

Task Force on AACN's Vision for Nursing Education March 2018

Background: Dramatic changes in nursing education as well as healthcare delivery and higher education have occurred prompting AACN to establish a new vision for nursing education to guide the development of academic programs (baccalaureate, master's and doctoral) that prepare graduates for current practice to positively impact health and health care. The charge for the Task Force on AACN's Vision for Nursing Education can be accessed at <http://www.aacnnursing.org/About-AACN/AACN-Governance/Committees-and-Task-Forces/Vision-for-Nursing> Information about the task force is posted online at <http://www.aacnnursing.org/News-Information/News/View/ArticleId/20580/Taskforce-Updates-Opportunities>

Timeline to date:

- Review of the literature – Fall 2016
- Consultations by national thought leaders and experts – Spring 2017
- Solicited substantive input from the Board – October 2017
- Held a focus group at the Baccalaureate Conference and received feedback – November 2017
- Conducted an online member survey to assess agreement with assumptions regarding current and future state of health care and higher education – December 2017. A summary of the survey results is attached.

Next steps:

- Share the recommendations and seek feedback from the membership via webinar on April 19, 2018
- Present final draft for a Board vote – July 2018
- Membership vote – October 2018

Strategic Plan:

GOAL I: AACN IS THE DRIVING FORCE FOR INNOVATION AND EXCELLENCE IN ACADEMIC NURSING.

Objective 1: Lead innovation in academic nursing that promotes high quality health care.

Strategy A: Advance preferred educational pathways.

Activity: Delineate future vision for nursing education.

Strategy C: Facilitate curricular transformation and innovation.

Activity: Develop recommended models for graduate nursing education including a core curriculum that reflects AACN's Vision for Nursing Education.

Task Force Members:

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Executive Summary AACN's Vision for Nursing Education Assumption Validation Survey

This report provides findings from AACN's Vision for Nursing Education Assumption Validation survey conducted December 2017 with member schools. The survey invitation was sent to 811 chief academic nursing officers at AACN-affiliated schools. A response rate of 38.6% was obtained.

Executive Summary

The survey was developed to validate the assumptions identified through a thorough review of the literature and through consultations and presentations by national thought leaders in the following areas: on policy, Pat Polanski, co-director of the Center to Champion Nursing in America; on climate change and environmental health, Patricia Butterfield, dean emerita and professor, Washington State University; on workforce challenges faced by health system leaders, Deborah Burton, vice president and chief nursing officer for Providence Health and Services; and on regulation, David Benton, CEO, National Council of State Boards of Nursing.

The survey sought to validate assumptions in higher and nursing education as well as health care by proposing characteristics and findings in several overarching areas. Respondents were asked to evaluate the statements below and validate if the statements were 1) a regional reality and a 2) national reality from where they sit as dean in their geographic location.

Demographics

The total number of respondents was 313 (N=313). Of the respondents, 92.3% (289) self-identified as dean or director, with 2.9% (9) self-identified as associate/assistant dean, 3.5% (11) identified as a faculty member, and 1.3% (4) identified as other. Surveys were received from a cross-section of institutional types for all regions of the country.

Findings

Over 92% of respondents strongly agreed or agreed with five of the six assumption statements as both a national and regional reality – Changes in Healthcare Delivery, Changing/Fluctuating Nurse Workforce Needs, Changes to Students Learning Styles and Preferences, Changes to Patient Needs and Healthcare Delivery Settings, and Changes to Learning Approaches and Technologies.

Eighty-eight percent and 78% of respondents strongly agreed that the assumption statement regarding changes in higher education was a national and regional reality respectively.

Changes in healthcare delivery

Health care is seeing marked changes influenced, for example, by travel and the connectedness of our global society, economic constraints, the implementation of precision health treatment options, increases in technology, a shift to a value-based model of care delivery. Today's nurses work in complex, integrated healthcare delivery systems with patients and families experiencing multiple transitions across care settings. Care is likely to become more mobile and technology enabled.

This requires nurse professionals that are:

- Capable of working with diverse populations to address social determinants of health and promote health equity;
- Capable of working in complex integrated healthcare delivery systems;
- Flexible enough to respond to the fluctuating business needs and reimbursement realities faced by health systems; and
- Proficient in delivering care in multiple settings, both traditional and non-traditional including community- and home-based care settings as well as mobile and telehealth (e-visits or e-encounters).

National reality

ANSWER CHOICES	RESPONSES
Strongly Agree	62.75% 192
Agree	33.01% 101
Disagree	3.92% 12
Strongly Disagree	0.33% 1
TOTAL	306

Regional reality

ANSWER CHOICES	RESPONSES
Strongly Agree	50.33% 154
Agree	44.77% 137
Disagree	4.58% 14
Strongly Disagree	0.33% 1
TOTAL	306

Qualitative findings: *We need strong generalists to provide care in rural areas. All nursing schools need to be better integrated into some healthcare system even if the school is not part of an academic health science center. Nurses must work in increasingly complex technical environments of care, such as acute care settings, in addition to diverse community care settings. We live in a rural area where services are not as readily available. Nursing needs to be prepared for the special need represented in rural areas.*

Changes in 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 the changing age and demographic of student enrollments.

- Higher education requires the effective and increased use of technology to enhance learning;
- There is a growing transition to competency-based education and performance assessment across higher education;
- There is a growing trend to develop new credentialing models, including stackable credentials (e.g. micro-courses, badges, certificates) that provide more flexible and open learning opportunities for both employers and learners.

National reality

ANSWER CHOICES	RESPONSES	
Strongly Agree	37.00%	111
Agree	51.33%	154
Disagree	11.67%	35
Strongly Disagree	0.00%	0
TOTAL		300

Regional reality

ANSWER CHOICES	RESPONSES	
Strongly Agree	28.76%	86
Agree	50.17%	150
Disagree	20.74%	62
Strongly Disagree	0.33%	1
TOTAL		299

Qualitative findings: *Higher education is also challenged – in addition to funding issues – to be student centered, innovative, cost effective, high quality & competitive in the academic market. More so, it is not about teaching but learning and learning outcomes. Academic institutions are not flexible. Rural areas do not understand or value advanced education/credentials like urban areas. Draconian cuts in state budgets.*

Changes to Students Learning Styles and Preferences

Current and future learners differ significantly from past (and some current) students.

- Millennials and centennials—the current and next generation of today’s learners—are calling for a change in how they are taught and how they learn;
- In addition to the traditional first-time college students seeking an education and degree, second-degree learners are returning to school to retool and re-educate.
- Learners are seeking second degrees to be competitive in the workplace and obtain marketable degrees and skills that afford them a higher lifestyle.
- Today’s learners are composed of the millennial and centennial generations as well as Generation Z. Each learn differently from past generations and have preferences and characteristics that necessitate modifying curricular offerings and learning opportunities.

National reality

ANSWER CHOICES	RESPONSES	
Strongly Agree	58.72%	175
Agree	37.58%	112
Disagree	3.69%	11
Strongly Disagree	0.00%	0
TOTAL		298

Regional reality

ANSWER CHOICES	RESPONSES	
Strongly Agree	53.20%	158
Agree	42.42%	126
Disagree	4.38%	13
Strongly Disagree	0.00%	0
TOTAL		297

Qualitative findings: Again, diversity is markedly absent and should be included – our population is becoming more diverse by the year and we have to focus on this in education. Oh my gosh! Please help! It’s driving us (faculty) nuts! Lack of qualified faculty make this goal very difficult to attain. Students have very different expectations today than in years past. Today’s learner is complex.

Changing/Fluctuating Nurse Workforce Needs

According to the U.S. Bureau of Labor Statistics, 2016 most recent Occupational Employment Statistics data show that 2,687,310 registered nurses were employed in May 2015 and reflect the largest number of employed nurses in over a decade. Over the past few years the supply and demand of nurses has been a topic of continued discussion. However, among those monitoring and studying the nursing workforce, regional differences between states are often the primary concerns or focus. Notwithstanding, the continuing discussion on supply and demand of nurses brings about more questions than answers. Does a surplus exist? Or a shortage? While the answers depend on the interpretation of whether a macro or micro view of the nursing workforce is applied in the analysis. Schools of nursing will be called upon to meet the current needs of employers, but also must be flexible and have the ability to meet the projected demand for a much larger number of baccalaureate and master's entry professional nurses.

National reality

ANSWER CHOICES	RESPONSES	
▼ Strongly Agree	54.88%	163
▼ Agree	43.77%	130
▼ Disagree	1.35%	4
▼ Strongly Disagree	0.00%	0
TOTAL		297

Regional reality

ANSWER CHOICES	RESPONSES	
▼ Strongly Agree	48.48%	144
▼ Agree	46.13%	137
▼ Disagree	5.05%	15
▼ Strongly Disagree	0.34%	1
TOTAL		297

Qualitative findings: Retirement is a big factor. Rural areas are still short on nurses. The RN to BS legislation has passed in NYS...this will likely create greater demands for BS and higher degrees in nursing. Regardless the nurse shortage or surplus, there is always a faculty shortage issue. The demand for nurses is increasing for community-based care as cost of care increases and patients and families are seeking care via their homes and community-based agencies. Older persons also are trying to remain at home much longer and need home-based nursing care to a much larger extent.

Changes to Patient Needs and Healthcare Delivery Settings

Patient care needs have continued to change driven by globalization, changing demographics, environmental factors, social determinants, lifestyle choices, as well as healthcare expectations and models of care. These changes have and will continue to have a significant impact on the healthcare needs of patients, the healthcare system, and the preparation of the nursing workforce. Considering the changes in healthcare and patient demographics there is a need for entry-level professional nurses prepared to practice across the lifespan and continuum of care encompassing four areas or spheres of care:

- regenerative (acute/trauma) care
- chronic disease care
- prevention/promotion of health and well-being
- hospice/palliative care

National reality

ANSWER CHOICES	RESPONSES
Strongly Agree	63.61% 187
Agree	35.37% 104
Disagree	1.02% 3
Strongly Agree	0.00% 0
TOTAL	294

Regional reality

ANSWER CHOICES	RESPONSES
Strongly Agree	57.48% 169
Agree	38.44% 113
Disagree	4.08% 12
Strongly Disagree	0.00% 0
TOTAL	294

Qualitative findings: Increased utilization of community-based care models and a focus on wellness and disease prevention will be important to sustainable health care/cost containment in our country's future. There is a need to ensure access to rural and underserved areas. We are in need of mental health care and addictions care that do not carry the social stigma but are recognized as diseases. Behavioral health must be stressed across settings.

Changes to Learning Approaches and Technologies

The use of learning technologies is transforming higher education toward a semi-permeable learning ecosystem with blurred boundaries between formal and informal learning systems and greater opportunity for connectivity and active (participatory) learning. The technology explosion necessitates among academicians a clear understanding of the push-pull of technology, the utility of technologies in transforming the teaching-learning experiences, expanded faculty expertise, and growing availability, acceptability, affordability, and accessibility of the technologies that will enhance learning including:

- use of instructional designers to develop online courses that promote and sustain learner's motivation
- greater variety of instructional methods used in online courses, e.g interactive "try it" exercises, use of multimedia – audio, video, and animation;
- use of technology that allows for significant learning activity redesign, and
- use of technology that allows for the creation of new learning opportunities, previously inconceivable, e.g. self-assessments which result in tailored interactive modules.

National reality

ANSWER CHOICES		RESPONSES
▼ Strongly Agree	58.08%	169
▼ Agree	36.77%	107
▼ Disagree	4.81%	14
▼ Strongly Disagree	0.34%	1
TOTAL		291

Regional reality

ANSWER CHOICES		RESPONSES
▼ Strongly Agree	52.07%	151
▼ Agree	40.34%	117
▼ Disagree	6.90%	20
▼ Strongly Disagree	0.69%	2
TOTAL		290

Qualitative findings: *Smaller schools don't have access to course designers.*