

## C-1.4 Follow-up to Chancellor after Public Comment Period

### Background Information for Tool

*The Public Comment Period ended with multiple individual comments that would be reviewed by the Chancellor and his staff at the Ohio Department of Education. Our Team reviewed and summarized the content and concerns from those who were not in favor of CC BSNs. This is a follow-up letter from me, as President, to the Chancellor to again emphasize some final remarks related to Rhodes State's BSN Proposal.*

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Dear Chancellor:

Thank you for the opportunity to provide some final remarks related to Rhodes State College's proposal for both the BSN Completion and BSN Pre-licensure programs. I have read all of the comments to-date and want to address a few noteworthy points.

- Regional and Local Need - Rhodes State's proposals are focused on our communities, and as such the comments regarding the entire state of Ohio from private institutions outside of our area, along with the IUC's overarching statements, seemingly do not align with the intent of our regional and localized proposal. The outreach work we have done over the past two years with our industry partners has been and continues to be dynamic, but more importantly unique to this localized region. In fact, the CEOs and Chiefs of Nursing, at both the hospitals and other health-related facilities, has met with me, with our Deans and Directors, continually serving as the workforce development guides for Rhodes to advance our Mission and purpose. During those discussions we learned that the health industry is moving to team-oriented approaches to health care delivery and that critical care content needs to be expanded across the curriculum. The relationships we developed guided our actions in support of this community. Working together resulted in the establishment of the new Borra Center for Health Sciences in downtown Lima; the selection of high-end simulation technology, incorporated into the Center; our shift to an inter-disciplinary team approach to learning, through the use of the interactive video-wall and related instruction, for students in the varied programs at the Center; and enhancing the curriculum of our programs to ensure the most highly prepared graduates. As we remained alert to local and regional needs of these employers, it became apparent that both additional new BSN pre-licensure graduates were needed and that the current RNs need to advance to the BSN. A focus on local students who stay local, affordability, and curricular content advancements were of great importance. This proposal is localized for our communities and their workforce needs and is not intended as a statewide proposal. Thus, it is our hope that your review and consideration will be based on the communities and student profiles for which it is proposed.
- More than Hospital Clinical Settings – Based upon the comments regarding clinical placements, the issue of capacity seemingly was directed toward hospital clinical sites. Our most recent proposal provided clarification regarding our alternative clinical placements – all approved by ACEN and OBN and with an understanding that university students often have other priorities on campus limiting their ability to alternative placements. And, in fact, [VP and Chief of Nursing at local hospital], informed me just this week that she shared with you, Chancellor, that [her hospital] accommodates both universities and Rhodes State, ensuring students an opportunity

to experience clinical placements within the hospital setting.

- Data Used at the Time of Writing Our Proposal – There were several comments questioning facts within our proposal. At the time of our writing, we were using the most updated facts available from OBN and the ODHE website, and several facts were provided by Directors of Nursing at the universities within our area. We updated our proposal to answer your questions and those beliefs espoused in the accompanying letters from the private universities. The first-time pass rates are an example of the update, in which we explained that our students took advantage of the Governor’s order to enable new graduates to work without licensure, and work they did, over 40 hours a week, in many cases. Since that time our pass rates are again going up above the state average. In one case, we used data from ODHE that provided numbers of nursing graduates. This was cited for the appropriate dates, but as with all data, changes occur as reports are updated.
- Quality – All Ohio institutions of higher education must meet the stringent criteria of nursing program accreditations and approvals (e.g., ACEN or CCNE and OBN) and that of the Higher Learning Commission. Rhodes State, this year, underwent both the ACEN accreditation and the OBN approval site visits. ACEN granted continued accreditation for the maximum number of years (8) and OBN also granted full approval for the maximum number of years (5). Rhodes has historically maintained both our OBN approval and ACEN accreditation in nursing. Rhodes State has a reputation of producing quality graduates and will continue to maintain a quality commitment to through these accrediting and approval bodies.
- Student Profile – There were multiple individuals who commented against Rhodes State’s proposal claiming that to partner with universities is better. Others, in favor of Rhodes State’s proposal mentioned that our pre-licensure BSN and RN to BSN would provide opportunities to students who otherwise would not have the opportunity, nor the access to enter into a BSN program. In our response to this we stated, “When thinking about prospective nursing students, you have to look at them as individuals who come with different life circumstances and priorities”. What may be accessible or affordable to one student may not be affordable or accessible to another. There are a variety of reasons for this (location/travel, cost, face-to-face support from known faculty, selective admissions). I support continued partnerships, but they do not work for all students, in particular for the non-traditional student which we serve. For example, our partnership with Bluffton University is a positive strategy. It is, as mentioned, costly to maintain a nursing program, and the primary costs are upfront in the first two years (faculty salaries, preceptors, clinical coordinators, supplies, technology). But, we wanted to support Bluffton and began to serve as the local provider of the technical nursing courses for Bluffton’s student population, most of whom live and engage on campus as most traditional students do. It was a good fit for the university and for their students. But, Bluffton is not a good fit for all students, especially the diverse, adult, and often socioeconomically disadvantaged students. At Rhodes State we serve this student profile. In fact, 33 of our current nursing students are 40+ years old. With children at home, work schedules, financial obligations and the need for lower costs, Rhodes State is a better fit for many localized students. I know about this non-traditional student from my experience at Rhodes State, but I also have first-hand knowledge, as my sister came to Rhodes State at age 41, a mother of six boys at home, and who was working part-time in a grocery store. She achieved her educational goal, and yes, she had to sit for the Boards twice before obtaining her licensure, but she

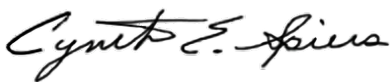
became an excellent nurse and advanced as high as she could without the BSN. A local opportunity helps others, similar to her, to obtain a career in nursing with a livable wage to support a family. The BSN could have increased her salary had she had the opportunity and means. Our proposals address our typical and diverse student profile.

- Claim that More BSNs are Not Needed – I read several comments (e.g., IUC) that suggest that “health care institutions in Ohio are not requiring a BSN to become employed, and most are not requiring AD nurses to achieve a BSN within a certain time frame after hire”. But, comments from [Senior Vice President and Chief Operating Officer], and [Senior Consultant Academic Partnerships], contradict those statements. There is a requirement if individuals want to continue to work within their hospitals, and it is the industry professionals who know the reality of the need and are supporting our localized proposals. [Senior Vice President and Chief Operating Officer, local hospital], also states that the majority of their nurses are Rhodes State graduates – our graduates do stay local, and local BSN prepared nurses are exactly what [Hospital VP and Chief of Nursing], [Hospital Senior Vice President and Chief Operating Officer], [Doctor], Nursing managers, nursing staff, and directors within the localized healthcare industry took the time to comment on – for both the BSN pre-licensure and BSN completion.

In closing, I believe that Rhodes State’s proposals address the requirements for the BSN. As [Community College President], explained, “Many of IUCs objections to [the three community colleges’] proposals appear to be the same unsubstantiated claims that were used to oppose the legislation... “. However, the General Assembly has enabled this change – now we need to move forward in support of our local communities’ demand for both new BSNs and upskilled RNs, most of whom will stay local to work. And, the local need is why our local hospitals and health care providers have partnered with us to design and ensure the success of our BSN proposals.

Our community health care providers are looking to you, Chancellor, to help Rhodes move forward and meet the critical need for BSN nurses in our local region, by first graduating a cohort of 20 BSN pre-licensure nursing graduates every three years; and also by upskilling RNs, already in the workforce through the RN to BSN programs at Rhodes State College.

Kindest regards,



Cynthia E. Spiers, PhD  
President