



*Equip and Empower for Educational Transformation:  
Getting to 80% Baccalaureate by 2020*

## A RESOURCE GUIDE I

The National Perspective  
Spring and Summer 2011 Webinars



CENTER TO  
CHAMPION NURSING  
IN AMERICA



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# I. Executive Summary

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The landmark report *The Future of Nursing: Leading Change, Advancing Health* released in October 2010 is a thorough examination of the nursing workforce and proposes recommendations for an action-oriented blueprint on the future of nursing. These recommendations are intended to support efforts to improve health care in the U.S. by advancing the role nurses play in today's health care system. Sponsored by the Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing (IFN) at the Institute of Medicine (IOM), the report focuses heavily on education progression. Two of the recommendations addressed the need for a transformed education system for future nurses:

**Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.** Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

**Recommendation 5: Double the number of nurses with a doctorate by 2020.** Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

These recommendations point to the need to *transform* our current nursing education system. Transformation is needed not only to meet the goals of increasing the numbers of nurses with baccalaureate and higher degrees, but also to transform nursing education in order to prepare the nurse of the future. There is currently much work to build upon for educational transformation: the alignment of programs around technology-driven education delivery such as simulation, co-creating competencies of the future nurse, co-enrollment of students at both AD and BS levels and other innovative strategies to meet not only the goal of increased academic preparation, but also to better prepare the nurse of the future at all levels.

During the Spring and Summer of 2011, CCNA held a series of webinars on education progression, which featured panelists representing both the national and state perspectives. The overall purpose of these webinars was to:

- Identify baseline educational transformation strategies.
- Value success factors from state models and consider how to use these strategies.
- Recognize essential state and local partners needed to transform nursing education.
- Connect resources from national nursing education organizations to their state and regional efforts to transform nursing education.
- Identify initial next steps to achieving educational transformation in their state and region.
- Communicate technical assistance needs related to building learning collaborative for educational transformation.

These webinars were designed to build a collaborative learning community to achieve nationwide goals around educational transformation. This is the first of two resource guides prepared as a

result of the series. This guide focuses on the background of the CCNA and national perspectives pertinent to achieving recommendation 4.

## II. Background

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### CCNA's Partnerships

The Center to Champion Nursing in America is an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation. The Center, a consumer-driven, national force for change, works to ensure all Americans have access to a highly skilled nurse when and where they need one.

### About CCNA

Since CCNA's launch in 2007, education capacity for nurses has been a top priority. To address this growing problem, in 2008 and 2009 CCNA, AARP, RWJF, the U.S. Department of Labor, the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) convened two national summits on nursing education capacity. The charge: to address the challenges in teaching sufficient numbers of nurses the skills required in the 21<sup>st</sup> century.

CCNA's summits helped to identify and develop approaches to improving nursing education capacity— with the ultimate goal of reversing the persistent nursing shortage that could leave the United States without enough nurses.

### CCNA State Teams

In the past four years, 18 state teams shared best practices to expand nursing education and foster action in four key areas: strategic partnerships and resource alignment; policy and regulation; increasing faculty capacity and diversity; and education redesign.

Two years later, CCNA is now working with over 30 states to help strengthen education capacity efforts. These state teams are comprised of representatives from nursing education and practice, state workforce offices, state departments of labor, consumers (often AARP state offices), local businesses, philanthropies, and others. With the Initiative on the Future of Nursing's goal of increasing the number of graduates of baccalaureate and doctoral degrees, CCNA will be leading efforts to not only increase the capacity of schools and numbers of graduates, but also continue to focus on the qualities of the graduates. The states involved in the capacity work thus far include:

Alabama	Louisiana	Ohio
California	Maryland	Oregon
Colorado	Massachusetts	Rhode Island
Florida	Michigan	South Carolina
Georgia	Mississippi	Texas
Hawaii	Nebraska	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	
Kentucky	North Dakota	

### CCNA's Technical Assistance Program

CCNA provides technical assistance to state teams that are committed to addressing the looming nursing shortage and educate, guide and deploy the nursing workforce of the future through their Technical Assistance Program. The program helps bring the best practices and expertise of model state teams, which have experienced successes in expanding nursing education capacity, collaborating with key stakeholders and enhancing competencies of nursing graduates to improve health, to the other state teams.

### **About the *Campaign for Action***

The Future of Nursing: *Campaign for Action*, organized by the Robert Wood Johnson Foundation in collaboration with AARP, will help nurses maximize their contributions to health care. The campaign is working to:

- strengthen nurse education and training;
- enable nurses to practice to the full level of their education and training;
- advance interprofessional collaboration across the health spectrum;
- expand leadership ranks to ensure that nurses have a voice on management teams, in boardrooms and during policy debates; and
- improve health care workforce data collection.

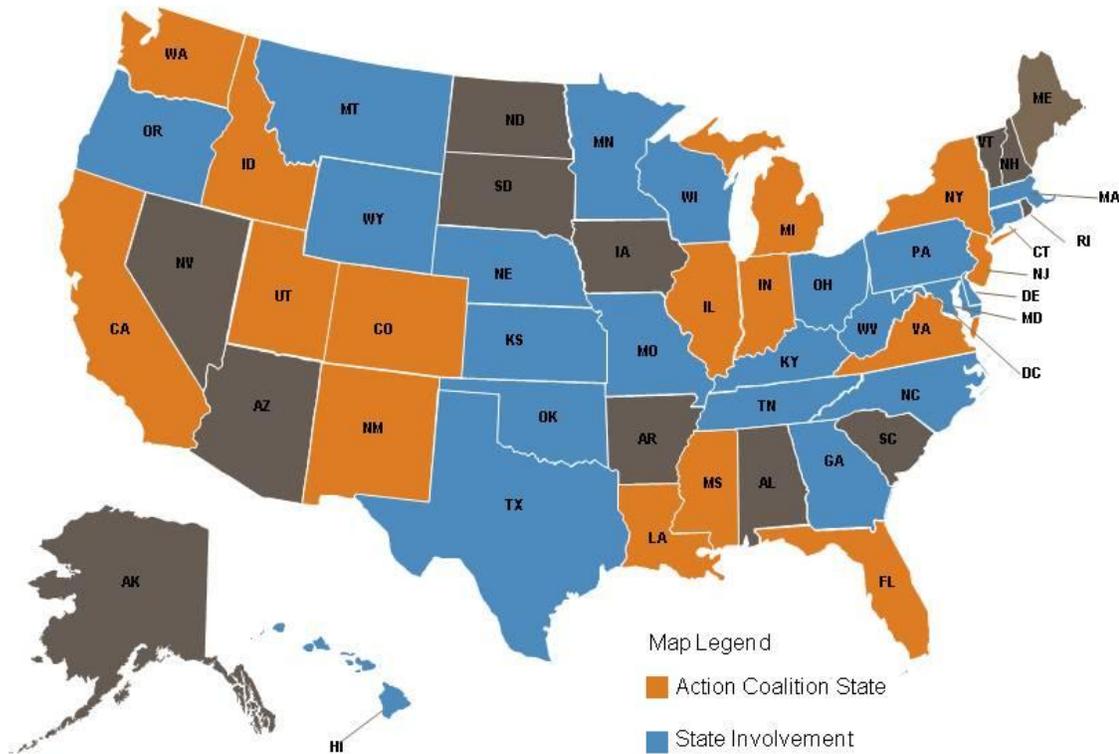
The Future of Nursing: *Campaign for Action* is guided by a Strategic Advisory Committee representing leaders in business, health care, education and consumer advocacy. RWJF is collaborating with AARP to lead and provide technical assistance for the *Campaign for Action*. The Campaign consists of integrated strategies for stakeholder outreach, communications, policymaker outreach, and research, monitoring and evaluation.

### **Action Coalitions**

A critical component of the *Campaign for Action* is Action Coalitions (AC), which are organized groups of both nursing and non-nursing leaders and stakeholders working at local, state, and regional levels to transform health care through nursing. The purpose of these ACs is to share best practices, track lessons learned, and identify replicable models. With technical assistance from CCNA, ACs will develop and implement a unique set of regional goals and campaigns within the framework of the IOM recommendations.

There are currently ACs in 25 states, and the Campaign will select 20 additional ACs for the third phase of the expansion effort. Phase 3 expansions will begin in September 2011 with the goal of establishing ACs in all 50 states and the District of Columbia by the end of 2012.

## Campaign for Action State Involvement



UPDATED : 6.6.2011

### III. Overview of Transformational Models in Nursing Education

The webinar series featured a variety of expert speakers from across the country who shared their challenges, successes, case studies and details about educational models used by states, universities and national organizations. While the education strategies varied by geography, size and constituency, they shared underlying components key to advancing educational transformation. Specific programs details can be found in the companion regional resource guide, but the fundamental themes include the following:

#### Overarching Concepts:

##### Consensus on Nurse Competencies

- Gain consensus on what competencies nurses of the future must have, not only the competencies traditionally provided in the Associate Degree (AD) to Bachelor of Science (BS) transitions. Address future needs of consumers and health care institutions to identify the most accurate and necessary competencies that nursing education must provide for future nurses.

### **Build Partnerships for Greater Collaboration**

- Leverage existing relationships and engage partners from a variety of employer fields including service and policy. Develop a shared intent that is clear and understandable to galvanize additional partnerships.
- Build collaborative conversations using basic protocols and commitments for collective work. Establish trust with partners during the early stages by clearly defining a shared intent for their planned work and collaboration.

### **Increase Resources**

- Increase resources to help transformation efforts and partnering activities including but not limited to cash and in-kind contributions.

### **Less Bureaucracy**

- Address the bureaucratic questions about higher education issues including money, where credits come from, differences among community colleges, private and public institutions, and other pertinent issues known to those in higher education.

### **Shared Curriculum**

- Share core curriculum to develop uniform language and to enhance seamless progression as well as reduce duplication of efforts and thus faculty workload. Collaborative curriculum provides a better use of resources which benefits both the institutions and the students. Variety of models that promote shared curriculum include the Quality and Safety Education for Nurses (QSEN) model which was noted several times during the webinar as an excellent and recommended resource for curriculum redesign.

### **Core Takeaways**

#### **For State Leaders:**

- State leaders of transformation projects should assess schools, employers, and other viable partners to learn about existing innovative projects and efforts occurring in their state.
- Use pilot projects with schools offering AD and BS degrees to first develop a program that works with a few schools before expecting all schools (statewide) to join.
- Understand state regulatory procedures at community colleges and higher education institutions.
- Consider inviting community colleges and higher education influencers to statewide and regional planning meetings to seek input and foster greater partnerships.
- Appoint a specific leader or detailed facilitator to implement an educational transformation, effort, enroll potential partners, develop consensus among partners, design a plan and a timeline and encourage collaborative work at educational institutions.
- Determine the future needs of the health care system by examining demographics of your state or region, projections on growth and changes within the health care system.

#### **For Education Institutions:**

- Promote articulation agreements but go beyond articulation agreements to enhance access to baccalaureate level nursing education. Articulation efforts have been popular in many states and assumed successful in reducing unnecessary redundant class requirements to ease the burden placed on students.
- Develop co-enrollment strategies for students for smooth transition into AD and BS programs at the beginning of the student's nursing education.

- Transform clinical education by incorporating simulation, technologies, branching out to areas beyond acute care, and redesigning clinical practices.
- Increase flexible, accessible, individualized, uninterrupted learning that can be changed and adjusted depending on circumstances.
- Create multiple entry points for nursing students to obtain higher levels of education and expand programs so that students can get through in a reasonable amount of time.

**For Educators:**

- Prepare nursing educators to teach all aspects of nursing across the spectrum of care and lifespan of a patient.
- Expand clinical knowledge to help students develop effective clinical judgment and evidence-based practices.
- Consider the needs of the student and work to smooth cultural shift toward obtaining a baccalaureate degree.
- Help students understand the necessity and benefits of obtaining higher degrees.
- Introduce nursing students to the profession early on in their education by requiring prerequisites for clinical courses during the first two years of college.

## IV. Focus Areas

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**National Efforts: How are they working to equip and empower?**

*National Nursing Education Organizations*

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National nursing education-related organizations have developed helpful white papers, positions, and other resources to assist in statewide efforts. Three nursing organizations leading educational transformation include American Association of Colleges of Nursing (AACN), National Nursing League (NLN) and National Council of State Boards of Nursing (NCSBN). Each organization was represented on the webinar and explained how they are working to advance educational transformation. A brief summary of these initiatives are list below.

**American Association of Colleges of Nursing**

**Speaker:** Jane Kirschling, DNS, RN, FAAN, President-Elect, American Association of Colleges of Nursing



**Background: AACN**

The American Association of Colleges of Nursing (AACN) is the national voice for baccalaureate and higher degree nursing education programs in the U.S. AACN represents more than 670 [member schools of nursing](#) at public and private universities and senior colleges nationwide. These schools offer a mix of baccalaureate, graduate, and post-graduate programs. The dean or chief nurse administrator serves as the representative to AACN, though the association serves all members of the academic unit.

AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's and graduate degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing— the nation's largest health care profession. AACN has nine focus areas including:

- Education Standards
- Government Advocacy
- Communications
- Leadership Development
- Conferences
- Special Projects
- Data Collection
- Faculty Enrichment
- Leading Innovation

Committed to working with all stakeholders to create a highly educated RN workforce, AACN believes that education has a significant impact on the knowledge and competencies of nurse clinicians and encourages all nurses to advance their education in the best interest of patients.

### **AACN's Position Statements toward Education Transformation**

#### **Educational Mobility in Nursing**

- *is the vehicle by which nurses and aspiring nurses gain new knowledge and skills through formal and informal educational offerings.*
- *serves the public, the profession, and the individual nurse.*
- *should continue to focus on promoting high standards, maintaining the quality and integrity of baccalaureate and graduate programs, while emphasizing the attainment of program outcomes. The focus of higher learning should be on the socialization of students to new professional roles and the knowledge and skills needed for these roles.*

#### **Baccalaureate Degree in Nursing as Minimal Preparation for Professional Practice**

*Rapidly expanding clinical knowledge and mounting complexities in health care mandate that professional nurses possess educational preparation commensurate with the diversified responsibilities required of them. A nurse with a baccalaureate degree:*

- *is prepared to practice in all health care settings - critical care, outpatient care, public health, and mental health.*
- *has skills that are essential for practice in other community sites, such as health maintenance organizations, home health services, community clinics, and managed care firms.*

#### **AACN Collaboration**

***Momentum is building for associate degree and baccalaureate nursing programs to work more closely together.*** AACN stands ready to work with larger nursing community and representatives from associate degree and diploma programs to expand awareness of degree completion options, facilitate the establishment of articulation agreements, and enhance the educational preparation of the nursing workforce.

#### ➤ **IOM Report on The Future of Nursing**

*Released in October 2010, The Future of Nursing report states an increase in the percentage of nurses with a BSN is imperative as the scope of what the public needs from nurses grows, expectations surrounding quality heighten, and the settings where nurses are needed proliferate and become more complex.*

➤ **Tri-Council Policy Statement on the Educational Advancement of Registered Nurses**

In May 2010, the Tri-Council for Nursing, a coalition of four steering organizations for the nursing profession (AACN, ANA, AONE, and NLN), issued a consensus statement calling for all RNs to advance their education in the interest of enhancing quality and safety across health care settings.

➤ **Carnegie Foundation for the Advancement of Teaching Report**

In December 2009, the Carnegie Foundation for the Advancement of Teaching released a new study titled *Educating Nurses: A Call for Radical Transformation*, which recommends preparing all entry-level registered nurses at the baccalaureate level and requiring all RNs to earn a master's degree within 10 years of initial licensure.

➤ **National Advisory Council on Nursing Education and Practice (NACNEP) Recommendations**

NACNEP policy advisors to Congress and the Secretary for Health and Human Services on nursing issues have urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing.

Working with the other organizations to align with the timely recommendations as listed above; AACN would like nurses to seek advanced degrees beyond an ADN (i.e., ADN-BSN, ADN-MSN, BSN-MSN, BSN-Doctoral, and MSN-Doctoral). In January 2011, AACN's Board identified four strategic priorities related to the IOM Report:

- Develop leaders for the future of nursing
- Advance the educational preparation of the nursing workforce at the baccalaureate, master's, and doctoral levels
- Leverage the academic-practice interface to drive change
- Provide leadership to facilitate inter-professional education

## **Implementation**

AACN is assisting schools in meeting the IOM recommendations by encouraging them to:

- Access faculty tool kits and curriculum resources related to program development
- Review federal funding announcements for nursing education
- Request consultants to help develop new programs
- Actively participate in upcoming Webinars and resources to help achieve the IOM goals
- Find key data and information needed to prepare grant proposals
- Shape legislative language at the state and federal levels
- Access free faculty Webinars on a variety of topics, including academic progression
- Review best practices and identify program exemplars contained in AACN's position statements, issue bulletins, white papers, and other informational resources

## **National League for Nursing**



**Speaker:** Elaine Tagliareni, EdD, RN, CNE, FAAN, Chief Program Officer, National League for Nursing

### **Background: NLN**

National League for Nursing (NLN) is dedicated to excellence in nursing education and is the preferred membership organization for nurse faculty and leaders in nursing education. NLN members include nurse educators, education agencies, health care agencies, and interested members of the public. The NLN offers faculty development programs, networking opportunities, testing and assessment, nursing research grants, and public policy initiatives to its 33,000 individual and 1,200 institutional members.

NLN's mission is to promote excellence in nursing education to build a strong and diverse nursing workforce to advance the nation's health. Four dynamic and integrated core values permeate the NLN and are reflected in their work: *caring, integrity, diversity and excellence.*

### **NLN's Response to Educational Transformation**

- **Education Competency Model (ECM)**  
NLN Education Competencies Model (ECM, 2010) is the first-ever comprehensive national model for nursing education. It was designed to advance nursing practice to meet the nursing needs of the nation, deliver effective and safe care, and answer the call of current health care reform initiatives. It articulates what graduates of each program should be able to do upon completion of that program and ensures that all graduates are well prepared to meet workforce needs and the needs of an increasingly diverse population.
- **NLN's Publication: *Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's Practice Doctorate, and Research Doctorate program in Nursing (2010)***  
This first-of-its-kind report by NLN's Education Competency Work Group who collaborated over a two-year period to evaluate how best to prepare graduates of nursing programs across the academic spectrum to function in an evolving, dynamic health care environment.
- **NLN's Vision Document**  
The first in a new series of NLN Vision Statements calls for "a fundamental re-conceptualization of nursing education" in order to create nursing practice that can respond successfully to our dynamic health system. The document urges the nursing community to "forge new partnerships among nurse educators, practice colleagues, students, and the community to provide opportunities for a seamless transition to higher degree programs and lifelong learning."
- **Tri-Council Policy Statement on the Educational Advancement of Registered Nurses**  
Tri-Council for Nursing issued a timely consensus statement calling for all registered nurses to advance their education in the interest of enhancing quality and safety across health care settings. The Tri-Council organizations, including the National League for Nursing, are united in their view that a more highly educated nursing workforce is critical to meeting the nation's nursing needs and delivering safe, effective patient care.

## **Implementation**

NLN would like greater collaboration among nurse educators, practice colleagues, and students to provide opportunities for a seamless transition to higher degree programs and lifelong learning. The design and implementation of seamless models that promote academic progression is vital to meet this national call for a highly educated and competent nursing workforce. NLN's *Vision* series recommends the following:

### **For the Nursing Education Community**

- Facilitate discussions among faculty, students, practice partners, and other stakeholders across the nursing education and health profession communities regarding curriculum reform and promotion of academic progression.
- Partner with practice colleagues to design creative collaborative initiatives to assure that graduates are prepared to practice in current and future practice environments and to progress in their nursing education.
- Implement innovative curricula using the ECM (2010) to promote academic progression.
- Engage faculty, practice partners, and students in using the ECM to guide students to assume new roles through academic progression.

### **For Practice Partners**

- Develop programs and initiatives that support the ongoing academic progression of staff, enabling them to expand their competencies and implement new roles.
- Support partnerships with nurse educators to design and/or revise curriculum models that incorporate a seamless approach (similar to the ECM) that will enable and encourage graduates to progress academically.

### **For the National League for Nursing**

- Provide faculty development opportunities that are designed to help faculty in all types of programs create new academic progression curriculum models.
- Create partnerships with colleagues in education and practice to advocate for new curriculum models that will enable graduates to progress academically. Develop public policy initiatives in concert with national organizations and government agencies to encourage development of alternate pathways for academic progression.
- Champion multi-site, pedagogical research initiatives designed to test and evaluate the ECM, specifically its use in fostering academic progression for students in all types of nursing education programs.
- Engage with our practice partners and the nursing education community to seek broad bases of funding to facilitate academic progression.
- Provide multiple entry points to bolster an educated workforce

## **National Council State Boards of Nursing**

**Speaker:** Nancy Spector, DNSc, RN, Director, Regulatory Innovations, National Council State Boards of Nursing



## **Background**

The National Council of State Boards of Nursing (NCSBN) provides education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Before IFN report was released, NCSBN worked with their boards of nursing to foster and enhance nursing education. In March 2008, NCSBN convened a roundtable bringing together practice, education and regulation leaders to discuss how nursing can collaborate to innovatively enhance nursing education for the next generation of nurses. The meeting included representatives from seven organizations related to nursing education, three boards of nursing (BONs), the American Nurses Association and the Robert Wood Johnson Foundation.

Leaders discussed the meaning, implications and barriers to innovation in nursing education, and produced a vision for the future that focused on improved communication and forming partnerships between education, regulation and practice. To continue with this endeavor of fostering innovation in education, in May 2008 the NCSBN Board of Directors established a new committee for 2008-2009, the Innovations in Education Regulation Committee, and charged them with:

- Identifying real and perceived regulatory barriers to education innovations.
- Developing a regulatory model for innovative education proposals.

### **NCSBN Model to Foster Innovations**

The Innovations in Education Regulation Committee members held a collaborative call with nursing education organizations to learn their perspectives about some of the regulatory barriers that hinder innovation in nursing education. NCSBN developed a model to foster innovations in nursing education. The following issues emerged:

- Communication issues
- Simulation replacing clinical experiences
- Distance learning questions
- Faculty qualifications

In addition, NCSBN developed an online toolkit for regulators and faculty members, which includes handouts for educators and regulators, and other resources. A wiki is embedded into the toolkit for boards of nursing (BONs) to use to post innovations in nursing education that are taking place in their states.

To date:

- **Five** BONs have adopted the model rule language;
- **Eleven** BONs reported innovations that could transform nursing education;
- **Sixteen** BONs reported innovative strategies related to the faculty shortage; and
- **Twelve** BONs reported innovative practice partnerships.

### **NCSBN's Response to Education Transformation**

#### ➤ **NCSBN Simulation Study**

The study aims to highlight currently known best practices in simulation use; evaluate the learning occurring with various amounts of simulation substituting for clinical hours; establish key simulation standards and learning experiences in each core clinical course during the study; and evaluate new graduates' ability to translate educational experiences into the workplace. To achieve these objectives,

students from each of the 10 study sites will be randomly assigned to one of three groups: a group where up to 10 percent of the time normally spent at clinical sites will be spent in simulation, a group where 25 percent of the time normally spent at clinical sites will be spent in simulation or a group where 50 percent of the time normally spent at clinical sites will be spent in simulation.

➤ **APRN Consensus Model**

NCSBN is spearheading a national campaign to promote adoption of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education, which formulates national standards for uniform regulation of APRNs.

The consensus model seeks to eliminate the many inconsistencies that exist between jurisdictions in regard to laws and rules relating to the regulation of APRNs. These variations include everything from the actual title used by an APRN to what medications he/she may prescribe. The result is confusion for the public as well as for other health care professionals. Additionally, an APRN may be limited in his/her ability to relocate to areas experiencing health care shortages because moving to another jurisdiction would mean being subject to different qualifications or standards of practice. In order to continue to ensure patient safety while at the same time expanding patient access to care, the education, accreditation, certification and licensure of APRNs needs to be effectively aligned.

➤ **Transition to Practice Study**

In May 2010, NCSBN's Board of Directors approved a three-year randomized, multi-site study of the Transition to Practice model, evaluating safety and quality outcomes. The study is unique in two ways. First, it is the only transition study where sites will be randomly assigned to a standardized transition to practice model or to a control group. The control group will use their usual practice of transitioning new nurses to practice. The use of a control group will allow NCSBN to statistically analyze differences between study and control sites. Secondly, this study is the first to analyze differences in patient outcomes between the study and control groups. Other studies of transition programs have looked at retention rates, new nurse satisfaction, preceptor satisfaction and nurse's perceptions of competence and confidence, but not specifically at actual patient outcomes.

## **Implementation**

- NCSBN will continue to assess the success of the regulatory initiative in promoting innovations in nursing education. BONs are in the ideal position to create a favorable climate for innovative educational approaches and to champion new strategies that educate nurses, while remaining diligent in regulating core education standards.
- To align with the *IFN* report's recommendation that calls for implementing residency programs, evaluating "... the effectiveness of residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes." NCSBN's Transition to Practice study will address all of these areas, making it very timely. Progress reports will be available in future issues of *Leader to Leader* and on NCSBN's website.

These three organizations are actively involved in leading educational transformation efforts. In addition, a variety of other organizations, such as national groups representing nursing, nursing leadership and employers, will be needed to advance educational transformation to meet the goal that 80% of nurses will have a baccalaureate degree by the year 2020.

### ***Proprietary Schools***

Speaker: Fran Roberts, PhD, RN, FAAN, Group Vice President – Strategic Alliances  
The Healthcare Group, DeVry Inc., Phoenix Campus

After World War II, the new and increased health and personal care needs of returning veterans, the impact of the polio epidemic, and a new focus on vocational education created a swell in the demand for specialized health care providers, and nurses in particular. The education system of the time could not meet the demand for nurses, and the LPN and associates degree programs were developed in response. Seeing an opportunity, business-savvy leaders created private for-profit (PFP) nursing schools. The population of PFP-educated nurses continued to grow into the 1980s, and by 2000, many PFP institutions were considered leaders in preparing BSN pre-licensure graduates for practice.

Many PFP nursing education institutions are accredited or are currently seeking accreditation by the Commission on Collegiate Nursing Education or the National League for Nursing Accreditation Commission, and many of the more established schools are affiliated with Sigma Theta Tau International. Because of the standards set by these accrediting bodies, PFP institution deans are doctorally-prepared, faculty are well-credentialed, curricula adhere the accreditation requirements, and National Council for Licensure Examination scores are closely monitored.

As non-profit institutions continue to bear the brunt of the economic crisis, opportunities for public and private partnerships in education should be explored, such as sharing clinical simulation sites and other resources. For-profit institutions often have greater flexibility in paying faculty than public schools constrained by state budgets. Comparisons of PFP faculty salaries and those of public school faculties could, through competitive forces, positively affect the latter. The resources that PFPs can contribute to increasing the number of baccalaureate-prepared nurses should be considered creatively.

### ***Workforce Data Gathering and Analysis***

**Speaker: Linda Tieman RN MN FACHE**, Executive Director, Washington Center for Nursing; President, National Forum of State Nursing Workforce Centers

Al though states are in a strong position to collect workforce data, there is little if any consistency in the collection content and frequency, and analytical approach and reporting. Without this information, there is little hope of making accurate projections about the needed future workforce. Thus, the National Forum of State Nursing Workforce Centers has been developing, vetting, and gaining endorsements for national minimum nursing data sets across the country for several years.

Composed of state nurse workforce entities that focus on addressing nursing shortages, the Forum also contributes to the national effort to assure an adequate supply of qualified nurses. The Forum works to educate stakeholders about the National Nursing Workforce Minimum Datasets in the areas of nursing supply, nursing demand, and nursing education programs. Standardized data regarding work location, role, demographics, educational preparation, and compensation, can be compared across the country to identify areas in which the needs are most critical, offer potential solutions and benchmark progress. These data sets can also track career satisfaction, the experience of newly graduated nurses, the success of recruitment and retention efforts, and best practices in care delivery. Having access to comprehensive information is particularly important as care delivery and education models change. More information can be found at [www.nursingworkforcecenters.org](http://www.nursingworkforcecenters.org).

### ***The Rural Perspective***

**Speaker: Deana L. Molinari PhD, RN, CNE**, Professor, Coordinator Office of Professional Development, School of Nursing, Idaho State University

Health care is delivered in context. Thus, small, rural communities require generalist nurses with specific competencies to meet the needs of a population with complex, diverse health care needs. Currently, only about 30 percent of rural nurses are baccalaureate-prepared.

Health and welfare issues faced by rural communities are compounded by higher levels of poverty and larger populations of elders and children. Environmental issues like air and quality pollution impact wellness. There are also higher rates of unemployment and lower rates for health insurance and salary. These areas report higher rates of occupational injury and mortality, obesity, cardiovascular illness, diabetes, unintentional firearm injuries and deaths, motor vehicle deaths, and serious chronic mental health issues.

Unfortunately, rural health care provider shortages are twice the size of those in urban regions. Though there has been an increase in the number of RNs living in rural areas, a growing proportion of them commute to larger communities to work. Contributing factors may be salary and the tendency of many younger nurses to gravitate to large communities. Often, however, fewer resources encourage innovation, teamwork, and problem-solving.

To address the shortage and improve care for rural communities, community colleges, which educate most nurses in these areas, need to prepare students with the highest core competencies. The BSN curriculum should also include a rural component to complement topics needed by rural generalists such as leadership, community health, interprofessional communication and physical assessment. Since most rural health care occurs outside of hospitals, nurses also need education in case management, self promotion, business management, and crisis assessment. Publication of contextual studies is needed for both evidence-based practice and standards setting, as standards are having an increasing impact on payment policies, and the application of large-community standards negatively impacts small communities. The unique challenges and features of rural health care must inform education redesign.

## VI. Next Steps

### Readiness for Educational Transformation: Baseline Assessment

#### Assessment Factors for Future Surveys

Educational transformation assessment factors were developed through CCNA's work with the 30 state teams participating in the Technical Assistance Program. These include:

- Partnership with employers
- Common admission portals
- Common admission standards
- Clinical placements systems
- Development of core curriculum across multiple nursing programs
- Dedicated education units
- Shared faculty resources
- Shared simulation resources
- Interdisciplinary simulation and other learning experiences
- Community college/university partnerships (beyond articulation agreements)

In addition, for national implementation efforts to be successful, each state must determine its own plan for success. A statewide assessment is essential for states to:

- Leverage current partnerships and appreciate successful efforts underway relative to educational transformation,
- understand trends in health care reform in their state.
- identify needs of the consumers and projected needs of consumers.
- examine demographic data related to future patients as well as future nursing workforce trends.
- assess their current status of nurses with baccalaureate and higher degrees.

The Center to Champion Nursing in America recognizes and tracks the work being done in each state to advance educational transformation. CCNA will continue to assess appropriate indicators and success factors to help all states develop their pathways toward the 80% baccalaureate by 2020 goal.

#### Next Steps

The Center to Champion Nursing in America is committed to helping all states develop successful collaboration for educational transformation. Action Coalition leaders will be engaged in shared dialogues to help them lead the complex partnerships needed for success that were noted throughout these webinars.

Furthermore, learning collaboratives will be established for those who want to engage in ongoing conversations about new learning possibilities to achieve educational transformation. CCNA will continue to provide states with online resources to share the latest information on best practices, emerging practices, and connections with national organizations to move toward the goal that 80% of our nation's nurses are prepared at the baccalaureate level by 2020.

**For Additional Information**

For more information on the webinar visit, <http://championnursing.org>. To access the archived recording of the webinar or to see the presentation handouts and slides go to <http://championnursing.org/april-13-2011-webinar-materials>.