Abstract Summary:
Participants attending this session will engage in strategic thinking about the potential transformation of an overlooked health care human resource: Licensed Vocational Nurses (LVNs). The reintroduction of this licensed provider into professional nursing programs is examined from the regulatory, program and industry viewpoints.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participant will be able to list three historical or social forces shaping the</td>
<td>Review of salient nationally-vetted historical documents or movements: -National League for Nursing calls on the nursing community</td>
</tr>
</tbody>
</table>
Abstract Text:

Over time, the role of the Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) has been nearly eclipsed from the acute-care scene in favor of a predominantly Registered Nurse (RN) staff. Ironically, this marginalization has occurred at a time when the National League for Nursing (NLN) has issued a call to the nursing community to recognize their vital role (2011, 2014). A seldom-discussed simultaneous paradox is this: the Bureau of Labor Statistics (BLS) (2012) reported that employment of LPN/LVNs is expected to grow 22% by 2020—a rate of advancement which outstrips the average for all occupations (BLS, 2012). Given that these particulars exist at a time of an ongoing RN shortage, in hospitals and in other settings, it seems curious that there exists no national or statewide schema that plans to deploy this category of (technically) trained nurse to any large extent.

With the employment of LPN/LVNs largely seen in long-term care and community-based care settings (HRSA, 2013), only 12.1% of newly-licensed LPN/LVNs are working in acute-care (NCSBN, 2013). The National League for Nursing (2014) cites the work of Corazzini et al. (2014) which revealed there is significant variability in scope of practice statements across state lines for the LPN/LVNs with respect to care planning, evaluation, use of the nursing process and the type and frequency of nursing assessments. With more and more LPN/LVNs working without RN supervision in non-hospital settings (Corazzini et al, 2014), there appears to be a gap between the relatively limited scope of practice and activities identified in the regulatory arena vs. the reality of relative independence in those same scopes and activities reported by the practical nurse. This gap has implications for the educational preparedness of this portion of the nursing workforce yet, again, no clear recommendations for their integration into the mainstream of professional nursing schools appears in large-scale strategic planning literature or even other papers of a lesser magnitude.

The educator’s dilemma, then, is how to transform a marginalized population of technical care-providers (LPN/LVNs) into those who will provide comprehensive culturally-sensitive and evidence-based care (RNs) in increasingly complex environments. This dilemma is further complicated by a lack of
understanding on the parts of professional nurse educators as to the role and function of the LPN/LVN as well as a lack of dialogue as to how the promise of this population could be fulfilled within the mainstream of professional nursing education. Traditionally, this provider-student has been allowed into a baccalaureate program with insufficient role transition or nursing process preparation or worse, they have been pigeon-holed into a pre-determined minimal set of courses which merely fulfill long-outdated statuatory structures such as California’s 30-unit option. This regulatory mandate states that every professional nursing school allow spaces for the LPN/LVN student who wishes to minimally fulfill a minimum set of courses alleged to prepare them for NCLEX without addressing other essential student outcomes or whether a college degree is obtained.

In order to actually prepare the LPN/LVN student for success, we call for a new approach which begins with curriculum overhaul uniquely suited to their needs to begin with role transition and nursing process preparation prior to entrance into sequenced nursing courses. An approved curriculum could then be followed which could be one of two types: a state or regionally shared outcomes-based curriculum or a shared statewide regional type (https://campaignforaction.org/issue/transforming-nursing-education/ ). Further, that the choice of which of the five models suggested by the Campaign for Action be the decision of the individual school in strategic alignment with the statewide and/or regional plan for nursing insofar as these plans exist, are funded, and are, in part, employer-driven (Nursing Education Plan White Paper and Recommendations for California, 2016). In this approach, it will be essential to align the changing workforce projections for the LPN/LVN, in the context of similar data for all providers, especially RN providers, in order to plan for a graduate who is ready not just for an exam but for entry into professional practice. When this adaptation from practical nursing employment to professional nursing practice is successful, it is only then that true transformation is achieved, according to Land (cite, year). Short of successful transition, the focus of educational activities is not one of transformative change but of minimal compliance and survival e.g. NCLEX success and program completion.

Outcome measures to evaluate whether such a transition is successful are as varied those identified in the strategic plans of all the schools themselves, combined. Traditional measures such as NCLEX pass rates, attrition and completion rates and satisfaction measures can still provide a meaningful baseline, but the results must be partitioned to the LPN/LVN sector, reported separately. Further, funding should be sought to obtain more deep-dive style evaluation data, for example, surveys of Nurse Manager satisfaction with the graduate, qualitative interviews with the graduate in a time series as well as longitudinal follow up with the graduate on measures of work and life satisfaction and change in lifetime earnings.