

## Nursing Faculty Qualifications and Roles

### National Council of State Boards of Nursing (NCSBN)

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#### NCSBN Faculty Qualifications Committee

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#### BACKGROUND

In response to questions being raised by legislators and stakeholders regarding faculty qualifications, in 2005-2006 NCSBN's Board of Directors charged the Practice, Regulation and Education (PR&E) Committee to develop evidence-based nursing education indicators. PR&E Committee members participated with NCSBN's Research Department to conduct the "National Study of Elements in Nursing Education" (NCSBN, 2006b) and with NCSBN's Education Department to conduct a systematic review of nursing education outcomes (NCSBN, 2006c), for the purpose of developing evidence-based nursing education guidelines for the boards of nursing. Ultimately, the PR&E Committee presented "Evidence-Based Nursing Education for Regulation," or EBNER (NCSBN, 2006a), to the boards of nursing. The EBNER document explicitly describes, for the boards of nursing, the published evidence that underpins nursing education outcomes.

As often occurs when research is conducted, further questions were identified. EBNER, which was an analysis of NCSBN's research and other published research, supported the need for "qualified faculty" to guide and supervise student nurses. However, the question of "what is meant by 'qualified faculty'?" then arose.

At the same time, some nursing programs were struggling to maintain their faculty standards, as set by their boards of nursing, because of the current faculty shortage. Programs were having problems attracting qualified faculty, and lawmakers, in some states, were calling for a lowering of faculty standards so that more nursing students could be graduated. Yet, is lowering standards the answer? The Institute of Medicine (Greiner and Knebel, 2003, pp. 1-2) has called for an "overhaul" of health care education, stating that health professionals aren't adequately prepared, as it is, to address the ever-changing demands of health care. Similarly, the National Nursing Education Study of the Carnegie Foundation for the Advancement of Teaching has found that nursing education classroom teaching suffers from a lack of adequate teaching in the areas of natural sciences, social sciences, and humanities. (Benner, Sutphen, Leonard and Day, 2007) In this healthcare crisis, where medical errors annually kill more people than AIDS or breast cancer does (Kohn, Corrigan and Donaldson, 1999), neither the boards of nursing, whose mission is public protection, nor educators, thought the answer was to lower standards.

Therefore, the 2007-2008 NCSBN Board of Directors charged the Faculty Qualifications Committee with:

- Advising staff on content of Faculty Shortage Conference

- Reviewing and presenting recommendations for future faculty qualifications and roles.

The committee members made their recommendations for future faculty qualifications and roles after reviewing the following:

- Input from a collaborative conference call with representatives from the American Association of Colleges of Nursing (AACN), the Commission on Collegiate Nursing Education (CCNE), the National Association for Practical Nurse Education and Service (NAPNES), the National League for Nursing (NLN), and the National League for Nursing Accrediting Commission (NLN-AC).
- There were 35 evidence-based articles and/or consensus statements by experts in nursing education.
- Input from the speakers and participants of the “Faculty Shortage: Implications for Regulation” conference hosted by the committee members.
- Reports developed by 2006-2007 Practice, Regulation and Education (PR&E) Committee members, including the “Faculty Shortage Survey” and the “Comparison of Faculty Qualifications in National Documents” reports.
- Minutes from Education Consultant Network calls.
- Relevant surveys from the Education Consultant Network.

## **RECOMMENDATIONS**

- A. Nursing faculty in RN programs (full-time and part-time) shall have either a master’s degree or a doctoral degree in nursing. Their education should include graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation. Other supportive faculty with graduate degrees in related fields may participate on a nursing faculty team to enrich and augment nursing education.
- B. Nursing faculty in PN programs (full-time and part-time) shall have either a master’s degree or doctoral degree in nursing. Their education should include graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation. Other faculty, BSN prepared, may participate on a nursing faculty team to enrich and augment nursing education.
- C. Clinical preceptors shall be educated at or above the level for which the student is preparing.
- D. When boards of nursing evaluate the preparation of nursing faculty members, it is essential to consider the three roles of faculty: collaborator, director of learning, and role modeling.
- E. When boards of nursing evaluate the preparation of nursing faculty members, they should assess processes of faculty orientation. All part-time faculty members, adjunct faculty members, preceptors, novice faculty members, and others, should be oriented to the nursing program’s curriculum and engaged in formal mentorships and faculty development.
- F. Boards of nursing are encouraged to collaborate with educators to foster innovation in nursing education.

## **PREMISES**

The Faculty Qualifications Committee members developed the following premises as a foundation for their recommendations:

- A. The mission of the boards of nursing is the protection of public health, safety and welfare.
- B. Nursing education programs are faculty driven, reflective of the parent institution’s mission, and based on national standards.
- C. Program outcomes are consistent with competencies required for safe and effective nursing practice.
- D. Nursing faculty members facilitate the development of clinical judgment necessary for safe and effective practice.

- E. Faculty members are licensed to practice nursing, as required by the jurisdiction which they are teaching.
- F. Nursing education programs recognize that collaboration with other disciplines is essential in the education of today's nurses.
- G. Recognizing the complexity of nursing education, even though the scopes of practice differ for practical nurses and registered nurses, the roles of the faculty members are similar.
- H. The science of learning drives teaching-learning methodologies in nursing education.

## **FUTURE FACULTY QUALIFICATIONS**

In order to effectively meet the roles of faculty, how should faculty be prepared? This question was asked in the National Study of Elements of Nursing Education study (NCSBN, 2006b) and at a meeting of key stakeholders where those research results were discussed. There some evidence in the literature related to faculty qualifications, and the Faculty Qualifications Committee members identified and reviewed those reports and data. Having reviewed the relevant literature and reports and with an eye to the future, the Faculty Qualifications Committee members make the following recommendation for faculty qualifications.

### **Master's in Nursing Degree Recommendation**

The requirement for a master's degree in nursing has been a part of the NCSBN Education Model Rules for the RN nursing program and for the PN nursing program. The rules state, "It is preferable that the nursing faculty members have a master's degree with a major in nursing or a nursing doctorate degree." (NCSBN, 2004) The Faculty Qualifications Committee was asked to review these qualifications, considering the looming faculty shortage and that sometimes Boards are being asked to lower their faculty standards in order to graduate more nurses. After reviewing the literature and consensus statements of experts in nursing education, the Faculty Qualifications Committee members decided that the master's degree with a major in nursing should be maintained for RN programs and required for PN programs.

The Faculty Qualifications Committee members recommended strengthening the requirement of the PN nursing faculty because of the complexity in nursing practice and nursing education today. PN faculty take on many of the same roles as RN faculty and therefore should have the same qualifications as RN faculty. Further, the roles of PNs and RNs in clinical practice are changing, and, in this complex health care environment, this will only continue. Therefore, it is essential for PNs to understand the differentiation, and multiplicity, of the various roles in nursing and health care; graduate prepared faculty members will be able to facilitate this understanding. Graduate prepared faculty will also be able to teach, and role model, the intricacies of delegation, supervision, and assignment that are so important for PNs.

Further, practical nurses are often employed in long-term agencies, caring for vulnerable populations, who often have multiple conditions with higher-level care needs than ever before. It is predicted that in 25 years one in every four, instead of the current one in every six, Americans will be 60 years of age or older. Therefore, this recommendation is guided by looking toward the future of nursing and health care and envisioning the continued complexity in nursing care, as well as the changing roles of nurses.

Orsolini-Hain and Malone (2007) described the impending gap in clinical nursing expertise, related to an increased ratio of new graduates to experienced nurses, increased retirements of experienced nurses, the faculty shortage, and insufficient research to determine best practices in nursing education. Concomitantly, patient acuity is increasing, health care systems are becoming more complex, technology advances are growing exponentially, and the economic pressures are increasing. Furthermore, as was stated earlier, medical errors and patient safety are major concerns for health care workers (Kohn et al., 1999). Orsolini-Hain and Malone (2007) call this the "perfect storm" in nursing, unless we address it immediately. These authors predict that this expertise gap could actually extend the nursing shortage. Therefore, it is not the time to lower the education standards of the nurse educator.

A statewide study of nursing faculty and a national study of evidence-based nursing education support the master's in nursing degree. Riner and Billings (1999) conducted a study to identify perceived needs of

faculty members in one midwestern state. Their final sample consisted of a robust 352 nursing faculty who teach in LPN through PhD programs. They found that faculty with bachelor's degrees, or those with master's degrees in other fields, had significantly higher needs than those with master's in nursing degrees or doctorates. This is one of only a few studies that addressed LPN faculty. However, there is consensus data that support LPN faculty having a master's in nursing degree. The NCSBN Education Consultant Network members, during a conference call, strongly agreed that a graduate-prepared faculty was an essential element of a successful nursing program. Further, some Boards have found that when faculty members are prepared with a master's degree, those programs have significantly higher NCLEX pass rates. The National League for Nursing Accredited Commission (NLNAC) has found that there are significantly better outcomes (one outcome measure includes NCLEX pass rates) when programs are accredited, versus when they are not, most likely related to the higher standards associated with accreditation. (Tanner, 2008)

NCSBN's EBNER report (NCSBN, 2006a), which included data from a systematic review of nursing education outcomes (NCSBN, 2006c), and NCSBN national research findings, identified evidence-based faculty-student relationships and teaching methodologies that would imply the need for master's in nursing degrees for faculty members. The faculty-student relationships identified would require high-level interaction between students and faculty, beyond what a bachelor's educated faculty member could provide. Likewise, faculty members would need graduate coursework in education strategies to implement the research-based teaching methodologies that were identified.

Carnegie's study of nursing education (Benner et al., 2007), Riner and Billings (1999), Bartels (2007), and AACN's position statement for the preferred vision of the professoriate in baccalaureate and graduate nursing programs (2008b) all go a step further and support doctoral education of RN nursing faculty members. Riner and Billings (1999), for example, found that nursing faculty members without doctoral preparation had significantly greater developmental needs in almost all items on their scale. However, the Faculty Qualifications Committee members recognized that with the multiple levels of education for prelicensure nursing programs, and with the current faculty shortage, it is not the time for this recommendation. As it is, states are struggling to maintain the master's in nursing standard. For example, an NCSBN survey of Member Boards conducted in 2007 by the PR&E Committee found that 25 of the 36 Boards responding to the survey were allowing waivers for their RN faculty requirements for those nursing programs that provided evidence that they couldn't fill their positions with qualified faculty members. Of those states with waivers, 18 allow waivers on fewer than 10 percent of faculty in their state or territory, 4 allow waivers on 10 to 19 percent of faculty, and 3 allow waivers on 20 to 29 percent of faculty. For PN faculty, 16 Boards allowed waivers on fewer than 10 percent of the faculty in that state or territory, while one Board allowed waivers on 21 to 30 percent.

Our Member Board Profiles (NCSBN, 2008) reports on current faculty requirements in the boards of nursing:

- *Baccalaureate programs*: one requires a doctorate, two doctorate preferred; twenty-eight require an MSN, seven MSN preferred, four MS, one master's other, and fourteen other; two require a BSN, and one BS.
- *ADN programs*: one requires a doctorate; twenty-seven require an MSN, eight MSN preferred, four MS, and thirteen other; six require a BSN, one BS.
- *Diploma programs*: eleven require an MSN, seven MSN preferred, three MS, four other; three require a BSN, one BSN preferred; thirteen not applicable (no diploma programs in that jurisdiction).
- *PN programs*: nine require MSN, two MSN preferred; twenty-three require BSN, five BSN preferred, two BS, and fourteen other.

### **Graduate Preparation in Clinical Practice**

In order for faculty members to act as role models for their students, and others, faculty members should have advanced clinical preparation in their areas of expertise. One finding from the Carnegie study of nursing education (Benner et al., 2007) was that some classroom teachers hadn't been in practice for years, and in the worst cases, students complained that faculty were not current in their understanding of

clinical practice. While faculty members surely cannot be expert in everything and are encouraged to collaborate with other clinical experts, they still should have advanced background in clinical nursing science.

With advanced education at the master's level in clinical practice, the educator has the background necessary to teach about the multiple roles of health care workers and how to delegate and supervise in clinical practice. NCSBN research has shown that new nurses report that they lack skills in delegating and supervising (NCSBN, 2006b) health care personnel. Further, faculty prepared at the graduate level in clinical practice possess skills in high-level questioning that are valuable for teaching within the context of clinical practice. Phillips and Duke (2001) identified these high-level questioning skills to be application, analysis, synthesis, and evaluation, and they found that these were important elements for stimulating learning in the clinical setting. Likewise, NCSBN research (NCSBN, 2006b) has found significant differences in student outcomes when faculty members have in-depth interactions with students.

Position statements from the National League for Nursing (NLN, 2002) and the American Association of Colleges of Nursing (AACN, 2008b) support graduate clinical preparation. While the NLN (2002) statement stresses the need for more attention to the teaching/pedagogical component of the educator role, they also acknowledge that educators still need to be competent clinicians and that the scientific basis for practice is important. AACN (2008b, p. 1) more specifically states, "Clinically focused graduate preparation is the minimal expectation for clinical instruction and the coordination of mentoring of preceptors." At the Faculty Shortage conference, March 26, 2008, in Chicago, in a Fishbowl Discussion, representatives from AACN and NLN agreed that faculty should be educated at the graduate level in clinical practice.

### **Graduate Preparation in Education**

While a graduate-level foundation in the science of nursing is essential for any nurse educator, so is graduate coursework in the science of teaching/learning. Rationale for this was provided under the faculty member taking the role of director of student learning. It is obvious that if the faculty member is responsible for directing student learning, he or she must understand the science of education, which would include an understanding of learning styles, including adult learning and diverse learners; education theory; evaluation and assessment of learners, curriculum and program outcomes; curriculum design; and diverse teaching strategies. The two national education associations, AACN and NLN, have both taken positions that nursing faculty need graduate background in education coursework (AACN, 2008b; NLN, 2002). A national study in nursing education (Benner et al., 2007) also has highlighted the need for nursing faculty to have graduate level education preparation, as have leaders in nursing education. (Bartels, 2007; Tanner, 2007; Zungolo, 2004)

Riner and Billings (1999) provide some research data that support inclusion of education coursework in graduate nursing education. In their study of 352 nursing faculty members, they found that faculty with no formal teacher education had significantly higher needs for the following items: understanding how what is taught fits into the curriculum, establishing an effective teaching/learning environment, planning clinical experiences, and using simulations that provide experience in critical thinking and problem solving.

### **Balancing the Faculty Team**

The Faculty Qualifications Committee emphasizes that support faculty with graduate degrees in related fields are encouraged to participate on an RN nursing faculty team and will enrich and augment nursing education. Similarly, for PN nursing programs the Faculty Qualifications Committee members recommend BSN prepared support faculty. As above, under the Collaborator Role, it is important to create a balanced faculty that will provide depth to student learning experiences. Benner et al., (2007), in their study of nursing education, found that nursing curricula are weak in the areas of psycho-social coursework, humanities, and education experiences that enable students to work with diverse populations. Further, Wolf, Dunbar-Jacobs, and Greenhouse (2006) make a case for practice/education collaborative models and support the findings of Benner et al., (2007) regarding the importance of contextual learning in nursing education. Wolf et al., (2006, p. 577) write, "Most of these transformational competencies are best learned through a combination of classroom and real-time practice setting experiences." This can best happen when there is a strong faculty team led by nursing faculty, with support by faculty in related fields.

## **FUTURE FACULTY ROLES**

The Faculty Qualifications Committee recognizes that faculty have multiple functions in their educator roles, including, but not limited to: administrative, advisor for matriculation and career, clinical coach, continuing quality improvement of education, distance learning coordination, educator in the classroom, global representative, laboratory instructor, maintaining clinical relevancy, mentor to novice faculty members, mentor to preceptors, online course development, professional leadership, research/scholar, and simulation instructor. In order to understand the future roles of the nurse faculty members more conceptually, the Faculty Qualifications Committee members have developed the following categories, based on a literature review, discussion, and feedback from the Faculty Shortage Conference.

Similar to Halstead's (2007) assertion about faculty competencies, that it's not the expectation that all educators possess all competencies, the same is true for the role of faculty. Not every faculty member is expected to take every role. At the same time, these categories are not always discrete. That is, a faculty member could act as a role model in directing student learning by collaborating with a clinical expert to teach.

It is expected that there will be a rich balance of faculty members to take on these three roles. It is also understood that the composition of the faculty team is very much dependent upon the mission and philosophy of the nursing program. For example, in many ADN and diploma programs, the focus on scholarship is more likely to be on the scholarship of teaching than on conducting research studies.

The following three categories incorporate all the various roles that nursing faculty members currently are responsible for and will be responsible for in the future.

### **A. Collaborator**

The following are some examples of this role:

- Communication;
- Manager of learning experiences;
- Interdisciplinary/professional;
- Inclusive;
- Shared decision making;
- Alliances;
- Joint efforts;
- Build partnerships; and
- Teamwork.

The Carnegie study of nursing education (Benner et al., 2007), and others (AACN, 2008a; Halstead, 2007), assert that we must educate nurses differently in these rapidly changing times in science, technology and clinical practice. In order to meet these new demands in nursing education, faculty must collaborate with educators from the natural sciences, social sciences and humanities (AACN, 2008b; Benner et al., 2007; Felton, 2000; Halstead, 2007), as well as those in practice. (Wolf et al., 2006) The nursing faculty members will bring these experts together and coordinate the student learning. This collaborative mindset will enhance student learning and prepare students for the future. Other health care fields are in line with this thinking. In a position paper defining core faculty for the physical therapy discipline, Brueilly, Williamson and Morris (2007) refer to their faculty as taking a collaborative role. They also find it essential to integrate faculty from related fields or from the foundational sciences; they refer to this balance as the "ideal faculty team" (p.14). However, they also assert that these interdisciplinary faculty members should be "vigorously mentored" (p. 10) by the physical therapy faculty.

Additionally, collaboration in clinical practice and across disciplines (Garman, Leach and Spector, 2006; Greiner and Knebel, 2003; McKay and Crippen, 2008) is essential in today's health care environment. Collaborative relationships have been linked to better patient outcomes, decreased costs of healthcare, and greater responsiveness of health care providers. (McKay and Crippen, 2008) Therefore, nurse educators must model this behavior in their roles as faculty.

## B. Director of Student Learning

The following are some examples of this role:

- Clinical faculty;
- Simulation faculty;
- Classroom faculty;
- Curriculum development;
- Student evaluation;
- Program evaluation; and
- Laboratory faculty.

The director of student learning role encompasses facilitation of learning, curriculum and program development, program evaluation, and assessment and evaluation of students. Halstead (2007) writes an excellent review of the available evidence in these areas, and she identified some of the gaps in the literature, with most of them being in clinical education.

This role requires that faculty members have graduate preparation in education courses (AACN, 2008b; Bartels, 2007; Benner et al., 2007; NLN, 2002). Tanner (2007, p. 52), in an editorial, similarly states that "It is critical that we continue our efforts to develop nursing pedagogies that are firmly rooted in the research on learning to find a way to best prepare nurses for the 21st century." Bartels (2007, p. 157), in writing about the scholarship of teaching, acknowledges that nursing, as well as other disciplines, has been "painfully remiss in including in graduate curricula the content and applied experiences necessary to support the critical academic role of teaching." Preparation for the role of director of student learning is crucial for providing faculty with the essential background in teaching-learning pedagogies, curriculum designs, and the complex issues associated with the assessment of student learning, the curriculum and the nursing program.

## C. Role model

The following are some examples of this role:

- Professional/Ethical comportment;
- Leadership;
- Scholarship/Research;
- Practice/Clinical relevance (that is, the faculty members are teaching in their areas of clinical expertise);
- Patient focused;
- Relationship-based model;
- Preceptor mentorship; and
- Novice faculty mentorship.

Nursing faculty members act as role models for their students, whether for first semester prelicensure students, seasoned graduate students, preceptors, or novice faculty members. Role modeling is especially important during clinical experiences where students learn how to relate to patients, assess the situation, and make decisions. Wiseman (1994) described several role modeling behaviors that are

important for clinical faculty members, including asking questions, reporting data to staff, and interacting with physicians.

It is important for seasoned faculty members to role model teaching behaviors for novice faculty members and preceptors. Siler and Kleiner (2001), in a phenomenological study of 12 nurse lecturers, found that novice nurse faculty members reported they were rarely prepared for the faculty role; were unfamiliar with the language, culture and practices for the role; and reported the workload was much higher than they had expected. In Halstead's (2007) literature review of novice faculty members, it is clear that novice faculty members have many needs that require role modeling of the faculty role by seasoned faculty members. Similarly, role modeling is important for part-time faculty members and preceptors. Riner and Billings (1999) reported that part-time faculty members have significant development needs, particularly in the areas of teaching methods, evaluation, and curriculum. These researchers stressed the importance of having experienced faculty mentor them. There is a similar need for experienced faculty members to role model teaching for preceptors. In a study of 86 preceptors, researchers found that preceptors reported they were unprepared to precept new graduates and that they needed more support from seasoned faculty members (Yonge, Hagler, Cox and Drefs, 2008).

Closely related to role modeling is the importance of integrating feedback and reflection into this role so that students and others can learn from the experience. NCSBN, in a systematic review, found feedback and reflection to be an evidence-based component of nursing education that every faculty member should incorporate into their teaching and mentoring (NCSBN, 2006a; NCSBN, 2006c). Bjørk and Kirkvold (1999), in Norway, conducted an elegantly designed study of new graduates that found how essential feedback and reflection is for new graduates. With only a short orientation period and no opportunity for feedback and reflection on how to improve, new nurses made the same mistakes (such as dangerously removing tubes and contaminating wounds) after eight to fourteen months in practice.

## **FACULTY ORIENTATION**

As the Faculty Qualifications Committee reviewed the literature on nursing education, they found a need for preceptors, part-time, adjunct, novice, and other faculty members, to be integrated into the nursing curriculum. This issue was also reviewed in the Role Modeling section of this document, and some relevant research findings were reported in that section.

Halstead (2007) cites several studies that report the significant needs of novice educators, who often become overwhelmed with the faculty role. Likewise, in Benner et al., (2007) national study of nursing education, they found that staff nurses who partnered with students frequently had no teaching experience and had difficulties integrating their clinical teaching with the classroom teaching. The Carnegie researchers, Benner et al., (2007) recommended ongoing faculty development for all part-time clinical instructors. Interestingly, similar problems are seen globally, as Dempsey (2007), from Ireland, qualitatively studied six clinical nurses who were being transitioned into faculty roles, and they often felt a low self-confidence, overwhelmed with the role, and under-prepared.

These findings can be extrapolated to all faculty members who take part in nursing education. A comprehensive orientation and ongoing development is important, along with engagement in the curriculum.

The Faculty Qualifications Committee considered the possibility of recommending a required full-time/part-time percentage of faculty members. They reviewed an August 2007, NCSBN survey of the Education Consultants which found that only four of the 36 Boards that responded had specific percentages limiting part-time faculty. Further, the Faculty Qualifications Committee held a collaborative conference call at their September 2007 PR&E meeting, with representatives from AACN, CCNE, NAPNES, NLN, NLNAC. While the participants on the call recognized that part-time faculty members are increasing in nursing programs, they also felt that requiring a percentage of full-time faculty to part-time faculty would be too prescriptive during this faculty shortage.



## **COLLABORATION TO FOSTER INNOVATION IN NURSING EDUCATION**

The IOM 2003 report (Greiner and Knebel, 2003) on health professions education challenged the nursing community to develop a new vision for health professions education. Given the complexity of health care today, it is important for nurse educators and regulators to collaborate so that we can design and implement innovative and better ways of educating our future nurses. Innovation in nursing education was discussed at the "Faculty Shortage: Implications for Regulation," and it was clear that collaboration between educators and regulators is the key to successful innovation in nursing education.

One exciting collaborative project discussed at the faculty shortage conference was the work of the Texas Board of Nursing (Wilson and Thomas, 2008). With nursing education stakeholders, this Board of Nursing created a plan for fostering innovative nursing education models, which are designed to promote increased graduations from Texas professional nursing education programs. The purpose of the Board's focus on innovation is to reach the state's goal of graduating 9,700 professional nursing students by the year 2010 while maintaining quality education and staying above the 80 percent NCLEX pass rate (Innovation in Nursing Education, 2008).

Another collaborative project between regulation and education presented at the March 26, 2008, conference was the North Dakota Nurse Faculty Intern (NFI) pilot program. The purpose of this pilot project is to investigate the role development of nurse educators. A further purpose is to expand the general knowledge about the mechanism by which nursing graduate students gain competencies related to teaching and learning through practical experience, while working closely with seasoned mentors. With this pilot project the nurse faculty member is assigned to a mentor (MSN prepared) and an academic advisor (PhD prepared).

The use of simulation in nursing education was addressed at the Faculty Shortage Conference, and there was a presentation on using robots to extend the career of the aging nurse faculty. Perceived and real regulatory and education barriers to innovation were discussed, and strategies on how to remove these barriers were provided.

The Faculty Qualifications Committee members recommend that educators and regulators collaborate more closely to design and implement innovative nursing education strategies and programs that will allow us to graduate a sufficient number of competent and safe nurses.

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