

Position *Statement*

TRANSFORMING NURSING EDUCATION

Board of Governors
May 9, 2005

Tomorrow's nursing education must be research based, and it is best taught by individuals who are prepared for the faculty role and who demonstrate competence in the multiple components of that role. Nursing education programs also must be designed to involve students as active participants in the educational enterprise, be flexible to meet constantly changing demands and individual student learning needs, be accessible and responsive to diverse student populations, and be accountable to the public. To these ends, new models of nursing education must emerge. We can no longer rely on tradition, past practices, and good intentions. Instead, recommendations for the adoption of proposed changes to nursing programs should emanate from evidence that substantiates the science of nursing education and provides the foundation for best educational practices.

Shaping the Future of Nursing Education



**National League
for Nursing**

BACKGROUND

The overriding purpose of nursing education is to prepare individuals to meet the health care needs of the public; therefore, education programs must be well aligned with changes arising from health care reform. Because health care is dramatically evolving to address the quality chasm (Institute of Medicine, 2001), the practice environment is complex, and it demands new competencies of nurses that, in turn, demand transformation of nursing education programs and educational practices. Likewise, accountability for effective educational practices is best satisfied when teaching practices are based on current evidence (Kohn, 2004). The primary drivers of transformation in nursing education are societal need, societal demand, and accountability for efficient and effective use of educational resources, including best teaching practices based on research evidence.

The National League for Nursing (NLN) is well suited to lead the transformation of nursing education because of its stated vision, the broad-based intellectual capital embodied in its members and leaders, and the excellent educational programs it has developed and implemented. Beginning in the late 1980s, the NLN's Curriculum Revolution challenged nurse educators to question those assumptions and traditions upon which education had been based and to refocus teaching and learning practices away from content to a re-examination of curricular processes (NLN, 1988; NLN, 1989), teacher-student relationships (NLN, 1990), and community partnerships (NLN, 1991).

More recently, the NLN's *Position Statement on Innovation in Nursing Education: A Call for Reform* (2003) reemphasized the need to rethink the current emphasis on subject matter and the desire to ensure that all content is covered. *A Call for Reform* encouraged nursing faculty to develop a science of nursing education "that documents the effectiveness and meaningfulness of reform efforts" (p. 4). And it challenged them to validate assumptions that underlie current teaching practices, abandon unsubstantiated practices, and realign nursing education to our contemporary health care system.

In an effort to support the movement to increase the evidence base for pedagogical practices, the NLN developed the Nursing Education Research Grants program. To date, this program has supported more than 50 research studies specific to nursing education. And the current NLN/Laerdal simulation study, a three-year, multisite, multimethod research project, has been designed to implement and test models for the innovative and effective use of simulation in nursing education.

To encourage adoption of best teaching practices, the NLN designed Centers of Excellence in Nursing Education™ (COE). This program recognizes schools of nursing that have achieved a level of excellence in creating environments that enhance student learning, promote ongoing faculty development, and advance nursing education research through sustained, evidence-based practices. The COE program also provides models for schools to emulate as they strive for excellence.

These programs are significant as nursing education transforms the current national climate where significant educational restructuring and innovation occur in individual classrooms (Diekelmann, 2001) but wide-scale transformation of education continues to be slow to materialize. More must be done than the mere updating or rearranging of content. Yet many of the proposals offered by nursing and other organizations regarding what should and should not happen in nursing education are in the form of content recommendations.

For example, nurse educators have been asked by specialty groups in nursing to increase the emphasis in their programs on genetics, caring for the elderly and the vulnerable, community health, perioperative care, pharmacology, bioterrorism, health economics, cultural competence, health politics and policy, mass casualty response, palliative and end-of-life care, health assessment, critical thinking, patient care management, leadership, and myriad other diverse topics purported to prepare graduates for practice in the 21st century's complex, ambiguous, ever-changing health care arena.

In addition, nurse educators are expected to more effectively integrate technology into their teaching through the use of distance learning, simulation, and PDAs; to provide students with clinical experiences in diverse settings ranging from acute/intensive care to home/community care; and to provide students with learning experiences along the life continuum, from neonates to the elderly. These challenges, however, are confounded by increasing class size, decreasing resources for education, faculty shortages, and limited availability of sites for clinical learning.

Many organizations have responded to the challenges facing nursing education by issuing recommendations about what nurse educators should do. In August 2004, for example, the National Council of State Boards of Nursing (NCSBN) supported "the necessity for inclusion of planned, structured, and supervised clinical instruction as an essential to nursing education for nurses at all points in their careers." Similarly, the American Organization of Nurse Executives (AONE) issued a position statement in October 2004 asserting that "all pre-licensure nursing education programs must contain structured and supervised clinical instruction and that the clinical instruction must be provided by appropriately prepared registered nurses."

The American Association of Colleges of Nursing (AACN) has proposed an entirely new nursing role (the clinical nurse leader) and advanced the practice doctorate as the most appropriate preparation for nurses, the American Nurses Association (ANA) is developing a safe patient handling curriculum, and the American Academy of Nursing (AAN) is considering the formulation of a position paper on the future of nursing education.

Additionally, the Robert Wood Johnson Foundation's demonstration projects that emphasize patient-centered care are expected to influence nursing education. And the Healthy People Curriculum Task Force's clinical prevention and population health curriculum framework is designed to be adopted by all health professions educators.

It is commendable that so many organizations are aware of the significant impact nursing education has on meeting the health care needs of the public, especially in an era of emerging health disparities, increasing vulnerability among particular populations, and growing awareness that nursing education needs to be aligned with health care reform. However, the National League for Nursing is concerned about the proliferation of proposals and suggested mandates from groups and organizations.

Although these groups have a genuine interest in improving the health of individuals and groups, as well as an interest in health care reform, they do not have expertise in nursing education, faculty development, and developing the science of nursing education. The proposals they present often are based on self-interest and frequently call for the addition of content related to special interests. They are not grounded in pedagogical research and do not, in most cases, call for significant reform in teaching, program design, and collaborative learning strategies.

The NLN does not wish to comment on the value of, or problems associated with, specific proposals and initiatives. Instead, we wish to address how nursing faculty react and respond to such proposals, urging them to base their curriculum designs, teaching/learning strategies, and evaluation methods on research rather than on politically driven pronouncements.

CALL TO ACTION

We are on the cusp of significant change in nursing education, and this opportunity makes it even more critical that faculty focus on student learning and creating environments for students and themselves that are characterized by collaboration, understanding, mutual trust, respect, equality, and acceptance of difference. Faculty also must continue to demand that resources be allocated to support their ongoing professional development as teachers and educator/scholars. To accomplish this transformation, the National League for Nursing believes that nursing education leaders need to support faculty in their efforts to be innovative in their teaching, expect faculty engagement in evidence-based teaching practices, and emphasize the value of the scholarship of teaching during appointment, tenure, and promotion deliberations.

It is imperative that the federal government and other organizations and foundations allocate significant resources to support nursing education research. And we believe that nursing faculty must engage actively in a community of peers who are dedicated to enhancing student learning and to offering programs that provide access and are responsive to a diverse student population while promoting the development of an inclusive science of nursing education.

RECOMMENDATIONS

In light of this unswerving commitment to innovation, excellence, and evidence-based nursing education, the National League for Nursing recommends that:

- All professional nursing organizations focus their calls for reform on areas that are congruent with their mission and expertise
- All proposals regarding new options in nursing education (e.g., the creation of a new practice role like the clinical nurse leader or the development of more levels of preparation like the practice doctorate) and all calls for the inclusion of more content on a particular topic (e.g., genetics or bioterrorism) be evidence-based
- Faculty identify themselves as advanced practice nurses since teaching is an advanced practice role that requires specialized knowledge and advanced education and since certification now exists as a way to recognize expertise in the role
- Faculty base their curriculum decisions, teaching practices, and evaluation methods on current research findings
- Faculty whose expertise is in nursing education initiate and sustain serious conversations (in their own institutions and among the nursing education community) about the uniqueness of the faculty role, the value of pedagogical research, and the need for an inclusive science of nursing education
- Faculty whose expertise is in nursing education take the lead in promoting innovation and moving away from a focus on content coverage
- Deans, directors, and chairpersons provide financial resources and other types of support to faculty whose expertise is teaching/learning and whose research is pedagogical in nature
- Schools of nursing act politically to secure more funding to support pedagogical research and the development of an inclusive science of nursing education
- Faculty; deans, directors, and chairpersons; and the NLN engage in extensive dialogue with regulatory and accrediting bodies to garner their support for innovation and significant reform, as well as evidence-based decision making in nursing education
- The National League for Nursing continue to fulfill its role as the leader in nursing education by assuring that the community of educator/scholars is informed of new proposals that affect nursing education and by developing material that will help members of that community think and make informed decisions about those proposals.

REFERENCES

Diekelmann, N.L. (2001). Innovation in nursing education: Heideggerian hermeneutical analyses of lived experiences of students, teachers, and clinicians. *Advances in Nursing Science*, 23(3), 53-71.

Institute of Medicine (Committee on Quality of Health Care in America). (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academies Press. Available: <http://books.nap.edu/catalog/10734.html>

Kohn, L.T. (Ed.). (2004). *Academic health centers: Leading change in the 21st century*. (Report of the Institute of Medicine's Committee on the Roles of Academic Health Centers in the 21st Century). Washington, DC: National Academies Press. Available: <http://books.nap.edu/catalog/10734.html>

National League for Nursing. (1988). *Curriculum revolution: Mandate for change*. New York: Author.

National League for Nursing. (1989). *Curriculum revolution: Reconceptualizing nursing education*. New York: Author.

National League for Nursing. (1990). *Curriculum revolution: Redefining the student-teacher relationship*. New York: Author.

National League for Nursing. (1991). *Curriculum revolution: Community building and activism*. New York: Author.

National League for Nursing. (2003). *Innovation in nursing education: A call to reform* (Position Statement). New York: Author. Available: www.nln.org/aboutnln/PositionStatements/innovation.htm

National League for Nursing
61 Broadway
New York, NY 10006



www.nln.org