

The Initiative to Advance Innovations in Nursing Education: Three Years Later

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Calls for innovation in nursing education have been prevalent in recent years. In 2009, the Innovations in Education Regulation Committee, convened by the National Council of State Boards of Nursing (NCSBN), worked collaboratively with other stakeholders to identify perceived and real barriers to innovation in nursing education and proposed model rules and statute language that boards of nursing could adapt to foster innovations in their state's nursing programs. The model language was unanimously adopted by NCSBN's Member Boards. Since then, NCSBN has conducted three surveys to determine the impact of NCSBN's initiative as well as the state of innovations in nursing education. Following a review of the committee's work, this article presents survey data on innovation in nursing education over the last 3 years.

Because of the importance of adopting innovative teaching strategies in nursing education, regulators and other stakeholders have identified the need for nursing education regulation to be flexible and allow for pilot projects that might lead to new and improved approaches to teaching nursing education in the 21st century. National initiatives continue to call on the nursing community to innovatively transform nursing education. For example, the Institute of Medicine's (IOM; 2011) future of nursing report challenges nurse educators with the critical need for implementing innovations in nursing education. The report asserts, "Major changes in the U.S. health care system and practice environments will require equally profound changes in the education of nurses both before and after they receive their licenses" (p. 164). Similarly, the 2-year, comprehensive Carnegie study of nursing education calls for, and makes recommendations for, transforming nursing education (Benner, Sutphen, Leonard, & Day, 2010).

Educators and researchers are calling for innovations in nursing education as well. Hegarty, Condon, Walsh, and Sweeny (2009) reiterated the need for innovation in their review of the challenges facing nursing education. The increasingly complex health care environment and the high-level care needed for acutely ill patients with complicated illnesses require educators to be forward thinking with their nursing curriculum. Nursing education must evolve to meet these needs, or tomorrow's nurses will not be adequately prepared. Along with the complexity of health care today, MacIntyre, Murray, Teel, and Karshmer (2009) cite the added dimensions of the nursing faculty shortage and insufficient clinical sites that further demand innovation in nursing education.

Examining Innovation in Education

To address these calls for innovation, in 2009 the National Council of State Boards of Nursing (NCSBN), composed of the state boards of nursing (BONs) representing every jurisdiction in the United States, convened an invitational roundtable to discuss how the nursing community could transform education for the next generation of nurses. Nurse regulators, educators, and practice leaders, including representatives from seven organizations related to nursing education, the American Nurses Association, and the Robert Wood Johnson Foundation, attended. Attendees discussed the meaning of innovation in nursing education and described barriers to innovation, including those set up by educators, practice partners, and nursing regulators. Collecting data and maintaining quality while promoting innovations were explored in depth. The vision of the future focused on improving communication and forming partnerships with education, regulation, and practice.

Innovations in Education Regulation Committee

To further study the issue of nursing regulation fostering innovations, NCSBN convened a committee consisting of regulators representing jurisdictions across the United States. The committee reviewed the literature, developed definitions of the terms *innovations* and *regulatory barrier* (see Table 1), and developed foundational premises for a theoretical model depicting the regulatory influences on nursing education innovations. The committee also developed model regulatory language BONs could use as they updated their rules and regulations (NCSBN, 2009), which would allow for innovative teaching methods and curricula in nursing education. The committee recognized that the initiative to advance innovations in nursing education could

not occur in a vacuum. Therefore, to accomplish the work, the committee members collaborated with stakeholders, including the American Association of Colleges of Nursing, Commission on Collegiate Nursing Education, National Association for Practical Nurse Education and Service, National League for Nursing, and National League for Nursing Accrediting Commission, to learn more about perceived barriers.

The culmination of this work is illustrated in Figure 1. This diagram shows the regulatory influences that can hinder innovative approaches to nursing education. Innovations in nursing education can be hampered by these conditions:

- Communication between educators and BONs is poor.
- The law/rules are not flexible enough to permit innovations.
- The process for changing the rules and regulations is cumbersome and lengthy.

When these three influences overlap, the barrier will be even more difficult to overcome. For example, if a board's rules would not permit a dedicated education unit because of faculty qualifications, the board could work with the state's educators to adopt rules that would permit pilot projects. However, if on top of that, the board's process for changing rules took 2 years, the process would be slowed. It would take even longer, and possibly not be successful, if communication between the board and educators were adversely affected by hidden agendas or other issues that might cause a communication breakdown.

Educators and regulators particularly indicated that a lack of communication prevents the development and adoption of innovative approaches. Educators often erroneously believe the nurse practice act does not allow for innovation, even though the law and rules are often flexible enough to allow for innovations. When communication between a BON and nursing program is good, educators will clearly understand the nurse practice act and will contact their BONs about innovative approaches that are, or might be, outside the rules and regulations. Further, the educators will communicate regularly with the BON when implementing and evaluating the new strategies.

It was also noted during collaborative conference calls that other barriers, besides those in regulation, exist that hinder innovations in nursing education. The educators acknowledged that the processes of their own committees and university hierarchy can cause delay. Educators also reported that students can sometimes be wary of innovative strategies and prefer the traditional way of teaching. Practice has been cited as hindering innovations because practice sites' power is so centralized, and linear thinking and vertical hierarchies are common in health care organizations (Unterschuetz, Hughes, Nienhauser, Weberg, & Jackson, 2008). While this NCSBN initiative focused on nursing regulation, there are other concerns that must be addressed as well.

The work of the committee and stakeholders resulted in the development of model regulations that can be adopted and used by BONs to promote innovation in their jurisdiction. Dreher (2008) states that BONs cannot drive innovation because they

TABLE 1

Foundation for Model, Model Education Rules, and Recommendation: Definitions and Premises

Definitions

- Innovation: A dynamic, systematic process that envisions new approaches to nursing education
- Regulatory barrier: Real or perceived regulatory parameters set by boards of nursing that hinder innovation in nursing education

Premises

1. The mission of the boards of nursing (BONs) is public protection.
2. Factors other than BON statute and rules may constrain innovation and therefore limit the scope of this report.
3. As knowledge and complexity in health care increase exponentially, newer models of nursing education are necessary.
4. Collaboration and partnerships often are required for innovation in nursing education.
5. Innovation can occur at all levels of nursing education.
6. Nursing regulation recognizes the value of evidence-based innovation in meeting nursing education program outcomes.
7. Quality can be maintained amidst innovative changes.
8. The ultimate responsibility and accountability of any innovation rests with the nursing program.
9. Advances in technology may influence innovation in nursing education.
10. Nursing is a practice discipline requiring supervised clinical instruction.
11. Regulation criteria for nursing programs should reflect minimum requirements and be the least burdensome criteria consistent with public protection.

must ensure adherence to standards. However, committee members took the position that regulators can champion innovative approaches in education and act as a conduit for them. Further, providing resources for educators and BONs was a key step in promoting dialogue and showing a commitment to innovative strategies in nursing education. Resources that will assist in the development of innovative strategies for BONs and educators are integrated into an innovations toolkit (www.ncsbn.org/1927.htm).

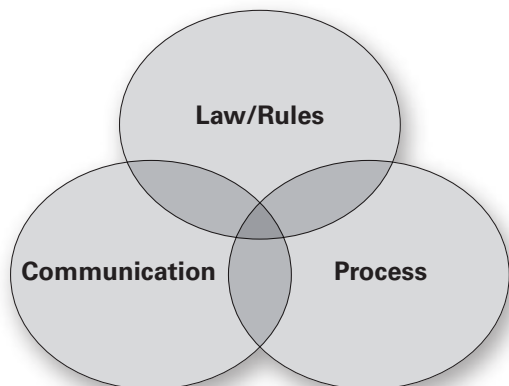
Transforming Nursing Education Today

The call for transforming nursing education is still loud and clear (Benner et al., 2010; Halstead, 2011; Hegarty, Condon, Walsh, & Sweeney, 2009; IOM, 2011; Kantor, 2010; MacIntyre, Murray, Teel, & Karshmer, 2009; Paulson, 2011; Smith Glasgow, Niederhauser, Dunphy, & Mainous, 2010; Tanner, 2010). Tanner (2010) best sums up the concerns in the literature:

FIGURE 1

Regulatory Influences on Nursing Education Innovations

When these three influences—communication, law/rules, and process—overlap, a barrier may be more difficult to overcome.



As care continues to shift from hospitals to community-based settings, as the population ages and care management in the community becomes more complex, and as new health care needs emerge, a new kind of nurse will be needed. Educational programs must be redesigned to better prepare this nurse. (p. 347)

Tanner (2010) proposes three recommendations for transforming nursing education: Using common prerequisites, a competency-based curriculum, and resource sharing; convening expert panels to develop a model prelicensure curriculum; and investing in a national initiative to develop new approaches to prelicensure clinical education, including requiring a postgraduate residency program.

Since NCSBN's work in 2009, two seminal, evidence-based reports on the future of nursing education were published: *Educating Nurses: A Call for Radical Transformation* (Benner et al., 2010) and the IOM report on the future of nursing, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011).

Supported by the Carnegie Foundation and based on a review of the literature, national surveys, and direct observations of classroom and clinical teaching, *Educating Nurses: A Call for Radical Transformation* presents the vision of nursing education for the future. Benner, Sutphen, Leonard, and Day (2010) found that prelicensure nursing students are engaged every day with "ethical comportment," meaning that they are focused on becoming good practitioners and improving their practice, always with the patient in mind (p. 11). Further, Benner et al. (2010) reported that prelicensure nursing education provides powerful learning experiences when students work directly with patients and the health care team and when educators integrate classroom learning with clinical experiences. When clinical experiences were

fragmented, the result was superficial learning. The importance of integrating clinical experiences into prelicensure nursing education was also cited elsewhere. Smith Glasgow, Niederhauser, Dunphy, and Mainous (2010) call for innovative approaches in clinical nursing education through academic-practice partnerships, using information technology and simulation, transition-to-practice programs, and competency-based assessments. These authors assert that nurse leaders, faculty members, and regulators must collaborate to transform clinical nursing education.

However, Benner et al. (2010) report that educators need to improve on the classroom teaching of nursing science, natural and social sciences, leadership, and humanities to ensure that all graduates are safe, competent clinicians. Benner and colleagues lament that students are often taught in the classroom by taxonomies (signs, symptoms, interventions) to be memorized and that this approach does not engage students. They emphasize the importance of contextual teaching in the classroom, which they call "integrative teaching for clinical imagination" (p.127). More recently, Benner (2012) reflected on what has happened since the report was released, noting that several states, including Arizona, Minnesota, Michigan, and Washington, have implemented initiatives based on the Carnegie study results. Still, Benner (2012) notes that an upgrade of science prerequisites in nursing has not yet happened. A website for faculty development, curriculum design, pedagogies, and teacher education has been established based on the study: www.educatingnurses.com.

The IOM's *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011) has also been disseminated widely in the nursing community. This multidisciplinary report based on available evidence included four key messages for transforming the nursing profession. Key message two is "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (p. 30).

This IOM report asserts that an updated and adaptive curriculum is needed in many areas, such as care coordination, geriatrics, and cultural competence. Along with Benner et al. (2010) and much of the literature, this report finds that many nursing curricula are highly structured, focusing on "covering content" rather than on decision making and clinical reasoning. The IOM report on the future of nursing, the Tanner article (2010), and the Carnegie study of nursing education (Benner et al., 2010) all recommend moving from a traditional content-heavy curriculum to competency-based education. Bleich (2012) reports on some excellent examples that have developed since the release of the IOM report, and he says, "The IOM report offers a framework for unifying nursing for the public's good, as unprecedented demographic shifts occur in an era of rampant chronic care issues, influenced with life-sustaining technologies" (p. 184).

TABLE 2

Nursing Education Innovations: 2010–2012

Year	Types of Innovations	Types of Faculty Shortage Initiatives	Types of Education/Practice Partnerships
2010	<ul style="list-style-type: none"> • Statewide curricula (5) • Innovative curricula (3) • Practice partnerships (3) • Simulation (2) • Distance learning (2) 	<ul style="list-style-type: none"> • Funding (11) • Ease transition (6) • Sharing faculty and graduate students (4) • Beginning dialogue (2) • BON assistance (1) 	<ul style="list-style-type: none"> • Beginning to see DEUs (6) • Practice partnerships (4) • Clinical placement platforms (4)
2011	<ul style="list-style-type: none"> • Dual admission and seamless articulation (7) • Simulation (6) • Practice partnerships (4) • Hybrid courses and use of technology (3) • Curricular innovations (3) • International programs (1) • QSEN integration (1) 	<ul style="list-style-type: none"> • Funding (14) • Ease transition (6) • Rules, regulations, and work with BON (5) • Sharing faculty and graduate students (2) 	<ul style="list-style-type: none"> • Collaborative partnerships and joint appointments (14) • DEUs (7) • Innovative clinical experiences (2)
2012	<ul style="list-style-type: none"> • Simulation or multiprofessional simulation (10) • Combined resources and dual enrollment (10) • DEUs and collaborative practice (6) • Distance learning and technology (2) • Innovative curricula (2) • New graduate transition program (1) 	<ul style="list-style-type: none"> • Funding (5) • Sharing faculty (3) • DEUs (3) • BON initiatives (3) • Use of Skype or other technology (2) • Creative education programs for faculty (2) • Practice partnerships (1) 	<ul style="list-style-type: none"> • DEUs (8) • Practice partnerships (7)

Numbers indicate number of comments for each category.

BON = board of nursing; DEU = dedicated education unit; QSEN = Quality and Safety Education for Nurses.

Outcomes of the Initiative

The literature since 2009 shows major strides in communicating the need to transform nursing education and proposing recommendations for moving forward. Both the Carnegie study of nursing education (Benner et al., 2010) and the IOM future of nursing report (IOM, 2011) suggested collaboration among regulation, education, and practice, as NCSBN recommended in 2009.

What about NCSBN's initiative? Have BONs adopted the innovation model rules? If not, are rules and regulations flexible enough to promote innovations? More importantly, have innovations increased? Based on an evaluation of the initiative, which steps are recommended?

A survey asking these questions was sent to all BONs in 2010, 2011, and 2012 at 6, 18, and 30 months after the initiative was adopted. The response rates were 42%, 65%, and 60% respectively. (See Figure 2 for the results.) Based on the responses, innovations that have the potential for transforming nursing education increased from 48% in 2010 to 57% in 2012. Not surprisingly, initiatives addressing the faculty shortage have decreased from 76% in 2010 to 60% in 2012. Many of those initiatives were based on increased funding of faculty shortage initiatives, which has dried up during these lean economic times. However, practice partnerships, recommended by the Carnegie study (Benner et al., 2010) and the future of nursing report (IOM,

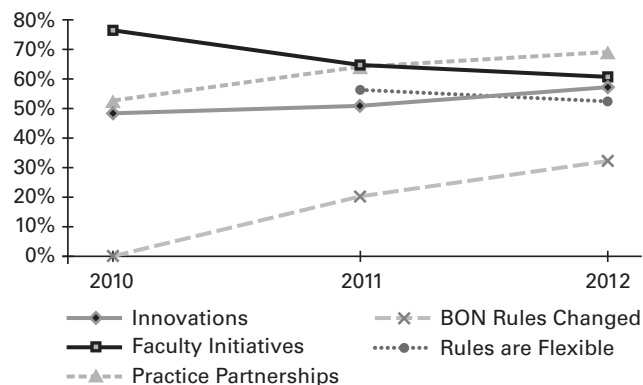
2011), have increased from 52% to 69%. By 2012, at least some of the model rules language was adopted by 32% of the BONs responding to the survey, and another 52% reported that their rules and regulations are already flexible enough to promote nursing education innovations. The question about rules/regulations flexibility was not asked in 2010.

For a summary of the themes that emerged from survey comments, see Table 2. From 2010 to 2012, innovations became more sophisticated. In 2010, state curricula were being developed, and programs were beginning to report the use of simulation and practice partnerships. In 2011 and 2012, statewide curricula had evolved to programs with dual enrollments and combined use of resources. Simulation was increasingly used in 2011, and by 2012, many states were reporting the use of multidisciplinary simulation with nursing students. For example, in 2012, one BON reported that its state had "simulation laboratories with state-of-the-art equipment for shared use by several professional student groups and employees of health care facilities."

Though fewer opportunities were available for funding faculty shortage initiatives, BONs reported some creative strategies by nursing programs. One state wants to use a polycom telepresence system to deliver classes in another state, and the two campuses would share faculty. Another state reported a program

FIGURE 2

Trends in Innovations: 2010–2012



to take the dedicated education unit (DEU) concept into critical access hospitals via Skype.

Practice partnerships also became more sophisticated. In 2010, few BONs reported having DEUs, though most reported DEUs in their preliminary stages. One BON reported “discussions to establish one.” Another said it was “conducting a pilot DEU project.” In 2012, the DEU concept seemed more developed, with one state reporting that, “We have dedicated education units staffed by ‘clinical scholars.’ Clinical scholars are expert nurse clinicians in the hospital hired by the schools to provide clinical instruction to groups of students.” Another BON, reporting on practice partnerships in 2012, stated, “Partnership activities with industry...are being explored to look at the different ways to educate prelicensure RN students, to prepare future nurses for the aging population, to use alternative clinical sites, and to meet the needs of the community.”

When given the opportunity to write additional comments, one BON expressed frustration about how to deal with great teachers who do not have the required degrees. This BON wanted more flexibility built around “years of service, number of awards, and critical reviews of managers and other experts.” Another BON commented on an acute awareness of evidence-based programming, stating, “the nursing education community is interested in NCSBN’s and other education groups’ research findings associated with simulation, DEUs, preceptorships, transition to practice, etc.” One board summed up the standards of most regulators related to nursing education innovations: “The regulatory body welcomes and encourages innovations overall provided they are well planned.”

Conclusions and Next Steps

Over the last 3 years, more sophisticated and creative nursing education innovations have been reported. So where do we go from here? BONs must maintain standards that protect the public as they consider innovative educational strategies that can

lead to high-quality nursing graduates, resulting in top-quality practitioners. This balance between enforcing regulatory statutes and rules and promoting innovative educational change can be accomplished through a concerted, collaborative effort between regulation and education. Allowing time for thorough evaluation of innovative practices in nursing education without jeopardizing patient safety is the responsibility of both the BONs and the education programs. Regulators and educators must keep the need for innovations at the forefront of both regulation and nursing education.

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