

# TASK FORCE ON AACN'S VISION FOR NURSING EDUCATION – UPDATE

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## TASK FORCE CHARGE

### BEGAN WORK JULY 2016

- » Clarify preferred educational pathways and the preparation necessary to succeed in evolving and future roles for nursing professionals (e.g. entry into practice, transitions into practice, preparation of nursing faculty).
- » Evaluate the future needs of the nursing workforce.
- » Consider academic nursing's role in promoting population health, addressing the social determinants of health, and advancing interprofessional engagement.
- » Propose overarching and broad-based curricular recommendations for baccalaureate and graduate programs (e.g. implications of common versus diverse curricula, strengthening the science foundation in the discipline, reconsidering clinical education models).

## PURPOSE

- » This position statement looks at the trends and projected changes in healthcare, higher education, population demographics, learners and learning styles, nursing workforce, and patient/populations needs.
- » Building on these trends, PS presents a proposed vision for nursing education, which meets the needs of a dynamic and global society.
- » Proposes recommendations that address education pathways, overarching curricular changes, and learning methodologies to move nursing towards this preferred vision.

## PROGRESS TO DATE

1. Thorough review of the literature – Fall 2016.
2. Consultations with national thought leaders and experts – Spring 2017.
3. Solicited substantive input from the Board – October 2017 & January 2018.
4. Focus group with faculty held at the Baccalaureate Conference – November 2017.
5. Online survey sent to all member deans to assess agreement with assumptions regarding current and future state of health care and higher education – December 2017.
6. Draft position statement presented to Board of Directors – March 2018.

## IDENTIFIED THEMES

- » Changes in healthcare delivery
- » Changes in higher education
- » Changes to Students Learning Styles and Preferences
- » Changing/Fluctuating Nurse Workforce Needs
- » Changes to Patient Needs and Healthcare Delivery Settings
- » Changes to Learning Approaches and Technologies

## ASSUMPTION VALIDATION SURVEY

### 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.
- ❑ 88% percent and 78% of respondents strongly agreed or agreed that the sixth assumption statement regarding Changes in Higher Education was a national and regional reality respectively.

## ENVIRONMENTAL SCAN: *CURRENT STATE AND TRENDS*

Changes in:

- » Higher education
- » Learners
- » Learning and Practice Technologies
- » Faculty Availability and Mix
- » Healthcare Systems
- » Nursing Workforce
- » Regulation of Nursing Practice



## CHANGES IN HIGHER EDUCATION

- Funding
- Open access to learning
- New types of credentialing, i.e. micro-credentials, badges
- Move to competency-based education and assessment

## CHANGES IN LEARNERS

- » Across the educational spectrum are calls for change
- » Today's learners are more diverse in age, learning styles, life-expectations, career goals:
  - Centennials, Gen Z, iGen (born after 1996)
  - Millennials (1977-1995)
  - Gen Xers (1965-1977)
  - Baby Boomers (1946-1964)

## **CHANGES IN LEARNING & PRACTICE TECHNOLOGIES**

- » Increasing use of learning technologies and simulations
- » Technology explosion
- » A growing emphasis for learning involves promoting active learning
- » Development of new practice technologies – remote monitoring, telehealth, artificial intelligence.

## **CHANGING FACULTY AVAILABILITY AND MIX**

- » Continued faculty shortages
- » Aging faculty workforce
- » Projections of retirements
- » Proportion of faculty age
- » New faculty models – adjunct faculty, preceptor models
- » Clinical and research faculty tracks

## CHANGING HEALTHCARE SYSTEMS

- » Increasingly diverse patient populations
- » Service-based to value-based payments
- » Larger and integrated healthcare systems
- » Transition of care out of acute care institutions into the community
- » Precision health & personalized health care

## CHANGING NURSING WORKFORCE

- » Integrated health systems require transitions and coordination of care and nursing work moving into the community
- » Importance of strong Academic-Practice Partnerships
- » Nursing workforce demographics changing slowly
- » Increasing evidence shows that a more diverse workforce improves access and care quality.

## CHANGING REGULATION OF NURSING PRACTICE

» Next Generation of NCLEX®

» AACN Task Force on Education and Regulation II (TFER II) report – White Paper

» *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*

## VISION FOR NURSING EDUCATION

- The Task Force has extensively reviewed and thoughtfully considered the many issues delineated above.
- Built on these trends and validated assumptions, a vision for nursing education was developed which meets the needs of a dynamic and global society and diverse patient population.
- Recommendations address education pathways, overarching curricular changes, faculty preparation, and learning methodologies which move nursing towards this preferred vision.



## GENERAL RECOMMENDATIONS FOR ALL NURSING EDUCATION

- » Nursing workforce
  - Reaffirm AACN commitment to accelerating diversity, inclusion, and equity initiatives
  - Schools of Nursing will use holistic admissions review practices
- » Competency-based education and assessment
  - All nursing education transition away from time- or credit-based to competency-based education.

## GENERAL RECOMMENDATIONS FOR ALL NURSING EDUCATION (CONT.)

- » Transition to Practice
  - Schools of nursing and practice offer optional, accredited, post-graduate transition to practice programs for entry and advanced nursing graduates.
  - To address needs of employers and nurses, offer short courses/modules on specific areas of practice.
- » Faculty Shortage and Scarce Resources
- » Academic-Practice Interface

## GENERAL RECOMMENDATIONS FOR ALL NURSING EDUCATION (CONT.)

### » Faculty Shortage and Scarce Resources

- Regional consortia to share core and elective courses
- Regional learning/simulation centers

### » Academic-Practice interface

- Schools adopt AACN-AONE principles for academic practice partnerships
- Schools implement recommendations delineated in *A New Era for Academic Nursing*
- Co-curricular design and implementation, joint appointments, joint research teams

## GENERAL RECOMMENDATIONS FOR ALL NURSING EDUCATION (CONT.)

### » Faculty Preparation and Career Advancement

- Preparation for faculty role occurs as optional formal course work during one's DNP or PhD program
- Schools of nursing provide orientation or onboarding and mentorship for new faculty
- Optional coursework as post-graduate badge/credential
- Teaching teams with expertise in instructional technology
- Leadership development opportunities for faculty
- AACN leads implementation of multidisciplinary Center for Teaching and Learning – innovative models.

## RECOMMENDATIONS ENTRY-LEVEL NURSING

- » Baccalaureate degree in nursing is adopted as minimum preparation for RN licensure.
- » BSN degree programs offered in universities or in partnership with community colleges or other 4-year colleges. APIN models.
- » AACN partner with other organizations to facilitate this transition.
- » As complexity and changes continue to grow in healthcare, entry to the profession will evolve to generalist master's degree.
- » Generalist master's curriculum will + organizational systems, qi and safety, care coordination, IP communication, team care.



## ENTRY-LEVEL EDUCATION & CURRICULUM

- » Entry-level professional nursing education prepares a generalist for practice across the lifespan and continuum of care in four spheres
  - Prevention/promotion of health and well-being
  - Chronic disease care
  - Regenerative or restorative care
  - Hospice/palliative/supportive care
- » Competencies for person care, care transitions and coordination, population health across all spheres
- » Immersion experiences are available to all learners in one or more of these spheres



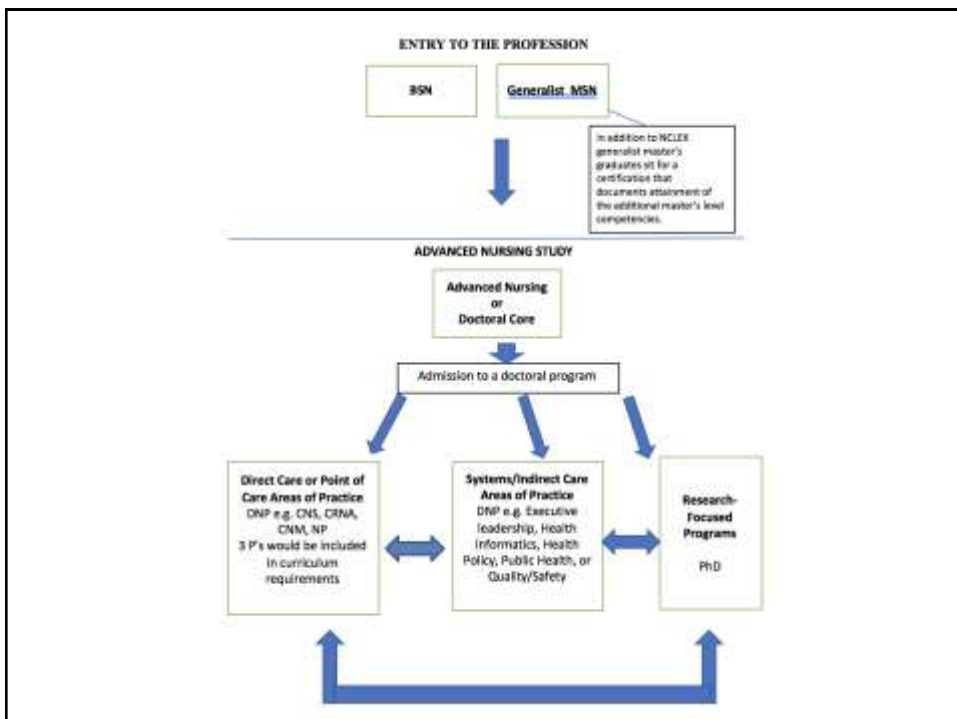
## RECOMMENDATIONS FOR ADVANCED NURSING EDUCATION

- » Practice doctorate in nursing (DNP) is minimum preparation for APRN practice and all other areas of advanced nursing practice.
  - Two pathways: direct care (four APRN roles) or systems/indirect nursing practice (i.e. executive leadership, health informatics, health policy, public health, quality/safety).
- » Standardized core courses.
- » Opportunities through streamlined path, to complete nursing science doctorate (PhD) are available.

## PHD OR RESEARCH-FOCUSED EDUCATION

- » Coursework prepares graduates for conduct of individual and group research.
- » Path from DNP to PhD and reverse offered in research-intensive schools.
- » DNP and PhD graduates are eligible for academic positions relevant to their degree, background and experience.
- » DNP and PhD education prepare graduates with understanding and experience with PhD/DNP scholarly teams.

# VISION FOR NURSING EDUCATION: EDUCATION PATHWAYS



## TABLE TALK...AND REPORT OUT

» What additional recommendations should be considered?



## Moving Forward



- Task Force will incorporate feedback from the Board of Directors
- Environmental Scan: *Current State and Trends* will be posted on the website to provide context for the upcoming webinar
- Webinar scheduled for April 19, 2018 at 2 PM [EDT]
- A post webinar survey will be shared with webinar attendees to obtain feedback on recommendations
- Webinar will be archived for membership to view and provide feedback via post webinar survey for 2-3 weeks
- Input received will be incorporated into the final statement for the Board to review and approval July 2018
- Membership vote – October 2018

QUESTIONS



**WE JUST WANT TO SAY...**  
**THANK YOU!**