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What We Should Teach

With adults aged 65 and older in the United States and throughout the world accounting for an increasing proportion of the population, the nursing workforce's education in geriatric principles must be advanced by:

- Developing programs across the academic spectrum to update and/or extend nurse faculty expertise in gerontology, including expertise to effectively integrate gerontology in courses using new and existing resources and state-of-the-art technology.
- Funding faculty participation in development programs to update expertise in both geriatric nursing and teaching strategies.
- Contacting local funders to support faculty development initiatives and attendance at meetings where care of older adults is fostered.
- Creating innovative models for teaching care of older adults (e.g., curricular and instructional resources for classroom, clinical, and simulation experiences).
- Making the older adult the prototype patient in nursing education in order to teach complex care management within the context of multiple health care settings. This systems approach would include understanding how multiple chronic conditions create gaps in the quality and delivery of health care for older adults; and how promotion of improved functional status despite a myriad of health problems results in more efficient and effective care management through transitions.

Nursing education must prepare a technology-savvy workforce capable of practicing in a health care environment where technology continues to increase in volume and sophistication. To prepare for the informatics revolution impacting all of nursing practice, the NLN advocates that all students graduate with knowledge and skills in computer literacy, information literacy, and informatics. (http://www.nln.org/aboutnln/PositionStatements/informatics_052808.pdf).

How We Should Teach

“How we should teach” asks about educators’ understanding of the learning-teaching strategies that work best with each student’s learning style in developing critical thinking and other skills required to maximize patient care and keep pace with changes in fluctuating health care systems. The NLN’s NCCA-accredited certification program for nurse educators confirms nursing education as an advanced specialty area of practice. Faculty members

earning the CNE^{CM} credential validate their knowledge of the core competencies that nurse educators practice in the science of nursing education and in the scholarship of teaching.

Likewise, the need is urgent to support research and development (R&D) that builds the science of nursing education (<http://www.nln.org/research/priorities.htm>). Building the science that transforms nursing education must be conducted in a multi-method, multi-site, and multi-paradigmatic approach, while documenting the effectiveness of the efforts. R&D will address a wide portfolio of topics in new pedagogies, graduate competencies, faculty preparation and development, best practices in learning and teaching, and recruitment and retention strategies. Examples include:

- In collaboration with Laerdal Medical, the NLN helps educators develop expertise in simulation education methodologies through the creation of the web-based Simulation Innovation and Resource Center. (See <http://sirc.nln.org/>.)
- Barriers exist to effective clinical education in pre-licensure nursing programs, and while many innovative approaches to clinical education are promising, the need to advance the science of nursing education for clinical experiences is imperative to assure that future pedagogical decisions are evidence-based and that educational practices keep pace with the rapidly changing field in which students learn. (http://www.nln.org/newsreleases/surveyofclined_082809.htm)

Where We Should Teach

Issues of “where we should teach” are intimately linked to issues of faculty recruitment and retention and the nurse faculty shortage. Other “where” questions are moot if we don't address the work environment which is affected by compensation issues, identified by NLN research as a major factor in faculty satisfaction. While the NLN acknowledges the importance of salary, we affirm that external (political and world events), internal (institutional and community), and individual (personal and family) factors also play a significant role. Consideration of interrelationships of all factors provides a context to reframe current thinking about compensation, and a forum to discover creative solutions to the recruitment and retention of faculty. NLN recommendations:

- Encourage academe to explore ways to make the budgetary process transparent.
- Provide mentoring programs for career advancement and role development.
- Assist faculty to participate in grant-funded leadership and scholarship opportunities.
- Support the retention of faculty who have experienced mentoring, faculty development, and career enhancement opportunities.
- Support faculty work beyond teaching responsibilities, accounting for service within workload (e.g., clinical placement, advisement, student mentorship, committee or community service), by creating flexible scheduling opportunities that address individual needs (e.g. work hours and location).
- Develop quality workplaces for nurse educators with state-of-the-science teaching facilities, informatics/equipment, and day care facilities, which all contribute to faculty satisfaction and are part of comprehensive compensation packages.
- Continue to educate policy makers about what nurse educators do and why we must attend to a systemic change in faculty remuneration.

Your Vision of the Future of Nursing

The National League for Nursing stands for inclusivity, representing nurse faculty teaching across the academic spectrum. Four dynamic and integrated core values – caring, integrity, diversity, and excellence – permeate the NLN and are reflected in our work. And those values compel our engagement in shaping public policies that affect the quality of health care locally, nationally, and internationally.

The nursing education community must establish a workforce of faculty, researchers, and scholars that illustrates the reality of diversity beyond mere tolerance of differences to one of engagement and celebration. Though institutionalizing a commitment to diversity has posed formidable challenges, it has also inspired powerful examples of faculty creating innovative models within nursing programs that address issues of inclusion, justice, and diversity in a world increasingly without borders. The future of nursing must be fixed on substance: quality of experience, cultural competency (taught to all nurses for integration into practice), and cultural safety (provided to all of our colleagues and recipients of care). We must acknowledge the fundamental interconnectedness, that quality and safety are adversely affected by a lack of diversity, and address the consequent disparities in access to health care services that preclude quality care for all.

Higher education must commit to the creation of diverse environments by candidly assessing decades of practice and tradition that favored some and excluded others. (See “A Commitment to Diversity in Nursing and Nursing Education” series at www.nln.org/aboutnln/reflection_dialogue/refl_dial_3.htm.)

Quality care cannot be achieved without quality education inclusive of all. Our country deserves as much.

Additional thoughts

Who We Should Teach

Today’s undersized supply of appropriately prepared nurses does not bode well for our communities. It is only good sense to embrace human talent wherever it exists. Nursing must sidestep the exclusive argument of baccalaureate entry and move to options based on opportunities for lifelong learning and progression for those who enter the nursing profession, regardless of initial preparation (e.g., progression from LPN to ADN, diploma, or BSN; diploma or ADN to BSN or MSN; BSN to MSN, DNP, or PhD). It is essential that nursing take full advantage of the diversity offered by multiple points of entry into the profession and of the variety of progression options available to encourage all nurses to continue their education.

The development of more efficient pathways to higher degrees is essential before nurses in large numbers will choose to pursue advanced degrees. For example, clear and fair articulation agreements must be developed between associate degree, diploma, and baccalaureate and master's programs that a) are not repetitive of nurses' previous education and experience, b) are accessible and flexible in terms of where and how they are delivered, and c) allow for individualized learning. Likewise, the ability of nursing practice settings to

provide appropriate and quality clinical learning experiences must be addressed. Ways need to be found to expand the capacity of baccalaureate and master's programs to accommodate all RNs who would be required to earn the advanced academic degree (e.g., through quality online programs). (See “Academic/Professional Progression in Nursing” at www.nln.org/aboutnln/reflection_dialogue/refl_dial_2.htm.)