

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
NURSING PRACTICE COMMITTEE
MEETING MINUTES**

Date: April 18, 2024

9:00 a.m.

Start Time: 9:00 a.m.

Location: **NOTE:** The Board of Registered Nursing’s Nursing Practice Committee (NPC) held a public meeting in accordance with Government Code section 11123.5 that was accessible via a teleconference platform and at a primary physical meeting location indicated below.

1625 North Market Blvd.
2nd Floor, El Dorado Room N-220
Sacramento, CA 95834

April 18, 2024 - 9:00 a.m. BRN Nursing Practice Committee Meeting

9:00 a.m.

7.0 Call to order/roll call/establishment of a quorum.

Mary Fagan, PhD, RN, NEA-BC Chairperson, called the meeting to order at: 9:00 a.m. All members present. Quorum was established at 9:01 a.m.

Committee Members: Mary Fagan, PhD, RN, NEA-BC-Chair
Dolores Trujillo, RN
Jovita Dominguez, BSN, RN
Vicki Granowitz

BRN Staff: Loretta (Lori) Melby, RN, MSN – Executive Officer

Reza Pejuhesh – DCA Legal Attorney

9:03 a.m. 7.1 Public comment for items not on the agenda; items for future agendas

**Public Comment for
Agenda Item 7.1:** No public comments requested via WebEX platform or at the physical meeting location.

**9:05 a.m. 7.2 Review and vote on whether to approve previous meeting minutes
7.2.1 June 29, 2023**

**Committee
Discussion:** No questions or comments.

Motion: Mary Fagan: Motion to approve the meeting minutes from June 29, 2023.

Second: Vicki Granowitz

**Public Comment for
Agenda Item 7.2:** No public comments requested via WebEX platform or at the physical meeting location.

Vote:

	MF	DT	JD	VG
Vote:	Y	Y	Y	Y
	<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB			

Motion Passed

9:08 a.m. 7.3 Information only: Advisory committee updates

- Nurse Practitioner Advisory Committee (NPAC)

- Nurse-Midwifery Advisory Committee (NMAC)
- Clinical Nurse Specialist Advisory Committee (CNSAC)
- Certified Registered Nurse Anesthetist Advisory Committee (CRNAAC)
- Nursing Education and Workforce Advisory Committee (NEWAC)

Committee Discussion: Dolores Trujillo asked the number of the bill that was brought up that the Board supported. Loretta Melby cannot recall the number and said it's a DCA-wide cleanup bill with a very small section that authorizes grandfathering of legacy NP certifications for independent practice. Loretta later shared that the bill is SB 1451.

Public Comment for Agenda Item 7.3: No public comments requested via WebEX platform or at the physical meeting location.

9:18 a.m.

7.4

Discussion and possible action: Regarding the NEWAC recommendations on proposed draft regulatory language for standards on simulation in clinical education

Committee Discussion: Mary Fagan said this has been an interesting conversation and feels like it's an onion that keeps getting peeled back with new things coming up. She said the language that is presented sounds like exactly what the Board would want to have but she's concerned there might be unintended consequences. But at the same time, this is early and there will be plenty of time to flesh things out as this moves through the process. She's interested in hearing what the public has to say, especially those who are concerned about potential negative consequences, but this feels like this is the right thing to do.

Loretta Melby said the motion today, after hearing public comment, is to authorize BRN staff to take the draft language and work with Marissa, Reza, McCaulie and herself, along with stakeholders and subject matter experts, including Garrett and the NEWAC simulation subcommittee. The BRN is preparing for sunset again and this was an ask from the last one. She wants to

move on this language quickly to start the process so an update can be included in the next sunset report.

Dolores Trujillo has a question in subsection J, “the programs shall have written policies and procedures on the following...” She would like to know if there is another pandemic will this be altered. She voiced concern regarding various simulation practices put into place to get students through their programs, including some states that had 100% simulation.

Loretta Melby said no, direct patient care has now been addressed statute during the last sunset process and set a minimum direct patient care hours of 500, this ensures that approximately 40% can be in simulation. She said the simulation language from the sunset bill did not remove the 25% of direct care hours can be done via telehealth as it was for the pandemic and that is why having these simulation standards is key to ensure appropriate academic preparation.

Mary Fagan said she feels like discussing the pandemic information is really not what the agenda item is now and is getting confused about why they’re going in this direction.

Loretta Melby said that the varied use of simulation during the pandemic is why the simulation standards are imperative.

Mary Fagan asked if this is something that would be considered by staff during their review and drafting of language.

Loretta Melby said you cannot supersede statute with regulations. The only thing these simulation regulations can do is provide guidance for the additional simulation hours provided.

Jovita Dominguez said she sees the value in simulation, but as an educator, she likes to stick to the bedside hours being the majority. She’s worked with

some of the nurses that went through a lot of simulation due to Covid and they struggled a lot doing the bedside. She said they were intelligent with medications but not people skill. If the simulation problem has a drastic problem due to a mistake which is good to learn from is very different to bedside. She has struggles with saying yes to that.

Loretta Melby said this agenda item is not about that. The statutory language cannot be changed through the regulatory process and what the board can do is provide simulation guidance and standards in the regulatory process so if this does happen again in the future there's better guidance which is what is needed.

Garrett Chan said this is important to ensure high quality simulation experiences because we were not prepared for a pandemic. He said he's an emergency nurse and they like to prepared for a situation. He said Dolores's question is great and if written policies and procedures can be created to make everybody aware to train them up before it is actually needed and implement high quality simulation, then it will help everybody do a better job which is the intent.

Loretta Melby added that information from recent presentations may be taken into consideration when the draft regulatory language is presented.

Vicki Granowitz wondered if she could get some of the links about psychologic issues that she finds interesting. She would like to read some of the research and anecdotal studies.

Loretta Melby said she can share NCSBNs and asked Garrett for his study via email and can share it as well. Jovita Dominguez asked to be included too.

Mary Fagan said she would like to go to public comment unless other members have questions or comments.

Mary Fagan asked if the program has already received endorsement from one of the accrediting organizations that no further additional documentation or action would be required. Is there information on how many programs have this accreditation in California because if a whole lot of them have this it would take a lot of the potential negative consequences out of the equation. Mary Fagan additionally asked if the out of state program had accreditation from one of these simulation organizations, then it would be appropriate, is there any information about that?

Loretta Melby said the BRN doesn't have the information on a national level that is readily available. An applicant would apply and then the school would be reviewed to ensure they had it because those standards could be obtained, lost, and obtained again. Those standards were brought forward after 2010 and asked Garrett if he recalled.

Garrett said they've been around a lot longer in different iterations but the current ones are 2010. He said there are around nine programs around California that meet the rigorous requirements. He's competent that programs will move forward because they are a mark of distinction and the programs are top performers that they are not worried about. It is the bad actors they are worried about.

Loretta Melby said there are 160 prelicensure nursing programs in California. The regulations would have to go through the process, work with the programs to come into compliance while considering budget constraints, especially with publicly funded programs. There are a lot of things to consider but we should definitely go out for public comment with the reminder that this is draft language.

Mary Fagan said she would like to go to public comment before making a motion if committee members are okay with that.

Motion: Mary Fagan: Motion to approve the recommendations on proposed draft regulatory language for standards and simulation and clinical education and

authorize board staff to initiate drafting regulatory language for revisions and or additions to the California Code of Regulations (CCR), title 16, Article 3 Prelicensure Nursing Programs.

Second: Vicki Granowitz

**10:24
a.m.**

**Public Comment for
Agenda Item 7.4:**

Marie Gilbert, Director of Central California Center for Excellence – She has loved this discussion today. It is such an enlightening and encouraging discussion that we're all on the same page this time and she just wants to reinforce what Garrett was saying that the simulation community is becoming concerned with the psychological safety of our students in simulation, and as simulation continues to expand, and they anticipate, specialty programs with the move towards competency-based education, simulation will continue to grow. As it grows, there's the potential for inadequately trained educators to traumatize students inadvertently or intentionally. There's been a lot of great discussion about potential ways to hold programs accountable. The standards talked a lot about were the INACSL standards that were implemented in 2011 with four updates with the most recent in 2021. At the time those standards were written by inter-professional international teams. The name changed to Healthcare Simulation Standards. They were 10 Simulation standards and four of note for nursing programs. She thinks the board should be looking at the ones around pre briefing, facilitation, debriefing, and professional integrity. All of those components will help keep students safe while some of the other standards are around inter-professional education and not all programs have the ability to do that as this moves forward. Looking at those core four standards, and there's so much she wants to say, because the discussion has been so robust, but we are focusing on psychological safety in a way that we can make sure programs are held accountable. She really wants to thank NEWAC and the board for their efforts to find a means to hold programs accountable, to follow best practices, and ensure that students are kept safe and they're learning experiences are maximized so students reach their potential. She would love to be involved in these ongoing discussions and she definitely has evidence and research she'll share with Garrett if he doesn't have

it to pass on to those board members that asked for it. Thank you for the opportunity to speak. Loretta Melby said the information will be passed on to board members next month and will then be shared with the public as well.

Amanda Lee, San Joaquin Delta College, which is a community college in Stockton, California – She wants to chime in to say she appreciates the conversation today. She’s currently working as the simulation coordinator for faculty, and the idea of psychological safety, creating a space in their simulation lab that allow students to have the experience and exposure to things they may not see in the clinical setting on a consistent basis. They often have conversations about the differences and importance of bedside time and clinical hours and how simulation can support that versus take away from it. She thinks some of the feedback they’ve gotten from students in their evaluation has been that simulation gives them a guaranteed opportunity to see some things and be exposed to different procedures and tasks and critical thinking that they may not get consistently in the clinical settings. She would love to be engaged in future conversations around this topic and appreciates the opportunity to speak.

Vote:

	MF	DT	JD	VG
Vote:	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB				

Motion Passed

**10:31
a.m.**

7.5

Discussion and possible action: Regarding the NPAC and NMAC recommendations on the proposed draft regulatory language to amend the Recommended Guidelines for Disciplinary Orders and Conditions of Probation.

**Committee
Discussion:**

Mary Fagan asked if this would impact nurse anesthetists.

Loretta Melby said it would be for all advance practice RNs that would have independent practice. Currently, that is the 104 NP, nurse midwife, and nurse

anesthetists. The only one it would not affect at this time is the clinical nurse specialist because they do not have independent practice in California. However, we have the CNS advisory group that is looking at regulations and if their practice changes in the future this language would also include them.

Mary Fagan asked if the Nurse Anesthetist Advisory Committee had a chance to weigh in on this.

Loretta Melby said not at this point but the difference in that CRNAAC and CNSAC are not statutorily formed with language that says all items must go through them first and then to this committee. This went to NPAC and NMAC, but this doesn't mean the language while going through the regulatory process cannot go to them.

Motion: Mary Fagan: Motion to approve the NPAC and NMAC recommendations on proposed draft regulatory language to amend the recommended guidelines for disciplinary orders and conditions of probation, and authorize the board staff to initiate drafting regulatory language for revisions and or additions to the California Code of Regulations (CCR), title 16, Article 4, Grounds for Discipline, Disciplinary Proceedings and Rehabilitation.

Second: Dolores Trujillo

Public Comment for

Agenda Item 7.5: No public comments requested via WebEX platform or at the physical meeting location.

Vote:

	MF	DT	JD	VG
Vote:	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB				

Motion Passed

10:44
a.m.

7.6

Adjournment

- **Mary Fagan, Chairperson, adjourned the meeting.**

Submitted by:



Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Accepted by:



Mary Fagan, PhD, RN, NEA-BC
Chairperson
California Board of Registered Nursing