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The Oregon Consortium for Nursing Education

A Response to the Nursing Shortage

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The Oregon Consortium for Nursing Education (OCNE) is a statewide coalition designed as a long-term solution to the nursing shortage and in response to the need for a new kind of nurse to care for Oregon's aging and increasingly diverse population. It is an effort to increase capacity in schools of nursing by making the best use of scarce faculty, classrooms, and clinical training resources in the delivery of a standard curriculum on 13 campuses, including 8 community colleges and the 5 campuses of the OHSU School of Nursing. This article describes the development of OCNE, including infrastructure development, creation of the shared curriculum, redesign of clinical education, faculty development, and plans for evaluation. If OCNE is successful in achieving its goals, it holds substantial policy implications for the development of nursing education systems, design of curricula, use of simulation as a component of clinical education, and delivery of clinical education.

Keywords: *nursing education reform; nursing education curriculum; nursing shortage; clinical education*

The Oregon Consortium for Nursing Education (OCNE) is a statewide coalition community college and university nursing programs in Oregon. The consortium was designed as a long-term solution to the nursing shortage and as a response to the need for a new kind of nurse to care for Oregon's aging and increasingly diverse population. It is an effort to increase capacity in schools of nursing by making the best use of scarce faculty, classrooms, and clinical training resources in the delivery of a standard curriculum on 13 campuses, including 8 community colleges and the 5 campuses of the Oregon Health Sciences University (OHSU) School of Nursing.

The need for enrollment increases in Oregon schools of nursing was documented originally in a report commissioned by the Northwest Health Foundation (2001) and confirmed in subsequent studies by the U.S. Department of Health and Human Services, Health Resources & Services Administration, Bureau of Health Professions (2002) and the Oregon Center for Nursing (2005). The current shortage of nurses is affecting all areas of nursing practice, including acute care, public health, and long-term care, and is most severely affecting rural parts of the state. The shortage has and will continue to adversely affect access to and quality of patient care; by 2020, Oregon is projected to have a 50% vacancy rate for registered nurses (RNs).

The Oregon Nursing Leadership Council (ONLC), representing five major nursing organizations in the

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state,[1] developed a strategic plan to address this looming shortage (ONLC, 2005). Because of the continuing shortage, significant demographic shifts in the Oregon population, and major changes in the delivery of health care, the ONLC identified new competencies that all RNs should have now and in the future, essentially creating a "new nurse."

To educate this new nurse in a climate of scarce fiscal, faculty, and clinical resources, the ONLC proposed a partnership among all community college and public and private 4-year programs. OCNE was thus established to provide baccalaureate nursing education throughout the state, increasing the opportunities for students and providing a statewide response to the nursing shortage (Gubrud-Howe et al., 2003).

This article describes the development of OCNE through the early consensus building required to create the collaborative agreements and the subsequent major initiatives that characterize OCNE:

- development of an organizational structure, interinstitutional agreements, and operating guidelines for completing work;
- development of a standard curriculum based on new competencies and advances in the science of learning;
- faculty development essential for delivery of an innovative curriculum involving initial training for faculty leaders on each campus;
- initiated work on expanding clinical training capacity through simulation and the development of a new model of clinical education; and
- development of a comprehensive plan for evaluation of the consortium.

Early Planning for OCNE

The early work in ONLC was characterized by strong collaboration among leaders of constituent organizations and a willingness to work through and set aside historic differences, such as the long-standing divisiveness between associate degree and baccalaureate programs. Organizational development consultants facilitated this process, assisting members to identify and commit to shared goals. Through our work with the consultants, we forged a commitment to a different kind of leadership model, one in which the critical health care needs of the population that nursing serves and its societal contract would trump individual and specific organizational interests (Potempa, 2002). The collaborative process was a cornerstone in the continued development of OCNE.

A second critical component was the work with key stakeholders through committee membership, continued interpretation and discussion of proposed changes in the nursing education system, and facilitated debate to reach a consensus. The ONLC appointed committees to develop specific operational plans for each of its major strategic goals. The Education Subcommittee was appointed to address two of these goals: (a) to double enrollment in Oregon's nursing programs by 2004 and (b) to transform nursing education in the state to more closely align with the emerging health care needs of Oregonians. The committee was composed of representatives from each of the constituent organizations of the ONLC, including regulators, practicing nurses in acute and long-term care as well as public health and nurse executives and faculty and/or directors from both associate and baccalaureate degree programs. The committee initially began work on creating a differentiated model, translating the newly accepted competencies to differentiate the practice associate degree and baccalaureate graduates. However, through continued discussion they realized that the competencies could not be differentiated on the basis of relatively small differences in the length of educational program (as community college education in Oregon had generally increased to 3 years in length, including prerequisites), that the new competencies would likely require at least 4 years, and that the significant contribution of community college education to the educational preparation of the registered nurse workforce would need to be included in any proposed plan.

One of the greatest challenges for this committee was striking a balance between the need to keep their constituent groups informed of the proposed plans as they developed, while ensuring that plans were not promulgated before they were adequately articulated. The committee released its plan through constituent organizations, proposing a strengthened educational system through the consortium partnership, capitalizing on the contributions of both associate degree and baccalaureate programs through the development of a shared curriculum directed toward new competencies, and changes in the education of licensed practical nurses as well as other assistive workers who carry out nursing tasks as delegated by registered nurses. Although the committee agreed that it would likely require 4 years for students to fully attain the new competencies, the committee did not propose changes in degree requirements for professional nursing. The plan focused on the competencies needed for practice and the partnership among educational programs necessary to educate the nurse to those competencies. Because the committee was proposing significant transformation in the educational system, in which constituents might

see specific interests challenged, the plan became quickly politicized, misunderstood, and/or misrepresented.

Members of the committee worked closely with their constituents, as well as community college and university administration, to help interpret the proposed plan and to identify key issues. Frequent, facilitated meetings among committee members and stakeholders in community college and university education were required to reach full understanding of and agreement to the proposed plan. Eight months after the preliminary plan was released, representatives from all baccalaureate and associate degree nursing programs as well as representatives from each of the ONLC constituent organizations signed an agreement to support the development of a consortium that had the possibility of two levels of partnership—a full partnership agreement to develop and deliver a shared curriculum leading to new competencies or an associate partnership to collaborate in other capacity-increasing activities, except for adoption of a shared curriculum. A total of eight community colleges and Oregon Health and Science University committed to full partnership, whereas the remaining six community college nursing programs and the five private university programs are associate partners.

Development of an Organizational Structure and Interinstitutional Agreements

Early in our development, we adopted a decision-making process using consensus building through each campus, and honoring the guiding principle that each partner would retain its full autonomy as the accredited degree-granting institution. This process continues. Initial proposals are developed by a standing committee, with representatives from each campus then taken back to the respective campuses for full review and input, then revised by the committee using input from the campus. This process is repeated until consensus among all partner schools is achieved.

In addition to this process, committee members continued with the leadership model adopted by the ONLC. This leadership model coupled with the consensus approach to decision making has produced many positive consequences: (a) the development of a level of mutual respect and trust among individual members that allowed for open debate, confrontation of long-standing assumptions and stereotypes, and changing perceptions about one another; (b) the evolution of an open communication pattern that required honest exchange of ideas; (c) the expectation that participants continue an honest appraisal of the state of nursing education, creating a shared vision for what it could be; and (d) the promise of each individual member to lead their respective organizations toward this shared vision.

We established a steering committee composed of representatives from each of the full partner programs, one member representing associate partner community colleges, and one member representing associate partner universities. Throughout the early development, members of the steering committee continued to engage key stakeholders, meeting periodically with the administrative groups from the university and community colleges, the Oregon State Board of Nursing, as well as other member groups from the ONLC. Members of the Steering Committee wrote grant proposals and received funding from the Northwest Health Foundation for infrastructure development, hiring a project director and administrative assistant, and from the Department of Health and Human Services, Health Resources and Services Administration, for faculty and curriculum development.

The Steering Committee developed standard admission criteria and application procedures. Students may apply to a community college and/or to OHSU. Students who are admitted to a community college are coadmitted to the OHSU, although they do not matriculate into OHSU courses until near the end of the 3rd year of the program. The Steering Committee also endorsed common prerequisites and identified other areas in which agreements or guidelines would be necessary, such as common library standards, guidelines for sharing faculty, and publication and authorship guidelines. Through their collaborative work, they developed an interinstitutional agreement that was signed by college and university presidents during a formal celebratory event attended by the governor, representatives from foundations that supported the development of OCNE, and other key stakeholders.

Since completing its formal interinstitutional agreements, OCNE has established a permanent organizational structure. It has developed a proposal for permanent funding to support the small staff necessary to sustain the shared curriculum and the other agreements among partner campuses.

Curriculum Development

During the first phase of curriculum development, faculty representatives from each of the full-partner campuses, as well as some representatives from associate partners, met 2 days per month with instructional designers and consultants in competency-based education. This committee first refined the original ONLC competencies to guide curriculum development and adopted a broad framework for course development using reports from the Institute of Medicine (2001a, 2001b, 2003) and analyses

Table 1
Sequence of Nursing Courses for Community College and OHSU Students

Year	Fall Term	Winter Term	Spring Term
1st	Prerequisites	Prerequisites	Prerequisites
2nd	Health Promotion[a]	Chronic Illness[a] Management I Pathophysiology I Pharmacology I	Acute Care I[a] Pathophysiology II Pharmacology II
3rd	Acute & End of Life Care II[a]	Chronic Illness & End of Life Care II[a]	Integrative Practicum I[a] Population-Based Care[a] Epidemiology
4th	Population-Based Care[a] Epidemiology	Leadership & Outcomes Management[a]	Integrative Practicum II[b] Theory focused on specific population
	Leadership & Outcomes Management[a]	Integrative Practicum I[b] Theory focused on specific population	Integrative Practicum II[b] Theory focused on specific population

Note: Pathways for students enrolled in a community college and completing the Associate of Applied Science degree are in shaded cells.
a. Includes both theory and clinical.
b. Primarily clinical, with a selection of courses focusing on the specific population (e.g., children and youth, hospitalized older adults).

of population-based needs. It then outlined a 4-year curriculum that included a year of prerequisites and required arts and science courses and electives, with 3 years of nursing courses. The first five academic quarters of the nursing curriculum are identical across community college and university campuses (see Table 1). Then students enrolled in community college programs are offered the opportunity to either continue directly for the final four academic quarters, taking coursework provided by the OHSU faculty or exit with an Associate of Applied Science (AAS) in Nursing degree and eligibility to sit for the National Council Licensure Examination–Registered Nurse (NCLEX-RN). After completing the AAS, they may either continue for a final year to earn the Bachelor of Science degree practice for a while and then return for the Bachelor of Science degree, or not return at all.

Committee members worked closely with faculty members from their respective campuses, seeking input on the competencies, prerequisites, and proposed curriculum outline and finally obtaining approval on December 2004. The committee continued the development of the benchmarks for progression through the 3 years of the nursing curriculum, course descriptions, and outcomes approved by faculty on each campus by December 2005. Periodically throughout the development of the curriculum, they met with the Oregon State Board of Nursing as well as representatives from the Department of Education and the Oregon University System chancellor's office. The curriculum was approved by these bodies early in 2006.

Following approval of the competency-based curriculum, faculty work groups developed detailed course plans and instructional materials including syllabi, recommended content, case studies, simulation scenarios, and other learning activities. Special attention was paid to the development of core cases, large case studies that are used to help students gain new understandings related to several competencies. National consultants with expertise in case teaching worked closely with faculty in developing these cases and in learning methods of case-based teaching. Instructional materials such as these hold tremendous value for faculty statewide, as they have been developed specifically for the OCNE curriculum, are based on sound pedagogical principles, and have been used by faculty members on multiple campuses. It is this resource that will eventually spread scarce faculty expertise statewide and conserve faculty time in instructional design. The course materials are shared through a Web-based learning management system; within the next year, we expect to have materials available on a Web-based searchable learning objects repository that should improve access and utilization.

The final phase of curriculum development has focused on the development of an integrative practicum, a precepted clinical experience culminating the educational program. The aims of this practicum are (a) to provide students with the opportunity to practice in a single setting, integrating prior learning and developing skills that can be acquired only through an immersion experience (e.g., working as a full member of an interprofessional team), and (b) to ease the transition of student to beginning professional nurse. Faculty and project staff worked closely with nurse executives and nurse educators in health systems and other clinical agencies to develop key components of this practicum, to identify the requirements for preparing the preceptors (now titled

"Clinical Teaching Associates" [CTAs])—staff nurses who would serve as one-to-one mentors for nursing students—and to define the roles and responsibilities of the CTA, the faculty, and the students for this experience.

Faculty Development

With the magnitude of transformation envisioned for OCNE, the need for faculty development became apparent particularly related to new instructional approaches in a competency-based curriculum and new nursing practices specified in the new competencies. The first phase of faculty development was provided through the work with consultants on curriculum and instruction. Faculty leaders from each campus participated in workshops that were directed toward curriculum development, but included significant faculty development aspects as well, specifically on competency-based curriculum models and instructional design. During the summer of 2007, we began the second phase of faculty development, providing a series of three 3-day workshops—one as an orientation for faculty who had not participated in prior workshops, the second as an advanced workshop on new concepts in the OCNE curriculum (e.g., advances in chronic illness management, health promotion strategies) and on advanced case-based instruction. These workshops were video recorded and portions will be used for a comprehensive new faculty orientation program.

In the spring of 2008, we initiated the third phase of faculty development, which focuses on preceptor training. We have developed a standard 2-day curriculum that includes facilitated discussion on creating a positive learning environment, using adult learning principles, providing feedback and teaching important clinical concepts in the OCNE curriculum such as clinical judgment and evidence-based practice. To sustain this preceptor training program beyond the funding period, we are currently training one or more four-person teams in each OCNE location by fall 2008 who will continue to offer these facilitated workshops as more preceptors are needed.

Expanding Clinical Education Capacity

A major obstacle to increasing enrollment in nursing programs throughout the state and to improving the quality of nursing education is the limitation in number, type, and focus of clinical experiences needed for a baccalaureate degree. Currently, nursing programs use a clinical education model that requires the placement of students in clinical sites where registered nurses practice. Students are arranged in clinical groups of eight to nine, with one clinical instructor. Staff nurses augment clinical supervision, particularly in areas of high acuity, where students are responsible for total patient care. Clinical faculty members are responsible for ensuring that students receive a valuable experience in real-world situations. However, there are several problems in this system:

1. There are limited numbers of acute care clinical placements. The nursing programs in the state report the inability to expand enrollment because of the maximization of current clinical placements, due in part to competition among nursing programs, low or unpredictable patient census, and overtaxed nursing staff.
2. As patient acuity has increased in inpatient settings, the need for closer supervision of students has intensified.
3. Students and faculty both report inefficient use of student time and schedules that hinder effective learning.
4. Nursing students typically do not get experience working with patients and families during nonacute phases of highly prevalent chronic health conditions—learning practices that will become increasingly important as the population ages.

In response to these issues, we began our clinical education work with the development of clinical simulation centers throughout the state as a way to supplement the clinical experiences of nursing students (Seropian, Brown, Gavilanes, & Driggers, 2004). Simulation provides the opportunity for students to be "in the moment" of real crisis situations, without affecting patient safety. Each of the OCNE campuses has the capacity to provide high-fidelity simulations as an integral part of the new learning model. However, because not every clinical experience can or should be provided through simulation exercises, during the last 2 years, we have collaborated with clinical agencies throughout the state to develop a new clinical education model that addresses these problems. The multiphase project involved establishing consensus on the need for a new model, the development of pilot projects to test the efficacy of innovative approaches to clinical education, the convening of a representative "think tank" to design essential elements of the model. The new model as currently envisioned aligns clinical learning experiences and instructional strategies with the desired competencies. Rather than using a single approach—placing students in clinical sites under the supervision of a faculty or preceptor in the hopes that the students will experience particular events—this model

requires the combination of several types of clinical learning activities that are developmentally appropriate for the level of the student and feasible in the clinical environment to ensure that students meet the requisite competencies (Gubrud-Howe & Schoessler, 2008). Currently, clinical education leaders are vetting the model with clinical agency representatives and faculty; the process will culminate demonstration projects to examine the effectiveness of the model.

Comprehensive Evaluation

We have initiated a comprehensive evaluation, gathering data on the processes of OCNE development and baseline data on outcomes of pre-OCNE programs, conducting annual surveys of current students and faculty to identify issues in OCNE implementation, and conducting campus site visits to observe implementation. The first class of students completes the Associate of Applied Science in spring 2008 and the Baccalaureate degree in spring 2009. For this and subsequent classes we will collect data to (a) evaluate the outcomes of OCNE, specifically the extent to which OCNE has increased the supply and distribution of baccalaureate-prepared RNs in Oregon, improved the quality of prelicensure education, and improved the utilization of faculty through reducing workload and increasing satisfaction; (b) determine what components of the OCNE model are critical to achieving these outcomes, including both the planning processes used in the development of the OCNE and the ways in which the OCNE model is implemented; and (c) disseminate this information to other states and regions considering replication of the OCNE model.

Summary

The Oregon Consortium for Nursing Education represents an unusually high degree of collaboration among nursing faculty from associate degree and baccalaureate nursing programs in achieving consensus on new nursing competencies, a shared curriculum, and academic standards. In collaboration with its clinical partners in hospitals, public health and other community-based agencies and long-term care, OCNE is working to establish new models of clinical education to increase capacity for more students, reduce the burden on staff nurses, and more closely align with the new competencies. With the high level of collaboration and geographic reach of its partners, OCNE has strong potential to reduce the effect of the nursing shortage and dramatically improve care, particularly in rural and other underserved areas.

The OCNE is engaging in a magnitude of change that is transformative in nature. Although other programs and systems have used components of this model (e.g., competency-based education, case-based instruction, articulation between associate degree and baccalaureate programs), never has one explicitly combined best practices in curriculum and instruction, state-of-the-art educational technology, competencies based on assessment of emerging health care needs of a population, mechanisms to share faculty expertise in a consortial arrangement; coadmission of students to associate and baccalaureate degree programs, and collaborative efforts to create new clinical education approaches, all in an effort to better prepare graduates and to accommodate an increased number of students.

This comprehensive and collaborative effort is unprecedented in the United States and is increasingly viewed by health care and nursing education leaders as a model that could be adapted to achieve similar goals across the country. If this project is successful in achieving its goals, there are a number of substantial policy implications—for development of nursing education systems, design of curricula, use of simulation as a component of clinical education, and delivery of clinical education.

Note

1. These organizations are: the Northwest Organization of Nurse Executives, the Oregon Council of Associate Degree Programs, the Oregon Council of Deans (representing baccalaureate and higher degree programs), the Oregon Nurses' Association, and the Oregon State Board of Nursing.

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