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

The Future Is Now
Today’s Agenda

- Where we began
- Our Structure and process
- Our Outcomes to date
- Lessons Learned along our Journey
- Widening the Circle: Expanding our Work
- The National Context
Goals

- To rapidly increase the number of skilled nurses
- To increase nursing faculty
- To design a nursing education system to meet future demands

Objectives

- Expand education and practice partnerships
- Build regional and statewide models
- Address quality issues
The Nursing Initiative

- **The funding**
  - $500,000 Legislative allocation 2005-2007
  - $1 million allocation 2008
  - $2 million allocation (reduced to $1.39) 2009
  - $1 million budgeted (reduced to $498,000) 2010
  - $635,000 allocated 2011

- **Evidence based planning process**
  - Draw upon existing data and emerging best practices
  - Began with Partnership survey
Nursing Initiative Statewide Advisory Committee (DHE / MHA)
The Partnership Survey

Compelling Forces: Three Common Statewide Needs

- Enhanced clinical and educational competence of faculty
- Better preparedness of students, including:
  - More laboratory space
  - Improved critical thinking skills
  - Programs to assist in transition into work/clinical settings (mentor/intern programs)
- New approaches to nursing education
  - Curriculum that is aligned with today’s demanding nursing practice
  - Unified, standardized with seamless and coordinated curriculum across all nursing programs
  - Accelerated nursing pathways at all levels
  - Better coordination of clinical placements to decrease competition
  - Increased use of simulation in education and practice settings
HIGHER EDUCATION AND THE NURSING SHORTAGE

Expanding the Nursing Education Pipeline

**CONSTRUCTIONS**
- Faculty shortage
- Too few clinical sites
- Too few laboratories

**INCREASE CAPACITY**
- Partnerships
- Strategic Plan
- More faculty
- Capital Plan and nursing labs

**INCREASE FLOW**
- Simulation technology
- Faculty training
- Regional coordination of clinical sites
- Unified curriculum

**OPEN NEW PORTS**
- New degree options
- Welcome Back Center
- Aid recruitment via Web site
- Online education

**REDUCE LEAKS**
- Student retention programs
- Student/new nurse mentoring

**MORE NURSES and NURSING FACULTY**
Project Framework

Department of Higher Education Nursing Initiative

Partnership Survey

Competitive Grants and Projects

Retention Grants
- J&J Promise of Nursing Funding
- Tufts Scholarships

Increasing Faculty
- Welcome Back
- Tufts Scholarships

Increasing Diversity
- Manikins
- Scenario Development
- Faculty Education

Increasing Technology
- 87 Health Care Facilities
- 69 Nursing Programs
- Increasing utilization of long term care and Home Care

Increasing Clinical Placements
- Nurse of Future Core Competencies
- IOM based
- Curriculum Redesign

Education Redesign

Increasing Capacity
- National Education Summit follow up
- Minimum Data Set Collection
- Cost Model
Creativity and Connections

BUILDING THE FRAMEWORK FOR THE FUTURE OF NURSING EDUCATION AND PRACTICE

Nurse of the Future Project

2006-2010
Volunteers Who Sustain the Effort

DHE/MONE co-chairs

MACN BSN

MA Center for Nursing

Home Care Alliance

MARILN ADN

LPN Program Dean

CCNE

Faculty

Staff Nurse

Senior Care Association

BORN
## Competency Group Members

- **Judy Beak**  
  MACN  
- **Karen Cervizzi Manning**  
  MCN/faculty  
- **Gino Chisari**  
  MONE  
- **Susan Conrad**  
  MACN  
- **Eileen Costello**  
  MARILN  
- **Pat Creelman**  
  CC Director  
- **Thomas Connelly**  
  MACN  
- **Sharon Gale**  
  MONE  
- **Gayle Gravlin**  
  MONE  
- **Antoinette Hays**  
  MACN  
- **Laurie Herndon**  
  MA Senior Care  
- **Elizabeth Kudzma**  
  CCNE/Faculty  
- **Janet Lusk**  
  MARILN  
- **Karen Melillo**  
  MACN  

- **Stephanie Mello**  
  Home Care Assoc.  
- **Carol Miller**  
  Staff f Nurse Council  
- **Judith Pelletier**  
  BORN  
- **Marybeth Pepin**  
  LPN Director  
- **Kathleen Scoble**  
  MACN  
- **Janet Secatore**  
  MONE  
- **Paulette Seymour**  
  Route MONE  
- **Maureen Sroczynski**  
  DHE  
- **Mary Tarbell**  
  MARILN  
- **Cynthia Stewart**  
  MA Senior Care  
- **Erin Mawn**  
  DHE
Calling the Circle
The First and Future Culture
Christina Baldwin
author of Life's Companion
Practices of Circle

- Listen with attention
- Speak with intention
- Contribute to the well-being of the group
- Everyone should feel listened to, respected and valued
Creativity and Connections Agenda

➢ Day One: Understanding Best Practices
  - National Council of State Boards
    - New Graduates Survey
  - The Oregon Model
    - Collaborative Education Model
  - AONE
    - Future Care Delivery Model
  - DHMC
    - Simulation to Increase Competence and Confidence

Day Two: Brainstorming Solutions
Agreement on Priorities

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

Nurse of the Future Project

DHE Competency Development Group

MONE Academic Practice Integration Committee Transition into Practice

Curriculum for the Future
Assumptions for the Model
Our Five Shared Beliefs

- **Education and Practice partnerships are key to developing an effective model.**
  - Nursing education and practice setting should facilitate individuals to move more effectively move 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 the 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.
Assumptions for the Model
Our Five Shared Beliefs

- 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 (BSN) by all nurses.
  - Advancing the education of all nurses is increasingly being 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.
Assumptions for the Model
Our Five Shared Beliefs

- There is a need to develop a more effective educational system that is capable of incorporating the shifting demographics in order to prepare the nursing workforce to respond to current and future health care needs and population health issues.
  - The competencies are designed to be applicable across all care settings and to encompass all patient populations across the lifespan.
  - In this global society, essential to the care of diverse populations is the need for evidence-based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race, and spirituality.
Assumptions for the Model
Our Five Shared Beliefs

➢ The nurse of the future will be proficient at 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.

➢ Nurse educators in both education and practice settings will need to use a different set of knowledge and teaching strategies to effectively integrate the Nurse of the Future competencies into curriculum.
The Process
Began with Questions

- What are the models that are out there for competencies?
- What competencies are currently being used in Massachusetts?
- What do we need to develop a common framework for the future in Massachusetts?
All health professionals should be educated to deliver patient centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.
Innovation Process

Act

Plan

Study

Do

New Approaches to Curriculum

Creativity and Connection Process

Pilot Models

Competencies

Gap Analysis

Faculty Feedback

RWJ/IHI
Massachusetts
- Patient Demographics
- Education and Practice Competencies
- NCLEX Test Questions

Draft Document for review 2007

Sub group Drafts

Joint Meetings All Day Retreats

Sub group Re- Drafts

Regional Meetings Local Meetings
- MONE
- MACN
- MARILN

Gap Analysis Pilot Models

Adapt and Spread

Final Document 2010

Competency Committee Review and feedback redraft

DHE Website Feedback

OCNE AACN CCNE NLNAC IOM ACGME QSEN AONE

An Innovation Process
Ten Core Nursing Competencies

In 2010 publication

- Nursing Knowledge as foundation
  - Communication
  - Quality improvement
  - Safety
  - Evidence-based practice
  - Patient centered care
  - Leadership
  - Teamwork and Collaboration
  - Professionalism
  - Informatics
  - Systems Based Practice
CREATIVITY AND CONNECTIONS

BUILDING THE FRAMEWORK FOR THE FUTURE OF NURSING EDUCATION AND PRACTICE

Massachusetts Department of Higher Education Nursing Initiative

Nurse of the Future Nursing Core Competencies®

Draft 11/02/07 #2
# Quality Improvement

The Nurse of the Future will use data to monitor outcomes and care processes, and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Attitudes/behaviors</th>
<th>Skills</th>
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<tbody>
<tr>
<td>Describes the nursing context for improving care</td>
<td>Recognizes that quality improvement is an important part of being a nurse.</td>
<td>Actively seeks information about quality improvement from relevant institutional, regulatory and local/national sources.</td>
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<td>Understands that the nurse and care delivered is part of a broader health care system.</td>
<td>Recognizes that interdependent relationships and a professional work process are important to quality improvement.</td>
<td>Participates in the use of quality improvement tools (such as flow charts, cause &amp; effect diagrams) to make processes of care interdependent and explicit</td>
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<td>Explains the importance of variation and measurement in providing quality nursing care.</td>
<td>Appreciates how unwanted variation affects care and how standardization can support quality patient care.</td>
<td>Participates in the use of quality measures (such as control and run charts) to assess performance and identify gaps between local and best practices.</td>
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<td>Describes approaches for changing processes of care in which the learner is involved.</td>
<td>Recognizes the value of what individuals and teams can do to improve care.</td>
<td>Participates in the use of measures to evaluate the effect of changes in the delivery of care.</td>
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Nurse of the Future
Core Nursing Competencies

- These competencies are the expectations for all professional nurses of the future.

- The Knowledge, Attitude and Skills (KAS) grids are the minimal expectations for initial nursing practice following completion of a pre-licensure professional nursing educational program.
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<td>Apply Quality Improvement</td>
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<td>Evidence-based practice</td>
<td>Scholarship for evidence-based practice</td>
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| Nursing Knowledge        | Liberal education  
                          Discipline of nursing                                                                                     |
| Informatics              | Information literacy  
                          Information management and patient care technology                                                        |
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<td>Quality Improvement</td>
<td>Accountability and responsibility; performance appraisals and QI (5d)</td>
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<td>Safety</td>
<td>• Assessment and Intervention Skills&lt;br&gt;○ Safety and protection (1a)</td>
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<td>• Leadership (6)&lt;br&gt;• Management Skills&lt;br&gt;• Teaching Skills (7)</td>
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<td>Patient Centered Care</td>
<td>• Human Caring and Relationship Skills&lt;br&gt;○ Client advocacy (4c)</td>
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<td>• Communication Skills (2)</td>
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<td>Teamwork and Collaboration</td>
<td>• Human Caring and Relationship Skills&lt;br&gt;○ Cultural respect, cooperative interpersonal relationships (4b)&lt;br&gt;○ Collaboration; assertiveness, risk taking (6a)&lt;br&gt;• Knowledge Integration Skills&lt;br&gt;○ Nursing healthcare and related disciplines (8a)</td>
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<td>Professionalism</td>
<td>Professional Accountability, role behaviors, appearance (6d)</td>
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<td>Evidence Based Practice</td>
<td>Planning, anticipating, supporting with evidence (6c)</td>
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</table>
| Nursing Knowledge | Knowledge Integration Skills (8)  
| | Teaching Skills  
| | Health Promotion; health restorations (7a)  
| | Human Caring and Relationship Skills  
| | Morality, ethics, legality (4a) |
| Informatics | Computing skills (3c) |
Testing the Model
Gap Analysis

Definition

Technique for determining the steps to be taken in moving from a current state to a desired future state.

It begins with (1) listing of characteristic factors (such as attributes, competencies, performance levels) of the present situation (“what is”), (2) cross-lists factors required to achieve the future objectives (“what could be”), and then (3) highlights the ‘gaps’ that exist and need to be 'filled.' Also called need-gap analysis, needs analysis, and needs assessment.

Source
Business Dictionary Online
Massachusetts Nursing Education Redesign

Phase One: Gap Analysis

- Endicott College in partnership with Beverly Hospital/Northeast Hospital Corporation
- Quinsigamond Community College in partnership with Milford Regional Medical Center, Saint Vincent Hospital
- University of Massachusetts Amherst in partnership with Baystate Medical Center
Phase 2: Gap Analysis and Curriculum Planning

- Curry College in partnership with Cape Cod Community College, Quincy College, Hebrew Rehabilitation Center

- Salem State College in partnership with North Shore Community College, North Shore Medical Center

- Fitchburg, Worcester State, Framingham State in partnership with Salem State and all their clinical partners

- University of Massachusetts Dartmouth, in partnership with Bristol Community College, Southcoast Hospitals Group
Phase 3: Integrated Curriculum Model

- Springfield Technical Community College in partnership with UMass Amherst, Baystate Medical Center and regional collaborative of healthcare facilities, nursing programs and the Hampden County Regional Employment Board—“CANDO project” *

- *Western Mass Nursing Collaborative
Learning From the Gap Analysis

- There is a need for a common language between education and practice.

- Competencies with the largest gaps in curriculum:
  - System Based practice
  - Informatics
  - Quality Improvement
  - Evidenced based practice
  - Communication

- Both ADN and BSN programs had gaps

- Practice needs to be involved early in the education process
- A collaborative curriculum model will be developed by fall of 2009
Collaborative Curriculum Model
ADN to BSN

Springfield Technical Community College
University of Massachusetts, Amherst
Baystate Health
The Redesign Process

- Initiation of a Dedicated Education Unit for students entering STCC and continuing to UMA to earn their BS degree

- Regular planning meetings between academic and practice partners
  - Intra institutional work
  - Inter institutional work

- Approval process
  - Approval by STCC/UMA committees
  - Approval by BORN and accrediting agencies

- Implementation Process
  - Development of Advisor role
  - Admission process
  - Ongoing work with Nursing Faculty
  - Cost Analysis
# The Outcome: Pilot Model

## STCC Associate Degree in Nursing – UMass Amherst RN-BS Online Nursing Degree

### 1 + 2 + 1 program

### Program of Study

<table>
<thead>
<tr>
<th>STCC: Pre-Associate Degree</th>
<th>STCC: Associate Degree – Year One</th>
<th>STCC: Associate Degree – Year Two</th>
<th>UMASS: RN-BS Online Degree</th>
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<tbody>
<tr>
<td><strong>FALL:</strong></td>
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<tr>
<td>PSYC 100 Gen Psych (3) (SB)</td>
<td>NURS 102 Nursing 1 (8)</td>
<td>NURS 302 Nursing 3 (9)</td>
<td>N397A Writing in Nursing (3)</td>
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<tr>
<td>CHEM 101 Survey Chem (4) (PS)</td>
<td>NURS 104 Nursing Seminar (1)</td>
<td>BIOL 121 Microbiology (4) (BS) #</td>
<td>N312 Cultural Diversity in Health and Illness (3)</td>
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<td>CHEM 101 Survey Chem Lab</td>
<td>PSYC 400 Normal/Abnormal (3) #</td>
<td>BIOL 121 Microbiology Lab</td>
<td>N XXX Community Health Nursing Theory and Intervention (Gerontology focus) (4)</td>
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<tr>
<td>General Education course (3) *</td>
<td>ENGL 100 English Comp 1 (3) (CW)</td>
<td>SOCL 100 Sociology (3) (SBU)</td>
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<tr>
<td>General Education course (3) *</td>
<td>BIOL 132 Anatomy &amp; Physiology 1 (4) (BS) #</td>
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<tr>
<td>Elective course (3) **</td>
<td>BIOL 132 Anatomy &amp; Physiology 1 Lab</td>
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<td>SPRING:</td>
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<tr>
<td>BIOL 142 Nutrition (3) (BS) #</td>
<td>NURS 202 Nursing 2 (9)</td>
<td>NURS 402 Nursing 4 (9)</td>
<td>N420 Intro to Research in Nursing (3)</td>
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<tr>
<td>STAT 142 Statistics (3) (R1/R2) #</td>
<td>BIOL 232 Anatomy &amp; Physiology 2 (4) (BS) #</td>
<td>NURS 404 Nursing Seminar (1)</td>
<td>N438 Professional Role (3)</td>
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<tr>
<td>Elective course (3) **</td>
<td>BIOL 232 Anatomy &amp; Physiology 2 Lab</td>
<td>ENGL 200 English Comp 2 (3) (AL)</td>
<td>N XXX Family Nursing Across the Lifespan (includes genetics, assessment) (4)</td>
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<td>NURS XXX Pharmacology (3)</td>
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<td>SPRING:</td>
<td>SUMMER</td>
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<tr>
<td>BIOL 142 Nutrition (3) (BS) #</td>
<td>DEU / Immersion experience (3)</td>
<td>NURS XXX Elders Theory Prep Course (1)</td>
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<tr>
<td>STAT 142 Statistics (3) (R1/R2) #</td>
<td>N315 Health &amp; Physical Assessment (3)</td>
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<tr>
<td>Elective course (3) **</td>
<td>N XXXXX Elders Theory Prep Course (1)</td>
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</tbody>
</table>

### Key:
- Total STCC credits – 70
- Total UMASS credits – 61
- Total credits – 13
The Outcomes

- **Program Credits**
  - Total STCC credits – 70
  - Total UMASS credits – 61
  - Total credits – 131
  - Generic BSN UMass credits- 120

- **Cost Difference**
  - Traditional 4 year UMA BS program- $52,608
  - Seamless AD-BS Curriculum- $27,432
  - Savings $25,176
Key Elements for Success

- Inclusion of Practice Partner
- Counseling support for students
- Financial support for students
- Funding for project
The Nurse of the Future
Lessons Learned

- An iterative process of innovation
- Divergence and convergence are part of the process
- Circle methodology allows everyone to feel heard and valued
- Volunteer time sustains and at time complicates the process
- Move forward with the “Coalition of the Willing”
Creativity and Connection: Building a Framework for the Future of Nursing Education and Practice

DHE Competency Development Group

MONE Academic Practice Integration Committee Transition into Practice

Nursing Core Competencies

Curriculum and Practice Models for the Future
CREATIVITY AND CONNECTIONS

BUILDING THE FRAMEWORK FOR THE FUTURE OF NURSING EDUCATION AND PRACTICE
Massachusetts Department of Higher Education Nursing Initiative

Nurse of the Future Nursing Core Competencies®

AUGUST 2010

Available at www.mass.edu/nursing
Competency Dissemination
Massachusetts

- Curry College
- Elms College
- Endicott College
- Fitchburg State Univ.
- Framingham State Univ.
- Greenfield CC
- Mass Bay CC
- Northeastern Univ.
- Salem State Univ.
- STCC
- UMass Amherst
- UMass Dartmouth

- Westfield State Univ.
- Worcester State Univ.
- Cooley Dickinson
- Baystate Medical Center
- Lahey Clinic
- MGH
- Milford Regional Hospital
- Northeast Hospital Group
- Quincy Hospital
Competency Dissemination
New Hampshire

- Colby Sawyer College
- Franklin Pierce University
- St. Anselm College
- Manchester CC
- Nashua CC
- New Hampshire Technical Institute
- Rivier College
- University of NH system-
  - Keene State
  - Plymouth State
- Catholic Medical Center
- Dartmouth Hitchcock Medical Center
- Elliot Hospital
- Southern New Hampshire Medical Center
Competency Dissemination
Rhode Island

- Community College of RI
- Rhode Island College
- St. Joseph’s School of Nursing
- Salve Regina
- University of Rhode Island
- Fatima Hospital
- Kent Hospital
- Miriam Hospital
- Newport Hospital
- Rhode Island Hospital
- St. Joseph’s Hospital
- Visiting Nurse Services of RI
- VA Nursing Academy
- Women’s and Infants Hospital
Competency Dissemination
Other

- AARP Center to Champion Nursing in America
- Health Science Research Associates – Marlene Kramer
- Lawrence Memorial Hospital – Connecticut
- University of Maine Fort Kent

- Maine Partners Investing in Nursing’s Future Statewide grant
- Washington State Center for Nursing
- AJN publication April 2010
Widening the Circle

The Regional and National Perspective
Widening the Circle
Massachusetts, New Hampshire and Rhode Island
Working Together
Robert Wood Johnson Partners Investing in Nursing’s Future (PIN) Grant

Creativity & Connections
MA • NH • RI
Building a Regional Nursing Education Framework
Creativity and Connections: Creating a Regional Nursing Education Framework

- Tufts Health Plan Foundation is Foundation leader
  - Faculty Scholarships - $250,000 to be used as match
  - Secured additional $106,000 in funding
  - Each state is at a different stage of the journey but we all have the same goal.
Regional Model

Tufts Health Plan Foundation (THPF) Matching Funds $250,000

Regional Coordinating Council

RI Coordinating Committee

Faculty Scholarships

NH Coordinating Committee

Centralized Clinical Placements

MA Nursing Initiative Statewide Advisory Committee

Nurse of the Future Competency Development

Massachusetts Hosp. Education & Research Association (MHREA) Fiscal Agent
Outcomes to Date

- Faculty scholarships
  - MA -29 over 2 years for MS and doctorate education ($250,000)
  - NH-4 for doctoral education ($16,340)
  - RI- 6 to date MS and doctorate ($30,000)
Outcomes to Date

Centralized Clinical Placement

- MA – 16,000 placements
  - 92 health care facilities and 76 nursing programs
  - 66% increase in open placements
  - Online orientation added to system

- NH – 376 placements
  - Reviewing online orientation
  - Will remain on MA system

- RI – full state participation
  - Online orientation
Outcomes to Date

Education Redesign

- MA- Funding for more models
- NH- Three phases of Gap Analysis, Curriculum Planning and New Curriculum Model implementation-$43,000 awarded
  - 4 Partnerships
    - DHMC and Colby Sawyer
    - Franklin Pierce, Elliot Hospital & Manchester CCC
    - New Hampshire Tech. Inst., Rivier College & Catholic Medical Center
    - St. Anselm College, Nashua CC & Southern NH Medical Center
Outcomes to Date

➢ Education Redesign-
  • RI- $89,000 awarded
    • All five nursing programs working together to do Gap Analysis and curriculum planning
    • Expected outcome- One common bridge course for all schools
Real change does not come from decree, pressure, permission or persuasion. Real change comes from people who are passionately and personally committed to a decision or direction that they helped to shape.

Margaret Wheatley
The National Context

- AARP Center to Champion Nursing In America
- Carnegie Study: Benner et al.
- The Institute of Medicine Future of Nursing Report
Sponsored by Dept. of Labor, Robert Wood Johnson Foundation and AARP Center to Champion in America

National Summits

• 18 states selected out of 48 applications for first summit in June 2008
• Additional teams invited to “All Country Summit” in February 2009
• Massachusetts invited as an exemplar state for Education Redesign, Advocacy and Messaging and Centralized Clinical Placements
• National webinar Feb. 2010
• Washington, DC summit panel May 2010
• Ongoing learning and support
Nursing Education Capacity Summit Teams

Areas of Focus

- Strategic Partnerships and Resource Alignment
- The Role of Policy and Regulation
- Increasing Faculty Capacity and Diversity
- Education Redesign
18 Participating States
12 more Added

- California
- Maryland
- Virginia
- Oregon
- Texas
- Alabama
- North Carolina
- Mississippi
- Massachusetts
- North Dakota
- Wisconsin
- South Carolina
- Florida
- Hawaii
- Colorado
- Michigan
- Illinois
- New Jersey

- GA, ID, IN, KY, LA, NE, NM, NY, OH, RI, WA and WV. Added 3/09
The National Context
The Carnegie Messages

- What we should teach in nursing?
- How should we teach nursing?
- Where should we teach nursing?
- What will be the work and the role of nurses as we move into the future?
The Carnegie Study
Educating Nurses: A Call for Radical Transformation

Recommendations

For the student experience

- Introduce pre-nursing students to nursing early in their experience
- Broaden the clinical experience
- Develop teaching methods that keep students focused on the patients' experience
- Develop clinical residences for new graduates
The Carnegie Study
Educating Nurses: A Call for Radical Transformation
Recommendations

For faculty

- Support robust, ongoing faculty development for all who educate nurses

- Include teacher education courses in master’s and doctoral programs

- Improve the work environment for staff nurses and support them in learning to teach
The Carnegie Study
Educating Nurses : A Call for Radical Transformation
Recommendations

For programs

- From a sharp separation of clinical and classroom to an integration of the two

- From emphasis on critical thinking to emphasis on clinical reasoning

- From an emphasis on socialization and role taking to an emphasis on formation (identity and self understanding)

- Teach for salience and action in particular situations
The Carnegie Study
Educating Nurses: A Call for Radical Transformation

Recommendations

For policy changes

- Come to an agreement about a set of clinically relevant prerequisites

- Transform diverse pathways into a unified whole
  - Redesign and reconfigure roles of ADN and diploma; Create seamless transitions
  - Develop more ADN to MSN programs
  - After 2012 require all who pass NCLEX to get BSN in 10 years
The New Models

- A paradigm shift from articulation or 2+2 or ADN/BSN to a new system of education and seamless curriculum models

- Learning activities are as close to actual nursing practice as feasible

- Preceptors as clinical teaching associates
The Institute of Medicine Report
The Future of Nursing:
Leading Change, Advancing Practice
The IOM Future of Nursing Report

- Transform Practice
- Transform Education
- Transform Leadership
- Develop better data on nursing workforce
Nurses should practice to the full extent of their education, training and licensure.

Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

Effective workforce planning and policy making require better data collection and an improved information infrastructure.
The IOM Future of Nursing Report Recommendations

1. Remove scope of practice barriers
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
3. Implement nurse residency programs
4. Increase the number of BSN nurses 80% by 2020
5. Double number of nurses with doctorates by 2020
6. Ensure that nurses engage in lifelong learning
7. Prepare and enable nurses to lead change to advance health
8. Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data
The IOM Future of Nursing Report
Next Steps

- National Roll out meeting Nov. 30, 2010
  - MA, RI, NH reps to attend
- Partnering with AARP Center to Champion Nursing in America for Implementation
- Regional Awareness Meetings
  - November 30th
  - MONE and MACN to co-sponsor
- Regional Action Coalitions
  - 5 pilots
  - We have received notification that we can start in February
  - We want to expand current regional model
  - We hope Maine, Vermont and Connecticut will join us
What would Florence Say

“Nursing is an unending process of learning.”

“For us who nurse, our nursing is a thing which, unless we are making progress every year, every month, every week, take my word for it, we are going back.”
The Future Is NOW !
The journey of one thousand miles begins with one step.

We have begun the journey

We ask that you all join us!