



## NCSBN Focus

### Regulation Fosters Innovations in Nursing Education

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#### Background

Because of the complexities in nursing and healthcare delivery and a national focus on patient safety, there has been a call across nursing organizations and healthcare organizations for more innovation in nursing and healthcare education.<sup>1-5</sup> Therefore, the National Council of State Boards of Nursing (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. Besides NCSBN staff, the meeting included representatives from 7 organizations related to nursing education, 3 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 related to not only 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, such as using simulation, piloting nurse faculty internship programs, and using robots to extend nurse educators. There was collaboration between nurse regulators, nurse educators, and those in practice about what nursing education innovations are needed and how they could be implemented.

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 that was charged with

- identifying real and perceived regulatory barriers to education innovations and
- 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."<sup>6</sup> Therefore, although an innovation is something very new and different, it does not 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
  1. The mission of the BONs is public protection.
  2. Factors other than BON regulations may constrain innovation and therefore limit the scope of this report.
  3. As knowledge and complexity in healthcare increase exponentially, newer models of nursing education are necessary.
  4. Collaboration and partnerships often are required for innovation in nursing education.
  5. Innovation can occur at all levels of nursing education.
  6. Nursing regulation recognizes the value of evidence-based innovation in meeting nursing education program outcomes.
  7. Quality can be maintained amid innovative changes.
  8. The ultimate responsibility and accountability of any innovation rest with the nursing program.
  9. Advances in technology may influence innovation in nursing education.
  10. Nursing is a practice discipline requiring supervised clinical instruction.
  11. Regulation criteria for nursing programs should reflect minimum requirements and be the

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least burdensome criteria consistent with public protection.

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## Review of the Literature

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,<sup>7-13</sup> even though Ironside and Valiga<sup>14</sup> found that 77% of their survey respondents reported that faculty in their program have made a commitment to implementing innovative, evidence-based approaches to teaching and learning. Furthermore, Clarke and Cheung,<sup>15</sup> in reporting workforce statistics in nursing, predict that faculty shortages will stay high and that there will be "heavy pressure"<sup>15(p24)</sup> for innovations in nursing education to increase the numbers of new graduates. For nursing to advance into the 21st century, the disciplines of nursing 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. Some examples of innovative approaches to nursing education include a recent report detailing use of the Schumacher model to recruit and groom new faculty.<sup>16</sup> Given the current faculty shortage, this model shows promise. Moscato et al<sup>17</sup> report on the University of Portland's very positive experience with the innovative dedicated education unit approach to clinical education. Brown et al<sup>18</sup> 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<sup>19</sup> discuss the implication of the deliberate discussion teaching strategy in nursing. This method has been used in other disciplines for more than 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.<sup>7,9</sup> Coonan<sup>9</sup> says that 2 barriers cited by educators are not having enough time and not having enough money. However, he disputes these reasons as being shortsighted. Coonan<sup>9</sup> 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 all too often there are linear thinking and vertical hierarchies in healthcare organizations.<sup>13</sup> Coonan<sup>9</sup> asserts that state and federal policy makers have failed to support innovation in nursing education as a priority, thereby setting up barriers. The regulatory process, including its component parts, national nursing accreditation organizations and BONs, has also been cited as barriers to innovation.<sup>7,9,10</sup> Dreher<sup>10</sup> states that regulatory entities are not in the position to drive innovation as they must ensure adherence to standards. While NCSBN's committee members agreed with this, they also think that regulators can champion innovative approaches in education and can act as a conduit for them.

Hargreaves<sup>20</sup> 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 for looking at whether the innovation will make a difference.

There is also literature about implementing innovations. Murray<sup>21</sup> presents an excellent review of how to make choices in adopting trends in nursing education, using the diffusion theory of innovation.<sup>22</sup> She also discusses the adopter categories from the diffusion theory, which include the innovators, the early adopters, the early majority, the late majority,

and the laggards. The tipping point occurs, she says, when the early majority adopts the innovation. van Achterberg et al<sup>23</sup> provide some evidence-based guidelines for implementing innovations, although they acknowledge that further research is needed in implementation science, particularly in nursing.

Tanner<sup>12</sup> 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,<sup>8</sup> 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<sup>8</sup> found in their study that clinical and classroom study in nursing education was often separate and distinct, and they would like to see clinical and classroom teaching integrated into a "seamless whole."<sup>8(p475)</sup> It is likely that the Carnegie study, when published, will stimulate innovative pedagogies integrating clinical and didactic approaches to nursing education.

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## Collaborative Conference Call With Educators

The committee members held a collaborative call with nursing education organizations (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 and provided their input in writing) to learn their perspectives about some of the regulatory barriers that BONs have in place that hinder innovation in nursing education. The following were the themes from that call:

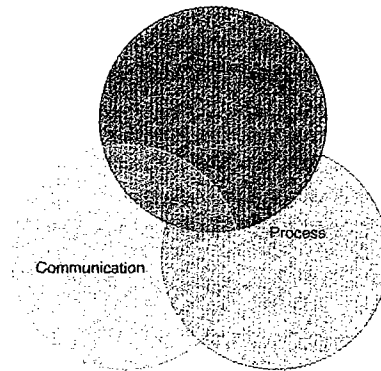
- There are issues about specialization of faculty. In some states, programs are required to have content specialists.

- 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 the boards are monitoring distance learning programs more than other programs, although the guests did understand that sometimes new programs may require more oversight.
- The faculty shortage is a problem for board rules on faculty qualifications. Similarly, the use of preceptors is sometimes limited by the boards, causing barriers.
- The education organizations would like to see more piloting of innovations and would encourage more partnering with BONs and with practice.
- The dedicated education unit is an excellent way to work with the faculty shortage, although some boards might have difficulty incorporating the concept in their rules.
- The board is sometimes 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 the boards need to communicate which innovations are working and which ones are not. State Web sites could report this, as is done in Texas (the Texas Innovations Web site address is <http://www.bon.state.tx.us/nursingeducation/innovative.html>).
- Diverse outcomes are very important in measuring the strength of a program.

Generally, the participants on the collaborative call were very grateful that NCSBN had asked for their input, and they were eager to continue the dialogue about how to foster innovation in nursing education.

## Regulatory Influences on Innovation

The committee members devised the following model to describe regula-



tory influences that have the potential of hindering education innovations.

The laws/rules, processes in the BONs, and communication with the educators are all regulatory processes that can hinder innovation. When the 3 regulatory influences overlap, the barrier might be even harder to overcome. The influences may be real, although many perceived regulatory barriers also exist. That is, although educators think the rules are too prescriptive to allow their innovative strategy, oftentimes they are not.

## Communication

Much of the feedback obtained from educators and regulators indicated that lack of communication between the 2 groups affects the implementation of innovative approaches in nursing education. For example, the NCSBN member boards reported that most innovations can be implemented through the current laws/rules and board processes, but that the educators, often mistakenly, perceive the rules to be too prescriptive. Before embarking on an innovative approach, educators should first review the practice act and administrative rules, which are available online in most jurisdictions. If the proposed innovation is outside the rules and regulations, the faculty should then contact the BON and consult with the education consultant about the possibility of carrying out the innovation. Of the states with rules that specifically address edu-

cation innovations, most of the innovative approaches were allowed under the current rules and did not need a specific application or rule exemption.

Some educators report that they are fearful to go before their boards to request permission for an innovative approach because their program will be watched more carefully. They would rather stay as "part of the crowd." This again demonstrates the need for communication between educators and the BONs. By working together, education, practice, and regulation can facilitate the transformation of nursing education that must take place in nursing.

## Process

The BONs and educators both cited the regulatory process as sometimes limiting how quickly innovation can take place in nursing education. For example, some boards report that it can take up to 2 years just to change rules, although in most boards, this process takes up to a year. Faculty members report that board timelines create a lengthy and difficult process when they attempt to make curricular changes.

## Laws/Rules

The education practice acts and rules vary somewhat across jurisdictions, thus creating barriers in some jurisdictions. However, there are some core standards that the boards mandate, such as the requirement in prelicensure programs for supervised clinical experiences with actual patients.<sup>4</sup> The NCSBN has published an online model education practice act and rules with core standards for the BONs ([www.ncsbn.org](http://www.ncsbn.org)), and many boards have adopted this model language.

## Fostering Innovation

After reviewing the literature and listening to input from educators and BONs, the members of NCSBN's Innovations in Education Regulation

Committee decided that developing model rules would be an excellent way to foster innovation in education. Boards use model rules as a framework and/or language to develop amendments and revisions to state laws and rules. These model rules would provide the boards 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 boards that do not have a lot of flexibility in their practice act or rules. The boards can adapt the language for their particular jurisdictions. At the August 2009 NCSBN Delegate Assembly, the membership voted unanimously to officially adopt the model rules.

The committee members also designed 2 handouts for the BONs. One identifies some of the real and perceived regulatory barriers. It also provides the boards with recommendations on creating a favorable climate for innovations in those nursing programs that are ready to implement them. The other was designed for BONs to disseminate to nursing programs, thus promoting a dialogue between the boards and educators. It provides tips for nursing programs that want to plan innovative approaches to nursing education.

The NCSBN will assist BONs to implement the model rules and will evaluate whether they have fostered innovative approaches in nursing programs. Furthermore, the NCSBN is currently developing an online tool kit that will include the model rule language, a place for posting innovations that have been developed across the country, the handouts that were developed for BONs, and other resources for educators and BONs.

This tool kit can be accessed at [www.ncsbn.org](http://www.ncsbn.org).

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