



## ***Nursing Education Redesign for California: White Paper and Strategic Action Plan Recommendations***

### **Project Summary**

The development of the White Paper and Strategic Action Plan for Nursing Education Redesign for California (White Paper), was funded by the Gordon and Betty Moore Foundation under the leadership of the California Institute of Nursing & Health Care (CINHC), a nonpartisan, not-for-profit organization dedicated to optimizing the health of Californians through nursing excellence. CINHC is moving forward efforts to complete a statewide nursing Master Plan that addresses **four priority goals**:

- An educational system that provides an adequate supply of well-educated nurses prepared for the evolving health care delivery system;
- A workforce representative of California's rich ethnic and racial diversity;
- A working environment that supports quality, safe care, and professional development; and
- A recruitment strategy that benefits all health care providers and patients.

The statewide nursing Master Plan emphasizes **six focus areas**: Data, Diversity, Education, Nursing Practice, Recruitment, and Work Environment. **Goal 1** of the Master Plan, *Building Education Capacity in California Schools of Nursing*, (Jones & Leach, 2005) and **Goal 2**, *Increasing Diversity in California's Nursing Workforce* (Adams & Napper, 2007) have informed this project. This White Paper informs **Goal 3** of the Master Plan: *Redesigning Nursing Education for California*.

The White Paper was developed through the collaborative efforts of a group of Thought Leaders representing nursing education, service (employers of nurses in clinical care delivery settings), professional organizations, policy agencies, and the state RN licensing board. The intent was to tap into the best convergent thinking of leaders of key constituencies to build consensus on action strategies for nursing education redesign in California. Evidence-based consensus-building, strategic action planning, and improvement processes, including appreciative inquiry, relationship-based collaboration, Delphi technique, participatory action planning, critical reflection, and the IHI model for improvement were utilized for generating strategic priority recommendations for redesign.

The process for developing the White Paper included:

- Examination of major forces driving the need to reshape nursing education in California schools of nursing;
- Identification of key factors that have served as barriers in nursing education redesign;
- Analysis of current best practices and evidence-based innovations in nursing education;
- Process for building broad-based consensus within nursing education and practice around education redesign;
- Recommendations on the elements of nursing education to be redesigned, drawing on the findings and recommendations of the Carnegie National Nursing Education Study and other evidence-based education practices;
- Action steps to accomplish the redesign;

- Exploration of funding options to finance redesign; and
- Plan for education and information for policy makers and potential funders on education redesign needs and priorities.

The Action Priorities identified in this White Paper reflect the work of Strategic Action Workgroups of the Nursing Education Redesign Thought Leaders and key stakeholders from across the state, and other statewide and national organizations, who contributed valuable insight and perspectives regarding nursing education redesign. Thought Leaders met face-to-face in March, July, and August (2007) to engage in a consensus-building process for change, utilizing evidence-based processes for building consensus around improvement.

Drafts of strategic action priorities identified by the Thought Leaders were distributed to a wide circle of stakeholders in July and September for input and feedback prior to final synthesis of the Thought Leader recommendations for nursing education redesign. The Action Plans for these seven groups are located in Appendix B (separate attachment) and informed the final recommendations and strategies presented at the end of this document. These recommendations and strategies will shape the direction that the California Institute for Nursing & Health Care will take in addressing Goal 3 of its Master Plan: *Nursing Education Redesign for California*. The White Paper and Master Plan will guide the Institute's work to serve as a catalyst for nursing redesign efforts, which are strategically essential for improving the health of Californians by preparing a workforce of well-educated and highly-qualified registered nurses.

This project also builds upon the results of a joint project of the Deans and Directors of California schools of nursing and ACNL through a "World Café" consensus building process in 2004. Action-focused key recommendation themes from the 2004 World Café were:

- Innovation in Education
- Collaboration
- Improved Work Environment, Recruitment and Retention
- Faculty Recruitment/Retention
- Regulatory Restrictions
- Funding for Nursing Education

The full White Paper on Nursing Education Redesign document and attachments can be obtained by accessing:

[www.cinhc.org/atWork](http://www.cinhc.org/atWork)

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***NURSING EDUCATION REDESIGN FOR CALIFORNIA:  
STRATEGIC PRIORITIES***

**VISION:**

*Professional registered nurses are well prepared to practice in the evolving health care delivery system, leading Californians to better health.*

1. Forge strong academic/service partnerships to assure quality, safe, and successful nursing education outcomes.

*CALIFORNIA COALITION FOR NURSING EDUCATION REDESIGN*

2. Clarify clinical and professional role competencies and plan for development of professional nurses.

*PROFESSIONAL AND CLINICAL ROLE FORMATION AND DEVELOPMENT  
BASED ON A NOVICE-TO-EXPERT CONTINUUM*

3. Create a collaborative education model for “seamless” advancement to higher degrees in nursing: ADN, BSN, Graduate/Doctoral levels.

*CALIFORNIA NURSING EDUCATION HIGHWAY*

4. Collaborate to recruit, develop, and retain a well-prepared and diversified faculty.

*NURSING EDUCATION WORKFORCE DEVELOPMENT PLAN*

5. Integrate high-fidelity simulation, technology, and informatics into nursing education.

*STATEWIDE ALLIANCE FOR CLINICAL SIMULATION USERS  
& COLLABORATION WITH THE “TIGER INITIATIVE”*

6. Assure safe and effective transition from pre-licensure graduate to entry-level practice through evidence-based residencies for new graduate transitions.

*STATEWIDE MANDATE FOR NEW GRADUATE RESIDENCIES*

7. Create a centralized nursing education resource center and data repository to support continuous innovation and evaluation of education interventions and outcomes.

*CALIFORNIA CENTER FOR NURSING KNOWLEDGE*

**OUTCOME:**

*A nursing workforce well-prepared for the evolving health care delivery system.*

## NURSING EDUCATION REDESIGN FOR CALIFORNIA Action Plan Objectives and Strategies

### *Objective 1:*

*Forge a strong and stable coalition of academic, service, policy, and industry partners to shape nursing education in California.*

Establish a stable coalition of academic, service, policy, and industry partners to:

- Set the processes
- Request input
- Promulgate the information
- Establish evaluation metrics
- Manage a central clearinghouse of data
- Seek resources for sustainability

### *Rationale:*

Substantial agreement exists on the imperative to **forge academic/service partnerships** that will collaboratively build solutions for the pressing issues around quality nursing education. A strong unified voice, possible through these partnerships, is imperative to set statewide standards and oversee the process of education redesign and the implementation of the recommendations of the White Paper.

### *Strategies:*

1. Engage stakeholder organizations in shaping a coalition to serve as champions for redesign.
  - Select redesign champions, representing service and academia from all regions of the state, as well as sponsor and key stakeholders. These champions will drive effective redesign.
2. Seek funding for the redesign plan, including a project leader to oversee the process and to support the workgroups that actualize the plan.
3. Support actualization of academic/service partnerships that optimize clinical learning experiences along the continuum of learning, from novice to expert levels of practice.
  - Set standards to optimize clinical education through academic/service partnerships.
  - Service partners will define, plan, and deliver effective strategies for creating a practice environment that fosters optimum clinical education for students.

### *Objective 2:*

*Establish core competencies and guide clinical and professional role formation and development based on a novice-to-expert continuum.*

### *Rationale:*

Curriculum redesign must align with evidence-based practices that assure safe and effective health care, based upon achieving the required core competencies of the graduate. Agreement by both academia and service is needed on core clinical and professional role competencies for new graduates, to serve as a guide to delineate academic and service accountabilities for educating nurses, thus effectively closing the “gap” between education and service. These competencies will also guide curriculum redesign for education and the transition of a new graduate into the practice setting and moving to proficient and expert levels of development.

**Strategies:**

1. Establish core competencies for professional and clinical roles, tapping into the work of other statewide and national collaboratives and professional organizations.
2. Apply Carnegie Study recommendations on integrative teaching/curriculum approaches for professional role formation and development.
3. Develop curriculum frameworks in nursing programs that meet the core competencies needed for new graduates.
4. Collaborate to create learning and practice environments that foster professional and clinical role development.

**Objective 3:**

***Provide a coordinated statewide system for increased access to RN education and seamless advancement to BSN, graduate, and doctoral degrees.***

**Rationale:**

Associate degree programs produce 70% of California's new nursing graduates; however, demand for nurses with higher levels of education continues to increase to meet the expectations of health care industry employers and to serve as faculty in schools of nursing. Despite statewide efforts to address this problem of access and articulation between levels of education, substantial obstacles continue to exist around equitable access to RN-entry programs. Other states have taken action to assure seamless advancement of education to BSN and graduate levels through collaborative education models, as well as opening up the pipeline for more qualified and diverse entry-level students. California can build upon the learning from other states to educate more nurses with higher degrees in nursing, without compromising the contribution that the associate degree level of education makes to the nursing pipeline.

**Strategies:**

1. Sponsor demonstration projects to actualize collaborative partnerships between community colleges and colleges/universities granting baccalaureate degrees in nursing to provide for seamless and efficient articulation between programs.
  - Seek funding sources to support collaborative education demonstration projects that can be accomplished in 12- 24 months.
2. Identify perceived barriers to the collaborative model and identify action steps to address those barriers.
  - Collaborate with California Community Colleges and California State University Chancellors Offices on policy initiatives to overcome barriers.
3. Build diversity in students with advanced degrees by increasing access of community college students to higher education.

**Objective 4:**

***Collaborate to recruit, develop, and retain a well-prepared and diversified faculty.***

**Rationale:**

A sufficient supply of highly qualified nurse educators is the most critical factors in achieving successful educational outcomes. Insufficient numbers of nursing faculty has the potential to be the major barrier in educating sufficient numbers of highly qualified nurses. Current vacancy rates, the growing use of part-time faculty, and the looming retirement of the majority of nursing faculty all drive the growing crisis associated with the shortage of nursing faculty. Significant resource investment is required to

assure novice-to-expert development of high-performing nurse educators: preceptors, mentors, clinical instructors, early- and mid-career faculty, and nursing education executives. Well-prepared educators produce well-prepared nurses. Significant barriers to faculty recruitment, retention, and satisfaction include disparate salaries, excessive workloads, and limited mentoring for career development.

**Strategies:**

1. Develop a faculty workforce plan to assure that we have faculty needed to educate nurses over time and optimize utilization of limited faculty resources.
2. Prepare a White Paper providing an in-depth analysis of barriers and solutions to recruiting and retaining faculty.
3. Implement innovative solutions to address faculty salary disparities.
  - Identify successful practices in increasing faculty salaries.
4. Conduct a statewide campaign to promote nursing education as a desired career path.
  - Identify incentives for nurses to become educated as faculty.
5. Create and implement plans to develop faculty to be responsive to new educational modalities appropriate for 21<sup>st</sup> century students.
  - Assess and evaluate faculty development activities.

**Objective 5:**

***Integrate clinical simulation, technology, and informatics into nursing education curriculum.***

**Rationale:**

High-fidelity clinical simulation has the potential to transform nursing education. Simulation, along with technology, and informatics offers new opportunities for educators to teach more effectively and for students to learn safely and with minimal risk to patients. However, simulation, technology, and informatics also offer formidable learning challenges to faculty and students as they must learn new ways to learn, practice, and teach.

**Strategies:**

1. Develop a statewide alliance for nursing clinical simulation users to enhance and foster the development of simulation as a modality to transform the education of registered nurses.
  - Create training and mentoring programs that assure proficiency in the use of simulation in nursing education.
  - Create an ongoing forum and process to ensure Academic/Service collaboration for simulation scenario development, incorporating standards and role-based competencies and best practice components.
  - Establish a centralized web-based, reference repository for high-fidelity simulation.
2. Work collaboratively with the national TIGER Initiative (Technology Informatics Guiding Education Reform) to integrate technology and informatics into academic and clinical education curricula on a statewide basis.
3. Facilitate faculty development to incorporate high-fidelity simulation, technology, and informatics into education pedagogy and curriculum design.

**Objective 6:**

***Assure safe and effective transition from pre-licensure graduate to entry-level practice through evidence-based residencies for new graduate transitions.***

***Rationale:***

Health care in the evolving health care delivery system is too complex for new graduates who enter the workforce as beginners to safely practice independently. The evidence shows that it takes guided experience over time to move to the proficient level of practice necessary to function safely and effectively in today's complex health care environment. Skilled preceptors, mentors, evidence-based residencies, and transition programs are needed to guide newly licensed RNs to proficient levels of practice.

***Strategies:***

1. Compile evidence-based standards for new graduate residencies to inform the employers of nurses as they design and develop or adopt residency programs.
  - Study demonstration models that show evidence congruent with these standards.
2. Articulate the business case for evidence-based residencies.
  - Engage service in the importance of residencies through making evident the business case based on demonstrated outcomes.
3. Develop a process to move toward a statewide mandate for evidence-based and effective residency programs for all entry-level RN graduates.
  - Explore long-term funding strategies for residencies.

***Objective 7:***

***Create a centralized nursing education resource center and data repository to foster ongoing convergent thinking, consensus building, innovation, training, and research supporting and informing the advancement of effective nursing education.***

***Rationale:***

An infrastructure must be in place to move these strategic priorities for education redesign forward. Education redesign is an ongoing process involving quality improvement, gathering of evidence-based best practices, education, research, and continuing education of faculty. Resources are required in order to move redesign forward, sustaining continuous nursing education quality improvement for the long run.

***Strategies:***

1. Create and implement a strategic plan for building wisdom and evidence on nursing education and practice.
  - Establish the California Center for Nursing Knowledge.
  - Convene regular gatherings of key stakeholders to build collective wisdom and strategic actions for ongoing improvement in nursing education.
  - Develop a curriculum for “intensives” and learning laboratories on transformational learning for faculty (e.g., faculty “boot/creativity camps”).
2. Design innovative economic models and mechanisms for sustainable quality education and innovation.
3. Link with other community, regional, statewide, and global alliances to foster nursing educational outcomes aligned with the evolving healthcare delivery system.
4. Explore strategies for innovative interdisciplinary and inter-professional education to improve health outcomes.
5. Serve as the catalyst for the integration of new thinking and knowledge into curriculum reform and advance these innovations into the mainstream of nursing education in California.



**NURSING EDUCATION REDESIGN FOR CALIFORNIA**  
**Plan for Moving Forward – 2008**

**1<sup>st</sup> Quarter 2008**

- A. Disseminate White Paper and hold dialogue with key stakeholders  
Continue to widen the circle of knowledge and input. Build consensus and community of professional nursing practice statewide
- B. Plan for convening of coalition cosponsors.
- C. Begin to identify potential champion leaders for major action strategies
- D. Begin process for soliciting grants to support objectives and strategies
- E. Prepare dissemination materials and publication plan for Nursing Education Redesign Speakers and Writers Bureau

**2<sup>nd</sup> Quarter 2008**

- A. Convene co-sponsors – form coalition plan
- B. Develop a plan, including how action teams will move forward
- C. Thought Leaders present at targeted stakeholder meetings
- D. Plan for Magic in Teaching 3 in 2009: Focus on patient safety and quality & evidence-based nursing education
- E. Identify project leaders and action teams
- F. Submit funding proposals based on coalition plan of targeted priorities
- G. Develop policy plan for strategic areas
- H. Present at National Conference of Nursing Workforce Centers meeting in Denver

**3<sup>rd</sup> Quarter 2008**

- A. Approve detailed strategic action plan for 2008: Measures & Milestones
- B. Initiate implementation of action plan
- C. Submit funding proposals to support implementation of action plan
- D. Submit manuscripts for publication to communicate California plan to broader audiences

**4<sup>th</sup> Quarter 2008**

- A. Action groups submit interim report & milestones:
  - Coalition formed, leaders identified, action groups convened, standards in development
  - Core competencies for consensus identified
  - Plan for collaborative education demonstration projects
  - Evidence-based standards for residencies and demonstration models identified
  - Statewide simulation users centralized web-based repository
  - Funding grant for faculty recruitment/retention in place
  - California Center for Nursing Knowledge established
- B. Continue publications, presentations, funding proposals, policy plan
- C. Approve plan for 2008/2009