



***Sharing, Analyzing and Adapting Strategies to Advance
The Future of Nursing: Leading Change, Advancing Health
Report Recommendations***

A RESOURCE GUIDE

Based on the CCNA Regional Education Meetings



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EXECUTIVE SUMMARY

The need for transformation of nursing education was clearly identified through the IOM report, *The Future of Nursing: Leading Change, Advancing Health*. Through a consensus-building process, the Center to Champion Nursing in America identified four models as most promising to advance the goals of educational progression. Key nursing educators and other stakeholders have refined those models through a series of meetings held across the U.S. This document summarizes that process and provides a description of the models, including implementation steps and resources.

BACKGROUND

The landmark report *The Future of Nursing: Leading Change, Advancing Health*, which was released in October 2010 is a thorough examination of the nursing workforce; it proposes recommendations for an action-oriented blueprint on the future of nursing. Issued by the Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing 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:

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.

CCNA's Commitment to Transforming Nursing Education

Since the launch of the Center to Champion Nursing in America (CCNA) in 2007, improving education opportunities and 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, and the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) convened two national summits on nursing education capacity. The goal of these summits was to address the challenges to teaching sufficient numbers of nurses the skills required in the 21st century. These summits helped 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.

The Future of Nursing: *Campaign for Action*

The educational efforts of CCNA transitioned into a new phase with the launch in 2010 of *The Future of Nursing: Campaign for Action*. Following the release of the IOM report, the campaign, built upon both the report's recommendations and the long-term efforts of nurse leaders and nursing organizations to drive action at the national, state, and local levels. A critical component of the *Campaign for Action* are the Action Coalitions (AC), organized groups of both nursing leaders and stakeholders working to transform health care through nursing. In regard to nursing education, CCNA has teamed with state Action Coalitions to share best practices and identify replicable models for success.

The Learning Collaborative and the Identification of the Four Models

In 2011, CCNA held a series of webinars, *Equip and Empower for Educational Transformation: Getting to 80% Baccalaureate by 2020*. These webinars and the subsequent dialog with nursing education leaders across the U.S. resulted in formation of a collaborative learning community. The Learning Collaborative on Advancing Education Transformation formalized a network of state and national nursing leaders and stakeholders to facilitate sharing of resources and dissemination of information. While regional education strategies varied by geography, size, and constituency, they shared underlying components key to advancing transformation. Out of these discussions and a consensus-building process, four models were identified as showing the greatest promise for educational transformation. Those four models are:

- RN to BSN degree awarded from a community college
- State or regionally shared competency or outcomes-based curriculum
- Accelerated programs, such as RN to MSN
- Shared statewide or regional curriculum

Regional Education Meetings

CCNA subsequently held a series of Regional Education Meetings to gather nurse educators, regional experts, and other stakeholders to broaden understanding of these models and how they might best be developed to advance the IOM recommendations. The first of these meetings was held in December 2011, in St. Petersburg, FL, the second was held February 2012 in Sacramento CA. The third meeting was in Minneapolis, MN April 2012, and the fourth and final meeting was held at the Robert Wood Johnson Foundation in Princeton, NJ in May 2012.

These meetings had the following key objectives:

- Contribute to the national understanding of four models which have been identified as showing the greatest promise for educational transformation.
- Provide an in depth assessment of each of the four models (one per meeting).
- Determine which models and strategies are most appropriate in individual states and regions.
- Identify essential partners needed to advance action in each area.
- Begin development of an action plan to move forward with changes in individual states and regions.

At each meeting, participants contributed to the development of all four models. Each meeting also provided an opportunity to deepen understanding and development of one selected model as follows:

- Southeast Region - BSN awarded by the community college
- Western Region - State or regional shared or common curriculum
- Midwest Region - Accelerated programs, such as RN to MSN
- Northeast Region - State or regional competency-based curriculum

OVERVIEW OF PROMISING PRACTICES AND INITIATIVES: The Four Models

RN to BSN Degree Awarded From Community Colleges

With capacity at four-year nursing schools capped, and a growing demand for more highly educated nurses, several community colleges have successfully begun offering Bachelor of Science in Nursing degrees. These programs are fully accredited. At this time they provide post-licensure RN to BSN programs only (not pre-licensure). Although there may be an initial partnership with a four year institution, the degree is awarded by the community college. Legislative support is often required, and in some instances the community college mission statement must be revised. At the forefront of those implementing this model are St. Petersburg College in Florida and Olympic College in Washington State.

State or Regionally Shared Competency or Outcomes-based Curriculum

Competency-based curricula define the level of competence students are expected to achieve regarding specific clinical and professional outcomes. The goal is to prepare the students to meet a predetermined set of performance standards, which helps to identify appropriate content and reduce redundancy. This student-centered model focuses on understanding and performance, and acknowledges that students begin their education with a preexisting level of competence. These programs require consensus on what competencies nurses of the future will require, by addressing needs of consumers and health care institutions. Massachusetts has been a forerunner in development of competency-based education through development of the Nurse of the Future core competencies.

Accelerated Options such as RN to MSN Programs

Several models exist to expedite transition of nurses directly to the Master of Science in Nursing (MSN) degree. The RN to MSN program is specifically designed for registered nurses who have not already completed a BSN. Students are RNs who may or may not have a baccalaureate in other fields. This model facilitates career advancement into advanced practice and specialty roles. All programs must include the BSN Essentials as defined by the Commission on Collegiate Nursing Education. The model generally allows ADN students an option to 'step out' at the BSN level, however some programs do not include a step out option. The model streamlines the educational process by avoiding redundant coursework. Variations of this model include pre-licensure MSN and BSN to DNP programs. Many states and online providers offer this model.

Shared Statewide or Regional Curriculum

This model focuses on consensus and partnership between schools to develop a shared curriculum, either in full or in part. Curricula components may be shared across a segment of education (such as the AD curriculum, or pre-requisites) or may encompass the entire program, with common course content and numbering. It is often complementary to the Competency based model, as it may include defined sets of knowledge, skills and attitudes required. This model enhances seamless progression in nursing education and reduces duplication. A collaborative curriculum provides a better use of resources, which benefits both the institutions and the students. Models that promote a shared curriculum include the Oregon Consortium for Nursing Education (OCNE), the Quality and Safety Education for Nurses (QSEN) model, as well as North Carolina's Regionally Increasing Baccalaureate Nurses (RIBN) program.

Development of these Four Models was informed by regional meeting attendees. It is important to note that these models are not mutually exclusive, and many states are advancing educational transformation by using components from multiple models.

Model One: RN to BSN Awarded From Community Colleges (Previously BSN at the Community College)

Definition

This model provides a post-licensure RN to BSN program with coursework and degree provided by the community college (i.e. *not* an extension of a four year institution physically housed at the community college).

Key Elements

- Shared vision. Commitment within the community college must be secured early in the process including administration, financial aid, registrars, advisers, and faculty (within nursing and relevant General Education).
- Legislative support. This model may require greater legislative support than any other, as community colleges may require state consent to proceed.
- Faculty development. Requires doctorally-prepared faculty as with 4-year schools, including upper division GE and co-requisites.
- Content and quality must be equivalent to the BSN in a 4-year institution. Key to the success of this model is assuring that the BSN is the equivalent of that awarded from any secondary institution.
- Accreditation. All programs should seek and maintain national professional accreditation as well as institutional accreditation. AACN supports these programs if accredited.
- Transferability. Courses and units should allow seamless progression to graduate programs.

Implementation Steps

- Establish partnerships, including with key legislative contacts. Link with existing local universities and 4-year institutions to seek support and minimize perception of competition.
- Establish a leadership structure to guide the work.
- Develop a plan and timeline for action steps.
- Complete a realistic needs assessment. Assure sufficient students to maintain viable program. Share results with stakeholders.
- Assure faculty understanding of the program and their commitment.
- Investigate state legislative framework and regulatory guidelines.
- Explore accreditation and regulatory requirements.
- Build capacity to develop curricular resources, including library services and student services.
- Assure faculty preparation.
- Market as needed.
- Track data to provide clear information on outcomes.

Potential barriers & strategies for success

- Legislative & regulatory.
 - State approval is generally required.
 - In some instances, implementation may lead to designation of the community college as a 4 year school.
 - Approval of Board of Nursing is required, but specifics vary by state.
 - Seek guidance from colleagues who have implemented the model.
- Philosophical differences and perceptions of technical vs. academic programs.
 - Community college mission statement may need revision.
 - Educating stakeholders is key. Initiating programs is smoother in schools granting baccalaureates in other fields of study in addition to nursing. Evaluate whether other disciplines within the community college might be appropriate for baccalaureate level of study, and consider partnering if options are available.
- Faculty.
 - Adequate numbers of doctorally prepared faculty are required. Successful models include "Faculty Academy", shared faculty with 4-year schools.
 - Fears of faculty need to be addressed. If unionized, consider involvement with those representatives.
- Risk of further fragmentation within nursing education: Degree could be perceived as less valuable than that from a 4 year school.
 - Assure via national accreditation and education of key stakeholders that all standards are maintained.
 - Consider a marketing campaign to promote as a high quality option.
 - Consider partnering with a local university for transition or on a continued basis.
 - Clarify the role of technical and/or community colleges
- Resource and infrastructure challenges

- Assess during the planning phase the physical space, equipment, simulation center needs, clinical sites, library resources, and student services, and assure ability to scale up.
- Funding.
 - Costs to the college are initially substantial. Costs to individual faculty to advance their educational preparation should be considered.
 - Assure college commitment with awareness of economic implications.
 - Evaluate options for tuition reimbursement or other support for faculty.
 - Consider partnership with local university for faculty development.

Model programs

Florida: Community college successfully transitioned from a 2-year to 4-year institution to offer BSN (as well as baccalaureates in other content areas). Legislative support and funding were provided. Additional community colleges are subsequently also offering BSN.

Washington State: Legislative funding and support led to multi-year project culminating in approval of Olympic College as able to award BSN. Initial support from University of Washington at Tacoma was phased out as community college gained autonomy.

Characteristics and potential areas best-served

May be best model for rural states with fewer 4-year schools, and areas with place-bound students. There is potential to increase numbers of BSNs substantially but requires significant start up time, which may limit ability to scale-up rapidly for 80% by 2020. Inclusion of online content is seen as a good fit. This model often offers the best flexibility for working students. It is commonly more affordable for students, though that may vary if programs are offered via Extended Education format. There is potential to increase diversity of the work-force (mixed evidence per participants). This model is politically volatile in some areas.

Model Two: State or Regionally Shared Competency or Outcomes-Based Curriculum (Previously "Competency-based Curriculum")

Definition

This model supports the use of different educational approaches toward a commonly defined goal or outcome. The scope of the curriculum reaches beyond core competencies and includes knowledge, attitude, and skills. The curriculum and teaching methods are not standardized, but students must meet defined outcome criteria. This model often has overlap with shared curriculum models, but either can be initiated independently.

Key Elements

- Partners must universally agree on standardized outcomes.
 - Partnerships across academic institutions are critical for seamless progression.

- Model must include a full spectrum of outcomes. Skills competency is only one component of a successful program.
- Outcomes must be measurable via a common mechanism.
 - Clear metrics must be in place.
 - Outcomes are leveled and benchmarked throughout the curriculum after consensus within the community.
- A broad area should be covered (including rural students) to maximize potential.
- Initial evaluation should eliminate redundant content.
- Accreditation. All programs should seek and maintain national professional accreditation, as well as institutional accreditation. Competencies must match the requirements of regulatory and accrediting bodies.
- Mutual trust across faculty and institutions is required.
- Flexibility. Competencies must be dynamic for adjustment to the changing needs within healthcare. Individual institutions and faculty may adjust teaching delivery; however, content must support competencies at relevant levels.
- Transparency. All participants must recognize location of various competencies throughout the curriculum, providing clarity about the added value offered in the BSN curriculum.

Implementation Steps

- Establish partnerships. Requires inclusive process of all stakeholders, including potential funders, regulatory agencies, practice partners.
- Define leadership structure to guide the work.
- Develop a plan and timeline for action steps.
- Define competencies.
 - Utilize existing literature & content experts; assure an evidence base. Review Nurse of the Future competencies, Quality & Safety Education for Nurses standards, accreditation standards.
 - Define role of ATI or other standardized tests, documented clinical experience.
 - Include needs of practice partners and focus on developing roles of RNs.
- Develop clear, standardized metrics to support validation of competencies.
- Provide faculty development to assure cohesive implementation.
- Track data to provide clear information on outcomes.

Potential Barriers and Strategies for Success

- Lack of consensus and inconsistent standards among stakeholders.
 - There is a widely recognized need for national guidance and endorsement of common competencies. Consider a national conference of primary stakeholders, development of white paper.
 - Develop a statewide consortium to centralize exploration and development of common goals.
- Ambiguity in measurement and development of metrics is complex and time-consuming; therefore expensive.

- Consolidate resources on a large scale to eliminate overlapping efforts: Standardize across state or nation.
- Misperceptions exist in associating this model with online skill testing-based programs
 - Clarify the definition and broad nature of competencies.
- Lack of trust across institutions.
 - Group work for consensus building and enhanced trust is important. Face to face meetings are very beneficial.
- There may be faculty resistance because model requires re-design of courses and flexibility of thought
- Has potential to impact employment status, salaries.
 - Provide early participation of faculty with education about need for change & planned process.
- Size of state, number of institutions and participants may add to complexity.
 - Regionalization may be a benefit, but reduces the strength of the model.
- Varying level of student preparation for returning RNs.
 - Consider standardized entry assessment to allow students to identify individual needs.
 - Allow returning students a menu of options to evaluate and remediate readiness.

Model Programs

Massachusetts: Developed the Nurse of the Future Competencies after extensive research and consensus building process. Process highly transparent, with clear guidelines for others, including gap analysis tools.

New York: City University of New York partnership with 13 CUNY colleges offering nursing program, centered on eight competencies and 28 sub-competencies. Competencies are standardized but curriculum is not.

Characteristics and Potential Areas Best-served

Consensus across nursing for a unified set of competencies provides an enormous benefit. National standardization including regulatory agencies would be a huge incentive for broad participation. This model is inclusive of existing institutions and is potentially scalable for substantial numbers. It requires extensive collaboration and alignment across institutions, and ideally across geographic lines; seen by some as a more neutral (less political) solution than some models with less likely resistance, and offers the benefit of clearly defining the added value of the baccalaureate.

Model Three: Accelerated Programs such as RN to MSN

Definition

This model supports students completing advanced degrees in a more expedient manner than traditional educational pathways. RN to MSN programs have been the exemplar, with ADN nurses returning to school seeking advanced degrees. All MSN programs must include the BSN

Essentials as defined by the Commission on Collegiate Nursing Education. Other examples of accelerated programs include direct entry pre-licensure MSN programs and BSN to DNP options.

Key elements

- Inclusion of BSN. Essentials for all MSN graduates, although students may or may not have the option to 'step out' at the BSN level with that degree.
- Transparency. Students must have access to clear information about terminal degree and implications of step out options.
- Accreditation. All programs should seek and maintain national professional accreditation, as well as institutional accreditation.
- Flexibility. Advanced degrees may offer a variety of concentration areas.

Implementation steps

- Establish partnerships and clarify common goals.
- Develop a leadership structure to guide the work. Assure support of practice partners (built in for Magnet hospitals).
- Identify target audience. Complete a needs assessment to assure adequate numbers of students for program viability and to establish priorities.
- Develop a plan and timeline for action steps.
- Assure faculty preparation. May require culture shift for increased flexibility.
- Define entry requirements and pre-requisites.
- Establish curriculum without redundant content.

Potential barriers & strategies for success

- Misunderstanding of inclusion of BSN content
 - Clarify the definition of the model and inclusion of BSN Essentials (regardless of step out option).
- Lack of clarity about role of the MSN in view of the DNP.
 - Define roles for master's prepared nurses aside from Advanced Practice RNs, including leadership and clinical expertise.
 - Provide clear and transparent information to students.
- Student preparation very variable.
 - Allow a method for student assessment and remediation of gaps in preparation. Assure transparency to potential students about entry requirements.
 - Tailor the program to include various types of students (RN with baccalaureate in another field, ADN whose initial education was in distant past).
 - Address common barriers including gateway courses of statistics, research, and key writing skills.
- Financial aid.
 - Identify options for students; link to national programs including those for loan forgiveness.

Model Programs

Present in virtually all states.

Characteristics and potential areas best served

This model is a university-based program which provides support for a broad range of students with varying levels of preparation at entry. This model may be ideal for circumstances in which employers support advanced education for their nurses via on-site classes or career ladders. It offers improved efficiency for students, and values the practice experience of AD nurses. There is potential to diversify the range of skills in MSN graduates through admission of RN students with baccalaureates in other fields. This model facilitates entry into leadership roles, though entry into teaching and advanced practice roles is now somewhat unclear in view of rapidly advancing DNP programs.

Model Four: Shared Statewide or Regional Curriculum (Previously "Common Curriculum")

Definition

This model is centered on collaboration among academic institutions to share and standardize curricula, thus reducing duplication and promoting seamless transition of students. Commonality may apply to the entire curriculum, or to components within it (such as standardized pre-requisites, or common AD curriculum). Best success is seen in models which have taken into account standardization of pre-requisites, co-requisites, and graduation requirements, as well as nursing core curriculum. Teaching methods are not dictated, and outcomes may or may not be directly addressed. This model often has overlap with Competency-based curriculum models, but either can be initiated independently.

Key Elements

- Clear definition of intent. Each state or region must establish whether parts or whole will be held in common, and which institutions will be affected.
- Shared vision. This model requires strong partnerships between community colleges and four year schools of nursing. Planning and maintenance require involvement of multiple stakeholders, including students, faculty, deans/directors, legislators.
- Elimination of redundant content.
- Transferability. Critical to the success of this model, courses, units and credits must be transferable by intent between participating institutions. Unless pre-requisites, co-requisites and graduation requirements across schools are addressed, barriers to seamless progression will continue to exist. Dual enrollment is a successful strategy but is not required.
- Preparation for graduate and advanced degrees must be established.
- Accessibility and transparency for students is key, including a centralized location for students to obtain accurate information and knowledgeable advising across the spectrum.

- Accreditation. All programs should seek and maintain national professional accreditation, as well as institutional accreditation. NLNAC standards should be incorporated into community college programs.

Implementation Steps

- Establish partnerships. Inclusive recognition of all stakeholders is critical to success. Define shared vision of a better educated nursing workforce: 80% BSN by 2020.
- Establish clear expectations and define leadership structure to guide the work. Assure links to state Action Coalition.
- Consider funding or financial support for the work ahead.
- Develop a plan and timeline for action steps.
- Clarify accreditation or regulatory requirements.
- Map existing and establish target (gap analysis) including which institutions will participate. Consider options of dual enrollment, articulation agreements, common course numbering systems.
- Review impact of pre-requisites, co-requisites, graduation requirements.

Potential Barriers & Strategies for Success

- Multiple accrediting and regulatory bodies
 - National guidance is recommended.
 - Involve State Boards of Nursing early in the process.
- Legislative barriers
 - Barriers may be perceived but not actual; get accurate information.
 - Seek input from those with the model in place.
 - Identify key legislative partners & those from the nursing community best suited to message them effectively.
 - Prepare clear "asks" with definition of value-added provided by a better educated workforce.
- Faculty resistance
 - Involve and empower the faculty in decision-making.
 - Connect faculties across institutions to demonstrate common goals and standards.
- Inconsistent prerequisites, General Education requirements and graduation requirements
 - Clarify foundational knowledge for entry to nursing (recommend national standards).
 - Involve registrars and other partners from academic institutions.
 - Recognize some graduation requirements may be unique to institutions.
- Student confusion / concerns
 - Consider a statewide website with links as needed.
 - Define any impact on student financial aid.
 - Assure adviser preparation and consistency.
 - Reach out to ADN students while in school with accurate information.

- Poor linkage between public, private, and proprietary programs
 - There is a need to involve all participants in pending changes.
 - Meet and define transferable pre-requisites and GE early in program development.
 - Negotiate clinical sites and simulation center time.
 - Assure that students are informed from the outset (state or regional website?).
- Funding
 - Recognize costs involved in transition; seek funding as noted elsewhere.
 - Define any impact on academic institutions.

Model Programs

Hawaii: Adaptation of OCNE model with common curriculum across community colleges and University system.

California: Regional (not statewide) and within the public schools only, following a legislative mandate.

North Carolina: Adaptation of OCNE model with 3 years at community college and final year at the university.

Characteristics and Potential Areas Best-served

Successful models are student-centered and facilitate seamless progression. This model greatly simplifies advising if fully implemented with transparency for students. Resources are conserved by reducing duplication and redundancy; schools may share faculty and simulation facilities, as well as structure such as admission requirements and enrollment procedures. This is seen as a comprehensive but time-consuming option which requires alignment of many divergent groups. Adjustment of pre-requisites and graduation requirements are needed for best success and may prove challenging in some areas.

COMMON THEMES: Funding and Partnerships

Funding

A need identified by all participants in the regional meetings was for adequate funding to initiate the process. Advancing educational transformation through any model requires time and expertise, and the current all-volunteer workforce is limiting progress. Each state will need to assess potential options for funding assistance. Regional meetings included breakout sessions to strategize, often with guidance from Mr. Chris Love of the Arkansas Community Foundation.

Strategies for Success in Approaching Potential Funders

- Do your homework. Know the mission of the foundation / funder and be able to speak to their previous efforts and reputation.

- Foundations often have a defined point of entry (program officer or associate). Research and capitalize on any existing links with this individual or other foundation or organization members.
- Develop a 'business case' for each potential funder. Create talking points which identify how your request ties to THEIR interests. Link to the health of the community (or state as appropriate)—not to advancement of the nursing profession. Be prepared to discuss "value added" by educational advancement of nurses (better outcomes, better access). Identify common goals.
- Provide a clear plan with timelines (shorter is better) and plans for sustainability.
- Clear communication and trust are critical. Be clear on each partner's intent, vision, and aspirations from the outset. Define expectations and commitment. Develop a clear succession plan for 'messengers' to prevent partnerships becoming dependent on specific individuals.
- A Memorandum of Understanding (MOU), establishing a formal process that clearly defines responsibilities, *may* be an important activity when establishing a partnership. This MOU should include a strategic plan and predetermined benchmarks to guide the activities.
- An initial discussion without asking for funds may be beneficial and can lay the groundwork for future dialog. However, there is validity in a direct request: "We'd like you to invest in this work".
- Philanthropists have networks with one another. There is value in having them speak directly to one another in encouraging support.
- Consider a funders roundtable. This setting provides an opportunity to understand the needs and interests of the group, and to better identify alignment with the work of the Campaign for Action.

Partnerships

A common theme which emerged in discussion of *all* models was the importance of partnerships. Broad inclusion of stakeholders early in the process and throughout development was needed. Existing relationships can be leveraged to extend links to key partners. CCNA was noted as a potential positive influence to assist in formation of partnerships.

Consider adequate representation of the following groups.

- College administrators—Presidents, Deans, Directors
- Faculty from all levels
- Students and/or potential students
- Practice partners—hospital, public health, outpatient, long term care, and other
- Physicians and other health professionals
- Business representatives
- Payers
- Legislative partners
- Funders and foundation representatives
- State workforce departments, representatives from Department of Labor
- Consumers (both as individuals and through relevant associations)

- Relevant associations such as state nurses' associations, state hospital associations
- Representatives with expertise in information technology, informatics

Strategies for success

- Develop a plan including organizations and individuals needed and talking points for outreach.
- Clarify and distill shared goal of improved health within the community, state, and nation. Consider a shared needs assessment to establish baseline goals.
- Build collaboration and trust through development of clear mutual expectations. Be prepared to share challenges as well as successes.
- Consider use of a facilitator for key meetings.
- Consider development of a Memorandum of Understanding to formalize relationships when indicated. The MOU may include a strategic plan and benchmarks.
- Foster a spirit of excellence and accountability.
- Define employer incentives—preferential hiring, tuition reimbursement, scheduling support, career ladders, pay differential.
- Define employer benefits related to higher percentages of BSN workforce.
- Provide recognition to partners and their important roles.

RECOMMENDATIONS FROM PARTICIPANTS / FOLLOW UP

Disseminate accurate descriptions of models widely. Misperceptions exist about the models, especially the RN to BSN awarded from the community college, and the competency or outcomes-based models. CCNA website links to accurate descriptions, webinars, white papers, and conference presentations were all suggested as methods to provide the accurate information which reduces resistance. Continue the refinement and standardization of language among all stakeholders. For the RN to BSN awarded by the community college model, consider a marketing campaign to validate as a high quality option.

Provide concrete examples of each model. Advance development of toolkits. Define availability of resources including individuals who have experience with each model.

Students and potential students need clear and accurate information. Facilitate development of state or national website for accurate information about options.

Message to existing ADN students to motivate and position them for advancement.

Facilitate consistency in accreditation standards using the framework of regulatory and accrediting bodies.

National consensus on competencies and associated metrics is critical to competency models. Schools could assist in sponsorship with pending benefits defined. Disseminate any existing standards which are well researched and widely accepted. Consider a national clearinghouse

for this information. Assure that any model moving forward nationally includes the ability to adapt standards through a consensus process as needs change over time.

Models need a leadership commitment including the National Council of State Boards of Nursing. There is a need to standardize common elements - prerequisites, co-requisites, core nursing curriculum.

Provide guidance in assessment and approach to legislative barriers. Consider a national legislative analysis and approach where appropriate.

Enhance partnerships between public, private, and proprietary programs, as well as better communication between online programs and traditional schools.

Encourage statewide assessments. Supply models, templates, or samples as available, including suggested sources of data.

Maintain consideration of unique needs of rural and remote programs, which face unique challenges to transportation and online access.

Continue to develop resources for funding. Assist states in the development of business plans, links to relevant organizations for partnership (including state AARP offices).

Develop and support a format for state and national meetings of educators. Facilitate further sharing, including consideration of common admission standards and portals, clinical placement systems, models for sharing faculty and simulation center resources.

Assess the position of labor representatives to assure a united message.

Define data collection standards, including role of public, private, and proprietary schools. Disseminate data on national and state progress as available.