation during the 12 week
- Med sheet is passed out to each student during clinical. They divide up the med list and do a med sheet on the meds and turn it into their clinical instructor before
- Grading
 - Graded care plan - 1 each week; 10 points each
 - Skills testing- during first two weeks, 5 per skill,
 - Simulations- 6 sims over the term, 5 participation points



- Nursing Article Presentation- once, 10 points
- Clinical Evaluation - once at end of the term
- Concept Care Map
- Conceptually based
 - Easier to see big picture
 - Rubrics
 - Rubrics topics
- Documentation
- Showing relationships
- Integration of client
- Nursing diagnosis
- Potential complications
- Medication completion

Louise Cisneros, CNM

- Week 1
- Week 2-3 - skills, venipuncture, IV administration, wound care
- Week 3 - first time in clinical
- Simulation
- Metabolic regulation
- Gas exchange
- 6 students at a time for 1 hour experiences
- Clinical Assignments
- During clinical day- patient charting, medication sheets, conceptual patient care assignment, charge nurse report
- Chart in Simchart after clinical

11:30-1:00 pm Working Lunch Discussions: Q&A w Dr. Stoll OR ADN Capstone

1:00-3:00 How to Link Classroom Concepts to a Clinical Setting

- Faculty teaching
- Want students to start thinking like nurses; requires complex problem solving, clinical reasoning in changing situations
- Faculty spend all their time managing task completion, time management, med knowledges, lab values
- Student Learning
- Students do: Adls, medication administration, skills when the instructor was available, waiting for the instructors
- Students didn't do: clinical reasoning, students were completely focused on tasks
- Opportunities for change
- New curriculum
- IOM call for reform
- Growth of stronger clinical partnerships
- Simulations
- See attached handouts for details

3:00 Evaluations and CE Certificates