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Innovations in Education Regulation Report: Background and Literature Review

This report of the Innovations in Education Regulation Committee details the history of the committee and presents the definitions and recommendations; a synopsis of the literature; a full report from the collaborative call held with education leaders; and a discussion of the influences that affect innovations, particularly regulatory influences.

Background

Because of the complexities in nursing and health care delivery, and a national focus on patient safety, there has been a call across nursing organizations and health care organizations for more innovation in nursing and health care education (AACN, 2008; Greiner & Knebel, 2003; IHI, 2003; NCSBN, 2005; NLN, 2003). Therefore, NCSBN held an invitational roundtable on March 25, 2008, where leaders in education, practice and regulation gathered to discuss how nursing can collaborate to innovatively enhance nursing education for the next generation of nurses. This meeting was facilitated by NCSBN staff and included representatives from seven organizations related to nursing education, three boards of nursing (BONs), the American Nurses Association and the Robert Wood Johnson Foundation. The group discussed the meaning and implications of innovation in nursing education. Perceived barriers to educational innovations were discussed not only related to regulation, but also barriers set up by education systems, practice environments and the students themselves. A vision for the future was presented, which focused on improved communication and forming partnerships between education, regulation and practice.

The following day, March 26, 2008, NCSBN's Faculty Qualifications Committee hosted a conference on the faculty shortage that attracted educators, practitioners and regulators from around the country, as well as internationally. At this meeting some exemplar innovations were presented and nurse regulators discussed how these could be implemented in their jurisdictions.

To continue with this endeavor of fostering innovation in education, in May 2008 the NCSBN Board of Directors established a new committee for 2008-2009, the Innovations in Education Regulation Committee, and charged them with:

- Identifying real and perceived regulatory barriers to education innovations.
- Developing a regulatory model for innovative education proposals.

Definitions and Premises

The committee members began by developing the following definitions and premises as a foundation to their work. When devising the definition for innovation, the group recognized that the etymology of the word derives from the Latin word *innovare*, which means "to renew or change" (Online Etymology Dictionary, 2001). Therefore, while an innovation is something very new and different, it doesn't necessarily mean that an innovation is better. Oftentimes, that nuance is not understood.

- Definitions
 - Innovation - A dynamic, systematic process that envisions new approaches to nursing education.
 - Regulatory barrier - Real or perceived regulatory parameters that hinder innovation in nursing education.
- Premises
 - The mission of BONs is public protection.
 - Factors other than BON regulations may constrain innovation and therefore limit the scope of this report.
 - As knowledge and complexity in health care increase exponentially, newer models of nursing education are necessary.

- Collaboration and partnerships often are required for innovation in nursing education.
- Innovation can occur at all levels of nursing education.
- Nursing regulation recognizes the value of evidence-based innovation in meeting nursing education program outcomes.
- Quality can be maintained amidst innovative changes.
- The ultimate responsibility and accountability of any innovation rests with the nursing program.
- Advances in technology may influence innovation in nursing education.
- Nursing is a practice discipline requiring supervised clinical instruction.
- Regulation criteria for nursing programs should reflect minimum requirements and be the least burdensome criteria consistent with public protection.


Selected Literature Review

The members of the committee reviewed the literature, with an emphasis on reports related to regulatory issues and concerns. The literature clearly calls for more innovation in nursing education (Bellack, 2008; Benner, Sutphen, Leonard-Kahn & Day, 2008; Coonan, 2008; Dreher, 2008; Gabrud-Howe & Schoessler, 2008; Tanner, 2008; Unterscheutz, Hughes, Nienhauser, Weberg & Jackson, 2008), even though Ironside and Valiga (2007) found that 77 percent of their survey respondents reported that faculty in their program have made a commitment to implementing innovative, evidence-based approaches to teaching and learning. Further, Clarke and Cheung (2008), in reporting workforce statistics in nursing, predict that faculty shortages will stay high and that there will be “heavy pressure” (p.24) for innovations in nursing education to increase the numbers of new graduates. For nursing to advance the 21st century, education, practice and regulation will all need to work together to foster innovative approaches in the education of nurses.

There are myriad examples of innovations reported in the nursing literature. Indeed, the *Journal of Nursing Education* has a section in each issue reporting on innovations. Some examples of innovative approaches to nursing education include a recent report using the Schumacher Model to recruit and groom new faculty (Schumacher, Risco & Conway, 2008). Given the current faculty shortage, this model shows promise. Moscato, Miller, Logsdon, Weinberg & Chorpenning (2007) report on the University of Portland’s very positive experience with the innovative dedicated education unit approach to clinical education. Brown, Kirkpatrick, Mangum & Avery (2008) report on their work with transforming traditional nursing education by implementing the emerging narrative pedagogy approach. With this approach the student becomes a more self-directed, participative learner, and the faculty role shifts from being teacher-dominated to being more learner-centered. Goodin and Stein (2008) discuss the implication of the deliberate discussion teaching strategy in nursing. This method has been used in other disciplines for over 25 years and offers some real benefits to nursing. These innovations are just a few examples of what is available in the literature.

Yet sometimes there are barriers that prevent these innovations from being implemented. Higher education itself, with its time-consuming curriculum committees and administrative hierarchies, can get in the way of innovators (Bellack, 2008; Coonan, 2008). Coonan (2008) says two barriers cited by educators are not having enough time and not having enough money. However, he disputes these reasons as being shortsighted. Coonan (2008) particularly suggests that when educators partner with practice, there are potential benefits.

Similarly, practice can be a barrier to innovation, partly because the power is so centralized, and there is often linear thinking and vertical hierarchies in health care organizations (Unterschuetz et al. 2008). Coonan (2008) asserts that state and federal policy makers have failed to support innovation in nursing education as a priority, thereby setting up barriers. Regulation, including the national nursing accreditors and BONs, have also been cited as barriers to innovation (Bellack, 2008; Coonan, 2008; Dreher, 2008). Dreher (2008) states that the regulatory entities are not in the position to drive innovation as they must ensure adherence to standards. While the Innovations in Education Regulation Committee members agree with this, they also think that regulators can champion innovative approaches in education and can act as a conduit for them.



Hargreaves (2008) presents an interesting perspective in innovation for regulators. She discusses the importance of balancing the risk with the expected outcome. She also presents an excellent decision tree for thinking through the consequences of the innovation, as well as looking at whether the innovation will make a difference.

There is also literature about implementing innovations. Murray (2007) presents an excellent review of how to make choices in adopting trends in nursing education, using the diffusion theory of innovation (Rogers, 2003). She also discusses the adopter categories from the diffusion theory, which includes innovators, early adopters, early majority, late majority, and laggards. The tipping point occurs, she says, when the early majority adopts the innovation. Van Achterberg, Schoonhoven and Grol (2008) provide some evidence-based guidelines for implementing innovations, though they acknowledge that further research is needed in implementation science, particularly in nursing.

Tanner (2008) suggests that our next generation of innovations in nursing education will be pedagogies of integration, where students will learn through experience and evidence-based practice. Similarly, Benner et al. (2008), in their Carnegie study of nursing education, propose that educators should shift from using curricular threads and competencies to the integration of cognitive knowledge, practice know-how and ethical formation. Benner et al. (2008) found in their study that clinical and classroom study in nursing education was often separate and distinct, and they'd like to see clinical and classroom teaching integrated into a "seamless whole" (p. 475). It is likely the Carnegie study, when published, will stimulate innovative pedagogies integrating clinical and didactic approaches to nursing education.

Collaborative Conference Call with Educators

In their January meeting the Innovations in Education Regulation Committee members held a collaborative call with nursing education organizations¹ to learn their perspectives about some of the regulatory barriers that BONs have in place that hinder innovation in nursing education. The committee members had sent the representatives from the organizations their definitions, premises and some objectives for the meeting. The following were the themes from that call:

- There are issues about specialization of faculty. In some states programs are required to have content specialists.
- Educators are wondering about how much simulation can be used to replace clinical experiences.
- There are concerns about full-time/part-time percentages of faculty.
- There was a concern that BONs are monitoring distance learning programs more than other programs, though the guests did understand that sometimes new for-profit programs may require more oversight.
- The faculty shortage is a problem for BON rules on faculty qualifications. Similarly the use of preceptors is sometimes limited by BONs, causing barriers.
- The education organizations would like to see more piloting of innovations and might encourage more partnering with BONs.
- NCLEX® first-time pass rates are barriers, as discussed by the National League for Nursing (NLN).
- The dedicated education unit (DEU) is an excellent way to work with the faculty shortage, though some BONs might have difficulty incorporating them in their rules.
- Educators need to be able to get the data; for example, it is believed that some states don't inform programs about which students have failed the NCLEX.
- There was discussion about disseminating our findings, including bundling with brochures, Webinars, YouTube video clips, *Leader to Leader*, and appearances at each others' conferences and conference calls. Getting the word out about the model rules fostering innovations would be particularly important.

¹ American Association of Colleges of Nursing; Commission on Collegiate Nursing Education; National Association for Practical Nurse Education and Service; and National League for Nursing. The National League for Nursing Accrediting Commission was invited, but no one from that organization was able to participate at that time.

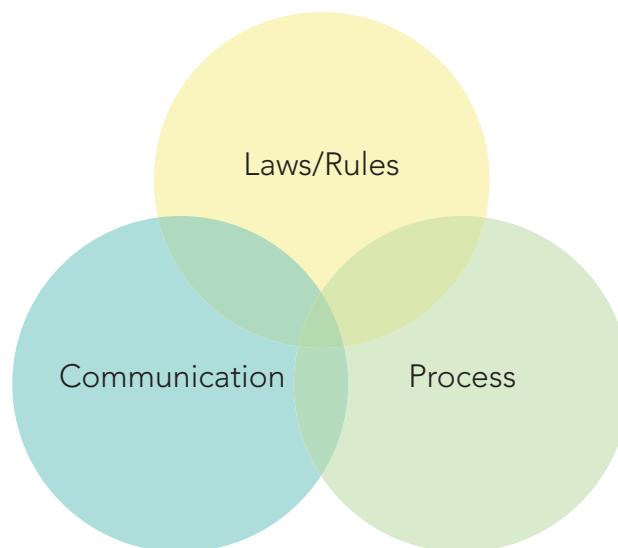
- One participant said that the BON is often feared by educators. The group talked about developing relationships between the BON and educators in each jurisdiction. Suggestions included the BON sending a representative to the deans and directors meetings.
- The group suggested that BONs need to communicate which innovations are working and which ones are not. State Web sites could report this, as is done in Texas.
- Outcomes are very important in measuring the strength of a program and they should include more than just the NCLEX pass rates.
- One of the committee members reminded the group about the NCLEX program reports and how valuable they can be for the programs.
- The group expressed willingness to review model rules that our committee members are developing.

Fostering Innovation

After reviewing the literature and listening to input from educators and BONs, the members of the Innovations in Education Regulation Committee decided that developing model rules would be an excellent way to foster innovation in education. These would provide BONs with regulatory language to allow for innovative approaches to nursing education that are outside the current rule structure. This language would be particularly effective for those BONs that don't have a lot of flexibility in their practice act or rules. As with any model rules, BONs can adapt the language for their particular jurisdictions.

The committee members also designed two handouts for BONs. One provides recommendations to BONs for creating a favorable environment for implementing innovations in nursing education; the other provides tips for nursing programs that want to develop innovative approaches. It was designed for BONs to disseminate to nursing programs, thus promoting dialogue between BONs and educators.

Related to regulatory influences that prevent innovation, the committee members devised the following model to describe these influences:



The laws/rules, processes in the BONs and communication with the educators are all regulatory processes that can hinder innovation. When the three regulatory influences overlap, the barrier might be even harder to overcome. The influences may be real, though many perceived regulatory barriers also exist. That is, while educators think the rules are too prescriptive to allow their innovative strategy, oftentimes, they are not.

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