



AACN'S VISION FOR ACADEMIC NURSING

January 2019

Executive Summary

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- ◁ Increase emphasis on faculty development and career advancement.
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Background

As the voice of academic nursing, the American Association of Colleges of Nursing (AACN) serves as a catalyst for excellence and innovation in nursing education, research, and practice. Since its inception in 1969, the organization has worked to improve the quality of nursing care by re-envisioning traditional nursing roles, strengthening nursing education programs, and striving to create a more highly educated nursing workforce. At a time when new models of health care are being introduced and the roles for registered nurses (RNs) are expanding, the need to reconsider how best to educate the nursing workforce of the future is critical.

As indispensable members of the healthcare team, nurses today are at the forefront of advancing evidence-based solutions and leading innovation in an atmosphere of accelerating change. The imperative to evolve is driven by the needs of students, employers, and consumers of care. Nurse educators must be nimble enough to embrace new technology and explore fresh approaches to teaching designed to satisfy the diverse learning needs of contemporary nursing students. Given the growing body of evidence linking education to quality outcomes, employers increasingly expect registered nurses to be prepared at the baccalaureate level. Increasingly, care is provided not in hospitals, but within the community; thus, we can no longer prioritize the preparation of nurses for roles confined to acute care settings. The scope of registered nurse practice also is changing, with RNs expected to play a greater and accessible care. To underscore this point, the Josiah Macy Jr. Foundation¹ has emphasized nation unless registered nurses are part of the solution, and we must prepare them appropriately and then use them for this role. ¹ (p. 25) From mounting concerns over patient safety to the growing need for primary care providers, nurses must be supported to thrive while working on the front lines to implement solutions needed to repair a fragmented care delivery system.

With the goal of meeting the needs of a dynamic and global society, this

Environmental Scan: Current State and Future Needs

The Vision for Nursing Education Task Force conducted a broad environmental scan to summarize trends and projected changes in health care, higher education, population demographics, learners and learning styles, the nursing workforce, nursing regulation, and patient/populations needs. While the trends and changes described are not exhaustive, they inform the vision being advanced.

CHANGING HIGHER EDUCATION

Higher education has been subject to shrinking federal and state funding, rising tuition, aging infrastructure, variation in funding sources, fluctuations in available resources, and changing

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experiences; and the availability, acceptability, affordability, and accessibility of technology to enhance learning. As technologies evolve, the availability and affordability of the new learning opportunities for all institutions and all learners must be planned.

academic enterprise, and current models of tenure and promotion. To better suit the institutional mission, many schools have instituted both clinical (or practice) and research faculty tracks for recruitment, promotion, and tenure of faculty. Due to the differential in academic and practice salaries, concerns have been raised about fewer nurse clinicians choosing to enter academia.²⁶ This challenge fuels a call for new models of faculty mix and utilization and the need to develop robust partnerships with the practice community.²⁷ Growing options for practice and research within industry and the clinical services enterprise have provided alternatives to academic careers for nurse scholars. With the growth of the practice doctorate and the need to maintain advanced practice licensure, new academic workload mode

available anywhere and at any time. Shifting care delivery to retail, community, or home settings has the potential to produce cost savings, a shift in workforce distribution, and a change in requisite skills. Healthcare systems are revising strategic goals and reorganizing services to move more care outside of inpatient institutions. The American Hospital Association reported that from 2008 to 2012, outpatient visits rose from 624 million to 675 million while inpatient visits decreased from 35.7 million to 34.4 million.²⁸ Urgent care clinics are employing growing numbers of advanced practice registered nurses (APRNs) to deliver services at a 72% savings over emergency departments and project growth to 12,000 urgent care clinics by 2019.²⁹ The increasing use of telehealth as well as the growth of non-hospital settings will affect the RN and APRN nursing workforces.

Preparing graduates for the rapid advancement of technologies in practice also is a challenge.

upon to deliver quality care in increasingly technologically enhanced settings (which include electronic health record systems used to order interventions), document treatments, monitor patient reaction to treatments, and communicate across the care team. Telehealth technologies are used to provide healthcare in rural (and other) areas where health care options are limited. Technologies, including artificial intelligence and wearable devices, are emerging rapidly to support diagnostics, patient monitoring, care delivery, and evaluation/trending of care outcomes.

CHANGING NURSING WORKFORCE

in complex, integrated healthcare delivery systems. With patients and families experiencing multiple transitions across care settings, nurses need to have higher level knowledge and skills to support safe transitions and minimize fragmentation of care. Growing demands for an increasing number of baccalaureate and higher-degree prepared nurses require new education and professional development models, particularly new clinical education models. Strong academic-practice partnerships are needed to co-design clinical education that is relevant and reciprocal, ensuring that graduates are prepared to practice in the continually changing healthcare system while models. To improve healthcare outcomes and the overall health of the population, nursing faculty will need to prepare nurses with a solid knowledge and skill set to practice across settings, provide care to diverse populations, address the social determinants of health, and minimize health disparities.

In 2016, the Josiah Macy Jr. Foundation brought together leaders in nursing education and primary care to examine current education along with best practices. The result was the proposed actionable recommendations for re-balancing nursing education and, specifically, a call to encourage registered nurses to become leaders in primary care teams, practicing to their full scope to improve the health of the American people.³⁰ The lack of primary care content in the

that a higher mix of BSN and higher degree educated RNs in the workforce improves outcomes of care.⁴²⁻⁴⁵ In 2003, a second task force (TFER II) was charged with identifying the knowledge and skills that would be needed by future nurses to address the many gaps in healthcare and improve outcomes. The TFER II report, *White Paper on the Role of the Clinical Nurse Leader*,

. The AACN Board of Directors, in addition to approving the white paper, passed a motion to assume leadership in the development of a new legal scope of practice and credential for the new nursing professional, the Clinical Nurse Leader (CNL). The CNL Certification exam was launched in 2007 and, to date, more than 10,000 nurses have been credentialed through this examination. As reports increasingly show improved quality of care, lowered costs, increased patient satisfaction, and improved care outcomes linked to this new provider, healthcare systems continue to integrate CNLs into the nursing workforce.⁴⁶⁻⁵⁰

Since the time of inception, regulation of advanced practice registered nurses (APRN) has varied by state and by APRN role. In the early 1990s NCSBN began its involvement with APRN regulation by developing model legislation for APRN licensure and core competencies. In 1995, NCSBN began working with national APRN certifiers to ensure that examinations were suitable for regulatory purposes. In 2004, in response to growing variability among state boards of nursing requirements for APRN licensure/certification, AACN and the National Organization of Nurse Practitioner Faculties (NONPF) initiated the APRN Consensus Group and then the APRN Joint Dialogue Group to join the work of the Consensus Group together with that of NCSBN. In 2008, the final report of the Joint Dialogue Group, *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*, was released and endorsed by 40 national nursing organizations.⁵¹ Implementation of the new regulatory model by all organizations engaged in any aspect of the model has been ongoing since 2008. To date, 16 states have fully implemented all aspects of the model, and another 10 have implemented most of the model requirements. When fully implemented across all states, the model will provide standardization in APRN regulation for the over 488,000 credentialed APRNs in the U.S. thereby improving mobility across states as well as increased access to APRN care.⁵²

Vision for the Future

The Vision for Nursing Education Task Force extensively reviewed and thoughtfully considered the many issues explicated through the environmental scan. Built on these trends and validated assumptions, a future vision for nursing education was developed that serves to meet the needs of a dynamic and global society and a diverse patient population. Multipleq0.00000912 0 612 792 reW*ñBT/F4 12

prepare the current and future nursing workforce to be reflective of the society it serves while simultaneously fulfilling society expectations and needs.⁵³ Suggested actions to advance this goal include:

- ◁ Adopt holistic admission review practices, which include attention to experiences and personal qualities in addition to traditional measures of academic achievement such as grades and test scores^{36, 38, 54} and support students to ensure success in the programs.
- ◁ Foster strategies to increase recruitment and retention of the nursing workforce in all geographic environments in consideration of the maldistribution of care providers (e.g., rural areas).
- ◁ Build a culture of diversity and inclusion in academic nursing.

Transition to Competency-based Education and Assessment

The current model for nursing educational experiences, both didactic and clinical, often fails to ensure attainment of competencies. There is an inability to control available learning experiences for each student and clinical time may avert intentionality. Hours can be logged, but there is no assurance that all students have equitable experiences or that competencies are achieved. Moving to a competency-based model would foster intentionality by defining competencies and associated attributes, methods for achievement, and outcome measurement.

At the national level, consensus is growing in terms of preparing health professionals via competency-based education (CBE).^{1, 8, 11, 12, 55, 56} Academic leaders across all disciplines are calling for transition to programs that are predicated on mastery of competencies. In nursing, such a move could modulate concerns of clinical preceptors and employers frustrated by the diverse expectations of students entering clinical experiences as well as expectations of new graduates.

There may be numerous ways to approach CBE as a multi-faceted solution to complex challenges within higher education. Incremental steps may be needed over time, but regardless, critical and CBE is the desired framework to ensure this.

Although there may be more questions than answers at this point, evidence continues to emerge revealing how institutions are designing and implementing time-variable CBE at the course, program, or institutional level. While CBE has captured the attention of many in higher education, the effectiveness and scalability must be ensured, and there are challenges to be addressed, to include:^{13-15, 57}

- ◁ Considerable re-tooling of infrastructure related to prevailing institutional models, e.g.,

In nursing, the transition to CBE will occur over time and will depend on the development of nationally recognized, measurable competencies,

areas (e.g., health policy, epidemiology, or pathophysiology) should be valued as determined by the mission and needs of the institution. Teaching teams that include individuals with expertise in curricular design, instructional technology and other advances in learning also are important to address the growing complexity and diversity of health care, learners, and higher education. A multidisciplinary Center for Teaching and Learning Excellence developed by AACN would showcase and support the development of innovative learning experiences and curricular models, for both didactic, simulated and real-life clinical learning.

In summary, suggested actions include:

- ◁ Faculty to demonstrate current and sustained knowledge of the AACN Essentials as well as have documented competency in an area of practice/specialization;
- ◁ Additional study in the science of pedagogy and neuroscience of learning as reflected in their teaching is encouraged for faculty/master teacher status;
- ◁ Faculty hold diverse degrees and engage in robust programs of research in practice, education and other relevant disciplines;
- ◁ Teaching teams that include individuals with expertise in curriculum design, instructional and immersive technology and other advanced learning are formed; and,
- ◁ A multidisciplinary Center for Teaching and Learning Excellence developed by AACN to showcase and support the development of innovative learning experiences and curricular models, for both didactic, simulated and real-life clinical learning.

Explore and Adopt Opportunities for Resource Efficiencies

Increasing costs and scarcity of resources in higher education and health professions education, including the faculty shortage, are projected to grow. A shortage of qualified and experienced faculty at each nursing school puts educational quality at risk and jeopardizes consistent student exposure to critical knowledge and skills and guidance by expert faculty. Suggested actions to address these changes and scarcity of resources include:

- ◁ Simulated and real-life field learning is proportioned to assure adequate exposure to essential high-risk, low-volume clinical experiences and achieved through advancements in technology and the development of virtual learning and assessment, including in the affective and cognitive domains.
- ◁ Development of regional consortia of nursing schools to collaborate in providing core and optional/elective courses or areas of content for entry-level and advanced nursing. This is to promote high quality learning, address the faculty shortage, and better utilize scarce resources and expertise. The consortia could be similar to the Nursing Education Xchange (NEXus) housed at the Oregon Health & Science University or achieved through an AACN-coordinated repository/service.
- ◁ Formation of regionally accredited learning (simulation) centers provide access to current and new technologies for students and practicing clinicians; the centers would distribute costs across schools offering more affordable and accessible options.

ADVANCING FUTURE NURSING EDUCATION PATHWAYS

The environmental scan presents multiple and varied challenges that will impact nursing education. Streamlined education pathways and overarching curricular changes will move the profession towards addressing these challenges.

Entry to Practice (Baccalaureate

Degree Entry)

-time support for the Bachelor of Science in Nursing (BSN) degree, the task force envisions that the BSN will be adopted as

mental health, care coordination, and interprofessional team practice) are threaded and assessed across the four spheres of care.

Substantial clinical experiences would need to be provided within appropriate areas/sites that reflect the four spheres of care and include combinations of experiences in acute care, ambulatory,

new knowledge and application of best evidence. Those pursuing a doctoral degree in nursing (either research- or practice-focused) and interested in an academic career would seek additional preparation through one of the three options for additional preparation in learning science and pedagogy as delineated on page 13.

Doctoral Core

focused degree in nursing, opportunities to complete practice-focused doctorates are available in a streamlined path.

State of Current Programs

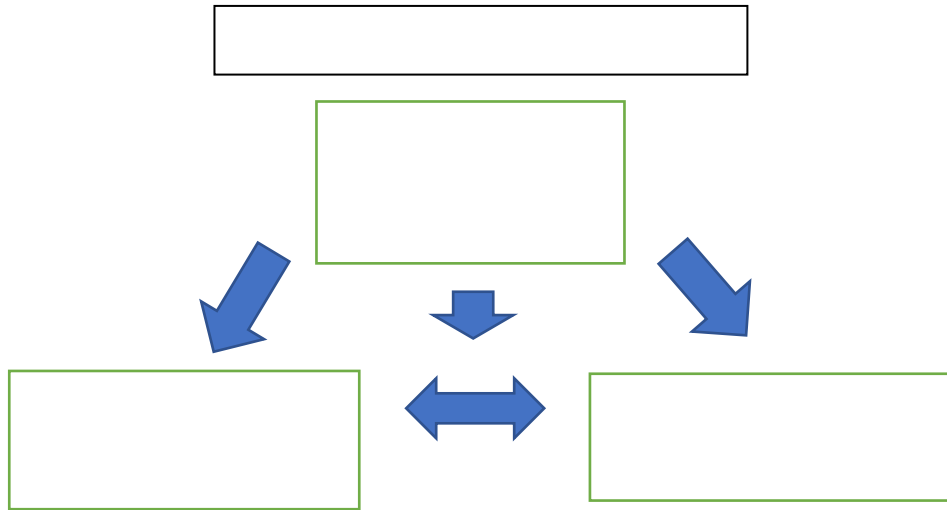
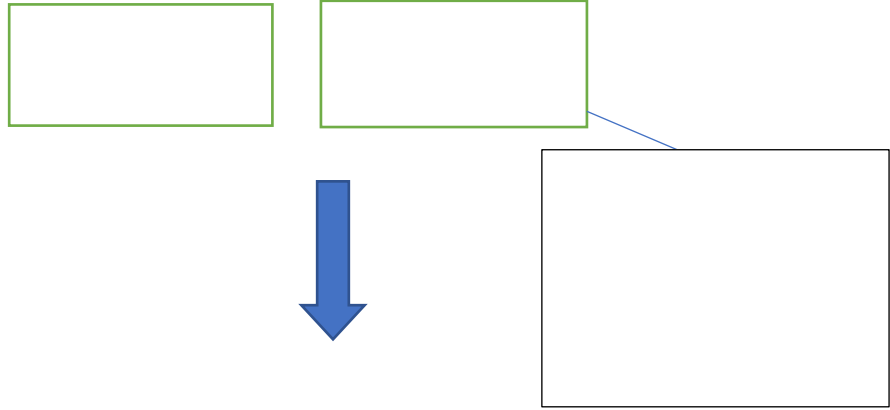
Current RN-BSN Programs. Given the need to move all registered nurses to baccalaureate-level preparation at minimum, post-RN to BSN programs currently serve a purpose. Current dual enrollment programs between community colleges and institutions conferring the BSN represent emerging partnerships that can support the BSN as minimum degree entry to the profession. In the best interests of the profession, any RN-BSN and dual enrollment education should align with the baccalaureate competencies previously described.

Current Post-

Programs. With the shift of advanced specialty

**VISION FOR NURSING EDUCATION
EDUCATION PATHWAYS**

Entry to the Profession



Glossary

Competence - The array of abilities (knowledge, skills, and attitudes) across multiple domains or aspects of performance in a certain context. Competence is multi-dimensional and dynamic. It changes withes with

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