TRANSFORMING NURSING EDUCATION FOR THE FUTURE

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Ohio League for Nursing Summit
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Highlights

• Current influences pushing, driving and mandating change in nursing education
• Transformation of individual and collective efforts of nurse educators
• The full circle of nursing
Major Influences

Pushing, driving, and mandating change
Major Influences

Economic
- National and Global Economies
- Available Positions in Nursing

Political
- Laws – Patient Protection and Affordable Care Act (Affordability Act)
- Context of the country – Extreme politicalization

Trends
- Nurse & Nurse Educator Shortage – Where are we?
- Higher Education Shifts
President Obama signs Patient Protection and Affordable Care Act
Major Influences

Reform
- Health Care Reform
- Education Reform

Education
- Education Models
- Graduate Programs

Practice
- National Initiatives
- Competencies
Magnet Hospital Attainment
Global Issues in Nursing & Health Care

Empirical Outcomes

- Structural Empowerment
- Transformational Leadership
- Exemplary Professional Practice
- New Knowledge, Innovations, & Improvements
Major Influences

Regulation
- Licensure
- Certification

Collaboration
- Education and Practice
- Organizations

Innovation
- For Whom, When and Where
Transformation
1. How does the curriculum become transformed?
2. What changes do the faculty embrace to transform education & practice?
3. When to begin transformation?
Reports to the Nation

- Movement began almost a decade ago
- Multiple reports
IOM Core Competencies for all Health Professionals in the 21st Century

• Provide patient-centered care
• Work in interdisciplinary teams
• Employ evidence-based practice
• Apply quality improvement
• Utilize informatics

- IOM (2003) Health Professional Education: A Bridge to Quality
Interprofessional Education

- All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

*Source: Institute of Medicine. Health professionals education: A bridge to quality (2003).*
Dramatic Changes in Health Care

- Aging Population – thousands retire daily
- Growing diversity – 16% of U.S. population Hispanic; now 25% of the 18-25 year olds.
- Global health concerns – cholera now in Haiti; nuclear events
- Bio-medical advances – radiation interventions + diagnostics, etc.
Older Adults in the U.S.

- Presently - 13.8% of people are >65
  - 2040 – 20% of population >65
  - Average life expectancy (US) of those >65 is an additional 20 years
- Born today – have 50% chance to reach 100\textsuperscript{th} birthday
  - Have 70,000+ presently >100 years
- Know more than ever about the maturing body; nursing has been instrumental
Older people are focal business of health care

- 50% of nation’s hospital market
- 75% of formal home care services
- 90% of residents in assisted living/nursing homes
Older adults in primary care

- 63% of those with cancer
- 60% of visits to cardiologist
- 53% of visits to urologists
- 50% of visits to ophthalmologists
Dramatic Changes in Health Care

• Emerging areas – informatics, genetics, environmental, forensics

• Costs – changing by state

• Growing chasm of who receives care – disenfranchised, vulnerable populations
Landmark Documents

- Read the free downloadable version (2010) at the IOM web site.
Transformation of Health Care

Focus

Higher quality

Institute of Medicine

Established 1970

Safer

Accessible

National Academy of Sciences

Acts by Congressional Charter

Affordable

Advises Federal Government
IOM - 40 years of reports and advice

The Future of Nursing report’s theme addresses critical role of nursing
Nursing brings to Future

Steadfast commitment to patient care, improved safety & quality, & better outcomes. History of care coordination, health promotion & quality improvement.
Process

- RWJF – 2008 proposed IOM partnership
- Formed 2 year initiative building on each organization’s strengths
- Initiative on the Future of Nursing
- Task – produce report of recommendations for an action-oriented blueprint for nursing’s future
IOM/RWJ Collaborative Committee

• Not physicians telling nurses what to do – dispel that myth!
• IOM has history of producing reports that are based on fact. No fact – no recommendation.
• Based on series of research products that were synthesized, translated & disseminated.
Following release of report

- National Health Summit hosted by IOM and RWJF on 11/30 and 12/1/2010 in Washington, DC.
- Report is foundational to extensive implementation phase presently being facilitated by RWJF.
- Involves multiple actions simultaneously being explored & enacted.
Why nursing?

- Shear numbers
- Bridge gap between coverage & access
- Lead in system improvement & redesign
- Coordinate increasingly complex care for wide range of patients
- Fulfill potential to be primary care providers to full extent of education
- Enable full economic value of nurses’ contributions across practice settings to be realized.
Why nursing?

• Promising field of evidence linking nursing care to high quality care for patients, including protecting safety.
• Have decades of research showing comparable care, education related to outcomes, & improved outcomes.
• Nurses are crucial – decrease med errors, reduce infection rates, transition from hospital to home, etc.
Key Messages

• Nurses should practice to the full extent of their education and training.
• Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
• Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
• Effective workforce planning and policy making require better data collection and an improved information infrastructure.
Important

• Focus – support efforts to improve health of U.S. population through contributions that nurses can make to delivery of care.
• Not necessarily about achieving what is most comfortable, convenient or easy for the nursing profession.
• Alliances and partnerships among federal & state governments, regulators, reimbursers, nursing organizations, etc.
I’m all for progress --- It’s change that I can’t stand.

Mark Twain
NLN Update
Mission Updated

- Mission – NLN promotes excellence in nursing education to build a strong and diverse nursing workforce to advance the nation’s health
- Core Values – caring, integrity, diversity, and excellence
## NLN Intiatives

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<th>Faculty</th>
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<td>• Academy of Nurse Educators</td>
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<td>• CNE</td>
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<td>• Code of Ethics for Nurse Educators</td>
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<td>• Faculty Development – webinars, leadership institute, writing immersion, scholarships</td>
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<td>• ACES program</td>
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<td>• Unfolding case scenarios</td>
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<td>• Revision of research agenda for nursing education</td>
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## NLN Initiatives

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<th>Education Programs</th>
<th>Summit</th>
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<tr>
<td>• 1&lt;sup&gt;st&lt;/sup&gt; ever – <em>Outcomes &amp; Competencies Across All Program Types</em></td>
<td>• Title: Leading Academic Progression. Advancing the Health of the Nation.</td>
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<td>• Position Statement—Academic Progression</td>
<td>• Date: 9/21-9/23/2011</td>
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<td>• Invitational Masters Conference</td>
<td>• Keynote: Dr. Donna Shalala on IOM Report</td>
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<td>• Educator competencies</td>
<td>• Emerging models of transformed health care settings</td>
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<td>• ICN – EN program</td>
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<td>• Testing</td>
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What would you discuss, if you had a chance to speak to nurse educators from around the world?

- The Global Nursing Shortage?
- Nurse Migration?
- Strategies for educating new nurses?
- Infectious Diseases?
- Global Health Education?
- Cultural Competence?

Find out now in the ICN-EN Forum.
International Council of Nurses Education Network.

- One of a dozen networks managed by ICN.
- Participants are asked to register for membership and participation in the forum discussions.
- ICN-EN is the most active network among the dozen.
- Membership currently stands at over 700 from 85 plus different countries.
ICN-EN Membership is available at no cost

• To join; log on to: http://www.icn.ch/networks/nursing-education-network/
  complete the brief membership application, and register to participate in the forum discussion.
Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master’s, Practice Doctorate, and Research Doctorate Programs in Nursing

Developed by the National League for Nursing

NLN Publication

ISBN: 978-1-934758-12-0
BUILDING A SCIENCE OF NURSING EDUCATION

- Identify Research Priorities
- Conduct Systematic Inquiry/Research
- Build a Database
- Disseminate Research Findings
- Engage in Critique of Extant Research
- Build an Initial Framework
- Identify Gaps in Knowledge
- Identity Outcomes of the Educational Process
- Integrate/Synthesize Research
- Test/Apply Research Findings
- Identify Outcomes of Having a Science
- Conduct Concept Analysis
- "Experiment" with Innovation and Re-Building
- Employ a Critical Mind/Questioning Spirit

*Developed by NLN Task Group on Teaching Learning, 2008
Full Circle of Nursing
Interrelatedness of education and practice
Nurse

Public

Practice Settings

Education

Practice
Focus

Public that we serve!
References

References

• Transforming Nursing Education: NLN Education Outcomes and Competencies for Graduates of All Types of Programs Series C Webinar (2011):
  • March 9; Overview of the NLN Education Outcomes and Competencies. Presenters: June Larson, MSN, RN, CNE, ANEF & Cathleen Shultz, PhD, RN, FAAN.
  • March 16; Integrating the Outcomes and Competencies into the Nursing Curriculum. Presenters: Marilyn Brady, PhD, RN & Lynn Engelmann, EdD, RN, ANEF.
  • March 23; Practical Application of the Outcomes and Competencies. Presenters: June Larson, MS, RN, CNE, ANEF & Marilyn Brady, PhD, RN. Retrieved from http://www.nln.org/facultydevelopment/audiowebindex.htm