Creativity and Connections
Building the Framework for the Future of Nursing Education and Practice

...The Future Is Now

A Report from the Statewide Summit
Held November 19, 2010
in Devens, Massachusetts
MASSACHUSETTS DEPARTMENT OF HIGHER EDUCATION
Nurse of the Future Nursing Core Competencies®
The Art and Science of Nursing

K - Knowledge
A - Attitudes
S - Skills
Dear Colleagues:

These are exciting times for nursing. In March 2010, the Patient Protection and Affordable Care Act was signed into law, increasing funding for nursing education and expanding opportunities for nursing practice. A few months later, in October 2010, a report by the Robert Wood Johnson Foundation and Institute of Medicine on The Future of Nursing further emphasized nursing’s importance and challenged the nursing profession and health care community to improve how nurses are educated, expand how they are utilized, and ensure that nurses are full partners in the health care redesign process.

Nurses in Massachusetts are well positioned to respond to these challenges. Since 2005, the Massachusetts Department of Higher Education (DHE), with funding from the state Legislature, has collaborated with schools of nursing, health care providers, professional nursing organizations, and other stakeholders across the state on the Nursing and Allied Health Initiative and the Nurse of the Future (NOF) Project. Through these groundbreaking efforts, nurse leaders from all segments of nursing education and practice are working to ensure that nurses in the Commonwealth of Massachusetts are prepared to meet emerging health care needs and play a key role in shaping future health care systems and practices.

Over the past four years, task forces composed of education and practice leaders have worked on fulfilling this mission, identifying a core set of nursing competencies and exploring how the competencies can be used to facilitate a seamless progression through different levels of nursing education and into practice. On November 19, 2010, the task forces presented the outcomes of their work at a statewide summit titled, Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice: The Future is Now. Attended by more than 150 stakeholders from nursing education, practice, and policy, the summit culminated in a lively dialogue in which summit attendees offered recommendations for next steps toward achieving the goal of the NOF Project.

This report presents the proceedings of the November 2010 summit. It is our hope that after reading about the accomplishments to date, you will be inspired to join us in advancing this agenda—by sharing your ideas for next steps, and by working within your organization and with nursing colleagues to ensure that nurses in the Commonwealth of Massachusetts are prepared to meet and lead the response to 21st century health care challenges.

David Cedrone
Associate Commissioner for Economic and Workforce Development
Massachusetts Department of Higher Education

Sharon A. Gale, MS, RN
Chief Executive Officer
Massachusetts Organization of Nurse Executives

Maureen Sroczynski, DNP(c), MS, RN
President/CEO
Farley Associates, Inc.

Kathleen B. Scoble, EdD, RN
Chairperson
Massachusetts Association of Colleges of Nursing
Over the past decade, much has been written about the projected nursing and nursing faculty shortages. While the reasons for this are many, chief among them are the shortages of nursing faculty, clinical sites, and laboratory facilities, which prevent schools of nursing from accommodating more nursing students.

In 2005, the Massachusetts Department of Higher Education (DHE) launched the Nursing and Allied Health Initiative, through which it is partnering with nursing and health care stakeholders to increase the number of nursing faculty and design a nursing education system to meet future demands. A key component of this initiative is the Nurse of the Future (NOF) Project.

**NURSE OF THE FUTURE PROJECT**

The NOF Project agenda was defined at a two-day working session sponsored by DHE and the Massachusetts Organization of Nurse Executives (MONE) in 2006. This session was attended by 32 professionals representing the major statewide stakeholders in nursing education and practice, who shared a commitment to improving nursing education in Massachusetts and defined the following mission statement and priorities to guide future work:

### Nurse of the Future Mission Statement

- Establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus on competencies that include transitioning nurses into their practice settings.

### Nurse of the Future Priorities

- Creating a seamless progression through all levels of nursing education
- Developing sufficient consensus on competencies to serve as a framework for educational curriculum
- Developing a statewide nurse internship/preceptor program
- Establishing a formal coalition to foster ongoing partnership between nursing education and practice

Following the 2006 conference, a working group was formed composed of deans and faculty representing all segments of nursing education and nursing practice leaders and clinical nursing staff representing the continuum of care. This group reviewed standards, initiatives, and best practices in nursing education, forming a foundation for moving the priorities forward. To expedite the process, the group formed two subcommittees: the Massachusetts NOF Competency Committee, charged with furthering the development of a seamless continuum of nursing education by identifying a core set of nursing competencies; and the MONE Academic Practice Integration Committee, charged with using the identified competencies as a framework for developing a statewide transition into practice model. A Steering Committee was also ultimately created to oversee approaches toward completing the priorities and setting the ongoing agenda.
Soon after its formation, the NOF Competency Committee began researching competencies obtained from other states, current practice standards, education accreditation standards, and projected patient demographic and health care profiles for Massachusetts and drafted a preliminary set of NOF Nursing Core Competencies©. These were subsequently vetted with individuals and nursing groups throughout the state and updated with another review of the literature and best practices. The task force then revised the competencies based on feedback and published an updated set of NOF Nursing Core Competencies© in August 2010. Simultaneously, the MONE Academic Practice Integration Committee conducted a statewide survey of nurse preceptors to understand the current state of nurse preceptorships and how the NOF Nursing Core Competencies© could help guide and improve precepting and transition to practice.

The NOF Competency Committee and the MONE Academic Practice Integration Committee presented the outcomes of their work at a statewide summit on November 19, 2010. Titled Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice: The Future is Now, the summit included presentations by the working committees, a keynote address by Brenda Cleary, PhD, RN, FAAN, director of the AARP Center to Champion Nursing in America, and a breakout session in which summit participants shared their suggestions for next steps toward achieving the NOF mission.

**CONFERENCE SUMMARY**

Following opening remarks by David Cedrone, Associate Commissioner for Economic and Workforce Development at DHE, Dr. Cleary examined strategies for expanding nursing’s influence on health care in the 21st century. Building on recommendations presented in the Robert Wood Johnson Foundation/Institute of Medicine *Future of Nursing* report, Dr. Cleary urged nurses in education and practice to promote leadership among nurses, by strengthening leadership content in nursing curricula, increasing nurses’ awareness of leadership development opportunities, and supporting nurses in assuming high-level decision-making roles. Dr. Cleary noted that cultivating leadership skills is especially important in light of the Patient Protection and Affordable Care Act, which offers nurses unprecedented opportunities to influence health policy and practice.

Following Dr. Cleary’s presentation, members of the Massachusetts NOF Competency Committee discussed the NOF Nursing Core Competencies© that were developed by the committee and published in August 2010. The competencies reflect key assumptions that highlight the importance of education and practice partnerships in developing and implementing effective curriculum models for the future. Ten NOF Nursing Core Competencies© were...
identified: Patient-Centered Care, Professionalism, Leadership, Systems-Based Practice, Informatics and Technology, Communication, Teamwork and Collaboration, Safety, Quality Improvement, and Evidence-Based Practice. For each competency, the committee identified essential knowledge, attitudes/behaviors, and skills (KAS), reflecting the cognitive, affective, and psycho-motor domains of learning. While the definitions of the competencies are the expectations for all nurses of the future, the KAS identify the expectations for initial nursing practice following completion of a pre-licensure nursing education program.

The NOF Competency Committee panel then discussed ongoing work related to applying the NOF Nursing Core Competencies® in education and practice. Current efforts include gap analyses that are being conducted by education and practice partners to identify curriculum changes required to ensure mastery of the NOF Nursing Core Competencies® by students. Based on the results of the Gap Analysis process, new seamless curriculum models are then implemented that integrate the NOF competencies and facilitate a student’s seamless progression through different levels of nursing education.

Members of the MONE Academic Practice Integration Committee next shared results from the State of the Preceptorship Survey. The survey was fielded at 20 hospitals across the state to assess the current role and preparation of nurse preceptors in MONE member organizations and determine what they need to be effective in facilitating learning and transition to practice. The survey was completed by 554 nurses who had served as preceptors and who identified the following preceptor needs: more information and education about different learning styles and methods of presenting information, offering constructive criticism, and dealing with conflict; smaller patient assignments to assure preceptors had time to concentrate on working with preceptees; and more guidance from faculty when precepting students. Respondents also said nurse leaders and faculty should place a higher value on preceptors’ assessments and opinions about preceptees. Over the coming year, the Academic Practice Integration Committee will assess how the NOF Nursing Core Competencies® can be integrated into precepting efforts and nursing orientation programs and used to facilitate a successful transition to practice.

Following the panel presentations, conference participants broke into smaller groups to discuss next steps for advancing NOF priorities and achieving the NOF mission. Each group presented its recommendations to the full gathering. The recommendations were thoughtful and wide ranging and addressed the following areas: disseminating the NOF Nursing Core Competencies® and information about NOF work-to-date; obtaining the buy-in of deans, chief nurse executives, and legislators; supporting efforts to operationalize the NOF Nursing Core Competencies® in education and practice; supporting clinical nurses serving as preceptors and clinical educators; facilitating transition into practice; and being more inclusive.

At the end of the conference, it was noted that a copy of the NOF Nursing Core Competencies®, slides used by conference presenters, and information about funding opportunities for education and practice partners interested in advancing the NOF mission can be found at the DHE Nursing and Allied Health Initiative website, [www.mass.edu/nursing](http://www.mass.edu/nursing).
Summit Keynote Speaker

BRENDA CLEARY, PHD, RN, FAAN, DIRECTOR,
AARP CENTER TO CHAMPION NURSING IN AMERICA

Dr. Cleary is an expert in healthcare workforce research and policy and for fourteen years prior to joining AARP, she held the position of Executive Director of the North Carolina Center for Nursing, a state funded agency committed to assuring nursing resources to meet the healthcare needs of the citizens of North Carolina. Dr. Cleary also served as project director for a Robert Wood Johnson Foundation (Colleagues in Caring) funded initiative, the NC Nurse Workforce Planning Model, as a delegate to the American Nurses Association and an elected member of the ANA Nominating Committee as well as a Magnet appraiser for the American Nurses Credentialing Center. She served as a gubernatorial appointee on the North Carolina Institute of Medicine and as an Adjunct Senior Fellow of the Duke University Center for Aging and Human Development, created a state level Health Policy Fellowship for nursing leaders and also convened and chaired the National Steering Committee of the Forum of State Nursing Workforce Centers. She recently completed service on the Professional and Technical Advisory Committee for the Joint Commission’s Long Term Care Accreditation Process. She continues service on the American Academy of Nursing Workforce Commission, and as an AARP representative on the Eldercare Workforce Alliance. She is also a member of the 2002 cohort of RWJF Executive Nurse Fellows.

Formerly, Dr. Cleary was Regional Dean and Professor at Texas Tech University Health Sciences Center School of Nursing. While at TTUHSC, she received the Excellence in Teaching Award and the President’s Academic Achievement Award. While at Texas Tech, she maintained a faculty practice as a Clinical Specialist in Geriatric Nursing in both primary and long term care settings and served as a co-investigator on a federally funded research project on management of dementia. She currently serves on the National Advisory Committees of the RWJF-funded New Graduate RN Project, the Oregon Consortium on Nursing Education evaluation project, and the Western Governors University MAP-RN initiative, and the Indiana University School of Nursing Board of Advisors. Dr. Cleary has multiple presentations and publications to her credit and received three AJN Book of the Year Awards.
In her keynote address, Dr. Cleary drew on her expertise in health care workforce research and policy to discuss current perceptions of nursing influence and strategies for increasing nursing’s role in shaping health care in the 21st century. Dr. Cleary set the stage for her presentation by sharing results from a recent poll of thought leaders from insurance, government, industry, health services and academia titled Nursing Leadership from Bedside to Boardroom that was conducted by Gallup and the Robert Wood Johnson Foundation (RWJF), available at: www.rwjf.org/pr/product.jsp?id=54350.

Respondents to the poll acknowledged nurses' influence on efforts to reduce medication errors and improve care quality, but ranked nurses last, after government, industry executives, doctors, and patients, among those likely to influence US health reform efforts. Factors contributing to nurses' low ranking included respondents' perception that nurses are not important decision makers.

Dr. Cleary then went on to discuss a 2010 report titled The Future of Nursing: Leading Change, Advancing Health, produced by RWJF and the Institute of Medicine, which offers a blueprint for ensuring that nurses are positioned to lead change and advance health and health care. The report focuses on four key messages. First, nurses should be supported in practicing to the full extent of their education and training. This requires removing scope-of-practice restrictions for advanced practice nurses and developing residency programs to facilitate transition to practice in acute care and community settings. Second, nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. This requires making changes to assure that nurses master competencies in leadership, health policy, system improvement, research, and teamwork, as well

Dr. Cleary noted that supporting and cultivating nursing leadership is especially important in light of the Patient Protection and Affordable Care Act, passed in 2010.
as competency in specific content areas. The education program should also allow seamless transition to higher degree programs, through the DNP and PhD degrees. Additionally, the report recommends increasing the proportion of nurses with a BSN degree to 80 percent by 2020, while also doubling the number of nurses with doctorate degrees.

The report’s third recommendation is for nurses to be full partners with physicians and others in redesigning health care in the US. This requires fostering leadership skills and competencies through nursing education and mentoring. It also requires nurses to take responsibility for their personal and professional growth by continuing their education and seeking opportunities to develop and exercise leadership skills. The report’s fourth recommendation calls for better data collection and an improved information infrastructure to support effective workforce planning and policy making.

Dr. Cleary next discussed strategies for promoting nursing leadership. These include redesigning nursing curricula to strengthen leadership content; changing licensure renewal requirements to assess and assure maintenance of leadership competencies; having health care oversight and accrediting agencies introduce incentives aimed at increasing the number of nurses in leadership positions; fostering awareness of leadership training and mentoring opportunities among nurses interested in pursuing high level decision-making roles; and developing succession planning strategies and tools for nurse leaders in high level decision-making positions.

Dr. Cleary noted that supporting and cultivating nursing leadership is especially important in light of the Patient Protection and Affordable Care Act, passed in 2010. In addition to assuring that more Americans have access to health care coverage, the act includes a number of nursing-specific provisions. These include provisions for increased funding for nursing education, as well as funding for innovative care delivery programs and pilot projects in which nurses will play a lead role. Additionally, the act creates numerous opportunities for nurses to play a role in policy development. The Affordable Care Act, in concert with an ever-growing demand for community health, care coordination, and primary and end-of-life care services, offers nurses an unprecedented opportunity to influence the direction of health care for the future.
OUTCOMES OF THE MASSACHUSETTS NURSE OF THE FUTURE COMPETENCY COMMITTEE

Gayle Gravlin, EdD, RN, NEA-BC, Massachusetts Organization of Nurse Executives
Paulette Seymour-Route, PhD, RN, Massachusetts Organization of Nurse Executives
Mary Tarbell, MS, RN, Massachusetts/Rhode Island League for Nursing
Donna Zucker, PhD, RN, University of Massachusetts-Amherst
Maureen Sroczynski, DNP(c), MS, RN, Massachusetts Department of Higher Education

In a panel presentation, members of the Massachusetts Nurse of the Future (NOF) Competency Committee presented an overview of the committee’s work, summarizing the process used to develop the NOF Nursing Core Competencies© published in August 2010, discussing each competency individually, and describing how the competencies are currently being used across the state. The panel began by listing assumptions for a curriculum model for the future, which guided the work of the NOF Competency Committee. The assumptions included:

1. Education and practice partnerships are key to developing an effective model.
   - Nursing education and practice settings should facilitate individuals in moving more effectively through the educational system
   - An integrated practice/education competency model will positively impact patient safety and improve patient care
   - Nursing practice should be differentiated according to the registered nurse’s educational preparation and level of practice and further defined by the role of the nurse and the work setting
   - Practice environments that support and enhance professional competence are essential

2. It is imperative that leaders in nursing education and practice develop collaborative curriculum models to facilitate the achievement of a minimum of a baccalaureate degree in nursing by all nurses.
   - Advancing the education of all nurses is increasingly recognized as essential to the future of nursing practice
   - Evidence has demonstrated that nurses with higher education levels have a positive impact on patient care

3. A more effective educational system must be developed, one capable of incorporating shifting demographics and preparing the nursing workforce to respond to current and future health care needs and population health issues.
   - The NOF Nursing Core Competencies are designed to be applicable across all care settings and to encompass all patient populations across the lifespan
   - Evidence-based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race and spirituality are essential for caring for diverse populations in this global society

4. The nurse of the future will be proficient in a core set of competencies.
   - There is a differentiation in competencies among practicing nurses at various levels
   - Competence is developed over a continuum and can be measured

5. Nurse educators in education and in practice settings will need to use a different set of knowledge and teaching strategies to effectively integrate the Nurse of the Future Nursing Core Competencies© into curriculum.
The panel then described the multi-step process used by the NOF Competency Committee to define an initial set of nursing core competencies. This involved reviewing and synthesizing an array of recommendations and competencies developed by other states and groups, as well as practice standards, education accreditation standards, and projected patient demographic and health care profiles for Massachusetts. Based on its review, the committee developed a preliminary set of nursing core competencies, and then embarked on a feedback process, obtaining input from nurses in education and practice settings around the state. The feedback process involved online response opportunities, two statewide summits, and numerous meetings with faculty from public and private associate and baccalaureate nursing education programs, and with nursing leadership groups and nursing practice councils in health care organizations. A gap analysis involving nursing education programs and their clinical practice partners was also conducted to identify gaps between what was currently being taught and what would need to be taught for students to master the preliminary NOF core competencies by graduation.

The committee used data obtained through this process to define the following, updated NOF Nursing Core Competencies®:

- Patient-Centered Care
- Professionalism
- Leadership
- Systems-Based Practice
- Informatics and Technology
- Communication
- Teamwork and Collaboration
- Safety
- Quality Improvement
- Evidence-Based Practice

The NOF Nursing Core Competencies® were published in August 2010 and distributed to conference participants. As explained in the document, the NOF Nursing Core Competencies® emanate from nursing knowledge, which reflects the overarching art and science of the nursing profession and discipline. Essential knowledge, attitudes/behaviors, and skills (KAS), reflecting the cognitive, affective, and psycho-motor domains of learning, are identified for each competency. Taken as a whole, the KAS establish expectations for initial nursing practice following completion of a pre-licensure nursing educational program.

After presenting the ten NOF Nursing Core Competencies®, the panel described current efforts to incorporate them into nursing curricula. These include gap analyses that are being conducted by education and practice partners throughout the state. Additionally, Springfield Technical Community College, the University of Massachusetts Amherst, and Baystate Medical Center have collaborated to develop an integrated curriculum model based on the competencies that assures a seamless progression through an ADN and BSN program. The competencies are also being disseminated beyond Massachusetts to nursing education programs and practice sites in New England and across the country.

The panel concluded by highlighting lessons learned by the committee, noting how innovation is an iterative process, and how exploring alternative ideas and finding areas of agreement—divergence and convergence—are equally important. The panel also described the value of using the Circle methodology described by Christina Baldwin in her book, Calling the Circle (1998). This methodology emphasizes listening with attention, speaking with intention, contributing to the well-being of the group, and assuring that everyone feels listened to, respected, and valued. The panel’s final word was an appeal to the “coalition of the willing,” in which they invited the audience to join them in taking the next steps toward fulfilling the NOF mission.
MONE Academic Practice Integration Committee: Results from the State of the Preceptorship Survey

Co-chairs Antoinette Hays, PhD, RN, and Maureen Sroczynski, DNP(c), MS, RN, and Margery Chisholm, EdD, RN, CS, ABPP, a member of the MONE Academic Practice Integration Committee (APIC), shared results from the State of the Preceptorship Survey fielded at 20 hospitals across the state, and discussed the survey’s implications for nursing education and practice.

Nurse preceptors play a critical role in helping students master nursing core competencies and facilitating a successful transition to practice. The State of the Preceptorship Survey was designed to identify the current role and preparation of nurse preceptors in MONE member organizations and determine what they need to be effective.

Twenty hospitals from across the state volunteered to participate in the online survey. The survey was completed by 554 staff nurses. The vast majority (94 percent) were female. The highest education level attained by 51 percent of respondents was a BSN, while 40 percent had attained an ADN or diploma. Almost one-third of respondents, 31.5 percent, had been an RN for more than 20 years. The next highest group, 21.7 percent, had been a nurse for between one and three years. The number of years respondents had served as preceptors varied widely, with 19.7 percent serving for less than one year, and 23.2 percent serving for 12 years or more. More than three-quarters of respondents, 76.5 percent, had served as a preceptor in the past two years, and 74.2 percent said they precepted because they like to teach.

Through the survey, respondents identified what preceptors needed to be more effective, citing requirements in the areas of education and communication, workload, support, and recognition. In terms of education and communication, respondents said they needed to know more about different styles of learning and ways of presenting information, including how to be assertive and offer constructive criticism, and how to deal with conflict. When it came to workload, respondents advocated for smaller patient assignments so they could concentrate on working with the preceptee. They also noted they appreciated the support and help they received from nursing leadership and peers in boosting the confidence of preceptees, but expressed surprise at the lack of guidance offered by faculty when they precepted students. Respondents also noted that money is not a critical factor in their decision to be preceptors; however, they would like to see nurse leaders and faculty place a higher value on their opinions about preceptees.

The panel concluded their discussion about the State of the Preceptorship Survey by describing current objectives for the Academic Practice Integration Committee. Over the next year, the committee plans to examine graduate nurse residencies implemented by health care organizations in New England and around the country. In addition to examining their structure and outcomes, the committee wants to evaluate the cost of different residency models and other constraints impacting their implementation. The committee also plans to examine how the NOF Nursing Core Competencies© can be integrated into precepting efforts and used by preceptors to guide and ensure nurses’ successful transition into practice.
**Next Steps and Future Opportunities**

Gayle Gravlin, EdD, RN, NEA-BC, Janet Lusk, MSN, RN, CNE, and Maureen Sroczynski, DNP(c), MS, RN provided information including an update on ongoing efforts to disseminate the NOF Nursing Core Competencies© and strategies to engage a wider group of nurse leaders, educators, and practitioners in the NOF work. In the coming year, DHE will sponsor a series of webinars to facilitate discussion among nurses in academia and service about new approaches to nursing education and opportunities to integrate the competencies into practice and education, including the links to other national nursing education initiatives. DHE will also make available a limited amount of grant money to support academia/service partnerships focused on expanding the use of the NOF Nursing Core Competencies© and increasing the number of BSN prepared nurses. Details about funding opportunities, along with additional information about the Nursing and Allied Health Initiative and NOF project, are available at the DHE website, [www.mass.edu/nursing](http://www.mass.edu/nursing).

The steering committee, composed of members of both the competency and academic practice committee, developed a schematic diagram (below) to identify the work that has been completed and the potential next steps. In addition to the dissemination and education around the competencies, the next steps include a focus on clinical education redesign. This process will include models to link preceptors to the academic settings and the use of other best practices such as dedicated education units. The Academic Practice Integration Committee will focus on the development of preceptor education modules integrating the competencies. All of these activities will further highlight the benefits and outcomes achieved by academic practice partnerships.
BREAKOUT SESSIONS: DISCUSSION AND DIALOGUE

In order to prioritize next steps for the NOF project, the conference attendees were invited to help out by participating in a break-out session in which they could share their ideas and recommendations for advancing the NOF mission. After dividing into ten small discussion groups, audience members debated and offered suggestions for NOF priorities. The groups then came back together and presented their ideas regarding priorities and next steps to the full gathering. Suggestions include the following:

**Disseminate NOF Nursing Core Competencies® and information about NOF work-to-date**
- Encourage conference participants to act as champions and to share information about the NOF Nursing Core Competencies® and the NOF project with nurse leaders, faculty, staff nurses, and preceptors within their organizations
- Utilize webinars, video technology, and existing venues (e.g., grand rounds) in hospitals, long-term care, and home care agencies to spotlight the NOF work and NOF Nursing Core Competencies®
- Leverage social media in disseminating information and reaching the next generation of nurses
- Support dissemination throughout New England and beyond:
  - Initiate meetings between education and practice partners in Connecticut, Rhode Island, and other New England states to discuss how to apply what was learned in Massachusetts
  - Use existing venues to spotlight NOF work

**Obtain buy-in**
- Obtain support and buy-in from deans and chief nurse executives in academic and practice organizations
- Obtain the support of legislative partners and let them know how they can help nursing address barriers related to finances and scope of practice
- Reach out to potential nursing students with the aim of having them approach nursing programs and asking whether they use NOF competencies

**Support efforts to operationalize NOF Nursing Core Competencies® in education and practice**
- Provide exemplars and tool-kits describing concrete ways of moving forward; help organizations avoid “reinventing the wheel”
- Share strategies via webinars, speakers’ bureaus
- Use a “link and label” approach to match competencies to process (i.e., orientation, job descriptions, clinical ladders)
- Encourage education and practice partners to evaluate their educational program against NOF Nursing Core Competencies® through a gap analysis
- Review alignments with accrediting bodies to assure accreditation requirements will not complicate or impede education-practice partnerships
- Support NOF champions and engage them as mentors
- Tap graduate students and use them as resources in moving forward
- Identify/develop funding opportunities
Support clinical nurses serving as preceptors and clinical educators (e.g., preceptors and clinical instructors)

- Align clinical educators with academic faculty mentors; assure faculty provide guidance and support
- Post modules on mentoring and teaching on the Centralized Clinical Placement website and offer college credit to nurses who complete them
- Support preceptors and clinical educators in pursuing higher education by helping them navigate the application/education system

Focus on facilitating transition into practice

- Examine Dedicated Education Unit (DEU) model
- Invest in preceptors and develop preceptor/faculty relationships
- Facilitate knowledge and idea transfer by standardizing language (e.g., preceptorship, internship, residency)
- Incorporate faculty into practice sites as consultants, and practice experts into academia; identify other models for faculty sharing
- Support LPNs in developing practice skills for acute care settings; align LPN and ADN programs and support and encourage LPN progression

Be inclusive

- Reach out to younger nurses, and nurses and students from diverse backgrounds, and invite them to be part of next steps
- Engage LPN programs and faculty as partners
  - Validate the importance of LPNs and their role in the workforce and identify them as essential partners
  - Support ongoing efforts to incorporate the NOF Nursing Core Competencies© into the LPN curriculum and assure alignment with ADN programs; encourage LPN-ADN-BSN partnerships and the creation of programs that support academic learning, critical thinking, and writing skills among LPNs
  - Recognize the needs of lower income students in LPN programs and help find funding to support their progression through higher levels of education
  - Recognize and welcome the diversity among LPN students
- Engage long-term care facilities as partners in supporting transition to practice

RESOURCES AVAILABLE THROUGH DHE

A copy of the NOF Nursing Core Competencies©, slides used by conference presenters, and information about funding opportunities for education and practice partners interested in advancing the NOF mission are available at the DHE Nursing and Allied Health Initiative website, www.mass.edu/nursing.
Planning / Steering Committee Members

R. Gino Chisari, RN, DNP  
Director, Knight Nursing Center for Clinical and Professional Development  
Massachusetts General Hospital

Margery Chisholm, EdD, RN, CS, ABPP  
Professor, School of Nursing  
MGH Institute of Health Professions

Gayle L. Gravlin, EdD, RN, NEA-BC  
Associate Chief Nurse, Nursing Education, Research & Professional Development  
Lahey Clinic Medical Center

Antoinette Hays, PhD, RN  
President-Elect (formerly Dean of School of Nursing & Health Professions)  
Regis College

Leesa-Lee Keith, MSN, BS, RN  
VP Patient Care Services/CNO  
Cooley Dickinson Hospital

Elizabeth Kudzma, DNSc, RN  
Professor of Nursing  
Curry College

Janet Lusk, MSN, RN  
Assistant Director/Assistant Clinical Professor  
Lawrence Memorial/Regis College Nursing Program

Carol Miller, RN, BSN  
Chair, Staff Nurse Council  
Quincy Medical Center

Janet Secatore, MS, RN  
Director, Clinical/Professional Development  
Dana-Farber Cancer Institute

Maureen Sroczynski, DNP(c), MS, RN  
President/CEO  
Farley Associates, Inc.
Nurse of the Future Competency Committee

CURRENT MEMBERS

- Judy Beal, DNSc, RN  Massachusetts Association of Colleges of Nursing
- Gino Chisari, RN, DNP  Massachusetts Organization of Nurse Executives
- David Cedrone  Department of Higher Education
- Susan Conrad, PhD, RN  Massachusetts Association of Colleges of Nursing
- Eileen Costello, MSN, RN  Massachusetts/Rhode Island League for Nursing
- Dale Earl  Department of Higher Education
- Sharon Gale, MS, RN  Massachusetts Organization of Nurse Executives
- Gayle L. Gravlin, EdD, RN, NEA-BC, co-chair  Massachusetts Organization of Nurse Executives
- Antoinette Hays, PhD, RN  Massachusetts Association of Colleges of Nursing
- Laurie Herndon, MSN, GNP-BC, ANP-BC  Massachusetts Senior Care Association
- Elizabeth Kudzma, DNSc, RN  Massachusetts Association of Colleges of Nursing
- Janet Lusk, MSN, RN, CNE  Massachusetts/Rhode Island League for Nursing
- Karen Cervizzi Manning, MS, RN, CRRN, CAN  Massachusetts Center for Nursing, Faculty
- Karen Melillo, PhD, GNP, ANP-BC, FAANP, FGSA  Massachusetts Association of Colleges of Nursing
- Stephanie Mello, MS, MBA, RN  Home Care Alliance of Massachusetts
- Carol Miller, RN, BSN  Southeastern Massachusetts Staff Nurse Council
- Judith Pelletier, MSN, RN  Massachusetts Board of Registration in Nursing
- Marybeth Pepin, MS, RN  Licensed Practical Nurse Education
- Paulette Seymour Route, PhD, RN (former co-chair)  Consultant/Farley Associates, Inc.
- Kathleen Scoble, EdD, RN  Massachusetts Association of Colleges of Nursing
- Janet Secatore, MS, RN  Massachusetts Organization of Nurse Executives
- Maureen Sroczynski, DNP(c), MS, RN, co-chair  Massachusetts/Rhode Island League for Nursing, Faculty Representative
- Diane Welsh, DNP, APRN, CNE  Massachusetts/Rhode Island League for Nursing

PAST MEMBERS

- Alice Bonner, PhD, RN  Massachusetts Department of Public Health
- Cynthia Callahan-Stewart, MS, RN  Massachusetts Senior Care Association
- Thomas Connelly, Jr., PhD, RN  Massachusetts Association of Colleges of Nursing
- Patricia Creelman, MS, RN, CNE  Massachusetts/Rhode Island League for Nursing
- Judith I. Gill, PhD  Massachusetts Department of Higher Education
- Karen H. Green, MA, BSN  Home Care Alliance of Massachusetts
- Donald Grimes, DNP(c), MS, RN  Graduate Student
- Nancy Hoffart, PhD, RN  Massachusetts Association of Colleges of Nursing
- Lily Hsu, EdD, RD  Massachusetts Community College Deans Association
- Maryjoan Ladden, PhD, RN  Consultant: Harvard Pilgrim Health Plan
- Judy Manchester, RN  Massachusetts Senior Care Association
- Erin Mawn  Massachusetts Department of Higher Education
- David McCauley (ex-officio)  Massachusetts Department of Higher Education
- Karen Moore, MS, RN, FACHE (former co-chair)  Massachusetts Organization of Nurse Executives
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THANKS TO:

Maureen Sroczynski, DNP(c), MS, RN,
of Farley Associates, Inc.

Beth Kantz of Corrigan/Kantz Consulting, Inc.
Massachusetts Department of Higher Education
One Ashburton Place, Room 1401
Boston, MA  02108
(617) 994-6950
www.mass.edu

Massachusetts Organization of Nurse Executives
101 Cambridge Street, Suite 110
Burlington, MA  01803
(781) 272-3500
www.massone.org

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