Nursing Curriculum Trends

Claire Byrne, MSN RN NE-BC
Disclosure

I, Claire Byrne MSN RN NE-BC, do not have a financial interest / arrangement or affiliation with any organization that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
Objectives

- Identify trends impacting nursing curriculum
- Examine ways to close the gap between education and clinical practice
- Address the shift of care to a multicultural, preventive model
- Examine the educational transition from traditional to comprehensive and collaborative learning
- Discuss frameworks to provide safe, quality and affordable care
The Journey
IOM Reports guiding the way

• To err is human (1999)
• Crossing the Quality Chasm (2001)
• Keeping Patients Safe: Transforming the Workplace (2003)
• Retooling for An Aging America (2008)
• Future of Nursing (2010)
  • Practice to educational preparation
  • Earn a higher level of education
  • Partner with other healthcare professionals
  • Plan for the emerging healthcare needs and policy

(Institute of Medicine [IOM], 2010)
Transformation Path

- 3 million RNs in U.S.
- Removed practice barriers in 8 states, joining 13 states that had full practice and prescriptive authority
- Baccalaureate enrollment has increased significantly
- DNP enrollment has more than doubled
- PhD enrollment has increased 15%
- Funding for transition to practice programs
- Campaign work to change diversity in the workforce
- Need for funding for data collection and analysis

THE FUTURE OF NURSING:
Leading Change, Advancing Health Institute of Medicine of the National Academies

RECOMMENDATIONS:
1. Remove scope-of-practice barriers.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.

NPs are regulated by a BON and have independent scope of practice and prescriptive authority without a requirement or attestation for physician collaboration, consultation, delegation, or supervision: AK, AZ, CO***, DC, HI, IA, ID, ME**, MI, ND, NH, NM, NV**, OR, RI, VT*, WA, WY

NPs are regulated by a BON or a combination of BON and BOM oversight exists; requirement or attestation for physician collaboration, consultation, delegation or supervision in authority to practice and/or prescriptive authority: AL, AR, CA, CT, DE, FL, GA, IL*, IN, KS., KY, LA, MA, MD, MI, MN, MO, MS, NC, NE, NJ, NY, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, WV

* This table provides a state-by-state summary of the degree of independence for all aspects of NP scope of practice and prescriptive authority. This information may or may not apply to other APRN roles; see individual states for statutory and regulatory detail on scope of practice and prescriptive authority including controlled substance authority.

** NPs may practice independently without physician or supervising NP involvement after 24 months of practice

*** APNs practice independently without MN involvement after 3,600 hours (1800 + 1800).

# APNs practice independently without MD involvement after 2 years or 2,000 hours of practice.

^ NPs may practice independently after completion of a 2,400 hour and 2-year practice agreement.

+ NPs with approved clinical privileges may practice independently without a collaborator agreement in a hospital or ambulatory surgical treatment center

The Plan

• IOM framework for nursing’s future in education, leadership and practice

• Raising awareness for a healthcare transformation with a projected shortage of RNs due to the aging of the population, increasing acuity and chronicity of illnesses

• Curriculum design shifts the focus from disease management to prevention and health promotion

• Nursing education would benefit from interactive teaching strategies, diverse student populations, and multidisciplinary perspectives

(Benner et al., 2010)
Purpose

- Identify the current trends with recommendations for the future and address challenges

- In response, many nursing schools have revised curriculum to include innovative teaching strategies that align with emerging healthcare needs

- Nursing education requires attaining a balance between teaching specific skills and knowledge while developing critical thinking, teamwork and communication skills

(Water, Rochester, & McMillan, 2012)
Population Health

THEN…

• Epidemiology and prevention
• Survival of the species

TODAY…

• Assessing and proving health-related education to diverse, multicultural communities
• Guided by the lifestyle, values, attitudes and health behaviors in the social, cultural, and economic environment
• Goal is wellness and the promotion of health while reducing risk factors

(Stanhope & Lancaster, 2014)
Cost of Healthcare

- Annually $800 billion or 33% of healthcare costs are wasted due to inefficiency (e.g., unnecessary hospitalizations, overuse, misuse or fraud)

- Nursing must embrace the role of the case manager to encourage informed decision making for change to occur

- Focus on wellness and preventive care

(Heller et al., 2000)  
(Quality Progress, 2009)
QSEN

- Correcting preventable errors with a systematic process that measures care
  - Patient centered care
  - Teamwork and collaboration
  - Evidence based practice
  - Quality improvement
  - Safety
  - Informatics

(Cronenwett et al., 2007)
Technology

• Health information sharing among practitioners and clients

• Computer literacy is necessary for nurses as the EMR is now the norm

• Telehealth

• TIGER- Technology Informatics Guiding Education Reform is aimed at helping nurses and nursing students engage in digital healthcare technology

(Fetter, 2009)
65+ Projected Percentages

- Greater life expectancy means more patients to treat
- Increased compassion fatigue & burnout due to the nursing shortage
- Nursing programs are rejecting applicants
- Average staff nurse: age 52
- Average nursing faculty: age 63

(Aiken, 2011)
http://www.aacn.nche.edu/media-relations/fact-sheets/NrsgShortageFS.pdf
(AACN, 2015)
Moving Forward

• Nursing education is a leader in innovation and research

• We must continue to evaluate and revise our curriculums to move forward in a dynamic healthcare environment

• Faculty shortages are challenging the impetus for the creation of new solutions with other disciplines

• Collaboration with other academic institutions and clinical facilities to streamline a seamless progression and remove barriers to through all levels of nursing education fostering academic and practice partnerships

(Sroczynski et al., 2011)
Next Steps

• Redesign of curriculum

• Program evaluation of current programs

• Standardize competency based curriculum streamlining

• Reform clinical education with EBP

• Obtain funding to ensure nursing is competitive in the academic environment
“Education is the most powerful weapon which you can use to change the world.”
Nelson Mandela

https://www.linkedin.com/pulse/future-skills-development-south-africa-jared-shippel
Questions
References


