

## **NLN Think Tank on Transforming Clinical Nursing Education**

April 14-15, 2008  
Indianapolis, Indiana

The idea of sponsoring the Think Tank on Transforming Clinical Nursing Education arose from the NLN's Blue Ribbon Panel discussion of the priorities for research in nursing education. Extended dialogue about the most pressing issues in nursing education brought the Blue Ribbon Panel back, again and again, to the topic of clinical education; the recommendation of these leaders and scholars in nursing education was that the NLN sponsor a national, interdisciplinary think tank on the topic.

The invitational think tank met on April 14-15, 2008 to lay a foundation that would help the National League for Nursing and its members answer the following questions:

- What does it mean to teach a practice?
- What are the most effective ways to help students learn the practice of nursing? (
- What are the most effective ways to assess the clinical performance of nursing students in pre-licensure RN programs?
- What meaning do these questions have for teaching diverse student populations to care for diverse patient populations?

Twenty-one individuals were invited to participate in this important dialogue; these individuals included the NLN's Blue Ribbon Panel, the chair of the NLN's Nursing Education Research Advisory Council, the chair of the NLN's Task Group on Clinical Nursing Education, faculty teaching in various types of nursing education programs, leaders from the practice setting, representatives from nursing regulatory and accrediting bodies, educational scholars from outside nursing, and a colleague from medicine.

In addition, several individuals were invited to observe the dialogue and contribute ideas at designated times during the session. The "observers" included the 11 individuals participating in the NLN/Johnson & Johnson Mentor/Protégé program, the executive director of the NLN Foundation, a Laerdal partner, and a nurse working with the Robert Wood Johnson Foundation.

The think tank was co-facilitated by Dr. Pam Ironside and Dr. Chris Tanner, both of whom serve on the Blue Ribbon Panel. The NLN president and CEO were actively engaged in the discussion. Finally, the work of the think tank was supported by the NLN's chief program officer and a student enrolled in the nursing PhD program at Villanova University, who was completing course requirements through an internship at the National League for Nursing. The complete list of participants, including a brief biography for each, is included as Appendix A.

In planning the think tank, the Blue Ribbon Panel and NLN staff outlined several expected outcomes:

- Achieve consensus on the need to transform clinical nursing education, particularly in pre-licensure RN programs.
- Achieve consensus on the structures that support or interfere with such transformation.
- Explore approaches that have the potential to effectively facilitate the integration of clinical teaching and classroom teaching.
- Consider promising integrative clinical education models, pedagogies, and methods for clinical performance assessment.
- Identify research priorities related to clinical education and assessment of clinical performance in pre-license RN program.
- Make explicit the professional's scholarly thinking about clinical education.

The meeting commenced with welcomes given by Dr. Ironside and Dr. Tanner. NLN president Dr. Elaine Tagliareni also welcomed the group and provided a context for their work by reviewing the NLN's strategic plan and core values. She noted that clinical nursing education is the most critical component of transforming nursing education and the NLN's support of this kind of dialogue makes explicit the organization's goal of "doing the right thing" for the nursing education community.

Later in the meeting, NLN CEO Dr. Beverly Malone also addressed the importance of this group's work in helping the NLN fulfill its mission related to excellence in nursing education. She noted that educators need to keep in mind that their connection to patients and collaboration with practice is essential, and she reminded participants that our students and clinicians "live in both worlds" (education and practice). Finally, Dr. Malone clarified that this think tank is a step in the journey toward excellence, and the NLN is committed to leading that journey.

All participants, observers, and staff were introduced and each shared thoughts about the significance of the discussions about to be undertaken. In addition, the role of the observers in the group was clarified: listening critically, helping the group fill in "gaps" as ideas are discussed, and helping the group clarify the assumptions they may be making.

The first topic of discussion was the *most important or "pressing" issues related to clinical nursing education*. The following were identified:

#### **Faculty Issues**

- Finding qualified faculty who understand the "big picture" of the school's curriculum
- Orienting/Preparing/Mentoring clinical (and other new) faculty
- Finding ways to help faculty stay "connected" to clinical practice and remain current
- Preparing faculty as teachers/educators

#### **Student/Learning Issues**

- Managing the differences in learning styles between faculty and learners
- Re-thinking what students actually do during their clinical experiences and how the time spent in clinical settings can be most effective in helping them learn the practice

- Providing opportunities through which students can examine skills related to multi-tasking (including its value and its danger) and the ability to manage systems
- Lack of student (and teacher) recognition of need to be a lifelong learner
- Preparing students for developing and sustaining relationships with patients, team members, and others
- Helping students learn how to continually pursue development of “self”
- Creating environments where “thinking outside the box” is encouraged and expected
- Meeting the challenges of preparing students to make the transition in role to that of clinician
- Integrating learning across the classroom, clinical setting, and laboratory

### **Clinical Setting Issues**

- Finding appropriate clinical venues for quality student learning experiences
- Finding ways to effectively support clinical staff who are overburdened with patient care responsibilities and then are asked to participate in educational responsibilities as well
- Clarifying strategies to access and use resources in the clinical area (e.g., technology, other team members, etc.)

### **General Issues**

- Resolving the seeming disconnect between assertions that schools are preparing generalists, yet clinical experiences often are in specialized areas
- Thinking of new ways to conceptualize the clinical component of nursing education and create an evidence base for current and new educational practices, particularly in light of the lack of significant funding for research related to education
- Creating opportunities for effective, positive inter-professional teamwork, particularly those that focus on communication and system-wide concerns
- Developing more visionary and organized approaches to nursing education, particularly in light of the clinical staff and faculty shortages
- Reducing the emphasis on task completion and increasing the focus on critical thinking, clinical judgment, “thinking on one’s feet,” contributing to the continuity of care, and the development of thoughtful nurses who can practice independently and interdependently ... and who “thinks like a nurse”
- Strengthening the value placed on clinical learning and not allowing it to be lost in the name of innovation or a desire to do something unique and different

As part of providing a context for the group’s discussion, Dr. Ironside reviewed the model developed by the Blue Ribbon Panel (see Appendix B). This model is intended to convey the idea that when one looks at and thinks about clinical education, one should not do it in just in terms of looking at and thinking about what happens in the classroom (i.e., patient-centered teaching) and in the overall context (i.e., system re-design). In some instances, new clinical education models may receive more attention, but the other component must always be in the background. Likewise, emphasis at other times may be on system re-design, but that must be addressed with new clinical education models and patient-centered teaching in the background.

With this background and context, think tank participants broke into small groups to discuss: *what does it mean to teach a practice*. The following ideas were offered:

- Teaching in a context
- Thinking through a situation
- Teaching pattern recognition
- Exploring ways to seek out answers
- Accessing and using resources effectively
- Fostering inquiry and life-long learning
- Bringing clinical and classroom together...blurring the distinctions between the two and “keeping the patient with us at all times”
- Providing transformative experiences
- Being focused on learning, not hours or task completion
- Teaching mindfulness...the practical mind, the idea mind, and the synthesis mind
- Helping students develop habits of mind for practice...wisdom and discernment
- Possessing and drawing upon a body of knowledge and evidence related to practices
- Enacting skills that are tied to knowledge
- Integrating elements of complex and ever-changing situations
- Being and doing informed by research
- Role modeling with students and among colleagues
- Implementing reflective practice
- Engaging in interdisciplinary experiences
- Synthesizing theoretical and experiential learning
- Evaluating outcomes
- Clearly defining endpoints
- Listening and responding to what might show up in practice
- Helping students learn what to pay attention to so they develop a sense of salience

The small groups also discussed the *opportunities and challenges inherent in teaching a practice* and identified the following:

### **Opportunities**

- Thoughtful conversations about effective use of “clinical time”
- Challenge the assumptions on which our clinical models are built...hours, objective evaluations, predictability, rigidity, etc.
- Develop new and relevant pedagogies
- Learn from other disciplines
- Grade students on the quality of their questions rather than on the accuracy of their answers
- Serve as role models for what we want students to do (e.g., reflective thinking)
- Focus on skills and high level thinking (e.g., through use of simulation)
- Make visible to students how faculty “puzzle through” problems
- Focus assessment on things other than skill performance

### **Challenges**

- Lack of incentives for clinical teaching

- Being comfortable with subjective evaluations
- Meeting external mandates (e.g., regulators, legislators, accrediting bodies)
- Lack of clarity regarding the real objectives of clinical learning
- Lack of skill in teaching thinking
- The overwhelming number of nurses who need to be educated to meet patient/family/community needs
- Role models of teacher/scholars for faculty
- Keeping current with clinical advances when in the faculty role
- Helping student integrate the three apprenticeships

**Other Thoughts:**

- There are skills that cannot be learned any other way than clinical and those skills need to be identified
- The NLN's Task Group on Clinical Education identified that passion and ethical components of nursing are lacking in our current approaches
- Psychomotor skills can be taught outside of clinical, but relational aspects cannot be taught without a clinical setting. Learning psychomotor skills in a laboratory allows the student to focus on relational aspects of clinical
- There is a need to focus on the hidden curriculum, as well as the intended one
- We need to capitalize on the uniqueness of caring offered by nurses

Think tank participants were then asked to reflect on *what we want students to learn, particularly as a result of clinical experiences*. The following learning goals were identified:

- Knowing what to pay attention to
- Integrating all three apprenticeships (i.e., intellectual, practical, and ethical)
- Thinking critically
- Reasoning soundly
- Being self-aware
- Knowing one's legal and ethical responsibilities
- Working effectively on teams
- Being with patients and families through building relationships
- Understanding the meaning of integrity and accountability in a patient care context
- Knowing how to recognize significant changes and how to respond appropriately
- Surviving and coping with the reality of today's clinical context (i.e., rapid changes, numerous interruptions, etc.)
- Appreciating/understanding system-wide concerns
- Being aware of the outcomes of one's decisions and actions
- Knowing how to talk with colleagues about practice concerns
- Assessing individuals and situations
- Reading the ecology of the practice environment
- Helping people manage chronic illness

These learning goals led the group to address the question: *how do we teach students to cope with the realities of today's clinical environment?* (e.g., dealing with distractions, delegating, and managing one's time). Among the ideas offered were the following:

- There must be conscious attention given to the development of self-awareness and coping skills. We cannot assume individuals will develop such skills simply by being in a clinical setting.
- We must find a way to balance caring for individual patients and attending to the larger context of the clinical environment; we must help students to look at the entire system, not only their individual patient(s).
- Students need opportunities to see the results/outcomes of their decisions and actions.
- Practice partnerships need to be advanced.
- Communication and transactional failures must be addressed and resolved.
- Understanding the ecology of an environment is needed with the allocation of safe and reflective space,

In recognition of the fact that today's clinical environment is complex and presents challenges to both teachers and learners, think tank members brainstormed about what an *ideal clinical education model* would look like. Among the attributes defining the "ideal" were the following:

### **Integrative Experience**

- Clinical education is not fragmented but, instead, integrates all three apprenticeships and focuses on the complexity of the nursing role.
- Students are immersed in the nursing role in a given setting (e.g., a particular acute care unit, a specific community), rather than being exposed to the role only in three- or four-hour blocks of time on one or two days of the week.
- Clinical experiences are flexibly designed as the rigidity of "X" before "Y" is challenged.
- Learning experiences are designed to help students understand and gain an appreciation for the continuum of care and changes in patient status.
- Cross-disciplinary learning experiences are integral.

### **New Relationships**

- Faculty members work closely with clinical nurse managers to focus on patient outcomes rather than on completion of tasks.
- Learning communities are created through immersion experiences and partnerships.
- Paid internships or other mechanisms are in place to help students transition to the RN role.
- The experience is designed to respond to the learner's needs, interests, and concerns.
- Feedback from students is valued and used to drive future planning.

### **Learning Experiences**

- Students do not need to have "total patient care" assignments all the time.
- The teacher-to-student ratio varies depending on the nature of the setting, the learning outcomes to be achieved, etc.

- The experience is an inductive one where students participate in clinical activities then focus on what they needed to know to care for patients, where to find that information, how to use resources appropriately, and so on.
- Measurement of student success and learning incorporates a 360 degree perspective, including the extent to which patients are satisfied with their care, the extent to which student contributions helped the unit/agency address specific issues of concern to them (e.g., patient falls), the ways in which students and staff collaborated, etc.
- Learners, teachers, and staff address core concepts that are transferable from one setting to another.
- The time spent in the clinical area is determined by the learning goals and the achievement of those goals, rather than the number of hours students put in.
- Not all students necessarily have to have clinical experiences in all areas (i.e., the concept of “completing rotations” does not drive student experiences and placements). Experiences are planned around common health problems and populations rather than around clinical rotations.

### **Environmental Considerations**

- Space and time for discourse and reflection are incorporated.
- Faculty create “safe” space for students to question, make mistakes, propose ideas, etc.

In addition to these ideas, participants expressed support for post-graduation internships/residencies that facilitate integration of all that has been learned. They also noted that faculty need to package these and other concepts in various ways so as not to expect or try to find a single model that would serve as “the new truth.” Thus, various models need to be developed and tested through demonstration projects; then the findings of those tests need to be disseminated so that guiding principles can be articulated and the notion of what clinical education needs to be is held open for continued discussion and exploration. Finally, we would need to study how nursing practice changes when students are educated through different clinical education models. Such a process would keep the issue of quality and patient safety in the forefront and encourage engagement and integration of education and practice. It was suggested that perhaps the NLN could issue a position statement on this topic.

Some of the new models we are currently seeing include the following:

- Front loading the theory component of a course and concentrating clinical experiences toward the end
- Front loading skills learning and then moving on to learning content while in clinical practice settings as students are confronted with real patient care situations
- Implementing a post-graduation residency
- Investing more extensively in educating preceptors for their role
- Faculty coaching clinical staff to be good clinical teachers
- Growth in the number of DEUs (Dedicated Education Units) in clinical facilities
- Using preceptors throughout the program (not only in the final semester) in ways that are appropriate to the students’ learning objectives

We need to be asking what students are really doing while they are in the clinical setting and how they are spending their time. Is their time always focused on learning? How much time do they spend finding information, waiting for the instructor, or other activities that take them away from patients? Do we keep students *too* safe? Are activities always focused on patient-centered care? What can be done to uncover the hidden curriculum, to appreciate the unintended outcomes of our programs, and to understand what students *really* learn as a result of their experiences?

***In essence, we need to focus on what students need to learn instead of how we deliver education, the number of hours required, the “rotations” students complete, etc.***

In light of the QSEN (Quality and Safety Education for Nurses) project and overarching concerns about patient safety, the question was raised: *How do we know if our student can provide safe, effective care?* Responses to this question included the following:

- Patients would express satisfaction with the care they received and the relationships that were built.
- The kinds of questions students ask would be of a higher order.
- Nurse sensitive indicators would be positive.
- Student and staff narratives would be insightful and reflect deep learning in all three apprenticeships.
- Peers would critically evaluate one another without those evaluations necessarily becoming part of one’s formal evaluation.

Think tank participants then worked in small groups to discuss *what stands out as having huge potential for transforming clinical nursing education?* and *how could we craft a study to look at its effectiveness?* The following elements were identified:

- Advancement of *relationship-centered* and patient-centered approaches: Students would look at the system as a collective, focus on nurse and patient indicators, write thoughtful narratives about their experiences, and examine their relationships with patients/families, team members, and the overall system. They would come to understand the role of the nurse in all types of relationships.
- Integrating *immersion experiences* throughout the program, not only at the end: Faculty would rethink the concepts that are introduced (e.g., leadership, systems thinking, quality indicators) and when they are addressed, since some concepts are quite complex and need time to mature in the students’ mind. Clinical time would be used differently, and all time would be spent in productive activities. Education/practice partnerships would be strengthened. The concept of rotations would no longer exist. The ways in which part-time/adjunct/clinical faculty are oriented, mentored, used, and guided by role models would be re-examined. Students would be engaged in projects that focus on different patient populations, are completed in different settings, and are implemented in different timeframes, rather than all students doing the same thing at the same time.

- Faculty and clinical staff would *share accountability* for the preparation of students: The practices of “ask me, don’t ask the staff” or “ask your instructor, not me” would disappear; the IOM recommendations would be implemented; a wider array of evaluations would be used and feedback would be used to guide clinical practices in the setting as well as continued student learning.
- Education would be connected to *quality indicators* from the beginning: A spirit of inquiry would pervade the academic and clinical environments; varied and appropriate teaching strategies would be used; students would engage in higher order thinking; interdisciplinary learning and practice would be evident; and everyone would be engaged in helping students be successful.

With any of these models, we need to ask if the clinical practice of the graduates is different from graduates of programs using more traditional clinical models. We also would be challenged to reflect on what can be learned in a simulated setting and what can be learned only in a clinical setting.

In order to engage in such creative thinking, faculty would need safe spaces where they can seriously explore new ideas, make mistakes, and make their thinking explicit to students so learners can see how professionals manage ambiguity and uncertainty, make decisions, evaluate available information, and deal with change. If faculty do not make their thinking explicit, how can we expect students to learn such skills?

Finally, the Think Tank on Clinical Nursing Education participants were asked to make recommendations for NLN activities to facilitate the transformation of clinical nursing education. The following suggestions and will be further discussed by the NLN Board of Governors and staff:

- Publish information pieces for faculty about new developments related to clinical practice and clinical education (e.g., the work of QSEN, the evolution of DEUs).
- Facilitate links among NLN constituent leagues, local AONE chapters, and nursing workforce centers to engage in dialogue about ideas offered here.
- Conduct a national study related to how educational practices (e.g., new clinical education models) affect patient care quality and the practice of nursing.
- Conduct research and provide grants to NLN members to support the study of new models of clinical education.
- Convene a national conference that brings together faculty, clinical partners, regulators, accreditors, students, and maybe even patients to discuss new models for clinical education in nursing.
- Convene a national conference where faculty, local AONE representatives, and workforce center teams would come together to create new models for clinical education.
- Offer a web-based program on new models.
- Publish a Reflection & Dialogue piece on the need for new clinical education models.
- Be purposeful about collecting national data needed to facilitate progress in this area.
- Develop a clear dissemination plan.

- Create global links that may help crystallize thinking about new clinical education models.
- Develop an online repository of innovations being implemented regarding clinical education.
- Schedule sessions at the NLN Education Summit to discuss about this topic.
- Submit a manuscript to *JONA* and the *Journal of Staff Development* about the need for transformation of clinical nursing education and the significance of education/practice partnerships in such new models.

In closing, Dr. Tagliareni noted that NLN members provide direction for the work of the organization and that there is a renewed energy within the organization to continue to provide leadership in the transformation of nursing education. She also urged the group to keep the diversity issue in mind as it pursues this clinical education initiative.


Dr. Malone then assured the group that the NLN can provide a framework to facilitate work at the local level through our constituent leagues, schools of nursing, NLN members, individual faculty, and so on. She also noted that the shortage of nurses in practice and the shortage of nurse faculty provide a wonderful opportunity to journey together in transforming clinical nursing education.


This report was prepared by Dr. Terry Valiga, NLN chief program officer (through June 2008), and Ms. Tammie Kear, Villanova University College of Nursing PhD student completing a spring 2008 internship at the NLN.

## APPENDIX A

### THINK TANK PARTICIPANTS


#### CO-FACILITATORS

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<b>PAM</b>	
<p>Pam Ironside is an associate professor and director of the Center for Research in Nursing Education. A consistent advocate for advancing an inclusive science of nursing education, Dr. Ironside is at the forefront of a national effort to bring research-based, discipline-specific pedagogies into nursing curricula and respond to challenges from contemporary practice environments. Her research with pilot schools worldwide that are enacting Narrative Pedagogy documents the contributions of reform using interpretive pedagogies and how it influences students' thinking. Her research substantively contributes to evidence-based approaches to faculty development in order to increase pedagogical literacy in nursing faculty. Her studies reflect research-based, multi-pedagogical practical strategies for all types of nursing programs that prepare students to practice amidst the uncertainty and ambiguity of the changing health care system. This research has been widely disseminated nationally and internationally via publications, lectures, workshops, and institutes.</p>	

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<b>CHRIS</b>	
<p>Chris Tanner is the Youmans-Spaulding Distinguished Professor at Oregon Health &amp; Science University School of Nursing and one of the leads in the development of the innovative Oregon Consortium for Nursing Education. She was the author of the 2001 study "Oregon's Nursing Shortage: A Public Health Crisis in the Making." Dr. Tanner has served as the senior editor of the <i>Journal of Nursing Education</i> since 1991. For more than 30 years, she has conducted research on clinical judgment in nursing, culminating in numerous journal publications and four books, including the award winning <i>Expertise in Nursing Practice: Caring, Clinical Judgment and Ethics</i>, co-authored with Patricia Benner and Kit Chesla. Dr. Tanner has served in a variety of roles with the National League for Nursing since the early 1980s. These include accreditation site visitor and Board of Review member; co-founder and chair of the</p>	

Society for Research in Nursing Education, member of the board, one of the leads in the Curriculum Revolution, and currently a member of the Blue Ribbon Panel. She is the 2005 recipient of the NLN Excellence in Nursing Education Research Award.

## PARTICIPANTS

	<p style="text-align: center;">Nell Ard, PHD, CNS, RNC, CNE          Director of Nursing          Collin County Community College District          Department of Nursing          2200 West University Drive          McKinney, TX 75071</p> <p style="text-align: center;">972-548-6883          nard@cccd.edu</p>
<b>NELL</b>	
<p>Nell Ard has been in nursing education for 20 years. She has taught at the diploma, associate, baccalaureate, and master’s degree levels. Dr. Ard is currently the director of nursing for Collin County Community College District. She has served NLN in several capacities: a member of the Task Group on Teaching/Learning and a Task Group on Test Security. She is currently serving as an ambassador, a nominations committee member, and as the chair of the Task Group on Clinical Nursing Education. This task group has been conducting an extensive review of the literature on clinical education and sharing their findings.</p>	



	<p style="text-align: center;">Linda Caputi, EdD, RN, CNE          Professor          College of DuPage School of Nursing          425 Fawall Boulevard          Glen Ellyn, IL 60137-6599</p> <p style="text-align: center;">630-942-2179          vcaputi@aol.com</p>
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<p>Dr. Caputi was awarded a BSN from Northern Illinois University and an MSN from Loyola University. She holds a doctor of education and is certified as a Certified Nurse Educator (CNE). Dr. Caputi serves on the Board of Governors for the National League for Nursing. Currently, she provides workshops and consulting for schools of nursing related to teaching critical thinking and developing nurses as knowledge workers in the clinical setting. There is currently a paradigm shift from teaching students to perform tasks and teaching students to engage in clinical reasoning. Instructional strategies to use with this new paradigm are lacking. The hope is that the think tank will shed some light on how to make this transition.</p>	

Photo not available	<p>Lisa Day, PhD, RN, CNS Associate Clinical Professor University of California, San Francisco 2 Koret Way, Room N631 San Francisco, CA 94143-0610</p> <p>415-672.-3758 lisa.day@nursing.ucsf.edu</p>
<p>Lisa Day entered nursing in 1984 after completing an ADN at Long Beach City College in California. After five years in practice in acute care, Dr. Day completed her BSN, MS (Critical Care CNS) and PhD (with Patricia Benner) at the University of California San Francisco School of Nursing. Dr. Day's clinical experience is in acute and critical care of adults with a special interest in neurologic injury. Since 1999 Dr. Day has taught basic nursing in classroom and clinical settings in the UCSF Master's Entry Program in Nursing. Most recently she has been involved as a consultant on two important projects related to nursing education: the RWJ-funded Quality and Safety Education in Nursing (QSEN) lead by Linda Cronenwett and Gwen Sherwood, and the Carnegie Foundation for the Advancement of Teaching's National Study of Nursing Education lead by Patricia Benner and Molly Sutphen. On the QSEN project Dr. Day contributed ideas specifically related to clinical teaching strategies in pre-licensure education.</p>	

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<p><b>JOANNE</b></p>	<p>Dr. Duffy is a graduate of St. Joseph's Hospital School of Nursing in Providence, RI and Salve Regina College in Newport, RI. She holds master's and doctoral degrees from the Catholic University of America. She has held associate director of nursing positions at two academic medical centers – George Washington University Medical Center and Georgetown University Medical Center – and has simultaneously served in academic appointments as assistant and associate professor. Dr. Duffy developed the Cardiovascular Center for Outcomes Analysis at INOVA Fairfax Hospital and was the administrator for the Transplant Center at INOVA. She has special expertise in outcomes measurement and the focus of her work has been maximizing outcomes of health care recipients, particularly those with cardiovascular disease. She was a member of the multidisciplinary study team for the national APACHE study of outcomes from intensive care and received the First Annual Health Care Research Award from the National Institute of Health Care Management for this work.</p> <p>Dr. Duffy was the first to examine the link between nurse caring behaviors and patient outcomes and has developed a caring-based nursing intervention for heart failure patients. This intervention is currently being tested in a NIH-funded clinical trial. She is especially interested in the hidden value of nursing's work and has developed the Quality-Caring Model© to guide practice and research. She developed and validated the Caring Assessment Tool in multiple versions. Dr. Duffy assisted the American Nurses Association in the development and implementation of acute care and community nursing-sensitive quality indicators; she consults and lectures</p>

internationally. She is currently chair of the NLN's Nursing Education Research Advisory Council.



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**LINDA**

Linda Q. Everett is the executive vice president and chief nurse executive at Clarian Health Partners, Inc. in Indianapolis, Ind., and the 2007 president of the American Organization of Nurse Executives (AONE). Previously, she was the long-time chief nursing officer at the University of Iowa Hospital and Clinics. At Clarian, Dr. Everett provides leadership to staff at Methodist, Indiana University, and Riley Hospital for Children – one of the Midwest's largest health care systems – and is responsible for staff across many disciplines and specialty areas of care delivery. She lends strategic planning and workforce development support to the Clarian executive team and the statewide Clarian network and she serves as associate dean for clinical affairs at the Indiana University School of Nursing. Dr. Everett earned her nursing diploma from Riverside White-Cross School of Nursing; a bachelor of science in nursing from Kent State University; and a master's of science in nursing at Case Western, all Ohio schools. Her doctorate in nursing administration/nursing systems is from the University of Michigan in Ann Arbor. Dr. Everett began her career as a staff nurse in the operating room and the psychiatric/medical unit at Riverside Methodist Hospital in Columbus, Ohio. She later became an associate administrator of nursing at Sinai Hospital of Detroit and a director of nursing and vice president of patient services at Detroit Medical Center, Grace Hospital, in Michigan. Her move to the University of Iowa system in Iowa City carried with it teaching responsibilities in the College of Nursing. An active researcher, lecturer and speaker, Dr. Everett is widely published on nursing management and patient care topics. Among her many honors are being named the Frances Payne Bolton School of Nursing at Case Western Reserve University 2007 Distinguished Alumna; selected for the Excellence in Nursing Distinguished Alumna for Kent State University College of Nursing in 2007; chosen for Woman of Influence in 2006 by the Iowa Business Journal; being named a fellow in the American Academy of Nursing; and completing the Johnson & Johnson Wharton Fellows Program in Management for Nurse Executives at the University of Pennsylvania. Dr. Everett's professional activities also include serving as a Magnet hospital appraiser for the American Nurses Credentialing Center from 2003 to 2006. She has held numerous leadership roles for Sigma Theta Tau International, the Honor Society for Nursing, including international treasurer and board member for the foundation, international chair for the Pillar of Leadership Award judging committee and the International Policy Task Force and leadership development, among others.



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**JUDY**

Judith A. Halstead received her BSN and MSN from the University of Evansville, and her doctorate in nursing science from Indiana University. She is currently professor of nursing and executive associate dean for academic affairs at Indiana University School of Nursing in Indianapolis, a position she has held since 2004. Dr. Halstead has more than 28 years of experience in undergraduate and graduate nursing education. She is known for her expertise in curriculum development and online education, and is the co-editor of *Teaching in Nursing: A Guide for Faculty* and editor of *Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators*. A recipient of the Midwest Nursing Research Society Curriculum and Education Research Section's 2005 Advancement of Science Award, in 2007 Dr. Halstead was inducted as a fellow in the NLN Academy of Nursing Education.



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Thomas S. Inui is president and chief executive officer of the Regenstrief Institute, Sam Regenstrief Professor of Health Services Research, and associate dean for health care research at Indiana University School of Medicine. A primary care physician, educator, and researcher, he previously held positions as head of general internal medicine at the University of Washington School of Medicine and the Paul C. Cabot Professor and founding chair of the Department of Ambulatory Care and Prevention at Harvard Medical School. Dr. Inui's special emphases in teaching and research have included physician-patient communication, health promotion and disease prevention, primary care effectiveness, the social context of medicine, and medical humanities.



**BEV**

Beverly Malone, PhD, RN, FAAN  
Chief Executive Officer  
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Beverly Malone began her nursing career with a first degree in nursing from the University of Cincinnati in 1970. She combined further study with clinical practice, a master's in psychiatric nursing, and she received her doctorate in clinical psychology in 1981. Her career has mixed policy, education, administration, and clinical practice. Dr. Malone has worked as a surgical staff nurse, clinical nurse specialist, director of nursing, and assistant administrator of nursing. During the 1980s she was dean of the School of Nursing at North Carolina Agricultural and Technical State University. In 1996 she was elected for two terms as president of the American Nurses Association, representing 180,000 nurses in the USA. In 2000, she became deputy assistant secretary for health within the US Department of Health and Human Services, the highest position so far held by any nurse in the US government. Dr. Malone was general secretary of the Royal College of Nursing (RCN), the United Kingdom's largest professional union of nurses with more than 390,000 members, from June 2001 – January 2007. Dr. Malone was also a member of the Higher Education Funding Council for England. She represented the RCN at the pan-European nursing body, the European Federation of Nurses Associations, the Commonwealth Nurses Federation, and the International Council of Nurses with the RCN president. In February 2007, Dr. Malone took up her appointment as chief executive officer of the National League for Nursing in New York. Dedicated to excellence in nursing, the NLN is the premier organization for nurse faculty and leaders in nursing education offering faculty development, networking opportunities, testing and assessment, nursing research grants, and public policy initiatives to its 28,000 individual and 1,200 institutional members.



**MARY**

Mary Schoessler, EdD, RN-BC  
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Mary Schoessler, is director of nursing education at Providence Portland Medical Center in Portland, Oregon. She is a clinical education project co-director for the Oregon Consortium for Nursing Education working on the redesign of clinical education. Dr. Schoessler is the principal developer and educator of the RN Development Program supporting the transition of newly graduated nurses into practice and has developed a model that describes key aspects of this transition. She maintains a program of research focusing on strategies to support nurse's development toward expert level practice. Dr. Schoessler has been a member of the

NLN since the early 1990s.



**NANCY**

Nancy Spector, PhD, RN  
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Nancy Spector is the director of education at the National Council of State Boards of Nursing (NCSBN). She has 20 years of experience in nursing education, at the undergraduate and graduate levels. More recently, Dr. Spector has been in nursing regulation, where she provides leadership in nursing education for the state boards of nursing, and she is NCSBN's liaison between education and regulation. Dr. Spector is the editor of *Leader to Leader*, a biannual publication for educators; she spearheads national nursing education regulatory initiatives; and publishes and presents, nationally and internationally, on nursing regulation issues in education.



**SHARON**

Sharon Tanner, EdD, RN  
Executive Director  
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Commission  
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Sharon Tanner has served as the NLNAC executive director since fall 2006. NLNAC is responsible for the accreditation of post-secondary and higher degree nursing education schools and programs including practical nursing, diploma, associate, baccalaureate, master's, and doctoral programs. Dr. Tanner has been a recognized leader in nursing education and nursing service administration for more than 25 years. She has served as faculty member, associate dean, and academic dean for all nursing program types. Dr. Tanner has also served as associate vice president for instruction and distance learning for the North Carolina Community College System. Dr. Tanner holds a doctorate from the University of Tennessee, Knoxville in administration and policy studies in higher education with a concentration in assessment and evaluation. She also holds a master's in nursing with concentrations in primary and secondary care in maternal-child nursing and women's health. Her primary research focus has been related to accountability policies and practices in higher education. In addition, she has practiced in a number of nursing service and administration roles including advanced practice as a clinical nurse specialist.

	<p>M. Elaine Tagliareni, EdD, RN          Professor &amp; Independence Foundation Chair          Community College of Philadelphia          Department of Nursing          1700 Spring Garden Street          Philadelphia, PA 19130</p>
<p><b>ELAINE</b></p>	<p>215-751-8753          etagliareni@ccp.edu</p>
<p>Dr. Tagliareni, president of the NLN, is professor and independence foundation chair in Community Health Nursing Education at the Community College of Philadelphia in Pennsylvania, where she has worked for 25 years. The Independence Foundation supports work at the college that serves vulnerable populations in underserved areas of metropolitan Philadelphia. Dr. Tagliareni’s previous NLN activities include membership on the Board of Governors and its Executive Committee, as well as on the Executive Committee of the NLN’s Nursing Education Advisory Council. She has served as chair of the NLN Foundation’s Scholarship Review Panel; participated in the NLN Think Tank on Preparation of Nurse Educators; and served on the editorial board of <i>Nursing Education Perspectives</i>; the Nominations Committee, the Education Summit Program Planning Committee, and the Council of Associate Degree Programs. In other professional commitments, Dr. Tagliareni has chaired and been a board member of the National Nursing Centers Consortium and a member of the Board of Governors of Holy Ghost Prep School. She earned a doctorate in education from Teachers College, Columbia University; a master of science from the University of California at San Francisco; and a BSN from Georgetown University in Washington, DC. Dr. Tagliareni has been the recipient of the prestigious NLN Mildred Montag Award and the Lindback Foundation Award, CCP. Dr. Tagliareni lauds the process of educational reform that leads to continual discovery of innovative curricula and learning modalities and calls on the nursing education community to join the NLN “as the voice to build a strong and diverse nursing workforce.”</p>	


**OBSERVERS**

<p>No photo available</p>	<p>Sandy Calhoun, MSN, RN, CPHQ          Assistant Professor          East Tennessee State University College of Nursing          108 Arondale Court          Kingsport, Tennessee 37664</p>
<p><b>SANDY</b></p>	<p>423-794-8074          calhouns@etsu.edu</p>


In September 2007, Sandy Calhoun was honored to receive a Dissertation Scholarship for Nursing Education Scholars from the NLN. Her dissertation is entitled, “A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice.” Ms. Calhoun coordinates and teaches a section of ETSU’s Senior Partnership Practicum. Her particular area of interest is related to preparing students for their transition to professional practice, particularly teaching/learning strategies for students in their final precepted clinical experience focused on both clinical aspects as well as leadership/management.

	<p>Kay Hodson Carlton, EdD, RN, FAAN          Professor          Ball State University School of Nursing          Cooper Science Building, CN 352          Muncie, IN 47306</p> <p>765-285-5583          khodson@bsu.edu</p>
<p><b>KAY</b></p>	

Kay Hodson Carlton is a professor and coordinator of educational resources and extended education services for the School of Nursing at Ball State University in Muncie, Indiana. Her role includes the direction of the Clinical Simulation Laboratory. Kay has been a member of the NLN National Education Research Advisory Council, chair of the NLN Task Force on Funding for Nursing Education Research, and a participant in the NLN/Johnson & Johnson Faculty Leadership and Mentoring Program.

	<p>Sara Horton-Deutsch, PhD, CNS, RN          Associate Professor          Indiana University School of Nursing          1111 Middle Drive, 403J          Indianapolis, IN 46202</p> <p>317-274-2425          shortond@iupui.edu</p>
<p><b>SARA</b></p>	

Sara Horton-Deutsch is an associate professor of nursing at Indiana University. She currently serves as the coordinator of the Psychiatric Clinical Nurse Specialist Program in the Department of Environments for Health. She teaches four courses in this program including psychiatric assessment, theory and intervention, and two clinical practicums. Dr. Horton-Deutsch’s research focuses on decision-making, reflective practice, and leadership. She is currently working with colleagues to create a distance-accessible graduate psychiatric nursing program that is based on a reflective centered framework and partnering with community clinical preceptors. Dr. Horton-Deutsch is currently an NLN/Johnson and Johnson Faculty Leadership and Mentoring Program.

	<p>Maryjoan Ladden, PhD, RN, FAAN  Consultant, Robert Wood Johnson Foundation  Principal, MJ Ladden &amp; Associates  107 Running Brook Road  West Roxbury, MA 02132</p> <p>617-325-7639  maryjoanladden@yahoo.com</p>
<p><b>MARYJOAN</b></p>	
<p>Dr. Ladden, an assistant professor of Ambulatory Care and Prevention at Harvard Medical School, is currently a consultant with the Robert Wood Johnson Foundation and interim chief program officer at the American Nurses Association. From 2000 to 2007, as deputy director for Clinical Education for Partnerships for Quality Education, a national program of the Robert Wood Johnson Foundation, she created, with a physician colleague, three national interprofessional programs to educate medical residents, advanced practice nurses, and other graduate health professional students about how to work together effectively in chronic care management, quality, safety, and systems improvement. The most recent program, Achieving Competence Today, an innovative modular quality and safety curriculum, was recognized by the National Academies of Practice and successfully piloted by more than 350 interprofessional graduate learners at 20 teaching hospitals in the US. Dr. Ladden is a fellow in the American Academy of Nursing and an alumna of the Robert Wood Johnson Foundation Executive Nurse Fellows program. She serves on the National Advisory Committee for several national initiatives, including Quality and Safety Education for Nurses (QSEN). Dr. Ladden is a frequent consultant and speaker on interprofessional education and collaboration, nursing education, chronic care management, and quality, safety and systems improvement.</p>	

<p>No photo available</p>	<p>Mary Lou Morales, MSN, RN  Instructor and Program Coordinator  Practical Nursing Program  Ogden-Weber Technical College  200 North Washington Boulevard  Ogden, UT 84404</p> <p>801-627-8355  moralesm@owatc.edu</p>
<p><b>MARY LOU</b></p>	
<p>Mary Lou Morales MSN, RN, is the director of the Practical Nursing Program at Ogden-Weber Applied Tech College in Utah. She has 26 years of nursing experience; six of those years have been in nursing education. Ms. Morales is also a certified clinical nurse specialist in Community Health Nursing. She is a protégés in the Johnson &amp; Johnson Faculty Leadership &amp; Mentoring Program and a member of the NLN since 2004. Currently, she chairs the Utah Colleges of Applied Technology Nursing Faculty Workgroup and is a board member for the Northern Utah Area Health Education Centers.</p>	



**CLIVE**

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Clive Patrickson is the president of Laerdal Medical for the Americas and the global vice president for training and education. Laerdal is a medical equipment company that builds high quality medical education products and emergency medicine therapeutic products. Laerdal commenced its close collaboration with the NLN almost five years ago by funding a research project on medical simulation, which resulted in the publication of multiple papers and a textbook. The company entered into a formal strategic relationship with NLN in 2007 and has multiple joint initiatives underway to help in the development of education for nursing programs.



**CATHERINE**

Catherine Pearsall, PhD, FNP, RN, CNE  
Assistant Professor  
Department of Nursing  
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Catherine Pearsall holds a PhD from Duquesne University, a master's degree as an ANP from Stony Brook University, and a post-master's certification as an FNP, in forensic nursing and nursing education. Clinical experiences have included long-term care, home care, emergency room, occupational health, and primary care. She serves on the NYSNA Council on Continuing Education's Review Team. Dr. Pearsall has been selected as an NLN Faculty Leadership & Mentoring protégé and over the course of 2009 will be working toward the development of an individual leadership development plan.





**MAUREEN**

Maureen Peters  
Executive Director\*  
NLN Foundation for Nursing Education  
61 Broadway, 33<sup>rd</sup> Floor  
New York, NY 10006


\*through September 2008


Maureen Peters served as the executive director of the NLN Foundation for Nursing Education. The mission of the NLN Foundation is to raise, steward and distribute funds that promote excellence in nursing education to build a strong and diverse nursing workforce. Ms. Peters has more than 15 years experience and an excellent record of achievement in the not-for-profit field. Having worked in health care, higher education, and the performing arts, she has expertise in all aspects of development including individual major gifts, corporate and foundation gifts and sponsorships, proposal writing, personal solicitations, annual campaigns, special event planning, and volunteer management. Her experience also includes extensive work in board governance, strategic planning and grant administration. Prior to joining the NLN Foundation, Ms. Peters held leadership positions in the development offices of Beth Israel Medical Center, Hofstra University and the Pittsburgh Symphony Orchestra. Maureen holds an undergraduate degree from Hofstra and an MBA from the Joseph M. Katz Graduate School of Business at the University of Pittsburgh.

	<p>Diane Whitehead, EdD, RN          Associate Dean and Professor          Department of Nursing          Nova Southeastern University          7765 Yardley Drive East 315          Tamarac, FL 33321</p>
<p><b>DIANE</b></p>	<p>954-328-9636          dwhitehe@nova.edu</p>
<p>Diane Whitehead has been actively teaching and administering associate degree, BSN, and MSN programs for many years. She has a BSN from Florida State University, an MSN from University of Miami, and a doctorate from Florida International University. Dr. Whitehead was instrumental in developing the first fully online associate degree nursing program in Florida. She has published in the areas of nursing leadership and management and online nursing education. Her textbook, <i>Essentials of Nursing Leadership and Management</i>, is widely used in associate degree nursing programs. Currently, Dr. Whitehead is the associate dean for nursing at Nova Southeastern University in Fort Lauderdale, Florida. She joined NSU in 2003 to begin an RN to BSN program. Five years and 750 students later, the department has an array of programs: entry level BSN, RN to BSN, MSN, and PhD located in several Florida locations. Dr. Whitehead is an active participant with the National League for Nursing. She serves as president for the Florida League for Nursing, chair for the NLN Task Group on Leadership in Nursing Education, and is an ambassador for the NLN. Dr. Whitehead was selected as the South Florida Organization of Nurse Executives Leader of the Year 2006, and a “Heavy Hitter in Healthcare 2007” for the <i>South Florida Business Journal</i>.</p>	

	<p>Patricia Young, PhD, RN  Professor  Minnesota State University, Mankato  School of Nursing  360 Wissink Hall  Mankato, MN 56001</p> <p>612-920-9262  patricia.young@mnsu.edu</p>
<p><b>TRICIA</b></p>	
<p>Patricia (Tricia) Young has been a professor at Minnesota State University Mankato for 22 years) and has served as chair of its search committee for eight years. Dr. Young sees the constantly changing faculty and recognizes the need to revolutionize how we teach clinical because our current approach requires resources we do not have. She has served on the NLN Task Force to Develop Nurse Educator Competencies, the Healthful Work Environment Task Group; the Nurse Educator Workforce Development Advisory Council; and was project director for the Faculty Leadership and Mentoring Program. Past research on the lived experiences of new teachers in nursing education contributed to task force development of the Healthful Work Environment Tool Kit, the position statement on <i>Mentoring in Nursing Education</i>, and the Mentoring Tool Kit.</p>	

**STAFF**

	<p>Tamara Kear, MSN, RN, CNN  Assistant Professor  Gwynedd-Mercy College  1325 Sumneytown Pike  PO Box 901  Gwynedd Valley, PA</p> <p>215-646-7300  kear.t@gmc.edu</p>
<p><b>TAMMIE</b></p>	

	<p>Theresa Valiga, EdD, RN, FAAN  Director, Institute for Educational Excellence  Duke University School of Nursing  307 Trent Drive  Durham, NC 27710</p> <p>terry.valiga@duke.edu</p>
<p><b>TERRY</b></p>	

**APPENDIX B**

**MODEL DEVELOPED BY THE BLUE RIBBON PANEL IN 2006**

