



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR.
Board of Vocational Nursing and Psychiatric Technicians
 2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945
 www.bvnpt.ca.gov



MEMORANDUM	
DATE	August 14, 2020
TO	Board Members
FROM	Elaine Yamaguchi Executive Officer
SUBJECT	Use of Simulation for Clinical Experience: Unitek College Proposal

This memo provides background:

1. Simulation vs. hands-on clinical experience
2. Unitek College Proposal (attachments)
3. Status and Questions for Board Discussion

Simulation vs. Hands-on Experience

The COVID-19 pandemic exacerbated the problem that VN and PT programs grappled with for years; the scarcity of clinical placement sites for students. Please refer to the SNEC’s Division Report for a detailed discussion.

In summary, programs increasingly seek approval to allow students to use 100 percent simulation for clinical experience. This is troubling in the first term, where fundamental skills are taught, and the foundation is laid for the rest of the skills in the entire program. If the Board grants approval, the reality exists that students graduating from programs and taking the licensure examination would never touch a live patient. The risk to patient safety cannot be underestimated.

During the pandemic, the Board of Registered Nursing (BRN) enacted regulations authorizing their programs to employ up to 100 percent simulation in the first term. and the BVNPT was asked to follow suit by several Assembly members. The letter from several Assembly Members and our reply are attached. We have also had conversations with member offices and lobbyists regarding this issue.

The starting place for Registered Nursing (RN) programs is quite different from the starting place for Vocational Nursing (VN) and Psychiatric Technician (PT) programs. The main difference is the significant prerequisites for admission to an RN program, while there are few for admission to a VN or PT program.

Unitek College Proposal

The Unitek College system submitted the attached proposal. Staff analyzed this and raised concerns and reservations about approving the proposal. It represents a dramatic departure from the clinical work that the VN students have benefitted from in years past. Approving such a plan, even limited to the time of emergency, sets a precedent that would have to apply to all schools that request such a structure.

Aside from the deep concern about the lack of hands-on experience in the first term, the proposal plans to compensate for the lack of hands-on experience in the first term in the following terms but does not provide any detailed plans. The BVNPT response to Unitek (attached) sets forth these and other concerns.

Status and Questions for Board Discussion

The NECs continue receiving inquiries and proposals requesting 100 percent simulation. The BVNPT's regulations permit the use of simulation, but an actual percentage is not specified. The BVNPT sent out an advisory letter with recommendations and guidelines earlier this spring. This letter (attached) was sent to the Board when it was sent out to the field.

The NECs, as Subject Matter Experts, examine every proposal submitted, and have not approved any program asking for 100 percent simulation. At this point, our recommendation is to refer all such decisions to the Education and Practice Committee and thence to the full Board until and unless there is a definitive policy or standard established by the Board and supported by statutory or regulatory action.

Questions for discussion:

1. Should the BVNPT approve programs utilizing 100% simulation
 - a. For the first fundamental term
 - b. For any specific term or unit
 - c. For the entire program
2. Should the BVNPT place a limit on simulation in regulations?
3. Should the BVNPT have the regulatory authority to halt programs that cannot meet the threshold?
4. Should the BVNPT have the authority to change the enrollment patterns for schools with continuous approval under specified conditions, such as state or federal states of emergency?



June 24, 2020

Elaine Yamaguchi, Executive Officer
Marie Cordeiro, Supervising Nursing Education Consultant
Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833-2945

RE: Proposed Teaching Modalities to Substitute Direct Patient Care clinical hours.

Dear Ms. Yamaguchi and Ms. Cordeiro,

Thank you for considering Unitek's proposed teaching modalities to help replacement direct patient care hours for Term 1 and Term 3 students during the COVID-19 state of emergency. Our primary goal is to help students progress academically and graduate so they can join the nursing workforce as safe and competent LVNs to serve our communities.

This proposal contains two sections. Section one explains how clinical learning objectives in Term 1 can be achieved in Skills Lab. Section two explains how certain Term 3 clinical learning objectives can be met using Telehealth.

Thank you for your attention and consideration to our proposal. We look forward to hearing from you and if you have any questions or need further information, do not hesitate to contact me any time.

Sincerely,

A handwritten signature in black ink that reads "AYosef".

Abdel Yosef, PhD, RN, CNE
Chief Academic Officer
Dean, Unitek College

Direct: 510-896-7583 ext. 1583
Email: ayosef@unitekcollege.edu

Section 1: Achieving Term 1 Clinical Learning Objectives

Unitek College proposes to the Board of Vocational Nursing & Psychiatric Technicians to allow 100% of Term 1 clinical hours to be completed in the hands-on practice environment of the nursing skills laboratory using role play, full-body manikins, under the supervision of clinical instructors.

Performance of Term 1 clinical skills in the laboratory setting allows students to practice basic nursing skills in a person-to-person contact environment. Students will perform the psychomotor skills on their classmates and instructors, for example, body mechanics, patient hygiene, and occupied bed making. Other skills considered invasive that cannot be performed on a student will be performed on full-body manikins, with a demonstration by the faculty first, then re-demonstrated by the student, and verification of competency will be achieved utilizing skills lab setup and manikins that we have at our campuses. For example, these skills include Foley catheter insertions, nasogastric tube insertion, tube feeding and enema administration.

All Term 1 skills can be simulated in the laboratory environment, allowing students the advantage of performing skills repeatedly throughout the term that may not be available in a direct patient care environment, such as Foley catheter insertion and tracheostomy care. Students that practice these procedures on manikins during Term 1 will have opportunities to practice on these skills throughout the program, particularly in Terms 2 and 3 when they are confident and ready to perform these skills on a patient. In most cases, all students in Term 1 will not have the opportunity to perform these invasive procedures on patients due to lack of availability of these procedures in the clinical facilities.

Term 1 Skills:

Personal Practice:

- Handwashing
- Infection Control
- Sterile/Nonsterile Techniques
- Personal Protective Equipment

Invasive – Use of Manikin

- Foley Catheter Insertion
- Nasogastric Tube Insertion
- Basic Wound Care/Pressure Ulcer Prevention
- Enema Administration
- Tracheostomy Care

Achieved Through Role Play

- Patient Hygiene
- Body Mechanics
- Bed Mobility, Transfers and Assistive Devices
- Immobility, Range of Motion
- Bed-making
- Elimination
- Vital Signs
- Skin Assessment
- Documentation
- Physical Assessment

Term 1 Skills Objectives	Methods of Teaching & Evaluation
Practice ROM and AROM techniques.	Demonstration & Redemonstration on classmate
Practice and demonstrate safe body mechanics when performing nursing procedures.	Demonstration & Redemonstration on classmate
Practice providing bed bath, back massage, perineal care, oral care, skin & nail care, and shaving.	Practice on mannequin, Demonstration & Redemonstration
Practice different techniques used in providing bedpan or urinal.	Demonstration & Redemonstration on classmate Practice on mannequin
Practice and demonstrate perineal care for a patient with an indwelling catheter.	Practice on mannequin, Demonstration & Redemonstration
Demonstrate techniques to maintain patient privacy and comfort during bed bath, and perineal care.	Personal practice Demonstration & Redemonstration on classmate
Demonstrate use of appropriate positioning techniques for patients to ensure patient safety and comfort.	Demonstration & Redemonstration on classmate
Demonstrate proper body mechanics and transfer techniques to maintain patient safety during bed to chair and stretcher transfers.	Demonstration & Redemonstration on classmate
Demonstrate ability to reposition immobile patients.	Demonstration & Redemonstration on classmate Practice on mannequin
State indications for Foley catheter.	Personal practice
Identify supplies needed for catheterization of the bladder.	Personal practice Practice on mannequin
State the principles of sterile technique.	Personal practice
Demonstrate and practice setting up a sterile field.	Practice on mannequin, Demonstration & Redemonstration
Demonstrate draping of the male and female patient prior catheterization.	Practice on mannequin, Demonstration & Redemonstration
Demonstrate urinary catheterization in male and female mannequins.	Practice on mannequin, Demonstration & Redemonstration
Recognize and evaluate normal and abnormal findings.	Role play
Demonstrate the ability to safely and competently care for an indwelling catheter.	Practice on mannequin, Demonstration & Redemonstration
State indications for administering an enema.	Practice on mannequin Personal practice
Identify supplies needed for enema administration.	
Demonstrate the ability to administer an enema.	Practice on mannequin, Demonstration & Redemonstration
Identify necessary equipment for performing tracheostomy care and suctioning.	Practice on mannequin, Demonstration & Redemonstration
State indications for tracheostomy care and suctioning.	Practice on mannequin
Demonstrate ability to perform respiratory assessment.	Practice on mannequin Demonstration & Redemonstration on classmate

Term 1 Skills Objectives	Methods of Teaching & Evaluation
Demonstrate proper positioning of patient needing tracheostomy care and suctioning.	Practice on mannequin Demonstration & Redemonstration on classmate
Demonstrate and practice proper procedure of tracheostomy suctioning and care	Practice on mannequin, Demonstration & Redemonstration
Demonstrate knowledge and ability to document pertinent information for the tracheostomy care and suctioning.	Document in lab EHR system
State the rationale for use of friction, running water & soap during hand hygiene.	Personal practice
State the indications for hand hygiene.	Personal practice
Practice & demonstrate proper procedure for hand hygiene.	Personal practice, Demonstration & Redemonstration
State the principles of infection control.	Personal practice
State the guidelines for standard precautions when caring for patients.	Personal practice
Discuss the types of isolation precautions. Practice & demonstrate proper procedure for using PPE.	Personal practice Demonstration & Redemonstration
Practice & demonstrate proper procedure for donning sterile gloves.	Personal practice Demonstration & Redemonstration
Differentiate sterile versus clean technique.	Personal Practice Demonstration & Redemonstration
State the principles of sterile technique.	Personal practice Demonstration & Redemonstration
Demonstrate the ability to choose the appropriate equipment to assess vital signs for the individual patient.	Personal practice Demonstration & Redemonstration on classmate
State the normal oral, rectal, tympanic, axillary, and temporal temperature range. State the normal range for pulse rate in an adult. State the normal parameters for blood pressure in an adult. Identify variables that affect a patient's vital signs.	Personal practice Demonstration & Redemonstration on classmate
Demonstrate and practice taking temperature, pulse, respiratory rate, and blood pressure with a student partner. Demonstrate ability to recognize and evaluate normal and abnormal findings.	Personal practice Demonstration & Redemonstration on classmate Practice on mannequin
Demonstrate the ability to document data collected, normal and abnormal findings, appropriately on organizational format. Record and document TPR data on both graphic and nurse's notes accurately. Demonstrate ability record nursing procedures provided to patients accurately on nurse's notes.	Demonstration & Redemonstration Document in lab EHR system
State techniques for pressure ulcer prevention.	Personal practice

Term 1 Skills Objectives	Methods of Teaching & Evaluation
	Demonstration & Redemonstration on classmate Practice on mannequin
Demonstrate ability to perform skin assessment.	Personal practice Demonstration & Redemonstration on classmate Practice on mannequin
Practice wound assessment and demonstrate ability to document data accurately on the nurse's notes.	Personal practice Practice on mannequin Document in lab EHR system
Demonstrate and practice surgical wound care dressing.	Practice on mannequin
Demonstrate and practice safe, appropriate application of bandages, binders, and antihemolytic stockings to individual clients.	Demonstration & Redemonstration on classmate Practice on mannequin
Demonstrate the ability to assess an extremity with a bandage or anti-embolic stocking.	Demonstration & Redemonstration on classmate Practice on mannequin
State the indications of nasogastric tube. Identify supplies and equipment for nasogastric tube insertion.	Personal practice Practice on mannequin
Demonstrate proper positioning of patient needing nasogastric tube.	Practice on mannequin, Demonstration & Redemonstration
Demonstrate and practice nasogastric tube insertion Demonstrate techniques to confirm nasogastric tube placement.	Practice on mannequin, Demonstration & Redemonstration
Demonstrate and practice setting up a machine operated feeding pump.	Demonstration & Redemonstration
Document assessment findings, procedure performed and client tolerance for NGT insertion.	Demonstration & Redemonstration Document in lab EHR system
Describe the techniques to be used for physical assessment: Inspection, palpation, auscultation, percussion.	Personal practice Demonstration & Redemonstration on classmate Practice on mannequin
Identify equipment and supplies used in physical assessment.	Personal practice Demonstration & Redemonstration
Demonstrate techniques to prepare a patient for physical assessment.	Demonstration & Redemonstration on classmate Practice on mannequin
Discuss techniques to maintain patient comfort during physical assessment.	Demonstration & Redemonstration
Practice head to toe assessment. Demonstrate ability to recognize normal findings of head & neck, mouth & throat, eyes, ears, nose, chest, lungs, heart, vascular system, gastrointestinal system, genitourinary system, and musculoskeletal system.	Demonstration & Redemonstration on classmate Practice on mannequin, Demonstration & Redemonstration

Laboratory Care Environment:

- Students are assigned laboratory rotations with specific simulated patient care objectives for each day.
- Students will go through role-play scenarios, alternating “nurse” and “patient” roles to allow for a complete experience for each objective.
- Role-play will be guided by faculty to expose students to a variety of possible patient responses in relation to daily objectives.
- Students will perform non-invasive procedures on each other to mimic patient care environments, allowing for additional practice and exposure to procedures that may not be available in direct patient care settings.
- Nutritional care/feeding, vital signs, patient positioning, occupied bed-making, and patient transfers are performed with student role-play scenarios.
- Role-play scenarios will be utilized to facilitate the development of therapeutic communication and critical thinking skills based on the nursing process and patient safety protocols.
- Mid and/or high fidelity mannikins will be utilized to simulate physical assessment procedures for lung sounds, blood pressures, data gathering, and alterations in health care.
- Low fidelity mannikins will be used for invasive procedures such as Foley catheter insertion, tracheostomy care, wound care, and bathing.
- Students will receive/provide pre and post shift reporting under the guidance of faculty.
- Students will complete clinical documentation in the Docu-Care electronic health record system.
- Pre and post conferences are conducted by faculty daily as scheduled.
- Faculty will maintain a record of skills performed and demonstrate equitable rotations of students in “nurse” and “Patient” roles.
- Student skill performance will be monitored and assessed according to the instructional plan, including tutoring and remediation schedules for student performance below benchmark.

Section 2: Meeting Term 3 Clinical Learning Objectives Using Telehealth

Telehealth Role

Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration (Health Resources & Services Administration, 2018).

According to the 2017 National Nursing Workforce Study conducted by National Council of State Boards of Nursing in conjunction with The National Forum of State Nursing Workforce Centers, 54.2% of licensed practical/vocational nurses nationwide reported providing services utilizing telehealth. 43.9% reported they were providing telehealth services across state borders. This number increased by 10 percentage points when compared to 2015 reported telehealth work across state borders among licensed practical and vocational nurses.

Furthermore, there are employers in California that advertise employment opportunities where LVNs are hired to perform various telehealth duties and responsibilities while working in collaboration with the healthcare team. For example, Medical Professionals, a community health clinic in San Bernardino, is hiring an LVN to aid in “providing phone triage and determining next level of care.” A link to this job advertisement is provided in the list of references.

The Vocational Nursing Scope of Practice identifies areas applicable to the telehealth environment: patient communication, data gathering, and implementation of the teaching are key roles of the licensed vocational nurse. In comparison with Unitek’s Term 3 objectives, those key role-performance elements are included and embody the role of the student nurse in a telehealth role. Students potentially have the ability to interact with a variety of clients across the lifespan providing an opportunity for cross-cultural nursing care. Telehealth experiences will strengthen problem-solving and critical thinking skills in students through interaction with clients who have diverse health care needs. Students also have the ability to utilize knowledge and skills already obtained in the vocational nursing program to identify normal versus abnormal physical complaints and normal and abnormal responses to health care treatments. Telehealth affords vocational nursing students an opportunity to experience non-traditional health care practices, and understand the impact of technology on health care, patient care and the nursing profession. A licensed nurse (BVNPT approved instructor) will supervise all Telehealth communication at all times.

Implementation of Clinical

- Telehealth clinical assignments would be scheduled for all Term 3 vocational nursing students on a rotating basis to replace 25% of the combined Terms 2 & 3 direct patient care hours.
- Calls will be performed utilizing electronic methods identified by facility which facilitate 3-way communications between patient, student and faculty.
- Students are assigned in small groups to facilitate faculty management and monitoring of electronic patient care experiences.
- Patient privacy is maintained. Assigned faculty and students will identify their respective status at the start of the patient communication or per facility guidelines.

- Faculty will remain on each communication with patients to ensure accuracy of data received, appropriate nursing interventions are identified, any emergent conditions are identified.
- Students will communicate data gathered and patient status to appropriate team members under the supervision of faculty, allowing for interactions with the multidisciplinary team.
- Students will document the patient interaction under the supervision of faculty adhering to facility guidelines.
- Faculty will conduct pre-conferences and post-conferences via Zoom to facilitate student learning and student dialogue.

2518.5. Scope of Vocational Nursing Practice:

The licensed vocational nurse performs services requiring technical and manual skills which include the following: (a) Uses and practices basic assessment (**data collection**), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan. (b) Provides direct patient/client care by which the licensee (BVNPT, 2015):

- (1) Performs basic nursing services as defined in subdivision (a);
- (2) Administers medications;
- (3) **Applies communication skills for the purpose of patient/client care and education;** and
- (4) Contributes to the development and **implementation of a teaching plan** related to self-care for the patient/client.

Term 3 Clinical Course Objectives:

- (1) Utilize therapeutic techniques in communicating with patients.
- (2) Recognize health and unhealthy uses of defense mechanisms during care of patients
- (3) Apply understanding of the family as a unit by involving patients and their families in planning and implementing their care.
- (4) Demonstrate sensitivity and knowledge of transcultural nursing as it relates to the individual's ethnic and religious/spiritual differences and influences in planning and implementing care for individual patients.
- (5) Compare and contrast normal physiology of body systems to pathologic variations in the patient with medical-surgical health problems.
- (6) Compare and contrast diagnostic evaluation and treatment of the patient with common medical-surgical health problems.
- (7) Utilize the nursing process in the implementation and evaluation of nursing actions and therapeutic effects of medical and pharmacological treatment for patients.
- (8) Demonstrate organizational, problem-solving and critical thinking skills.

References

Board of Vocational Nursing and Psychiatric Technicians (2015). Vocational Nursing Practice Act. Sacramento, CA, Author.

Glassdoor: LVN Telehealth Bilingual (2020). Retrieved from: https://www.glassdoor.com/job-listing/lvn-telehealth-bilingual-medical-professionals-JV_IC1147140_KO0,24_KE25,46.htm?jl=3595379627&ctt=1593035382060.

Health Resources & Services Administration (2019). Telehealth Programs. <https://www.hrsa.gov/rural-health/telehealth>.

National Council of State Boards of Nursing (2017). National Nursing Workforce Study. <https://www.ncsbn.org/workforce.htm>.



July 13, 2020

Abdel Yosef, Ph.D, RN, CNE
Chief Academic Officer, Unitek College
4670 Auto Mall Parkway
Fremont, CA 94538

RE: Unitek College's Proposed Teaching Modalities

Dear Dr. Yosef:

Thank you for sending your proposed teaching modalities for our consideration. The Nursing Education Consultants, our policy experts, analyzed and discussed this document over the past few days. We genuinely appreciate the amount of time and thought that you and your colleagues put into the challenge of finding ways to keep students progressing toward completion.

It is not clear from the proposal whether it would apply to one Unitek campus or all campuses, but we assume that you propose to apply it to all campuses. As you know, however, each program is evaluated separately, and it is difficult to evaluate the proposal as it relates to all programs at once. Nonetheless, we compared the proposal to Unitek's approved program at the Bakersfield campus. Insofar as that program is concerned, while there are areas that may be developed to include in the program, the program as a whole does not seem to meet the Board's approved Instructional Plan standard of a total of 224 clinical hours for term one. Based on the information provided, Unitek's plan appears to presently have zero patient contact hours for term one, with the bulk of the experience taking place in the skills labs. As the Board's overarching priority is consumer protection, this leaves many unresolved concerns.

Term one plans set the stage for the entire program. You state that you plan to provide patient-contact hours in term two and term three but there is not a detailed plan for how this reorganization of clinical hours among the three terms is anticipated to work, and what the final proposed curriculum would be. We recognize that much is uncertain in the field these days, but we urge you to provide clinical placement plans, showing at least potential locations, dates, time, and faculty for the new proposal.

The laws governing clinical training presume that the training will include actual patient contact. Business and Professions Code section 2882 speaks in terms of the "care of medical, surgical, [and] obstetrical patients, sick children, and such other clinical experience as from time to time may be determined by the board." Similarly, the Board must pre-approve clinical facilities where a "variety of patients [are] treated," and "[t]here must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experiences" (Cal. Code Regs., tit. 16, § 2534, subd. (b).)

Learning a psychomotor skill via role playing on a classmate can teach self-efficacy and fine motor dexterity. The student/classmate will know what to expect as the student performs a nursing skill, thereby move or respond in a manner that could be considered expected or predictable.

An actual patient may not respond or move in an expected manner. It is hard to mimic a patient with dementia who is fighting you. It is hard to simulate and evaluate pain while in a role-playing setting. Assessing skin conditions for specific symptoms and conditions in the elderly cannot be simulated with, for instance, a 25-year old fellow student. Aspects of cultural diversity cannot always be mimicked, and in California, nurses must be trained and able to work with issues that arise with different cultures.

With regard to terms two and three, this plan's clinical objectives significantly alter the Board-approved objectives, and the affected schools would need to file an Instructional Plan Revision prior to implementing the changes. Indeed, the plan is silent on OB/Peds, an area that the Board has actually encouraged flexibility in the use of simulation labs.

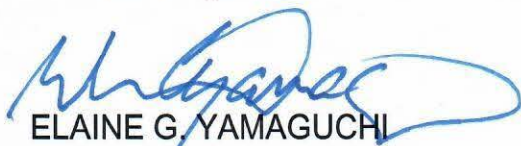
In the matter of telehealth, the plan also states that schools would redirect "25% of the combined Terms 2 & 3 direct patient care hours" to new telehealth assignments. The Board has not before approved a curriculum with clinical hours performed via telehealth. But the Board is very interested in this emerging field and how to develop this as a modality, while operating within the approved scope of practice for LVNs.

Your plan states that faculty will remain on each communication with patients to ensure accuracy of data received, on a rotating basis. Is it possible to create a more detailed document that includes dates, times (shifts), faculty assignments, and hours? In addition, telehealth is not a 24-hour service like a hospital, so time would be limited for students: how would evening students be accommodated?

Given the novelty of your proposal, I am recommending that this be discussed by the Board's Education and Practice policy committee, who may then make recommendations to the full Board at the August 2020 meeting. I'm sure you can understand how these concepts would be of keen interest to other programs, and we welcome your participation in the Committee's discussion on July 27.

I look forward to continuing this discussion, although the plan presented to date would not be one that the Board is likely to approve in its current form.

With best regards,


ELAINE G. YAMAGUCHI
Executive Officer

Assembly
California Legislature



RUDY SALAS, JR.
ASSEMBLYMEMBER, THIRTY-SECOND DISTRICT

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SCIENCE, TECHNOLOGY, ENGINEERING
AND MATH

July 2, 2020

Elaine Yamaguchi
Executive Officer
Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833-2945

RE: Nursing Programs in Jeopardy Due to COVID-19 in California

Dear Ms. Yamaguchi:

We the undersigned legislators write to inquire whether the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) plans to use the power granted in the Governor's executive order to **grant nursing programs the maximum flexibility in order to meet course objectives** during the COVID-19 pandemic. In order to keep the nearly 5,500 vocational nursing students in California on track to join the fight against the COVID-19 outbreak, the following two steps could immediately be taken:

1. Follow the Board of Registered Nursing (BRN) regulations that permit fundamental skills to be taught 100% in a skills lab and/or through simulation.
2. Follow the BRN's acceptance of telehealth as a valid direct patient care experience.

Nursing schools such as Unitek College, which have seven schools in our districts with over 1,300 active vocational nursing students and nearly 200 faculty members will be directly impacted without the above allowances. We are also concerned that these students and faculty could potentially relocate to a surrounding state in order to complete their program. This will be a drain to our community of future nurses.

We ask you to please evaluate this request and allow vocational nursing programs to follow the regulations and guidance of the BRN to obtain the necessary skills through other methods and allow students to progress through the program.

Thank you for your consideration of this request.

Sincerely,

Rudy Salas
State Assembly, 32th District


Bill Quirk
State Assembly, 20th District



Vince Fong
State Assembly, 34th District



Kansen Chu
State Assembly, 25th District



Phil Ting
State Assembly, 19th District



July 24, 2020

Assembly Member Rudy Salas
Assembly Member Bill Quirk
Assembly Member Vince Fong
Assembly Member Kansen Chu
Assembly Member Phil Ting
Attn: Erik Turner, Legislative Director
Office of Assembly Member Rudy Salas
State Capitol, Room 4016
Sacramento, CA 95814

Dear Assembly Members:

This letter responds to your July 2, 2020, correspondence regarding California vocational nursing programs in general, and Unitek College's nursing programs, in particular. You asked the Board of Vocational Nursing (Board) to consider following the Board of Registered Nursing in permitting fundamental skills training for nursing students to be taught in a skills laboratory or through simulation, and allow telehealth training for students.

I want to thank you for your leadership and inquiry on these critical issues. The Board agrees that it is vitally important to ensure that vocational nursing education programs continue training essential health care providers so that they are properly equipped to provide competent nursing care upon graduation.

Regarding your letter's request that the Board consider allowing fundamental nursing skills to be taught exclusively in a laboratory or simulated setting, the Board's overarching priority is consumer safety, and this applies to the students and staff at the schools under the Board's jurisdiction, and their patients. Fortunately, the existing law provides the Board with latitude in evaluating each nursing program separately on its own merit, and on a case-by-case basis. The Board's Nursing Education Consultants who are responsible for evaluating these programs have education, knowledge and experience going back decades, as instructors and program directors in the field, and as regulatory consultants for the Board.

We believe that some measure of hands on skills training is critical to the education of vocational nursing and psychiatric technician students. Indeed, California's laws governing clinical training presume that the training will include actual patient contact. Business and Professions Code section 2882 speaks in terms of the "care of medical, surgical, [and] obstetrical patients, sick children, and such other clinical experience as from time to time may be determined by the board." Likewise, clinical training must include "an adequate daily census of patients to afford a variety of clinical experiences . . ." (Cal. Code Regs., tit. 16, § 2534, subd. (b).)

Hands on training is important because an actual patient may not respond or move the same way a role-playing classmate might demonstrate in a simulated class setting. It is hard to mimic a patient with dementia who is resisting assistance, or to simulate and evaluate pain while in a role-playing setting. Assessing skin conditions for specific symptoms and conditions in the elderly cannot be simulated with, for instance, a 25-year old fellow student. Aspects of cultural diversity cannot always be mimicked, and in California, nurses must be trained and able to work with issues that arise within different cultures. For these reasons, and more, it is imperative that nursing students have hands-on experience with real patients.

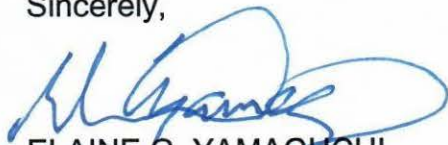
Your letter also requests that the Board consider telehealth training. The Board has never before approved a nursing school curriculum using telehealth, and it would mark a departure from the common existing vocational nursing practice. But the Board is interested in developing telehealth as a teaching modality within the approved scope of practice for a vocational nurse or psychiatric technician. We are aware that nursing employers are currently looking specifically at telehealth as a way to provide service, and that this is only one way that we must explore to meet patient needs in a completely different health care delivery system.

Lastly, your letter expressed concern about Unitek College. I am attaching to this letter Unitek's June 24, 2020, correspondence to the Board and the Board's July 13, 2020, response, and we would welcome your, or your staff's, attendance and participation at the upcoming WebEx Board Committee meeting on July 27, 2020, where these issues will be discussed.

My team and I would also welcome the chance to meet with you and your staff to discuss these issues.

Thank you again, and I look forward to further discussion.

Sincerely,



ELAINE G. YAMAGUCHI
Executive Officer



MEMORANDUM

DATE	June 29, 2020
TO	Marie Cordeiro, Supervising Nursing Education Consultant
FROM	Elaine Yamaguchi, Executive Officer
SUBJECT	Nursing Program Admissions During COVID-19 Pandemic

Marie, please share this memo with the NECs. This memo supersedes the memo issued on June 19, 2020, and the June 19 memo is hereby rescinded and should not be used for any purpose.

Identified Issue:

It has come to the Board's attention that programs previously awarded ongoing admissions—that is, schools that the Board approved to offer a specified educational program over a four-year period, to a specified number of students, who are admitted at specified intervals—continue to admit students during the unforeseen COVID-19 pandemic, even though the programs have recently deviated substantially from the originally-approved program or the regulations governing those admissions.

Regulations governing ongoing admission of students:

Approval for ongoing admissions is awarded based on documentation submitted by the program director to the program's assigned Nursing Education Consultant (NEC) verifying that, at the time of the request, the program meets all applicable regulations related to ongoing admissions. The approval includes conditions that require continuous compliance with the regulations, and the conditions are listed in each Board Report submitted for a Request for Ongoing Admissions. The following is a sample of the Staff Recommendations for a vocational nursing (VN) program regarding the Approval of Ongoing Admissions:

STAFF RECOMMENDATIONS:

1. Approve _____ Program's request for ongoing admissions of _____, only, **with the following stipulations:**
 - a. No additional classes are added to the program's pattern of admissions without prior Board approval. The program's pattern of

- admissions will include admission of _____ to replace graduating students only.
- b. The director documents that adequate resources, i.e. faculty and facilities, are available to support **each admitted class** of students. [Emphasis added.]
 - c. The program maintains an average annual pass rate that is compliant with Section 2530 (I) of the regulations.
2. Continue to require the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the California Code of Regulations, Title 16.

These conditions on approval are grounded in the *Vocational Nursing Rules and Regulations* and *Psychiatric Technician Rules and Regulations*. Copies of some of the applicable sections are included below:

2530 (VN) or 2585 (PT) General Requirements.

(a) The program shall have sufficient resources, faculty, clinical facilities, library, staff and support services, physical space, skills laboratory, and equipment to achieve the program's objectives.

2534 (VN) Clinical Experience.

- (a) Schools shall apply on a form provided by the Board for approval of each clinical facility prior to use.
- (b) Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2533. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experiences consistent with competency-based objectives and theory being taught. Clinical objectives which students are expected to master shall be posted on patient care units utilized for clinical experience.
- (c) Schools are responsible for the continuous review of clinical facilities to determine if the student's clinical objectives for each facility are being met.
- (d) For supervision of clinical experience, there shall be a maximum of 15 students for each instructor.

2588 (PT) Clinical Experience.

- (a) Schools shall apply on a form provided by the Board for approval of each clinical facility prior to use.
- (b) Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2587. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experience consistent with competency-based objectives and theory being taught. Clinical

objectives which students are expected to master shall be posted in client care areas utilized for clinical experience.

(c) For supervision of clinical experience, there shall be a maximum of 15 students for each instructor.

(d) Schools are responsible for the continuous review of clinical facilities to determine if the students' clinical objectives for each facility are being met.

2530 (VN) or 2585 (PT) General Requirements

(l) The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of approved psychiatric technician schools [or vocational nursing schools] for the same period.

Plans to resolve identified issue:

The Board's highest priority is public protection. This protection applies to consumers of healthcare (i.e., patients) and consumers of educational services (i.e., students).

Due to the changes in availability of clinical experience for students as a result of COVID-19, NECs should track every program's **current** availability of clinical experience prior to all class admissions. This protects students and potential future patients. Also, the NECs should continue calling the facilities to ensure sufficient resources and space are available for each class.

Effective June 30, 2020, until further notice, NECs should also request that all program directors submit documentation for every proposed class admission, even if their program has approval for ongoing admissions. The Board is authorized to inspect and review programs, and require reports, as the Board deems it necessary. Moreover, the Board is not requiring programs to create additional documentation. Rather, program directors will submit the documentation they normally prepare and file in their school records. NECs should review the submitted documentation for compliance with applicable regulations and file it in the program's file at the Board.

Upon receipt of the documentation, the assigned NEC should work with the program to analyze the school's resources, including the faculty, facilities, curriculum, licensing examination results, attrition, results of site visits, interviews with students and staff, and the agreements for clinical rotations for the students. Programs should be evaluated individually and independently. Even if two schools are operated by the same parent organization and use identical curriculum or policies, they should be evaluated as two distinct, separate entities.

If, upon review, the program is out of compliance with the applicable regulations, the NEC should work with the program to address the deficiencies. If the deficiencies are

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not remedied, or a plan to remedy is not provided by the school in a reasonable period of time, the NEC may recommend further action to the Executive Officer who, in turn, may recommend Board action against the program.

Such recommendations and actions may include:

- Placing the program on provisional status
- Amending the approved enrollment pattern
- Declining to continue program approval
- Halting admissions
- Revoking approval and removing the program from the list of approved schools.