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DATE: May 14, 2002
TO: Montana Board of Regents
FROM: Nursing Sub Committee
RE: Decisions about Nursing Programs for the May Meeting

The Board of Regents established a Nursing Subcommittee at the March, 2002 meeting and appointed Richard Roehm and Lynn Hamilton to “pinpoint where the problems lie in Montana Nursing and report to the Board at the May 23-24, 2002 meeting.” Regent Thompson also accompanied all deliberations of this subcommittee. Deputy Commissioner Scott has included nursing background information in material mailed with the Academic and Student Affairs section of our May agenda. This information addresses four general areas: State need, MUS capacity, an evaluation of existing programs, and a review of ongoing efforts by the Governor and others to evaluate nursing issues. The Board needs to decide where to go from here.

At our May meeting, the Board has as an agenda item to consider the issues surrounding nursing education. In that connection, the Subcommittee offers the following plan around which we may wish to consider the numerous issues concerning nursing education in order to guide our decision-making. The observations and recommendations to the Board—where the Subcommittee may have any—are inserted in italics after the individual items.

Collecting Information

1. Delay or defer action on pending nursing program proposals until the Governor’s Task Force has made its recommendations (due on September 1).

In our judgment, it would be foolhardy to ignore this Task Force’s work and the Governor’s leadership in this arena.

2. Ask OCHE to prepare
 - a.) Analysis of nursing program costs per student as compared to actual revenue via the allocation model and
 - b) Analysis of the impact of proposed new nursing programs on existing campus budgets.

We know that these are expensive programs. Before authorizing new ones, we think we need to know the fiscal impact of each program on the host campus budgets as well as on the system budgets. There is the potential for major shifts in resources within and across campuses, and this information is essential for our decisions.

3. Ask OCHE to conduct formal assessment of:

a.) Unused capacity in existing nursing programs (PN and RN), and

b.) Potential for expanded capacity in existing programs with additional support.

Given the data we have received about graduation rates in nursing over the past ten years, it appears we need to investigate why our existing programs are not producing more nurses (as they have in the past) and what the existing capacity is.

4. Consult and interface with State Board of Nursing in program approval decisions.

The Nursing Subcommittee began this process with an initial meeting with Ms. Barbara Swehla Executive Director of the State Board of Nursing. This was a productive meeting and a fruitful liaison has been established.

5. Monitor program enrollments, outputs and outcomes.

We have a start with this in the report submitted with this agenda. It includes graduation rates and pass rates on the national licensure examination. Continued evaluation of these areas is necessary to ensure efficiency.

6. Consider external review of statewide nursing programs for quality, currency and capacity in context of State needs.

We do not believe this is warranted presently. There are currently a number of "studies" and now we need to convert the data to respond to student and state needs.

Ensure course articulation:

7. Require LPN? ASN? BSN or LPN/ASN? BSN Articulation Contracts be adopted and published statewide by all nursing programs prior to considering new ones.

8. Require that completed Articulation Contracts showing how and how much credit students can transfer among programs accompany all new program proposals.

These two items reflect what should be a major thrust in all program decisions—how best to serve students? We have received negative comments about transfer in nursing education around the state. Published course articulation information across programs does not impinge on any faculty's role in curriculum decisions, but it does afford students fair warning about what courses do or do not transfer from one program to the other. This is a "truth in advertising" issue.

Avoid duplication and excess credit:

9. Invite nursing educators to consider and recommend whether the university system should continue the LPN at the AAS level or go back to a certificate? A response by September is desirable.

We believe input is needed before we rescind our action of July 1998, which elevated the LPN from a certificate program to an AAS degree. We received that recommendation from a precursor of the MINT group, so we should give them opportunity for input in reversing the policy.

10. Ask OCHE to work with the MUS to "subscribe" to or acquire on-line courseware already created and in use at other institutions [see Western Consortium for Educational Telecommunications] to increase access and avoid wasteful redundancy and duplication.

Currently, MSU-Northern has their BSN completion courses available online, and there has been discussion at other campuses about putting programs online. Where possible, we believe

we should take advantage of existing courseware, as well as attempt an economy of scale.

These ten items may be addressed as three packages—each focusing on a different stage of the review—and voted on accordingly. Or, they may be addressed as a group (a plan) or individually. We ask you to review them prior to our meeting. Thank you.

Pc: Commissioner Crofts
Deputy Commissioner Scott