



INSTRUCTIONAL FACULTY CONSORTIUM COMMITTEE (IFCC)

RN- IFCC MEETING MINUTES

Date: Thursday, November 02, 2023

Time: 12-4 pm

Location: Columbus Technical College

Meeting Facilitator: Dr. Hudson—Gallogly, & Tammy Bryant, MSN, RN

Recorder: Dr. Ebony Story

Attendees: Allison Patnode, Amy Adams, Amy Pemberton, Andraa Perrin, Angela Carroll, Angela Thomas, Angela Tisdol, Ashleigh Scott, Athalena Benton, Berthenia Smith, Beth Heath, Bethany Elrod, Bobbie Hester, Brittani Reheiser, Candice Kemp, Catherine Norton, Charlie Bradford Lightsey MSN, BSN, RN, Christina Dawn Brazier, Christy Larson, Cynthia T Johnson, DeLeah Bryson, Deseri Wooten, Dominique Borden, Donna Jean Braddy, Dr. Patricia Wynne, Dr. Quentin E. Glass, Ebony Story, Gayla Love, Heather Akers, Jaclyn (Jackie) Howard, James Williamson,, Jennifer Corner, Jennifer Loudermilk, Jessica Willcox, Jodi Warren, Jordan Falen, Jyoti Valluri, Kandis Terry, Kelli Harvey, Kelly McAdams, Kim Hudson Gallogly, Kimberli Roberts, Krystal Keith, Latrona R Lanier,, Laura Roberts, Lauren Elsberry, Leanna Valentine, Leigh Anne Schmidt, Linsey Fielde,r Lori Felde, Marilyn Nirth, Mary Susan Denton, Melissa Lawrimore, Memory Shackelford, MSN, RN, Michele Strickland, Michelle Spears-Sevy, Natalie Thomas, NeTwaski Rochell, Pamela Brown, Patricia Burford, Paula Funderburke, Raven Brown, Rebecca Salko, Reshica Lewis, Retha Allen, S. Paige Saylor, Sandy Aoa, Sasha Kahiga, Schicketha Angelic Ivester, Shae Spivey, Sheila Mayfield-Kelly, SherRee Davis, Shonda Smith, Sierra Langham, Stacey Register, Susan Amos, Tammy Shelley, Tara Alsobrook, Tarnishia Sirmans, Terry Harper, Tiffany James- Walker, Vickie Nylander, Yvonne Durrant

WELCOME AND CALL TO ORDER:

Tammy Bryant, Director of Allied Health Curriculum for the Technical College System of Georgia, did the welcome and call to order.

DISCUSSION:

Ms. Bryant started the meeting with a presentation of the results of the Georgia Board of Nursing Annual Reports Summary (September 2023) tabulated by NCSBN. A copy of the PowerPoint has been included with the email for further review.

Ms. Sasha Kahiga, Curriculum Program Specialist for Allied Health, did a presentation on the Knowledge Management System (KMS), Program Standards, Course Length, and Academic Affairs Training Opportunities. PowerPoint is attached to this email for further review.

Dr. Kim Hudson Gallogly presented an update on the ASN Standardization Initiative. After the presentation, the ASN curriculum was divided up and assigned to small working groups for discussion. The Executive Committee members spearheaded individual sessions. Feedback based on the proposed Standardized Curriculum small group sessions is included in the table below. In the last column of the table are the results of the debriefing session held by the RN-IFCC Executive Board a few weeks after the meeting.

Leader	Curriculum Section	Debrief on 11/14
L. Valentine	<p>Standardized Curriculum - Medical Surgical Nursing</p> <p>General Comments</p> <ul style="list-style-type: none"> • Many programs agree to have a Med Surg I, II, and III (although they may have different names); everyone agrees it is reasonable to have three Med Surg courses, with the third one containing the preceptorship/transition to practice/leadership experience. • Concerns regarding students having enough credit hours per semester to be considered full-time (to qualify for maximum financial aid) • Most schools have Microbiology as a prerequisite and want to keep it (one program reports they do not have it and has good outcomes) • Programs expressed that students should demonstrate a course grade of >70% to ‘qualify’ to attend clinical (frontload the didactic part of the course, clinical in the latter part of the course, if they qualify to attend) • The suggestion was made that we use the ACEN KSAs to build the standardized curriculum framework (and develop the course objectives/build out the course from those) <p>Concerns</p> <ul style="list-style-type: none"> • Effect on autonomy in the classroom (limits on instructors?) • Difficulty deciding what to ‘trim’ from the curriculum. • How will the standardized curriculum ‘fit’ into such a short summer semester? • How will schools with multiple cohorts that admit multiple times a year transition to the new curriculum? • All agree that Med Surg courses should contain Simulation experiences that may count for clinical (or not), but many faculty are not trained to do simulations, and do not have sim equipment. <p>Benefits</p> <ul style="list-style-type: none"> • Everyone can collaborate since we will all “be in the same boat” 	<p>The biggest challenge was trimming the content. Focus groups to look at KMS documents.</p> <p>Misconception—we do have autonomy.</p> <p>Many schools have not updated KMS and we are not seeing the latest. All schools will need to send in their syllabi, so we have the latest information on each program.</p> <p>Med Term at Atlanta Tech—Holly Sanders should be a prerequisite or embedded in nursing curriculum.</p> <p>Orientation of Med term to the BB platform for the summer.</p> <p>Summer prior to nursing courses doing it as a prerequisite –taught by nursing faculty-even though it is not an RNSG course. Can we make it an RNSG course so we can control who teaches nursing students? Med term can be a self-taught progression-Pearson View My lab—\$70-80 gamification in the platform.</p> <p>Word associations-text Bond for med - term as an option.</p> <p>Need to remember how the cohorts are taught—and there may be overlap with programs in 4 semesters. FA/staffing may be impacted.</p>

	<ul style="list-style-type: none"> • Transferability between programs if student meets program admission requirements. • All agree that they can condense content and/or change the way they teach to be more efficient. <p>“Absolute Must-Haves”</p> <ul style="list-style-type: none"> • Medical Terminology - most of the group overwhelmingly feels this should be a prerequisite course. • Keep pharmacology separate and med pass/dosage calc must be kept proving competency and moving forward in the program 	<p>Shock and awe in regard to the standardized curriculum and not knowing.</p>
<p>Wooten Pharm</p>	<p>#1 Concerns: the time it takes to change what is already being done; don't want to lose flexibility to teach in ways that already appear to work; being forced to reduce the number of semesters from 6 to 4 OR going from 3 to 4 semesters; most pharmacology texts are too detailed for beginning nursing students which force instructors to have to abandon the text some; general sharing of which method of drug calc instructors prefer teaching related to how to minimize student confusion.</p> <p>#2 Encouraged by: offers more structure to course and program design; nice to be able to tell students if they move to another area in Georgia, they could articulate easily into another TCSG ASN program offered (instead of having to start at the beginning); gives a statewide guide.</p> <p>#3 Module Removal: the unanimous decision was All of the Modules are essential... there was discussion about how this course really is designed to help students safely administer medications (which is over 40% of what new RNs do each shift in acute care) making them workforce-ready; other discussion revealed that some ASN programs are teaching to support academic partnerships with clinical facilitates that go beyond the GBON scope of practice; most if not all ASN programs present have moved to included pharm/dosage calc in all subsequent nursing courses</p>	

#4 Areas to be strengthened: discussion included students struggling more with (1) the basics of reading English and comprehending, (2) conversion & fractions in a real-world application, & (3) keyboarding struggles for ESL students.

#5 Core Classes: Possibly **remove** Speech, Human/Growth, and Development since reteaching this in Fundamentals & reviewing in Mental Health & Peds... maybe Micro (which is addressed in the following question); there was a general discussion about how students struggle with writing well, using APA or any recognized writing style for citations and references... should TCSG ASN programs expect students to use these (APA or MLA) and if so, which one?

Definitely **add** a healthcare/nursing-focused medical terminology course to take before nursing school *before they take pharmacology* so that they are not thrown off by medication spellings and such

Definitely **keep** College Algebra (do not allow substitutions for this... only college algebra, no math modeling or stats), Intro Psych, A & P, and Basic English. The discussion was shared that students must be cheating in English 1101 to pass writing because they demonstrate a poor ability to write in nursing coursework.

#6 Micro: in general, most shared not essential, but a few felt like it is beneficial to students' learning if it is taught ON CAMPUS with hands-on-lab application. Virtual classes and virtual labs appear to not benefit student learning. Again, if required this should be taken before pharmacology.

#7 Credit Hours: we voted on this, two said 3 credit hours and six said 4 credit hours. There were 11 of us in the room, so three of us didn't vote. All but one agreed it should be a straight lecture, with NO lab components for this course; one said an hour of lab a week on campus would be the most. All agreed that clinical "other" lab hours should not be assigned to the coursework.

	<p>#8 SIM: we liked using phrasing that supports "up to" 25 or 50% may be used in the simulation setting.</p> <p>#9 Best Day: Thursdays, generally in the afternoon</p> <p>Other Shared Points of Consideration were:</p> <ul style="list-style-type: none"> • Students want to be full-time with a 12-credit hour load EVERY semester but how can this be achieved with summer semester in particular since it is so short? It is challenging enough to cover the essentials in a fall or spring semester with 15 weeks. • Nine TCSG school ASN faculty were present for the discussion. Of those nine, two do not have a stand-alone pharm course... they have incorporated it into other courses throughout program progression. <ul style="list-style-type: none"> ○ Per KMS, 3 of the stand-alone pharm courses have zero lab, seven have "regular" lab, and three have "other" lab attached to the course ○ most schools are combining basic pharm with dosage calculations; a few progress both throughout the program; many have mid-semester and/or final end of semester high stakes exams in this course, meaning if the student does not demonstrate competency with dosage calc and safe med administration they fail the course which prevents program progression • General struggle with student performance when courses are online. 	<p>We need to teach pharmacology consistently—calculations—different things are going on in these courses.</p> <p>Separate component—traditional pharmacology—learning pharmacodynamics.</p> <p>Should be taken as a core class</p> <p>Money will need to be spent to equip faculty (training) and labs for simulation.</p>
Fundamentals	The reception for the curriculum overhaul was understandably shocking and overwhelming. Some	

	<p>of the concerns that were raised were changes to the accreditation process and staffing issues that may be created due to the proposed changes. Some of the benefits identified were the possibility of access to funding and equipment for simulation. A topic of discussion brought to the group was the idea of using high-fidelity simulations to account for the clinical hours in Fundamentals to allow students to learn in a controlled environment that matches their content exposure. Some of the questions were 1) What is the mission of the standardization committee 2) What is the timeline of implementation? 3) Will the standardization be specific, or each school will choose some aspects that fit their school? During the discussion, Ms. Bryant was able to shed some light on some of the concerns.</p> <p>Some of the specifics that we were able to cover were:</p> <p>How many credit hours for Fundamentals? minimum 7 hours; 4 lecture hours/3 clinical hours</p> <p>Should Microbiology be part of the curriculum? 5 yes, 4 no, 4 abstained</p> <p>Should simulation be allowed to count for up to 50% of the clinical time? 11 yes</p> <p>Should pharmacology be a separate course? Yes, and it should be a 3-credit hour course</p> <p>Should med term be a prerequisite course? Yes</p> <p>Contact information was collected for the participants and a plan was made to contact them to continue the discussions. Please let me know if there is any additional information that I can provide.</p>	
OB/PEDS	<p>OB/Peds Focus Questions for Breakout Sessions:</p> <p>Overview</p> <ul style="list-style-type: none"> • Course Titles: Maternal-Child, Maternal-Newborn, Family Nursing • Some programs combine courses (5), Some separate courses (5), and One combines with Med-Surg 2 • Clinical hours range from 37.5, 65, 75, to 90 hours. 	

- Credit hours for the course 6-8 credits if combined, 4 credits if separate.

1. What is about this initiative that makes you want to say... Houston, do we have a problem?

Clinical- worry about sites/ spaces (esp. in rural areas); Varied ways to achieve clinical hours (30 clinical hours given for a Windshield survey, Other clinical sites- school nurses, childcare on campus, Health Dept, Women's Health);

Simulation- varies from 0 hours to 20; Worry is simulation centers/ offering similar among schools; Are the setups between schools beneficial? Some schools use Swift River. Not all schools have ATI products.

Full-time/ Part-Time status due to nursing credits each semester for financial aid.

2. What is it about this initiative that makes you want to stand up and sing

	<p>Suggestion to separate Pharm over each semester; have a Pharm 1, Pharm 2, and Pharm 3 course.</p> <p>5. Are there core classes that you feel could be added/removed? Core classes recommended for deletion: Humanities, Gen Ed Elective, Speech Need added: Medical Terminology</p> <p>6. What are your thoughts on leaving Microbiology in the curriculum?</p> <p>Half of the group agreed Microbiology was beneficial.</p> <p>One group member stated the requirement of this course for other Boards of Nursing throughout the US to obtain licensure.</p> <p>7. What are your thoughts on Pharmacology and credit hour distribution? Suggestion to separate Pharm over each semester; have a Pharm 1, Pharm 2, and Pharm 3 course.</p> <p>8. What are your thoughts on the amount of Simulation? Simulation Agency/NCSBN recommends up to 50%. Most programs try to do around 20%.</p> <p>Simulation would be beneficial to obtain clinical hours. An expressed concern was each school and its simulation centers/offerings similar among schools; Are the setups between schools beneficial?</p> <p>9. Days/times best to work on this task for you. Will send out a survey to determine the best timeframe for the group.</p> <p>Worry is simulation centers/ offering similar among schools; Are the setups between schools beneficial?</p>	
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Kimberli Roberts	No Mental Health notes provided	

CONCLUSION AND ACTION ITEMS:

The Executive Committee will continue to meet with their small groups and will have a proposal ready for the April 19, 2024, RN- IFCC Meeting. TCSG wants to thank Columbus Technical College for hosting our event and providing the afternoon snack.

Next meeting scheduled for April 19, 2024, Central Georgia Technical College (Macon Campus) 10-4. The curriculum will be discussed and the GBON Nurse Educator will be presenting a discussion on the Rules and Regulations for RN programs and the proper way to complete your annual plans.

Meeting Adjourned: 4pm

Minutes Submitted By: Dr. Hudson Gallogly