Implementing the Connections Between “Educating Nurses: A Call for Radical Transformation” and the Future of Nursing Report

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Plenary presentation at the Mosby Faculty Development Conference, January 3, 2013

Objectives for this Session

1. Draw comparisons between the recommendations from the two publications.

2. Discuss the implications for the recommendations.

3. Explain ways nursing faculty/programs can implement/are implementing the recommendations.

So what?

Answering the “So what?” question

“So what” does this mean to me as a faculty, a nursing education administrator, and a hospital employer?

What will I do with this information?
Frank Talk

My name should be “Frank”.
To address #3: Explain ways nursing faculty/programs can implement/are implementing the recommendations.
I will draw on my experiences to answer:
“What’s happening out there related to some of the recommendations?”

Work with Schools

Brief “vita”:
Consulted with schools for over 20 years.
Over the last 3 years after I “retired” have worked with an average of 2 schools a week for a total of over 300 schools on a wide range of nursing education topics.
In my role as a consultant I have worked with schools all over the country of all sorts, shapes, and sizes.

Overall Message from these Reports

We must improve nursing education!
The Future of Nursing: “This report offers recommendations that collectively serve as a blueprint to….improve nursing education.”

Improve?
Does this mean something needs to be fixed?
Does this mean we have to change?
Change???

Question:
Who likes change??

Answer:
A baby with a wet diaper! That may be it!

Change or Transformation???

Title of book:
Educating Nurses: A Call for Radical Transformation

Not just change BUT transformation!

Change or Transformation???

Prerequisite to improving nursing education:

We must accept and become comfortable with the idea that we must change.

Change is often hard...difficult to accept.
**Question**

From the preconference survey sent last week:

“What is the largest challenge facing current nursing educators?”

General answer:
For all nurse educators and nursing education leaders to accept the need for change.

**Answer**

Identify the changes needed in your program, many will be based on these reports and other current literature.

Institute the needed changes.

Means rethinking all we have done for the past 30 plus years in nursing education.

Remember: “It’s ok not to change; survival isn’t mandatory.”

**Change #1: Educational Preparation**

Future of Nursing:
80% RNs with a BSN by 2020
“A greater % of ADN graduates progressing to the BSN EARLIER in their careers.”

Dr. Benner and coauthors:
Nursing education should improve students’ efficient progress from ADN programs to BSN and master’s programs.
Dr. Benner, et al, go even further with the recommendation of the MSN in 10.

Change #1: Educational Preparation

• The opportunities for the RN to BSN are rapidly expanding. Many online programs with fast-track options created every year.
• Dual enrollment – wonderful, innovative programs emerging.
• More community colleges offering the BSN in a number of states.

So What's Happening?

National organizations coming together for the cause: New Joint Statement on Academic Progression for Nursing Students and Graduates:
• AACC
• ACCT
• AACN
• NLN
• N-OADN
Envision Your Nursing Future, Taking the Next Step in Your Nursing Education:

www.noadn.org which provides ADN graduates with information not just about a BSN, but an MSN and doctoral studies as well.

So What's Happening?

For students to experience a smoother transition from level to level, all levels of programs must revise their curriculum, to include similar concepts taught at appropriate levels for each level of education to show increasing levels of competencies.

So What Do Faculty Need to Do?

This helps to tease out the actual differences in curricula between the ADN and BSN besides the traditional view of the additional courses -- statistics, public health, leadership, and traditional nursing research courses.

The faculties of the various degrees must work together to ensure seamless transition by providing similar concepts in their program but leveled based on the degree offered.
Change #2: Curriculum Revision

The Future of Nursing:

Nursing curricula need to be reexamined and updated. They need to be adaptive enough to undergo continuous evaluation and improvement based on new evidence and a changing science base, changes and advances in technology, and changes in the needs of patients and the healthcare system.

Change #2: Curriculum Revision

The committee’s recommendation for a more highly educated nursing workforce must be paired with overall improvements to the education system and must include competencies in such areas as leadership, basic health policy, evidence-based care, quality improvement, and systems thinking.

Change #2: Curriculum Revision

Dr. Benner’s work:

Classroom teachers tended to rely heavily on automated presentation software. Much of the presentation involved presenting large amounts of information catalogued into taxonomies, such as body systems, to nursing diagnoses, followed by the rest of the nursing process. There was a lack of relevance to practice situations and most teaching was noncontextual and at the lower level of Bloom’s taxonomy.
There is a shift to using or wanting to learn active learning strategies that are meaningful. Teaching contextually and removing technology when technology isn’t contributing in a meaningful way – death by PowerPoint is cured by “Teaching Naked” – a great book that talks about NOT using PPT or other technology without a purpose that is meaningful – interactive, active learning, problem solving, etc.

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So What’s Happening?

If you haven’t changed your curriculum in the last 5 to 10 years, you may need an overhaul.

We need updated books to direct our curriculum revision. I see this as an area that is lacking in nursing education.

Curriculum Revision

Curriculum is no longer based on theories...but on nursing practice AND it’s all about outcomes.
Curriculum Revision

We need authors to write current nursing curriculum books that talk about curricula built on outcomes/competencies (as noted by the Future of Nursing report), NOT about organizing frameworks and theoretical frameworks:

- Based on a single nurse theorist
- The nursing metaparadigm (nursing, environment, health, person),
- The 3 roles of the nurse: provider of care, manager of care, and member of the profession.

Curriculum Revision

The Future of Nursing:

Transforming the health care system will in turn require a fundamental rethinking of the roles of many health professionals, including nurses.

Curriculum Revision

These are outdated approaches to developing curriculum

Therefore curriculum should be built on outcomes/competencies expected of the nurse in the current healthcare environment.
Curriculum Revision

Curriculum revision means addressing ALL levels of curriculum, from the top down.

Dr. Benner talks about not using abstract taxonomies that pigeon-hole nursing content — this gives students "little or no indication about how to integrate the knowledge they present in a practice context."

There is no reason to "catalog" what we do — what if it doesn't fit into that catalog? The new approach to curriculum is to look at what a nurse is expected to do in today's healthcare environment, and develop your curriculum from that.

From a Previous Slide

The Future of Nursing:

Nursing curricula need to be reexamined and updated. They need to be adaptive enough to undergo continuous evaluation and improvement based on new evidence and a changing science base, changes and advances in technology, and changes in the needs of patients and the healthcare system.
Curriculum Revision

Many nursing programs still a medical model. Focused on body systems and diseases.

There are new models emerging → concept based at the program level then a concept-based approach to build all the courses.

Curriculum Revision

In the last 3 years, my curriculum work with nursing programs has changed dramatically with the trend to more school asking me to help them develop a concept-based curriculum.

Curriculum Revision

The number of programs developing curricula based on a conceptual approach is growing tremendously.

This is a new rendition of the concept-based curriculum; not the same as we did in the 1970s and the 1980s.

• It is good.
• It is important.
• It is nursing-based.
But, what is a concept-based curriculum?
When I work with schools I see a range of answers to this question.

Just as the term “Curriculum revision” means many things to many people, so does the term “Concept-based curriculum”.

As I work with faculty it is important to agree on what is meant by a concept-based curriculum and how it will be operationalized in their school.

I occasionally see a program that is called concept-based, but a closer look reveals a change in terms but not teaching or in the structure of the program.

The course that teaches the respiratory system is now teaching “oxygenation”; however, the list of diseases covered and the approach to teaching does not change.

This is where a lot of work occurs – looking at what is really meant by a concept-based curriculum with answers to many key questions:

• Why develop a concept-based curriculum?
• Why does nursing need a concept-based curriculum?
• How do you develop a concept-based curriculum?
• How do you organize a concept-based curriculum?
Questions Related to a Concept-Based Curriculum?

- What do faculty need to know to teach in/develop a concept-based curriculum?
- What are the advantages of a concept-based curriculum?
- How do you teach to a concept-based curriculum?
- How does a concept-based curriculum foster thinking?

Change #3: Teach Thinking

A major focus of Dr. Benner’s work is teaching students to use clinical reasoning. The Future of Nursing applied Dr. Benner’s work to their findings.

Both Dr. Benner’s work and the Future of Nursing agree this is a major curriculum issue that must be included in all levels of education:

- Teach students to think like a nurse!
- How to do that is a curriculum issue that must be addressed.

So What’s Happening?

When I work with many nursing programs, this appears to be a major area that is lacking.

There is not a formalized, systematic approach to teaching critical thinking/clinical reasoning across the curriculum.
So What's Happening?

Teaching thinking is often wrapped into the nursing process; but, this is only one way a nurse thinks.

Many ways of thinking are not clearly delineated across the curriculum.

Teaching thinking is often not clearly taught, not actively role modeled for students, and not evaluated.

So What's Happening?

Many schools I have worked with are recognizing the need to teach students to think is a major, overarching concept that fuels the rest of the curriculum and success as a graduate on NCLEX and certification exams, and in practice.

Many schools which did not define their chosen term for thinking are now choosing a term (critical thinking; clinical reasoning; nursing judgment) and defining it. They then demonstrate how it is taught throughout each nursing course as students develop higher order thinking. This is huge.

So What's Happening?

Our practice partners must know our graduates can think.

DeBuono found that only about 1/3rd of all new RN graduates – no matter what the level of education – can engage in entry level thinking.

Many students still take a list of psychomotor skills to their potential employers as evidence of their experience in their nursing program....

What about a list of their thinking skills?
I suggest they also take a list of thinking skills and strategies to their potential employers as evidence of their experience in their nursing program.

- Predicting and managing potential complications
- Recognizing changes in the patient's status
- Deciding how much ambiguity can be tolerated
- Prioritizing/delegating
- Etc.

So What's Happening?

The Future of Nursing:

It is likely that many of the clinical hours fail to result in productive learning. Students spend much of their clinical time performing routine care tasks repeatedly, which may not contribute significantly to increased learning. Faculty report spending most of their time supervising students in hands-on procedures, leaving little time focused on fostering the development of clinical reasoning skills.

Change #4: Clinical Education

Dr. Benner:

Outlines many problems commonly occurring in the clinical setting.

Clinical has been a challenge for quite some time with numerous authors for nearly a decade before the publication of these 2 documents insisting we must change our current approach to clinical education.
There are some new models:

- Designated Education Units
- Academic-service Partnerships

Not available:

What can the nursing faculty do to refocus clinical— to not just teach skills (which are important) but to change our approach to clinical to address the concerns noted by both the Future and Benner?

Change #4: Clinical Education

Many schools are beginning to change their approach to clinical, making it:

- More productive
- More sane!! — for both student and faculty

So What's Happening?

For example, provide thinking activities that walk students through thinking like a nurse in the context of the patient situation.

Ask yourself, “How would I think through this situation?”

Then develop activities that walk students through those steps of thinking in similar situations and give them practice, practice, practice with a “nontraditional” clinical day, focusing on the nursing care of thinking.
So What's Happening?

Schools are replacing the 5-column care plan with:
An unfolding concept map completed throughout the day rather than the student leaving the clinical site, out of the context of their patient situation, to write a care plan.

Many other ways of changing clinical, but we must be willing to try new ways.

And we must be willing to talk with our practice partners about taking a new approach to clinical education.

Change #5: Embrace Innovation

As the Future of Nursing states:

"Nursing education needs to innovate at the micro and macro system level for the 21st century. It cannot be business as usual."

"In order to truly transform care, practice and education will need to partner on curriculum development and the professional socialization of the new nurse."

Change #5: Embrace Innovation

The Future of Nursing:

"At no time in recent history has there been a greater need for research on nursing education. As health care reform progresses, basic and advanced nursing practices are being defined by the new competencies ..... yet virtually no evidence exists to support the teaching approaches used in nursing education. Additionally, little research has focused on clinical education models or clinical experiences that can help students achieve these competencies, even though clinical education constitutes the largest portion of nurses' educational costs."
Dr. Benner states:

"...pressure from employers mounts, and many programs operate on a untested assumption that handling larger patient care loads will make the students more efficient on graduation. We believe that larger patient-care assignments, and the attendant cut in time for learning and reflection, will contribute to gaps in the student's understanding of the nurse-patient relationship and communication."

Change #5: Embrace Innovation

Many schools are turning to organizations such as the NLN for research on nursing education. Of particular interest:

Drs. Ironside and McNells published "Clinical Education in Prelicensure Nursing Programs".

I recommend as a must read for all faculty in these programs.

So What's Happening?

We cannot hold onto the old when it no longer works.

We must not be afraid to change.

We must embrace innovation.

We must embrace change.

In Conclusion
Questions? Comments?

Thank you for attending this session!!