

## Nursing Agenda – Section 4 – Nursing Education

### Issue 4.1: The shortage of appropriately prepared nursing faculty impedes nursing education capacity.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<b>4.1.1: The number of prepared faculty in the nursing education pipeline is insufficient<sup>1</sup>.</b>	CNE, MCN, Board, nursing schools/colleges, nursing organizations, nurse-employers, MHA, other partners.	Recruit faculty from clinical nursing and from both clinical and faculty retirees. Provide education and support resources for recruits.	By 2007	Additional nursing faculty (recruited from clinical nurses and retired faculty) are in place.
		<ul style="list-style-type: none"> <li>▪ Develop teaching roles for retirees that do not include physically demanding clinical roles.               <ul style="list-style-type: none"> <li>○ Educate retirees for both classroom and on-line teaching.</li> <li>○ Develop more on-line courses.</li> <li>○ Recruit from Retired Nurses Corps. [See Nursing Agenda, section 5.4.]</li> </ul> </li> <li>▪ Increase programs utilizing faculty practice split roles in which staff nurses are educated for clinical teaching<sup>2</sup> <ul style="list-style-type: none"> <li>○ Work with nurse-employers and nursing schools/colleges to provide a salary increment and other rewards for clinical preceptors/faculty.</li> <li>○ Provide support (tuition, fees, appropriate stipends) to clinical preceptors/faculty who seek advanced nursing degrees.</li> </ul> </li> </ul>	By 2007	
		<ul style="list-style-type: none"> <li>▪ Provide mentors during the entire process of education for advanced degrees and for faculty development.</li> </ul>	By 2008	
		Make faculty salaries competitive with clinical acute care salaries. Explore models in other practice fields, such as medicine. <ul style="list-style-type: none"> <li>▪ Engage a broad stakeholder group (purchasers, payers, providers) in funding the recruitment &amp; preparation of additional nursing faculty.</li> </ul>	By 2008	

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	Who	Does What	When	
<b>4.1.1: The number of prepared faculty in the Nursing Education pipeline is insufficient [cont.].</b>	CNE, MCN, Board, nursing schools/colleges, nurse-employers, nursing organizations, MHA, other partners.	<p>Explore recruitment of faculty from related fields, including science &amp; engineering, public health, social sciences, &amp; social work. Provide education and support resources for those recruited.</p> <ul style="list-style-type: none"> <li>▪ Develop teaching roles (not clinical or nursing theory) for faculty from related fields.                             <ul style="list-style-type: none"> <li>○ Prepare related-field faculty for both classroom &amp; on-line teaching.</li> <li>○ Develop appropriate on-line courses.</li> </ul> </li> </ul> <p>Work with national accrediting agencies and Michigan State Board of Nursing to delimit roles for related field faculty.</p> <ul style="list-style-type: none"> <li>○ Implement pilot project for nursing faculty recruited from related fields.</li> </ul>	By 2008	Nursing faculty recruited from related fields are prepared and teaching as part of a pilot project.
	CNE, MCN, nursing schools/colleges, nurse-employers, MMA, MHA, other partners.	<p>Maximize utilization of available faculty hours. Survey part-time faculty from ADN and BSN institutions; identify and engage those part-time faculty who would like to become full-time faculty.</p> <ul style="list-style-type: none"> <li>○ Provide appropriate resources and supports for such faculty.</li> <li>○ Work with healthcare stakeholders to identify funding for full-time salaries.</li> </ul>	By 2007	Former part-time faculty members are engaged as full-time faculty in nursing education.
	CNE, MCN, Board, nursing schools/colleges, other partners.	<p>Increase support for education of masters-prepared &amp; doctoral-prepared faculty, including scholarships, loan forgiveness, livable stipends, &amp; mentoring. Increase number of slots in fast-track Masters Degree programs.</p>	By 2007	Additional supports for education of masters & doctoral-prepared faculty are in place. Fast-track Masters Degree programs increase slots available.

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Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<b>4.1.2: The large number and variability of nursing education programs in Michigan affects faculty availability &amp; distribution.</b>	CNE, MCN, Board, nursing schools/colleges, MACN, MCNEA, other nursing organizations, nurse-employers, MLN, AACN, Legislature, other partners.	Assess the effects of concentrating programs (and therefore appropriately prepared faculty) in nationally accredited, large-enrollment schools.	By 2006	Deployment and utilization of nursing faculty are improved.
		<ul style="list-style-type: none"> <li>▪ Develop process to facilitate transition of Michigan nursing schools/colleges to national accreditation.               <ul style="list-style-type: none"> <li>○ Work with educational institutions to facilitate transition to national accreditation system<sup>3</sup>.</li> <li>○ Seek resources and funding to incentivize national accreditation.</li> </ul> </li> </ul>	By 2008	
		<ul style="list-style-type: none"> <li>○ Support the work of the MACN and MCNEA task forces<sup>4</sup>.</li> <li>○ Review examples/models of the common-curriculum process.</li> <li>○ Consider transferability of credits and tuition predictability/consistency.</li> <li>○ Consider increased quality of preparation of new nurses.</li> <li>○ Consider increased effectiveness of faculty as they change location.</li> </ul>	By 2010	
		<ul style="list-style-type: none"> <li>▪ Explore (at all Michigan nursing schools) a common ADN curriculum &amp; (at public nursing schools only) a common ADN fee schedule.</li> </ul>	By 2012	
		<ul style="list-style-type: none"> <li>○ Encourage web-based programs/courses to provide nursing education to rural areas.</li> </ul>	By 2007	
		<ul style="list-style-type: none"> <li>▪ Determine “right” configuration of nursing education programs to utilize faculty most productively and preserve quality.</li> </ul>	By 2007	Increased web-based courses are in place.  Teaching productivity & quality are maximized.
	By 2008			

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**Issue 4.2: There is an anticipated 30-year deficit of appropriately prepared nursing graduates.**

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<b>4.2.1: There is a short-range need for a quick infusion of appropriate prepared nursing graduates.</b>	CNE, MCN, Board, nursing schools/colleges, nursing organizations, partners	<p>Recruit individuals with Bachelor’s degrees in related fields. Provide accelerated nursing education and support resources for those recruited.</p> <ul style="list-style-type: none"> <li>▪ Expand existing second-degree programs<sup>5</sup>.</li> <li>▪ Create additional second-degree programs, particularly at four-year universities</li> <li>▪ Facilitate flexible timing for clinical placements needed by accelerated program students.</li> <li>▪ Evaluate accelerated programs demonstrated under the 2005 <i>Accelerated Health Care Career Training Initiative</i> awards to nursing education institutions partnering with hospitals. Replicate successful programs.</li> <li>▪ Track second-degree/accelerated programs, graduates, and their careers.</li> </ul>	By 2006	Second-degree and accelerated program graduates are added to Michigan’s nursing workforce.
	CNE, MCN, Board, nursing schools/colleges, MACN, MCNEA, nursing organizations, partners	<p>Increase the number of BSN graduates by implementing the recommendations of the 2005 MACN/MCNEA task force on the ADN to BSN transition.</p> <ul style="list-style-type: none"> <li>▪ Expedite the transition from ADN to BSN.</li> <li>▪ Standardize the curricula at both degree levels</li> <li>▪ Standardize the articulation (relationship) between the two degrees, so that ADN graduates can shift smoothly into a BSN program at any Michigan nursing school.</li> </ul>	By 2007	A consistent relationship between ADN and BSN programs at Michigan public nursing schools is in place. The number of BSN graduates increases.

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Issue	Recommended Action			Action Indicator
	Who	Does What	When	
	CNE, MCN, MHC, Board, nursing schools/colleges, nursing organizations, partners	Recruit minorities, males, persons with appropriate expertise/credentials, life experience, and skills. <ul style="list-style-type: none"> <li>▪ Promote nursing as a career for persons who have not previously considered nursing.</li> <li>▪ Promote nursing as a second career for persons with appropriate preparation &amp; capacities.</li> <li>▪ Provide nursing opportunities for appropriate persons from occupational fields that are down-sizing.</li> <li>▪ Provide baseline testing of persons recruited.</li> <li>▪ Provide mentoring and support resources for persons recruited.</li> <li>▪ Track non-traditional recruits, their programs, progress, &amp; careers.</li> </ul>	By 2007	Additional nursing graduates are added to Michigan’s nursing workforce. Percentages of minorities and males in the nursing workforce are increased.
	CNE, MCN, MHC, Board, nursing schools/colleges, nursing organizations, partners	Recruit nurses with appropriate backgrounds, life experience and skills to be educated as Advanced Practice Nurses (APNs). <ul style="list-style-type: none"> <li>▪ Expand the number of slots available in current APN programs.</li> <li>▪ Provide mentoring and support resources for persons recruited.</li> <li>▪ Provide mentoring and support resources for persons preparing for faculty positions in APN educational programs.</li> </ul>	By 2009	Additional Advanced Practice Nurses are added to Michigan’s nursing workforce and provide a wide range of services from primary care to surgical anesthesia.

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**Issue 4.2: There is an anticipated 30-year deficit of appropriately prepared nursing graduates.**

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<p><b>4.2.2: There is a mid-range shortage of appropriately prepared entering nursing students.</b></p> <p><b>[See Nursing Agenda Sections 1,2, &amp; 3 for changes in nursing work environment and work design to improve the attractiveness of nursing as a profession.]</b></p>	<p>CNE, MCN, MHC, Board, nursing schools/colleges, nursing organizations, partners</p>	<p>Improve the image of the nursing field with middle school and high school students of diverse cultures &amp; ethnicities, their parents, and their guidance counselors.</p> <ul style="list-style-type: none"> <li>▪ Work with media, school systems, career fairs, and all other identified channels.                             <ul style="list-style-type: none"> <li>○ Use resources from national associations and other best practice sources.</li> <li>○ Emphasize web-based information, career testing, and other useful tools.</li> </ul> </li> </ul>	By 2007	<p>Students, parents, teachers and guidance counselors have greater understanding of nursing as a profession with many opportunities.</p> <p>Additional students of diverse cultures &amp; ethnicities apply for admission to nursing programs and are supported in their goals.</p>
		<p>Recruit diverse middle school and high-school students of both sexes.<sup>6</sup></p> <ul style="list-style-type: none"> <li>▪ Identify male role models &amp; ethnic role models to participate in recruitment efforts (videos, websites, site visits).</li> <li>▪ Work with existing recruitment programs for related health fields; engage teachers.</li> <li>▪ Work with existing recruitment programs for scientific and engineering fields.</li> <li>▪ Develop extensive on-line recruitment materials for nursing programs.</li> <li>▪ Emphasize essential preparatory courses for entry to nursing programs; engage teachers.<sup>7</sup></li> <li>▪ Create new recruitment programs (e.g., classroom visits by nursing students<sup>8</sup>).</li> <li>▪ Provide opportunities for mentoring and shadowing experiences (e.g., direct-care nursing<sup>9</sup>).</li> <li>▪ Improve compensation and reimbursement in nursing in general; reward education<sup>10</sup>.</li> </ul>	By 2007	

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Issue	Recommended Action			Action Indicator
	Who	Does What	When	
	CNE, MCN, Board, nursing schools/colleges, nursing organizations, partners	Improve availability of scholarships, livable stipends, & loan-forgiveness in nursing, both for entering students and mid-career students. <ul style="list-style-type: none"> <li>▪ Work with a broad stakeholder group of purchasers, payers, and providers to gain funding for nursing students &amp; programs.</li> <li>▪ Index stipends &amp; loan-forgiveness to years of service (either before or after education received).</li> </ul>	By 2007	Additional new & mid-career nursing students are supported in reaching their educational goals. Additional graduates join Michigan’s nursing workforce.



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**Issue 4.2: There is an anticipated 30-year deficit of appropriately prepared nursing graduates.**

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<b>4.2.4: There is a shortage of clinical placements and other necessary facilities to increase student completion of nursing programs and move them into practice.</b>	CNE, MCN, Board, nursing schools/colleges, MACN, MCNEA, nursing organizations, Area Health Education Consortium (AHEC), other partners	Work with the Board, nursing schools/colleges, & the Michigan AHEC to increase availability of clinical placements that are needed to complete a degree or certification. Support the work of the MACN/MCNEA task force on the development of a new clinical model for nursing education.	By 2007	Additional clinical placement opportunities are made available to nursing students, 24/7, throughout the year.  Regional consortia in place. Funding for clinical faculty available. Clinical site/faculty hours are maximized.  Clinical placements are facilitated. Regional technology centers are in place. Mentors are available during nursing student education & early career.
		<ul style="list-style-type: none"> <li>▪ Develop cooperative agreements with community partners (hospitals &amp; clinics), smaller practice sites, public/community health, mental health<sup>12</sup>, nurse-managed practices, &amp; school-based health centers, etc.<sup>13 14</sup></li> </ul>	By 2008	
		<ul style="list-style-type: none"> <li>▪ Develop regional consortia to facilitate clinical placements. Seek funding support for clinical faculty/mentors available in region.</li> </ul>	By 2008	
		<ul style="list-style-type: none"> <li>▪ Explore maximization of available hours at clinical sites and with clinical faculty.                             <ul style="list-style-type: none"> <li>○ Consider availability of weekend or evening clinical placements.</li> <li>○ Consider availability of summer clinical placement programs.</li> </ul> </li> </ul>	By 2007	
		<ul style="list-style-type: none"> <li>▪ Consider use of web-based models to facilitate regional clinical placements<sup>15</sup>).</li> </ul>	By 2008	
		<ul style="list-style-type: none"> <li>▪ Expand use of regional technology centers in which expensive technology (simulations, laboratories, etc.) may be shared<sup>16</sup>.</li> </ul>	By 2008	
		<ul style="list-style-type: none"> <li>▪ Expand use of mentors &amp; e-mentors during the entire process of education, licensure, and early career [recruit from Retired Nurse Corps.].</li> </ul>	By 2007	
		<ul style="list-style-type: none"> <li>▪ Expand use of on-line courses at all levels.</li> </ul>	By 2007	

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**Issue 4.2: There is an anticipated 30-year deficit of appropriately prepared nursing graduates.**

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<b>4.2.5: There is a long-range need for alternative methods for educating nurses and faculty.</b>	CNE, MCN, Board, nursing schools/colleges, nursing organizations, partners	<p>Explore potential of multiple strategies identified as future mechanisms for nursing education:</p> <ul style="list-style-type: none"> <li>▪ Expanded use of clinical simulations<sup>17</sup>.</li> <li>▪ Expanded use of Regional Technology Centers in which expensive technology (simulations, laboratories, etc.) may be shared.</li> <li>▪ Expanded use of mentors (and incentives for mentors) during the entire process of education, licensure, and early career.</li> <li>▪ Expanded use of retired faculty mentors during the graduate education and early career of potential nursing faculty.</li> <li>▪ Expanded use of on-line courses, on-line advanced-placement courses, and on-line graduate and certificate programs.</li> <li>▪ Expanded use of evening, weekend, and summer programs (both didactic &amp; clinical) to make education available to students with jobs.</li> <li>▪ Expanded use of nursing internships &amp; residencies to provide more intensive clinical experience for graduate nurses.</li> <li>▪ Expanded use of fast-track graduate programs with appropriate supports for participants.</li> </ul>	By 2008	Plans for implementation of future nursing education methodologies are in place.



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**Issue 4.3: Practicing Nurses do not have sufficient educational/career development resources.**

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<p><b>4.3.2: Nursing managers need educational resources and support to acquire leadership/management &amp; finance education, and team-building skills.</b></p>	<p>CNE, MCN, nursing organizations, MHA, nursing schools/colleges, other partners</p>	<p>Provide support and incentives for nursing leadership/management programs, workplace mentoring, e-mentoring, and other on-line resources to assist upper &amp; mid-level nursing managers in improving their skills.</p> <ul style="list-style-type: none"> <li>▪ Work with nursing organizations, nursing schools/colleges, public health schools/colleges, business schools, and nurse employers to make the case for and provide: nursing leadership/management/finance education (advanced degrees and CEUs); worksite mentoring for managers; and nursing team-building education. See Retired Nurses Corps, Section 5.4.</li> <li>▪ Provide incentives to individuals and institutions that take this path, including financial &amp; career rewards for nurses who receive additional education &amp; certifications.</li> </ul>	<p>By 2007</p>	<p>Nurses, nurse-employers, and educational institutions invest in nursing leadership/management/finance education (advanced degrees and CEUs), worksite nurse-manager mentoring, and team-building education.</p>

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- <sup>1</sup> More than 33% of full-time nursing faculty in Michigan are age 55 or older; more than 50% of adjunct faculty are age 45 or older. See Survey of Nursing Education Programs; 2002-2003 School Year: <http://www.michigancenterfornursing.org>.
- <sup>2</sup> The 2005 Michigan *Accelerated Health Care Career Training Initiative* awarded grants to 21 consortia of healthcare facilities and nursing schools/colleges for development of programs to educate staff nurses for clinical teaching.
- <sup>3</sup> The National Council of State Boards of Nursing has an excellent model for the transition to national accreditation.
- <sup>4</sup> The Michigan Association of Colleges of Nursing (MACN) and the Michigan Council of Nursing Educators & Administrators (MCNEA) have identified three priority initiatives for Michigan nursing education. These include 1) partnering with nursing services, 2) developing a new clinical model for nursing education, and 3) increasing the number of BSN graduates, and expediting the ADN-to-BSN transition by standardizing the articulation between the two degrees. The task forces working on these three initiatives plan to report their initial recommendations and plans by September 15, 2005.
- <sup>5</sup> Institutions with existing second-degree programs include Grand Valley State University, Michigan State University, University of Detroit-Mercy, & Wayne State University.
- <sup>6</sup> See the Oregon Center for Nursing recruitment materials. [[www.oregoncenterfornursing.org](http://www.oregoncenterfornursing.org)]
- <sup>7</sup> Engage teachers through healthcare summer jobs for teachers; also educate and pay teachers to teach summer classes for high school students about healthcare careers.
- <sup>8</sup> Improving the community image of nursing could also include promotion of nursing by nurses, articles about nursing in local media, nursing journals, & conference presentations; increase acknowledgment of nursing degree/certification attainment in local media, awards ceremonies, etc.
- <sup>9</sup> Offer “Nurse for a Day” experiences to interested high school students with appropriate preparation and in appropriate clinical environments; (See Section 4.2.5) Regional Education Centers might be used as venues for such experiences. (For comparison, see State Police experience offered to high school students in controlled, simulated environments, Lansing State Journal, June 17, 2005.)
- <sup>10</sup> Reward education not only in nursing, but also Master’s degrees in related areas such as public health, business administration, and hospital administration.
- <sup>11</sup> Mid-Michigan Community College has had success with a Nurse Mentor/Coach program in which students are paired with a retired nurse who mentors and coaches them in dealing with a broad range of educational and life challenges. This program has resulted in improved student retention. [Communication from Janet Parker, Mid-Michigan Community College Nursing Program, August 2005.]
- <sup>12</sup> Short staffing has meant that many potential clinical sites are reluctant to grant permission for student experiences. This is particularly relevant in psychiatric/mental health and community health nursing courses, where student enrollment cannot be increased without additional clinical sites. [Communication from Naomi Ervin, PhD, RN, Assistant Dean, Family, Community, and Mental Health Nursing, Wayne State University College of Nursing, September 2005.]
- <sup>13</sup> Work with clinical sites/nurse employers & nursing schools/colleges to facilitate nursing student compliance with site access requirements (for infection control, i.e., students’ verified immunizations, PPD tuberculin testing, and communicable disease history). Other requirements can be handled by the students’ nursing schools/colleges. Such programs are in place and appropriately documented at many nursing schools/colleges. Acceptance of such documentation by clinical sites would facilitate clinical placements and should be included in clinical site agreements.
- <sup>14</sup> Facilitate clinical placements by including in clinical site agreements specific provisions for responsibility/indemnification/liability in the case of disease exposure or injury to students or patients during the student practicum experience. Make such specific provisions consistent and standard in clinical site agreements statewide.
- <sup>15</sup> The Capital Area Health Alliance and the West Michigan Nursing Advisory Council have successfully used web-based approaches to regional clinical placements for nursing students ([www.afh.org/WMNAC.htm](http://www.afh.org/WMNAC.htm)).

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<sup>16</sup> The U. S. Dept. of Labor has granted \$1.6 million to the Colorado Dept. of Labor and Employment to fund the first phase of the Work, Education, and Lifelong Learning Simulation (WELLS) Center. The WELLS Center will be one of the most sophisticated clinical education facilities in the country for nurses and nursing faculty. The Colorado Center for Nursing Excellence will oversee Center operations. The facility will include: patient simulation resources (computer-driven mannequins and the Visible Human DissectorT), with high-speed datacasting to make simulation experience available statewide. The Center has been developed by a collaborative that includes many Colorado universities/colleges, healthcare entities, and state agencies ([www.coloradonursingcenter.org](http://www.coloradonursingcenter.org)).

<sup>17</sup> Clinical simulations include broadband video, interactive CD-ROM/DVD, computerized mannequins, virtual reality, “Thin-Man” and other innovative electronic resources. Clinical simulations are in use for nursing education in several states, including Colorado (see above), Maryland, Oregon, & Washington.

<sup>18</sup> The AACN Clinical Nurse Leader nursing education program is currently being demonstrated in colleges and schools of nursing nationwide ([www.AACN.org](http://www.AACN.org)).

<sup>19</sup> Educate nurses and nurse employers to negotiate roles appropriate for nurses with advanced degrees with appropriate compensation.