

Agenda Item 20.B.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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DATE: January 25, 2018

TO: Education Committee

From: Jessica Gomez MSN, RN
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SUBJECT: Subcommittee Report

This Subcommittee consisted of the current four (4) Nursing Education Consultants (NECs) of the Education Division of the Board of Vocational Nursing and Psychiatric Technicians. The subcommittee was charged with collecting data for the purpose of completing an analysis of crucial variables impacting utilization of licensed vocational nurses (LVNs) and psychiatric technicians (PTs) as directed by the Board during the February 2017 Board Meeting. The original variables about which data was to be collected included:

- Current and projected healthcare needs of consumers.
- Current and projected utilization of LVNs and PTs in healthcare.
- Analyses of LVN and PT professional practice.
- LVN and PT examination outlines.
- LVN and PT program curricula.
- Performance of LVN and PT graduates on the licensure examination.
- Preparation of entry level students.
- Program Faculty.
- Program Resources.
- Sites in which clinical care are delivered.

Note: The first content area was not addressed per the direction of the Interim Executive Officer.

Logistics:

Two (2) data collection sessions were conducted in both northern and southern California for a total of four (4) sessions:

Session 1:

June 23, 2017 – Sacramento CA	19 Attendees
July 21, 2017 – Los Angeles CA	28 Attendees

Session 2:

September 8, 2017 – Sacramento CA 22 Attendees

October 13, 2017 – Los Angeles CA 21 Attendees

The 90 attendees included program directors, instructors, program owners and administrators, clinical facility administrators, currently licensed Vocational Nurses and Psychiatric Technicians from all areas of the state. Each session was held in two (2) locations to accommodate stakeholders from both northern and southern California.

Each session contained specific questions presented by the NEC's to be answered by the attendees. The first set of sessions contained the same set of questions both in the north and in the south. The second set of sessions contained different questions, but those questions were the same in the north and the south. The Education Committee Chairperson was in attendance and observed each of the sessions.

The attendees were requested to provide their comments regarding each topic area. It was determined before the sessions occurred that there was to be no rebuttal from the NECs. Adequate time was allotted to allow attendees to address each question either positively or negatively.

The NECs collected the comments and information from the stakeholders. After the sessions, the NECs requested attendees to anonymously complete and submit an evaluation of the sessions. The attendees were consistent in stating the Data Collection sessions were of great value and should continue.

Data Collected per topic:

- a. Current and projected healthcare needs of consumers.

The sessions did not address this item

- b. Current and projected utilization of LVNs and PTs in healthcare.

LICENSED VOCATIONAL NURSES:

Attendees identified that the licensed vocational nurse (LVN) has a wide variety of employment opportunities from hospice to acute care and outpatient services. The primary place of employment remains the long-term care and skilled nursing facilities. The rural areas of the state are reporting an increase of employment of the LVN in the acute care hospitals. Additionally, some of the larger hospital chains have started hiring LVNs in the clinic and float pool to cover for nurses breaks and lunches, and in psychiatric holding areas which are attached to the Emergency Departments.

The LVN is working more in the home health and hospice areas. The major barrier to employing the LVN in these areas is the scope of practice which prohibits the LVN from pronouncing death.

PSYCHIATRIC TECHNICIANS:

The attendees representing facilities and nursing programs identified the current and projected utilization of the Psychiatric Technician as changing. With the continuing closure of the developmentally disabled and mental health hospitals much of the care of these patients is being picked up by community service agencies and group homes. Several of the acute care hospitals are developing psychiatric holding areas which are being staffed by licensed vocational nurses and occasionally the psychiatric technician. These areas were developed to prevent patients with acute psychiatric issues from being turned back out onto the streets. These units allow the patient to remain in the hospital until appropriate care can be arranged.

The majority of psychiatric technicians are finding employment in Veteran's Administration (VA) clinics, the jail and prison systems, state and county outpatient services, substance abuse clinics, group homes, and community service agencies.

c. Analyses of LVN and PT professional practice.

Attendees at the sessions reported a disconnect between views of programs and potential employers of LVNs and/or PTs relative to entry level nursing performance. Nursing facilities reported that the nursing programs are not addressing workplace reality. New licensees are unaware that they will be caring for more than three patients, passing medications for a complete wing of the facility not just four (4) or five (5) patients at a time, and/or are not exposed to the requirements of evening or night nursing staff. The new graduates lack communications skills to effectively communicate with coworkers, supervisors, physicians, patients and patient families.

Additionally, it was identified that the health care facilities expect the new graduate to be competent and confident in nursing care. That expectation results in the new graduates receiving limited orientation at the facility where they are starting employment.

The consensus of the attendees was that the preceptorship process should be reevaluated. It was not determined at the session if the preceptorship should be school initiated or a process of hiring the new graduate.

d. LVN and PT Examination outlines.

The program directors all reported that they receive the examination outlines for the National Council Licensure Examination for Practical (Vocational) Nurses NCLEX-PN® and the California Psychiatric Technician Licensure Examination (CAPTLE) from the Board of Vocational Nursing and Psychiatric Technicians. The directors reported that they use the information to evaluate the curriculum being taught in their program.

However, the majority of the programs directors continue to request that the Board supply a detailed report identifying programmatic weaknesses, and identify their candidates results on the examination by graduation date so they can follow-up with graduates who have not tested.

e. LVN and PT Program curricula.

Six program directors stated they would like the Board to develop a curriculum that could uniformly be presented by all programs. Most of the directors disagreed. Their concern was the major differences in the student population and regions of the state requires the program have the ability to adjust the curriculum to best meet the student and community needs.

Areas of curriculum weakness identified by the attendees was identified as professionalism, ethics, boundaries (differences between personal and professional relationships with patients), advocacy for the patient's rights and care, compassion, and communication.

f. Performance of LVN and PT graduates on the licensure examination.

Quarterly reports are furnished by Pearson Vue and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction". The reports specify the pass percentage rate for graduates of approved programs.

The State pass rates for approved vocational nursing programs for the last eight most recent consecutive quarters consists of:

Quarter	LVN Quarter Pass Rate	LVN Average Annual Pass Rate
Oct – Dec 2015	75%	72%
Jan – Mar 2016	73%	72%
Apr – Jun 2016	75%	74%
Jul – Sep 2016	76%	75%
Oct – Dec 2016	70%	74%
Jan – Mar 2017	72%	73%
Apr – Jun 2017	68%	74%
Jul – Sep 2017	74%	71%

Quarterly reports are furnished for PTs by Psychological Services, LLC (PSI). The reports specify the pass percentage rate for graduated of approved Psychiatric Technician programs, and the variance from state pass rates on the Psychiatric Technician Licensure Examination (CAPTLE).

The State pass rates for approved psychiatric technician programs for the last eight most recent consecutive quarters consists of:

Quarter	PT Quarter Pass Rate	PT Average Annual Pass Rate
Oct – Dec 2015	63%	75%
Jan – Mar 2016	68%	70%

Apr – Jun 2016	69%	71%
Jul – Sep 2016	75%	69%
Oct – Dec 2016	81%	75%
Jan – Mar 2017	83%	77%
Apr – Jun 2017	71%	76 %
Jul – Sep 2017	72%	76%

Based on the analysis of the data collected at the open sessions, there are multiple content areas identified in which students are demonstrating weaknesses on the licensure examination. Delegation, leadership, and pharmacology were mentioned by more than one participant. Other content areas mentioned included the nursing process, coordination of care, and prioritization. A suggestion was made to the Board from a PT program to receive an exam report for first time testers that is more precise on student performance of each content area. Currently, the report received varies from each test and does not narrow down each topic area from one exam to the next.

g. Preparation of entry level students.

Participants stated the preparation of entry level students includes appropriate admission requirements such as comprehending ninth grade reading level and above, requiring ESL classes for all foreign-born students, math proficiency, computer skills, and a mandatory interview with the Director of Nursing to identify student challenges for a successful completion. Requiring prerequisite courses such as nutrition, pharmacology, basic math, Certified Nursing Assistant certificate, and/or Anatomy and Physiology will better prepare students for the program as stated by the participants. Content areas mentioned, that should be addressed during the program to better prepare students, included technology use for documentation, communication and writing skills, critical thinking skills, soft skills, basic math and reading comprehension, ventilator skills, and case management training. Other statements made included preparing students for the interview process, patient advocacy, professionalism, and compassion for patients and family.

h. Program Faculty.

The majority of the participants stated they are satisfied with the current regulations for faculty. Too many requirements will make it difficult to find faculty. A recommendation was made to allow one approval for a specific length of time for each instructor that can be accepted by all programs, similar to what the Board of Registered Nursing allows. In addition, education competencies should be allowed in lieu of education and current work experience in the area hired to teach should be required.

i. Program Resources.

There were several responses which indicated essential program resources needed for student success. Program resources mentioned were assistance for students who have English as a second language, a process to identify at-risk students, appropriate student remediation and tutoring, administrative support,

sufficient supplies and sufficient clinical sites to complete program objectives. Board approved simulation for clinical hours was recommended by various participants to allow students to practice making clinical judgements in a safe environment.

j. Sites in which clinical care are delivered

Common sites utilized by the participants present are long term care/skilled nursing facilities and ambulatory clinics. Comments were stated regarding the importance of students receiving training at mental health institutions and correctional facilities. Mental health opportunities are important for students to obtain experience with various mental health conditions due to the increase need for LVN/PT graduates in mental health areas. The importance of simulation was discussed due to students not having the opportunity to obtain experience with patients of various mental health conditions or specific medical diagnoses.