



Advisory Committee Agenda

November 7, 2012

6:00 p.m.

Robert L. and Elizabeth S. Cole Auditorium and Community Center

Welcome:

Dr. William Dale McInnis, President

Dr. Anthony Clarke, Vice President of Instruction/Chief Academic Officer

Departmental Advisory Meeting:

Richmond Community College Faculty

Advisory Committee Members

Agenda:

- Introductions
- Member Profile Update
- Review of Advisory Committee Handbook
- Employer Needs
- Program Curriculum Review
- Program Improvement
 - Strengths
 - Opportunities for Improvement
- Other Business
 - Old/New
 - Announcements
 - Next Meeting
 - Survey
- Tour of Main Campus Facilities (optional)

**RICHMOND COMMUNITY COLLEGE
ADVISORY COMMITTEE MEETING
Wednesday, November 7, 2012/6 p.m./Cole Auditorium**

ATTENDANCE SHEET

Member	Affiliation
Lisa D. Hunt	Director of Staff Development/Scotland Memorial Hospital
Deana Kearns	Director of Clinical Practice/FirstHealth Moore Regional Hospital
Sadie Cassidy	Director of Nursing/Century Care in Laurinburg, NC
Felicia Baker	RCC ADN Class President
Tracie Locklear	RCC LPN Class President
Leonetta Wiley	Director of Nursing/Richmond Pines
Natasha Leak	Assistant Director of Nursing/Richmond Pines
Julia V. Woody, RN	Staff Development & Compliance Officer/Hospice of Scotland County
Nancy Caulder	Clinical Practice Coordinator/FirstHealth Richmond Memorial Hospital
Kirk Hasenmueller, M.D.	Physician/Pines Quick Care Family Medicine
Cherry M. Beasley	Associate Professor/UNC-Pembroke
Cyndy Dial	Edwin Morgan Center Director/Scotland Memorial Hospital
Jane Murray	Chief Executive Officer/Hospice of Scotland County
RCC Faculty	ATTENDANCE
Carole Gibson	X
Sue Wagner	X
Donna Gibson	X
Shelia Adams	X
Crystal Greene	X
Janet Sims	X

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November 2012 Advisory Committee – Attendance

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RICHMOND COMMUNITY COLLEGE
CAMPUS-WIDE
ADVISORY COMMITTEE MEETING MINUTES
Wednesday, November 7, 2012/6 p.m./Cole Auditorium

The agenda and attendance sheets are attached.

The Nursing Services Advisory Committee members met as a part of the campus-wide advisory committee meeting. The dinner and general discussions were provided by Dr. Anthony Clarke and Dr. Dale McInnis. After dinner, participants were separated by disciplines for the remainder of the meeting.

The following topics were discussed:

TOPIC	DISCUSSION	FOLLOW-UP
Profile Update	Each member completed the member profile update.	
Review of Advisory Committee Handbook	Each member received a copy of the booklet (attached to the original minutes). Roles and responsibilities were reviewed and members were given an opportunity to ask questions.	
Employer Needs	<p>Ms. Gibson asked members to identify projected employee needs. Feedback included staffing projections:</p> <p><u>FirstHealth</u> *12 new grads just hired, plus 20 contract nurses; always need CNAs *Hoke County facility to open in 2013; will need additional staff for facility. *Richmond needs an RN in the OR.</p> <p><u>Century Care</u> *Early Summer 2013, they will have a need for LPNs & RNs.</p> <p><u>Richmond Co. Hospice</u> *Needs CNA for inpatient facility</p> <p><u>Richmond Pines</u> *Needs CNAs (11) and (1) LPN</p> <p><u>Scotland Healthcare System</u> *Hired 20 new graduates this year</p> <p><u>Edwin Morgan Center</u> Needs 3-4 CNAs per quarter.</p> <p><u>Scotland Co. Hospice</u> Currently no openings.</p>	

Program Curriculum Review	There have been no major revisions in the new concept-based curriculum. However, several new exemplars have been added to NUR 212, including valvular disorders, cardiac infections, meningitis, encephalitis, Guillain-Barre, ALS, Myasthenia Gravis, pancreatic cancer, brain tumor, neuroblastoma, hydrocephalus, and delegation. In addition, clinical simulation has been added.	
Program Strengths and Opportunities for Improvement	A summary of written comments is attached to the original minutes.	
Other Business	<p><u>Program Updates for ADN & LPN:</u> A copy of program updates was provided and discussed (attached to the original minutes).</p> <p><u>CNA:</u> New curriculum for next year was discussed.</p> <p><u>Next meeting:</u> Members expressed that the best meeting time would be late afternoon on Tuesday or Thursday. A meeting will be scheduled for late Spring or early Summer.</p> <p><u>Surveys distributed included:</u> 1) Survey of the night's events 2) Strengths/Opportunities for Improvement 3) 2012 ADN & LPN Graduates 4) Announcement: FirstHealth is looking at hiring ADNs with a requirement for a BSN within 3-4 years.</p>	

There being no further business, the meeting was adjourned.

Recorder: Carole Gibson

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ADVISORY COMMITTEE INPUT SUMMARY

***Identify strengths of our programs:**

- When I think of the nurses that I have had the privilege to supervise and assist in their continued learning from RCC, I think they're well prepared. They are eager to get involved. They have a caring attitude, which in nursing school or even before is a trait which is further developed or they usually don't make it.
- The staff has really good knowledge and they are really good at teaching the material.
- Very excellent program! This program is very strict, as it should be. Instructors are wonderful.
- I am appreciative of the incorporation of the need for safety and following procedure and policy.
- Basic patient care, especially patient assessment, care plans, intake (history & physical), etc. Good knowledge of the extensive paperwork involved; well-rounded education in regards to clinical experiences.
- Instructors are excellent to work with. Students are usually confident and prepared to start work and are open to feedback.
- Strong leaders. Faculty is good to work with.
- Faculty is experienced and familiar with the organization. Like the age range of students and their variety of previous experience in the medical field. Their accessibility to the faculty and the collaboration with the facility is good.
- Well prepared in skills. Solid background in nursing classes. In the most recent years, improved general education. Strong professional image.
- Excellent clinical skills; good work ethic; good critical-thinking skills; leadership; the instructors.
- Students are generally well prepared and willing to work collaboratively. Students seem genuinely interested in learning and caring for patients.

***Suggestions regarding opportunities for improvements:**

- I would like for the student nurses to be given information on nursing scheduling and the sacrifices they may need to make.
- Teamwork from students.
- More opportunity for students to perform skills.
- Sensitivity to clients/residents/patients with mental disorders and/or behaviors including dementia and Alzheimer's Disease.
- Do they get experience with electronic medical records? Is there enough emphasis on surgical care (example: post-op/pre-op workups)? Do many ADN students go on to get a BSN? What percentage? How well prepared are they to go and further their education? In my experience working with students trying to get into the nursing program, they need to learn early on the intensity of the instruction and the depth of knowledge they will need to have. It seems a lot of them only think they're going to hand out pills and nothing else.
- Unsure/uncomfortable talking with physicians
- If curricula permits, increase number of focused care hours to exceed NC BON requirements. Would like more involvement with the orientation process for focused care areas. Familiarize students with the scope of practice & delegation; continue promoting critical thinking; and increase awareness of regulatory requirements for healthcare agencies.
- Writing skills = suggest more narrative pedagogy; and critical thinking = use more case studies and evolving situations.
- Still need to work on critical thinking and problem solving

November 2012 A D N and PN Update

Student's achievement of program outcomes:

- Health records demonstrate immunization requirements are met. Flu vaccines must be complete by Nov. 16.
- Policies: Implemented competency test for medication Administration 2011-2012. Have lost three students as a result of this policy change.

Measures of program outcomes:

NCLEX:

- A D N: 2009-11 3 yr. average NCLEX rate: 94%, 95% of the National rate is 84%.
- 2010-12: 96%, (118/123) RCC's 2012 rate :97% (35/36)
- PN: 2009-11, 3 yr. average: 93%. For 2011, RCC's NCLEX PN rate was 91%. 95% of National rate was 82%.
- For 2012 graduates, 7/17 have tested and passed NCLEX. 10 left to test.

Enrollment:

- A D N: 1st year: Offered admission to 87. Eighty-five enrolled. 2nd year: 45 admitted in the Fall
- PN: Enrolled 20. (150 students met minimum admission requirements.)

Retention:

- Biggest challenge! And a major focus for this year's improvement strategies. A D N runs about 10% below the state average and PN runs about 20% above the state average.

Information from employers:

- Last year's survey revealed average or above average performance of graduates. Surveys to be distributed tonight related to 2012 graduates. Please return by mail or fax: Carole Gibson, Nursing Department PO Box 1189, Hamlet, NC 28345 or fax # 910-582-7213.