

OREGON CONSORTIUM FOR NURSING EDUCATION
OCNE, An Innovative nursing education network to promote high quality, compassionate health care.

Update on Progress
July 2006

The Oregon Consortium for Nursing Education (OCNE) is a partnership of community colleges, and public and private university schools of nursing established in response to the critical nursing shortage and the 2001 Strategic Plan promulgated by the Oregon Nursing Leadership Council (ONLC). OCNE is one mechanism by which Oregon nursing programs can dramatically expand their capacity and enrollment, and prepare graduates of these programs with competencies to address the rapidly changing health care needs of Oregon's aging and ethnically diverse populations. The consortium was formalized through an intergovernmental agreement signed by partner schools in May 2006.

The following describes the development and progress of the consortium, and provides background about the Oregon nursing shortage and the rationale for curriculum reform.

Establishing the Oregon Consortium for Nursing Education

The ONLC education committee recommended that a consortium of nursing education programs be formed through partnerships among public community colleges, the four-campus system of Oregon Health & Science University School of Nursing and private university schools of nursing. The consortium, called the Oregon Consortium for Nursing Education, is characterized by:

- The guiding principle that each individual school retains full responsibility and accountability for the nursing program,
- A collaborative process for consensus about a shared curriculum, and agreements that are needed to support the shared curriculum,
- A shared, competency-based curriculum culminating in a bachelor's degree. When students have achieved the competencies for the current RN Scope of Practice, they may earn an associate degree in nursing, meeting the education requirements to take the RN licensure examination. Coursework and clinical experiences for the full four-year program will be available through any campus of the consortium using a combination of distance delivery from baccalaureate programs, joint faculty appointments, and other means to offer upper division coursework.
- Improved utilization of clinical facilities and faculty expertise in Oregon, through collaborative planning for clinical experiences, joint or adjunct faculty appointments and shared expertise in instructional design.
- A new clinical education model that will align learning experiences and instructional strategies with the established competencies
- Development and use of state-of-the-art clinical simulation to augment on-site clinical training, making use of shared instructional materials.
- Simulation laboratories strategically located and available to each partner school and a network arrangement for shared simulation expertise and materials,

- Shared agreements for student support services that facilitate students' financial aid, co-admission, ADA accommodation, and dual enrollment – as needed for completion of the program.
- Shared agreements for academic standards including admissions criteria, progression and graduation standards.
- Shared purchasing power to equip laboratories, hire consultants for faculty development and other needed areas of support, and convene advisory groups for ongoing program evaluation and improvements.

Oregon Consortium Progress to Date

In September 2002 directors from all nursing programs in Oregon voted to support the consortium and to work with their college administration and clinical partners in understanding the benefits of consortium partnership. A steering committee was formed to continue tactical planning. In March 2003 the consortium met to begin planning the curriculum and defining partnership, functions and the consortium's initial structure.

Partnership

All nursing educational institutions in Oregon are partners in the consortium at one of two levels. Full partners have committed to developing and implementing the new nursing curriculum at their campuses. Associate partners provide advisory input into the new curriculum but have no current plans to implement the new curriculum at their campuses. Seven of the 14 community colleges and OHSU's four campuses have signed the intergovernmental agreement as full partners. In addition to full and associate partner nursing programs, cooperating colleges and universities include all public and private schools that offer pre-requisite and non-nursing courses to potential and enrolled nursing students.

The new curriculum will be implemented incrementally, with some campuses beginning in 2006, and others to follow in 2007 and 2008. Because consortium partners serve communities throughout Oregon, partners empower the consortium's work with knowledge of local community needs and established local partnerships.

Leadership

A representative steering committee leads the consortium and supports the work of the Consortium Project Director, Dr. Louise Shores. The project director works with representatives from OHSU and community colleges to develop agreements for the consortium. A curriculum committee, comprised of two representatives from each full partner (including each OHSU campus) has overseen the development and will provide leadership in implementation of the new curriculum. Two representatives from the community college associate partners and two from the private college associate partners serve as non-voting members of the curriculum committee. A simulation committee has developed plans for statewide coordinated simulation laboratories, faculty training, equipment purchase and obtaining grant support for simulation capacity.

Consortium Agreements

The curriculum committee proposed a curriculum framework, credit hours and course descriptions, competency rubrics and benchmarks and course outcomes. Nursing faculty from all full partner schools voted to approve the proposed curriculum framework in December 2004, with subsequent approval of other materials as they evolved. The academic standards work group proposed

standards for admission and progression, advanced placement and student conduct in October 2004. Input from all partner schools was reviewed and incorporated in the document over the next several months. In May 2005, all partner schools approved the academic standards for the first year's admissions cohort. These standards were incorporated in inter-institutional agreements and consortium and individual school policy documents as appropriate. Admission standards were used in Spring 2006 for selection of the first cohort of students and are currently under their first annual evaluative review for any needed changes for Spring 2007. A work group on student services completed recommendations for financial aid arrangements and admissions processes, which were then approved by partner schools. Information Technology staff at partner campuses were convened in a work session to prepare for support of the student information exchange for financial aid and transfer of students. A faculty work group proposed guidelines for shared faculty in OCNE schools. The final guidelines incorporated partner campus input and were approved in April 2006. Work over the next several months will include standards for library services needed in partner schools, guidelines and procedures for ADA qualifying disability accommodations, and financial arrangements among partners needed to support the shared consortium curriculum. The work of all these groups provided the substance for the intergovernmental agreement that was signed by each partner in May 2006 to formally establish the consortium. The signing of the agreement was celebrated in two forums: the OCN/ONLC Leadership Summit, May 17, 2006, Portland Marriott, and at a press conference with Governor Kulangoski in conjunction with the Community College President's Council, May 24, Clackamas Community College.

Throughout the development of the consortium, decisions that require the authority of the degree-granting institution were recommended by the steering committee to each respective partner school. Whatever the level of review and decision that would be required for an individual program was used for each partner's approval and agreement to the necessary shared curriculum, policies and standards. Accountability for maintaining academic standards will remain with each individual partner school. An underlying principle in development of OCNE is that each individual school is fully autonomous, and retains responsibility and accountability for delivery of the program.

Curriculum Development and Approval

The curriculum development, and its approval by each partner school, involved a number of developmental and consensus building activities, including:

- Hosted a series of ongoing workshops for faculty representatives from all consortium schools with Dr. Michael Katims (a consultant with expertise in competency-based education)— within that framework, the curriculum committee refined the competencies to be clear and specific enough to guide curriculum development and added more detail in identification of the enduring understandings that enabled priority setting for the curriculum content.
- Reached agreement on liberal arts and sciences that will be prerequisite to the nursing major
- Reached agreement on an overall curriculum plan – with courses, course titles, course descriptions, course outcomes and credit hour allocation.
- Developed rubrics to make more explicit the dimensions and progression for each competency.
- Identified benchmarks for student attainment on each competency at four points in the curriculum – end of the first year, at the point of transfer to upper division courses, at the point of graduation with the AAS degree, and at graduation with the baccalaureate degree.

- Developed course syllabi, modules, and course materials to serve as resources for faculty teaching the first year nursing courses. The course materials include mega-cases, simulation scenarios and other learning activities that support the courses.
- Obtained approval from the Oregon Board of Education in June 2005 as a statewide program for the AAS degree from participating campuses.
- Obtained approval from the Oregon State Board of Nursing in November 2005 for a significant curriculum change for the first wave partner schools.
- Provided an information report to the Oregon Board of Higher Education for the consortium baccalaureate curriculum.
- Each partner school reported the planned change to appropriate accrediting agencies.

During the past and upcoming two years, with the generous support of the Northwest Health Foundation and a HRSA grant, the OCNE developed the overall agreements and curriculum, syllabi and materials for the first year nursing courses, and will continue to develop the course materials for implementation of the curriculum including:

- A growing menu of learning activities including:
 - Text-based, CD-ROM or other media-based instruction
 - Face-to-face or video-conference lectures or presentations with expert presenters identified from programs across the state
 - Interactive computer-based case studies
 - Scenarios and acceptable responses to use in partial or full-scale simulation
 - Examples of specific types of clinical care activities that the student should engage in to learn and demonstrate the competency or set of competencies
- A blueprint for competency tests and assessment tools including pilot testing the rubrics for shared assessment of the core competencies.

The model used to start the development of the new curriculum was based on the Association for Supervision and Curriculum Development's work, *Understanding by Design* (1998). This approach was chosen for several reasons:

- It has been successfully used in K-12 education and in several college programs in order to meet state performance standards. It is consistent with known educational best practices previously outlined.
- By focusing on design of learning activities to achieve performance outcomes, it uses expert faculty more effectively—to design instructional materials that can be used to aid in student comprehension, rather than simply to deliver the content.
- It addresses an issue that has plagued health profession education for decades—the problem of content overload and nursing faculty's affinity to maximum content coverage. The chosen approach instead focuses on teaching for deep understanding. This type of learning involves sophisticated insights and abilities, reflected in varied performances and contexts. OCNE partners believe this model of learning will enhance student learning for safe and effective nursing practice.
- It is compatible with several prominent educational works and initiatives, including: *The Skillful Teacher* (Saphier & Gower, 1997), *Developing Critical Thinkers* (Brookfield, 1998), and the *Teaching for Understanding* initiative at the Harvard Graduate School of Education.

- The development of the curriculum has incorporated and moved beyond the principles in *Understanding by Design* through enhancements such as case, simulation, and virtual neighborhood development.

In April 2006, grant support from NWHF and Kaiser Foundation enabled OCNE to concentrate on study and development of new clinical models for the curriculum. Paula Gubrud Howe and Bonnie Driggers were appointed as project co-directors. Site visits and focus groups with nursing management, faculty, and staff nurses, have provided extensive information about issues as well as best practices. This phase of data gathering will be followed by a Clinical Practice Summit in October. From the information that is being and will be gathered and from the literature, proposals for models of clinical teaching will be developed and pilot tested by OCNE faculty as the new curriculum is implemented.

Student Admission and Progression Timeline

Fall 2005: Full-time students enrolled in prerequisite courses offered at any university or community college in Oregon

Spring 2006: Students who were near completion or have completed the prerequisite courses applied for admission to a consortium partner program, with co-admission to the community college and OHSU. The program will be offered initially at:

- Umpqua Community College
- Mt. Hood Community College
- Rogue Community College
- Southwest Oregon Community College
- OHSU School of Nursing in Ashland, Klamath Falls, La Grande and Portland

Fall 2006: Students will enroll in nursing courses simultaneously with required liberal arts and sciences on the above campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.

Spring 2007: Students who are nearing completion, or have completed the prerequisite courses will apply for admission to a consortium partner program, which will be offered at Clackamas Community College and Lane Community College in addition to the above schools.

Fall 2007: Students will enroll in nursing courses simultaneously with required liberal arts and sciences on all the above campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.

Spring 2008: Students who are nearing completion, or have completed the prerequisite courses will apply for admission to a consortium partner program, which will be offered at Blue Mountain Community College in addition to the above schools.

Fall 2008: Students will enroll in nursing courses simultaneously with required liberal arts and sciences on all the above campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.

A Need for Educating More, Better-prepared, Nurses in Oregon— Background About the Nursing Shortage

Oregon is experiencing a severe nursing shortage, one that will continue to grow dramatically over the next decade as nearly half of Oregon's nurses reach retirement age. Reasons for the shortage mirror those nationwide: aging of the general population, aging of the nursing workforce, higher

acuity and a greater level of nursing care and expertise needed by patients, workplace disincentives, and the image of nursing. While the United States is now entering a prolonged period of severe nursing shortages nationwide, Oregon is disproportionately affected by many of these factors and is predicted to have a far greater nursing shortage than much of the nation in the coming years. The Oregon nursing shortage was compellingly documented in Northwest Health Foundation's report, *Oregon's Nursing Shortage: A Public Health Crisis in the Making* (2001). In addition, the background discussion provided in NWHF's *Continuing the Progress* nursing initiative application outlines the complex and numerous factors contributing to this shortage. *When, Not If... A report on Oregon's Registered Nurse Workforce* (2005), presents an update on Oregon nursing workforce by the Oregon Center for Nursing, and concludes that unless immediate and decisive action is taken, a critical statewide nursing shortage is inevitable.

The U.S. Health Resources and Services Administration report, *Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020* (2002), projects that in 2010 the demand for registered nurses in the United States will exceed the supply by 12percent. At that time in Oregon the demand for registered nurses will exceed the supply by 22percent-- leaving nearly one in four needed registered nurse positions unfilled. By 2020 the shortage in Oregon will more than double in proportion from 2010 levels, with the demand exceeding the supply by forty-six percent, essentially leaving one in two registered nurse positions unfilled.

Oregon's aging population contributes to the growing magnitude of the state's nursing shortage. The U.S. Bureau of the Census has projected Oregon's population to grow 23 percent between 2000 and 2020. During this time period, the population over age 65 is projected to grow by 91percent. Exacerbating the health care demands created by Oregon's aging population is the fact that the nursing workforce is also aging. The Oregon State Board of Nursing reports that, as of June 2002, 42 percent of Oregon's registered nurses are age 50 or older, reaching retirement age in the next decade. Seventy-six percent of Oregon's registered nurses are now age 40 or older. By 2025 when this entire group reaches retirement age, the U.S. Bureau of the Census projects that Oregon will have the fourth highest proportion of elders in the nation.

Increasing the enrollment of nursing students is an obvious immediate strategy to addressing the nursing shortage. However, this strategy alone is simply not possible unless substantial changes are made in how nursing schools prepare nursing students in Oregon. In addition, even if it were possible to increase enrollment under the current nursing education system used in Oregon, it would not be effective in meeting the current and future health care needs of Oregonians. The ability of the nursing educational system to respond to the nursing shortage by increasing enrollment and preparing more nurses for current practice is hampered by four key factors:

- ***A shortage of qualified nursing faculty.*** As outlined in NWHF's 2001 report, the ability of nursing schools to expand enrollment will be limited due to the nursing faculty shortage, particularly in rural areas. According to that report, 41percent of faculty in baccalaureate and higher degree programs and 24percent of faculty in associate degree programs, are expected to retire by 2005. By 2010 an additional 46percent of baccalaureate and higher degree faculty, and 33 percent of associate degree faculty, are expected to retire.
- ***Lack of clinical sites for nursing student preparation, due primarily to clinical education models that are poorly suited to rapidly evolving health care environments.***
Today, the lack of appropriate clinical sites for nursing student clinical education is the

primary reason nursing schools are not able to increase enrollment levels. Indeed, the problem is *not* a lack of qualified and interested students. The Oregon Center for Nursing surveyed nursing schools in 2003 and found that, on average, nursing schools statewide receive two to three times the number of qualified applicants they are able to accept. For the 2003-2004 academic year, OHSU alone was able to accept only 286 of 645 qualified applicants to its undergraduate program--turning away 359 qualified applicants.

Traditionally, clinical learning in nursing programs is expected to occur through the placement of students in health care facilities, principally hospitals and, more recently, community-based settings. The learning is dependent on the patient population at the time of the student's scheduled clinical experience and the availability of faculty with appropriate expertise to guide the student's learning. Thus, there is little predictability, consistency or control over the scope and quality of each student's clinical learning experiences. In many traditional clinical settings such as hospitals, it is simply unsafe for inexperienced nursing students to practice nursing because of rising acuity and limited availability of nursing staff for support. While health care has changed dramatically in the last decade, the model of clinical education has remained static.

- ***Curriculum content and learning experiences that result in nurses who, upon graduation, are not fully prepared to meet the current and future nursing care needs of Oregon.*** The National Council of State Boards of Nursing reported in 2001 that new graduates enter practice feeling unprepared, and employers agreed that the preparation for new RNs is inadequate for today's health care environment. The Joint Commission on Accreditation on Health Care Organizations reported in 2002 that new graduates are ill prepared to respond to emergency situations, to supervise care provided by others, and to perform complex skills. The commission observed that nursing education continues to occur in a silo at a time when nurses must collaborate with physicians, pharmacists and other allied health professionals. Nurses are often the pivotal point of care with responsibility for coordinating all of the actual care patients receive by *all* health providers. The commission expressed that today's nursing education does not provide the knowledge and skills necessary to lead and interact effectively within the care-giving team.

Several national professional and health care organizations have called for nursing education reform. Reform is needed in order to: prepare nurses to function in community-based and acute care environments; make use of nurses' unique knowledge and skills while fostering competence in critical thinking; and to ensure nurses can manage, lead and supervise an interdisciplinary team of health care providers and informal caregivers. The aging population, increasing acuity in all inpatient settings, increasing prevalence of chronic illness, and demands placed on family caregivers, are among the significant issues that are often poorly addressed in nursing education.

- ***An inefficient nursing educational system.*** In Oregon, there are 14 community college programs, three private baccalaureate programs and one public baccalaureate program. Nursing students can become registered nurses through achieving a two-year associate degree (studies indicate typically this type of program requires three or more years to complete) or a four-year bachelor's degree. While three OHSU campuses offer baccalaureate education in rural parts of the state, this level of education remains largely inaccessible to place-bound students in other regions of Oregon. The prerequisites required for entry into

existing programs are not consistent--meaning that students who may meet the requirements for one school's program do not meet those of another school. Removal of institutional barriers would increase potential students' options in pursuing the nursing education program they desire.

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