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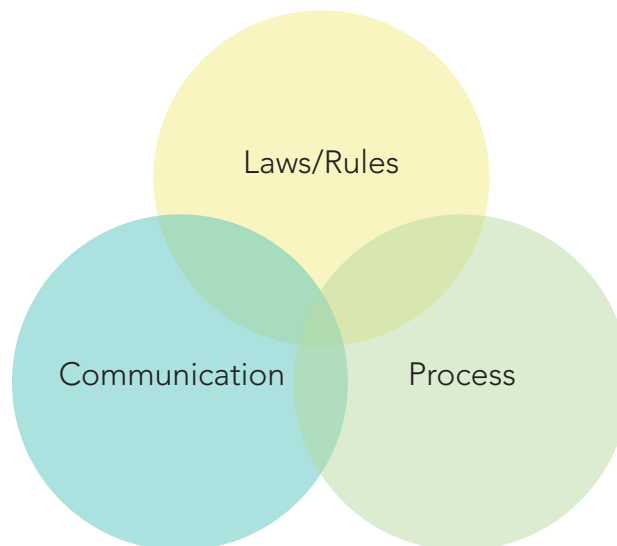
Innovations in Education Regulation Committee

Recommendations for Boards of Nursing for Fostering Innovations in Education

Because of today's complexities in health care delivery, there is a need to transform how we educate nurses (AACN, 2008; Greiner & Knebel, 2003; NLN, 2003). Some of these complexities include increasing technologies, the need for systems thinking, a more diverse population that is living longer with multiple chronic illnesses, and a national focus on patient safety and preventing errors. Therefore, the NCSBN Board of Directors asked the Innovations in Education Regulation Committee to identify ways for Boards to foster innovation¹ in nursing education. In their mission of public protection, Boards of Nursing approve nursing programs across the U.S. and its territories and are in an excellent position to act as a conduit for innovative educational approaches. However, as Boards of Nursing champion innovative approaches in nursing education, they must also assure that the approaches conform to the core education criteria as established by the individual Boards. A full report of this committee work can be found on the NCSBN Web site.

Through their research of reviewing the literature, dialoging with the NCSBN membership at NCSBN's Midyear meeting and through e-mail, conducting a survey², and holding a conference call with the educational organizations³, NCSBN's Innovations in Education Regulation Committee members developed the following conceptual model for describing the influences of regulatory parameters on innovation. It is, however, clear that other hindrances exist as well. The educational institutions can set up barriers for innovations, for example with institutional hierarchies or lengthy committee processes to approve curricular changes (Bellack, 2008; Coonan, 2008). Practice similarly can set up barriers with its centralized power bases and linear thinking (Unterschuetz et al. 2008). Students even may set up barriers because they desire the comfort of traditional teaching methodologies.

The model below describes three major regulatory influences on innovative approaches in nursing education: laws/rules, communication, and process. The barriers may be real, though many perceived regulatory barriers⁴ also exist. That is, while educators think the rules are too prescriptive to allow their innovative strategy, oftentimes they are not. A barrier to innovation could exist independently in any of these areas but may be more likely where there is an overlap of the regulatory influences.



¹ Innovation is defined by the Innovations in Education Regulation Committee as a dynamic, systematic process that envisions new approaches to nursing education.

² On March 27, 2009, a Web survey request was sent to all Education Consultants on their rules and regulations with simulation.

³ This conference call was held on January 29, 2009, and participants were from the following 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 but no one from that organization was able to participate at that time.

⁴ The Innovations in Education Regulation Committee defines a regulatory barrier as a real or perceived regulatory parameter that hinders innovation in nursing education.



Communication

Much of the feedback obtained from educators and regulators indicated that lack of communication between the two 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 Board of Nursing and consult with the education consultant about the possibility of carrying out the innovation. Of the states with rules that specifically address education innovations, most of the innovative approaches were allowed under the current rules and didn't 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 Boards of Nursing. By working together, education and regulation can facilitate the transformation of nursing education that must take place in nursing.

Process

The Boards of Nursing 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 two years just to change rules, though in most Boards this process takes up to a year. Faculty members report that Board time lines 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, though there are some core standards such as the requirement in prelicensure programs for supervised clinical experiences with actual patients (NCSBN, 2005). NCSBN also has published a model education practice act and rules for the Boards of Nursing to use as guidelines (NCSBN, 2008), and many Boards have adopted those guidelines.

Table 1 contains a list of the regulatory barriers perceived by the educators, along with the realities (NCSBN, 2007). For example, while faculty members often identify simulation limitations as a barrier for implementing innovations, a 2009 survey of the Member Boards (48/59 prelicensure Boards of Nursing have responded) found that only five Boards limit simulation to non-clinical courses. Most Boards of Nursing are waiting for more research in order to determine how simulation might be used to complement clinical experiences. Similarly, oftentimes faculty members report that Boards of Nursing have stricter regulations for online programs than for traditional programs, but the Boards have the same laws and rules for traditional and online programs.



Table 1. Myths and Realities about Perceived Regulatory Barriers⁵ Related to Rules

Perceived Regulatory Barriers	Reality
Specific number of clinical hours are mandated	Required in: PN programs (certificate/diploma) – 17 Boards PN programs (associate degree) – 8 Boards RN diploma – 3 Boards RN ADN – 8 Boards RN BSN – 7 Boards
Specific number of didactic hours are mandated	Required in: PN programs (certificate/diploma) – 19 Boards PN programs (Associate degree) – 9 Boards RN diploma – 6 Boards RN ADN – 8 Boards RN BSN – 7 Boards
Distance learning nursing programs are approved differently from traditional programs	All Boards approve distance/online programs using the same approval criteria as with traditional programs.
Faculty-student ratios	Required in 46 Boards (ranging from 1:4 to 1:15)
Full and part-time ratios of faculty	Required in 9 Boards (ranging from 1:2 to 1:10)
Simulation limitations	<ul style="list-style-type: none"> ▪ 5 Boards limit simulation to non-clinical courses. ▪ Most Boards don't have simulation specified in their rules and/or are awaiting further research on the use of simulation.

⁵ Based on 59 prelicensure Boards of Nursing, which include the Boards of Nursing in the 50 states, the District of Columbia, four LPN/VN Boards (Louisiana, Georgia, California, and West Virginia), and four territories (Guam, Northern Mariana Islands, Virgin Islands and American Samoa).

Recommendations to Boards of Nursing

One of the cautions from experts in nursing education innovations is that not all educators are innovators and it is not expected that all faculty or all nursing programs will implement innovations. However, the Boards of Nursing can create a favorable climate for innovation for those programs that are ready for it. The following are some recommendations for Boards of Nursing that might promote innovations:

- Boards of Nursing might consider critically analyzing their education rules, particularly related to those listed in Table 1, with an eye toward fostering innovation in education.
- Boards of Nursing may contemplate evaluating their approval processes for the purpose of streamlining them.
- Related to communication, Boards of Nursing could think about:
 - Representing the Board of Nursing at deans and director meetings.
 - Convening education advisory committees including representation from educators, employers, and consumers.
 - Developing Power Point presentations for faculty related to the role of the Board's education consultant.
 - Developing online orientation courses for deans and directors.
 - Sending out regular e-mails and/or newsletters to programs.
 - Informally communicating with faculty.
 - Developing an innovations Web site⁶ to serve as a statewide clearinghouse for innovations in nursing education.
 - Hosting conferences with educators on regulatory issues and providing question and answer sessions.
 - Posting a frequently asked questions (FAQ) handout on the Web site.

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⁶ See this example from the Texas Board of Nursing: <http://www.bon.state.tx.us/nursingeducation/innovative.html>