



WEST HILLS COLLEGE LEMOORE

Health Careers Nursing Advisory Committee Meeting

5/13/2019

9:00 am

Room 821

MINUTES

Voting Members	Representing	Present	Absent
Kathryn DeFede	Health Careers Director	X	
Cynthia Dolata	Asst. Director/Nursing Faculty	X	
Hilliary Sulcer	Nursing Faculty	X	
Geri Mahaffey	Nursing Faculty	X	
Nichole Fisher	Kings Co. Dept. Public Health	X	
Marjorie Batin	Kings Co. Dept. Public Health	X	
Leann Williamson	Hanford Elementary School District	X	
Kathleen Salyer	Hanford Elementary School District	X	
Marie Gilbert	Fresno State	Zoom	
Valerie Fisher	COS	Zoom	
Ana Rivera	Central Cal. Asthma	Zoom	
Kaeli Dutrow	University of Phoenix	Zoom	
Stephanie Robinson	Fresno City College	Zoom	
Cheryl Curcin	Adventist	Zoom	
Non-Voting Members	Representing		
Perla Saldana	Health Careers Secretary-Full time	X	
Dawne Troth	Health Careers Secretary-Part time	X	
Guests	Representing		
Lester Costa	Paramedic Director	X	

1. Call to order and introductions

Kathryn DeFede

9:10 a.m.

2. Updates

Kathryn DeFede

2.1. Kaiser/Butte Foundation

2.1.1. WHCL Nursing Program was invited by Kaiser foundation to participate in a curriculum revision. One of only four schools invited to participate.

2.1.2. Will be going back to meet with them in the coming months. Have been tracking our progress regularly.

2.1.3. Developed by a progressive group led by Jefferson University.

2.1.4. Has been a lot of intensive work, but we enjoyed it.

2.2. Have a concurrent enrollment with UoPx and planning to establish relationships with more schools in the future.

2.3. Spent all last summer on the curriculum changes.

3. Curriculum Revision Presentation: Culture of Health

3.1. Vision, Philosophy, supporting documents- Kathryn DeFede

3.1.1. Really looking into projects that are community based.

3.1.2. WHCL motto is "Once you go here, you can go anywhere." We feel that our nursing program prepares students to apply the knowledge learned to work anywhere.

3.1.3. Right now, we have a lot of clinical congestion issues.

3.1.4. Trying to be proactive and offset hours to the outpatient setting.

3.1.5. Each immersion is aligned to certain areas in the community.

3.1.6. This is where community input comes in – to bring ideas of where students can work best.

- 3.1.7. We are changing to a concept-based curriculum.
- 3.1.8. We used several references when developing our learning outcomes, like the BRN curriculum outcomes, NCLEX testing, etc.
- 3.1.9. The seven learning outcomes are listed on the handout (see attached).

3.2. Program Outcomes, Course Outlines, Unit Reduction- Cynthia Dolata

- 3.2.1. Each of our outcomes has a specific level of learning.
- 3.2.2. When they leave this program, they understand that learning does not end at graduation.
- 3.2.3. Have been talking about diversity. There are a lot of socio and psychological issues in the community.
- 3.2.4. Students do not always understand the home issues, such as having to choose between food or prescriptions, etc.
- 3.2.5. Level 1: Focus on foundation and critical thinking.
- 3.2.6. Level 2: Clinical reasoning, implementing critical thinking.
- 3.2.7. Look at individuals and families with a combo of pediatrics and OB.
- 3.2.8. Level 3: Students are pushed to incorporate their theory and knowledge, being technological. Becoming more diverse. Able to give students an open view of care.
- 3.2.9. Level 4: Being able to implement all learning and critically think.
- 3.2.10. Thinking about having students looking at themselves and where they developed throughout levels.
- 3.2.11. Students must understand that they must transition their skills in many layers.
- 3.2.12. We are going to be working on how to change the clinical setting to suit the learning outcomes.
- 3.2.13. Taking away the term clinical and calling it immersions. Students will be able to take what they learned in the class and use it effectively in the community/hospital.
- 3.2.14. The Culture of Health is more focused on public health.
- 3.2.15. Ultimate goal is always to ensure that we are staying in the requirements of accreditation.

3.3. Elective Courses, Curriculum Concepts, Simulation Concepts- Hilliary Sulcer

- 3.3.1. Many of our students receive financial aid, which requires them to be fulltime students – enrolled in 12 units a semester.
- 3.3.2. With new curriculum, some of our semesters will only have 8 units, so we want to support the students by proposing elective classes that will enrich their experience.
- 3.3.3. Some of the issues that the student's patients are struggling with at home they do not see – so want to show them the underlying issues.
- 3.3.4. Have worked with Marie Gilbert on offering an elective with simulation content. Class could be taken by 2nd year students where they can develop scenario and run it on 1st year students.
- 3.3.5. Want students to be involved in the SIM.
- 3.3.6. With SIM tech moving rapidly, the high fidelity SIM can be extremely costly – so we have to be more creative in our SIM. (i.e.: just purchased a wearable SIM, virtual reality, etc.)
- 3.3.7. High fidelity SIM will have a part in simulation, but we will be implementing other methods.
- 3.3.8. Mentoring, EKG, and courses that certify students and give them more applicable health care knowledge are also classes that we would like to propose.
- 3.3.9. Using Pearson text – more content based. Has its own content-based exemplars.
- 3.3.10. We measure their skills by students going from introductory to mastery.
- 3.3.11. Normally curriculum is done by diagnosis; this is looking at things in a different way.
- 3.3.12. Some concepts will be throughout the curriculum. After they have mastered it, they will be able to use it through the duration of the program.

3.4. Implementation Plan & Clinical Immersions Plan- Geri

- 3.4.1. Anytime you have a major curriculum change, must submit to the BRN for approval.
- 3.4.2. Now that we have BRN approval, we have to submit curriculum through the college, then we can work on implementing it.
- 3.4.3. What is important about our concept-based curriculum is students can apply what they are learning.
- 3.4.4. Part of the implementation plan is we will still have the 2nd year students will be finishing out the old curriculum, and the new class coming in will start the new curriculum.
- 3.4.5. Changes in the 2nd semester include bringing pediatrics into the last part of OB.
- 3.4.6. Mental Health will be implemented in the 3rd semester. Looking at more community settings

- for that.
- 3.4.7. 4th semester: students will be able to choose an area where they would like to focus on and gain more knowledge in.
 - 3.4.8. Once you learn how to use those skills, you can apply them wherever you are working.
 - 3.4.9. Would like students to become part of the community they are serving. Looking at how the students take what they learn and improve their community and incorporate nursing into their lives.
 - 3.4.10. We are still on the 2nd stage of implementation plan. After approved through the college, will start the implementation on the students.
 - 3.4.11. Looking for suggestions from the community in which how they would like the students to help their community.

4. Video: What Counts: <https://healthleadsusa.org/what-counts/>

- 4.1. Talks about factors that impact the patient and barriers to health such as food deficiencies, etc.
- 4.2. Want the students to look at the reasons behind patient's non-compliance: language, finances, etc.
- 4.3. Students must understand that the hospital is usually the last step.
- 4.4. Listen to the communication between family members and ask the right questions. Listen carefully to find out what is going on in the pre-hospital setting.
- 4.5. Need to learn how to talk and interact with patients in a free-flow conversation.
- 4.6. Some of what will be implemented will be resource referral.
- 4.7. Margery: Important to know and understand the resources you are referring patients to.
- 4.8. Can have students go out themselves to resource referrals to find out the hours, how to contact, transportation issues, etc.
- 4.9. Number 1 issue identified for beds not opening up was transportation.
- 4.10. Also insurance coverage understanding is an issue.
- 4.11. Students understanding about insurance problems can be helpful.
- 4.12. Developing the knowledge of resources should be in the 1st semester. Need that when if you want to refer patients in clinical immersion.
- 4.13. Education on what the resources provides.
- 4.14. Education of the staff and clinics can also be an issue.

5. Community Input for Implementation, Simulation, Clinical Immersions

- 5.1. Immersion worksheet can be filled out and sent back to us/given back to us at the end of the meeting.
- 5.2. If anyone would like to see anything specific in the curriculum, contact Kathy and she will send you any information you need.
- 5.3. Suggestions in the meeting included: Shadow a public health nurse; private agencies for health care; shadowing a hospital social worker; collaboration with clinical mobile units (FHCN, KCAO, etc), public health is broken up in different areas – students can come through and being linked to a family, connecting them with resources; follow up, connecting them to clinics; the prison population can also be looked into – ethical needs, etc.; only have 1 PHA per county, but they link up to newly released inmates, homeless population, etc. that focuses on addiction issues – many patients are dual-diagnosed, which could help with mental health placements; students can go to Hanford Elementary for Parents as Partners to present to parents different concepts; senior centers like Generations, etc.; Kings County has been working with First 5 and really been trying to focus on oral health; sex trafficking is a major issue that should be somewhere in curriculum; retirement communities; flu and immunization clinics are always busy.
- 5.4. The BRN has requirements for indirect and direct patient care. Any student observing would only be considered indirect patient care.
- 5.5. An RN has to supervise students at all times to be in compliance with BRN. Only community education can be done without an RN.
- 5.6. Marie Gilbert commended staff on their effort to include the challenges in the community into the curriculum.
- 5.7. In terms of public health, looking at hours that can be spread out throughout the duration of the program. Willing to work around the county's schedule, do not want to overwhelm them.
- 5.8. Members of the advisory agreed there is significant support in the community for implementation of new nursing curriculum Culture of Health Fall of 2020

6. **Adjournment:** 11:00 a.m.