

Building Educational Capacity in California Schools of Nursing

GOAL 1: Increase educational capacity to enable more people to gain qualifications to work as registered nurses in California.

OBJECTIVE 1.1: Increase funding for nursing education to provide more capacity in current and new schools of nursing.

STRATEGY 1.1.1. Set targets for expanding capacity in schools of nursing through 2010 based on regional supply and demand data and identify those regional areas designated as high shortage regions.

Action Steps:

- Convene and authorize an expert workgroup to analyze workforce data to establish projected requirements for the nursing education pipeline.
- Publish regional report cards that describe the nurse shortage based on supply and demand data and available educational capacity.
 - Forecast regional demand based on the nursing pipeline, population growth and demographics including ethnic and racial diversity, and other factors impacting the demand for registered nurses.
 - Set regional targets for increasing capacity in nursing schools based on the demand forecast and broken out by level of education preparation required (e.g. ADN, BSN, MSN).
- Define “high shortage areas” relative to the impact of the nurse shortage on the health of the communities served.
- Establish a centralized coordinated repository and data management system for data on the nursing workforce, labor market demand, and supply, including the educational pipeline.

Responsible Entities:

California Institute for Nursing & Health Care (CINHC), State Administration, Department of Labor, California Board of Registered Nursing (BRN), University of California San Francisco Center for the Health Professions, Association of California Nurse Leaders (ACNL), California Hospital Association (CHA)

STRATEGY 1.1.2. Develop and implement creative initiatives over the next five years that financially support the increase in the capacity of existing nursing programs.

Action Steps:

- Implement emergency legislation that prohibit any cuts of nursing education budgets in colleges and universities, thus ensuring that all new money allocated for nursing education goes directly to nursing education.
- Convene a multidisciplinary and interagency task force to design new state funding mechanisms for nursing education.
 - Task force to include representatives from the state’s nurse educator organizations, other professional nursing organizations,

chancellor's offices from California Community Colleges (CCC) and California State Universities (CSUs), University of California Office of the President (UCOP), private colleges, and other key stakeholders, including those from the healthcare industry and the business community.

- Mechanisms may include categorical funding; protected revenue from contract education programs to support increase in enrollment in the institution's general nursing program and prerequisite; and professional fee structures.
- Utilize data collected from regional report cards to guide the distribution of new funding for capacity building.
- Allocate strategically focused Federal Workforce Investment funds to create sustainable solutions through innovative regional collaboratives.
- Give funding priority to nursing education programs that, in high shortage areas can increase sustainable capacity and demonstrate innovative methods in maximizing educational resources through the use of technology and partnerships with hospitals or other educational institutions to build sustainable solutions. **(Expansion of programs is not at the cost of increasing the length of programs or decreasing the quality of education provided.)**
- Give funding priority to colleges and universities that provide fast-track baccalaureate or MSN nursing programs.
- Provide incentives for public/private partnerships that fund increasing educational capacity, such as matching funds.
- Provide access to funding to private colleges that create or expand graduate level programs to prepare nurse educators.
- Pursue Medicare funding subsidization of RN programs comparable to the Graduate Medical Education funding for medical education.

Responsible Entities:

State Administration, Legislature, CCC and CSU Chancellors' Offices, Higher Education Coordinating Board (HECB), UCOP, private universities, health and education related foundations, CHA, ACNL, ANA\California.

STRATEGY 1.1.3. Establish an interagency task force to create new schools of nursing at the CSUs, CCCs, and UCs.

Action Steps:

- Add generic BSN programs to CSU campuses that do not currently have such programs and are located in high shortage regions.
- Add generic BSN and masters level entry graduate programs to UC campuses with medical schools.
- Add ADN programs in CCC in targeted high shortage areas.

Responsible Entities:

UCOP, CSU Chancellor's Office, CCC Chancellor's Office, State Administration

STRATEGY 1.1.4. Establish new accelerated (fast-track) BSN programs.

Action Steps:

- Replicate successful models
- Identify predictors for student success for accelerated programs

- Conduct an evaluation of fast-track program outcomes by using NCLEX pass rate data and proficiency to practice tools.

Responsible Entities:

CSUs, UCOP, and private colleges

OBJECTIVE 1.2: Increase the availability, diversity, and retention of nursing faculty.

STRATEGY 1.2.1. Set targets for faculty supply based on faculty demographics, including anticipated retirements, and targeted program growth.

Action Steps:

- Utilize data from the BRN school survey to set regional and school-specific targets by level of faculty.
- Encourage an education track in Masters level programs to increase the numbers of qualified nursing faculty.

Responsible Entities:

CCC and CSU Chancellors' Offices, UCOP, State Administration

STRATEGY 1.2.2. Establish increasing the number of nursing faculty available to teach in schools of nursing as a State priority.

Action Steps:

- Initiate processes that support that education of nursing faculty.
- Support the development of initiatives that facilitate the recruitment of well educated and ethnic/racial/gender diverse nursing faculty.
- Launch a communication plan that describes the priority designation given to increasing nursing faculty.

Responsible Entities:

State Administration, legislators, CCC and CSU Chancellors' Offices, UCOP, foundations

STRATEGY 1.2.3. Increase the flexibility of faculty salary structures to attract and retain nursing faculty.

Action Steps:

- Convene an expert multidisciplinary task force to design more market-based competitive salary structures for tenured track nursing faculty.
 - Options may include 12-month contracts, pay for summer supplements, and bonuses for sharing faculty amongst colleges through teleconferencing or other venues, and augmentation with private funding.
- Designate vacant nursing faculty positions in CSUs as 'business necessity' or 'hard to hire' to provide more competitive compensation.
- Initiate efforts to improve salaries at CCC where nursing faculty salary structures pose a barrier to attracting and retaining faculty.
 - This would involve working with the unions at each college.

Responsible entities:

CSU and CCC Chancellors' Offices, colleges and universities, labor, employers, professional nursing organizations

STRATEGY 1.2.4. Provide financial support and other incentives for students in masters and doctoral programs that intend to become nursing faculty.

Action Steps:

- Provide targeted access to Cal Grants to nursing education students
- Waive rules prohibiting second-degree students intending to teach nursing from accessing state financial aid.
- Provide tax credits or other financial incentives for students pursuing teaching in California nursing programs.
- Provide priority incentives to under-represented minority students pursuing teaching in California nursing programs.
- Identify sources of stipends, grants, scholarships, or loan forgiveness programs and make available to students in masters or doctoral programs agreeing to teach in schools experiencing faculty shortages.
- Encourage public/private partnerships to provide funds to prepare nursing faculty.

Responsible Entities:

State Administration, Legislature, CSU Chancellor's office, UCOP, private partners and foundations, ethnic nursing organizations

STRATEGY 1.2.5. Institute a five-year waiver of Education Code regulations that create a barrier hindering the recruiting and hiring of adjunct and full-time faculty in CCC.

Action Steps:

- Establish a task force to identify aspects of the Educational Code that present barriers to maximizing utilization of nursing faculty and that offer opportunities for waivers.
- Institute an emergency provision that would provide for a five-year waiver of those requirements that currently constrain faculty utilization.
- Exempt joint appointed and jointly paid faculty with dual roles with providers and educational institutions from Education Code constraints on faculty requirements.
- Foster the development of contract education programs that offer more flexibility on the use of faculty.
- Explore BRN faculty regulations that present barriers to program approvals and streamline processes to overcome applicable barriers.

Responsible Entities:

State Administration, Legislature, CCC Chancellor's office, California Associate Degree Nursing Program Directors (CADNPD), BRN

STRATEGY 1.2.6. Expand articulation amongst nursing programs in order to increase the number of ADN graduates from CCCs transferring to programs offering a higher RN degree (BSN, MSN, and Doctoral).

Action Steps:

- Replicate successful articulation models between CCCs and baccalaureate and graduate programs that streamline and fast track associate degree nurses into baccalaureate and graduate programs.

- Expand the availability of distance education programs to increase the number ADN graduates seeking a BSN degrees and graduate education.
- Expand the capacity of ADN-to-Masters programs.

Responsible Entities:

Colleges and universities, BRN (Education Advisory Committee is currently working on an articulation concept), California Association of Colleges of Nursing (CACN), CADNPD

STRATEGY 1.2.7. Increase the number of programs that prepare nursing faculty.

Action Steps:

- Charge CSUs, UCs, and private colleges to develop more graduate level programs that educate nurses to become faculty in schools of nursing.
 - May include encouraging all graduate level nursing programs to offer an educational track.
- Develop educational programs that prepare nurses with non-nursing masters to become nursing faculty.
- Pilot models that offer masters education to working assistant instructors in licensed vocational nursing and RN programs.
- Offer summer institutes in nursing education to non-education masters prepared nurses.

Responsible Entities:

State Administration, CSU, UC, private colleges

STRATEGY 1.2.8. Increase access to faculty resources through sharing faculty.

Action Steps:

- Implement regional faculty resource centers that facilitate the recruiting of faculty and the sharing of faculty amongst colleges.
- Through a network of regional faculty resource centers, develop and maintain a statewide directory of qualified nursing education providers and content experts that colleges and health care providers can access to fill their teaching and clinical supervision needs.
- Incentivize nursing programs to share faculty amongst associate and baccalaureate degree programs.
 - Incentives may include priority funding to programs that share faculty or access to bonuses for faculty that are teaching additional cohorts of students in multiple schools, via video conferencing or intercollegiate e-learning courses.
 - Requires common curriculum amongst schools sharing faculty.
- Explore feasible solutions to sharing salary benefits amongst schools.
- Build a viable business case for providers to participate in innovative faculty arrangements, including the provision of financial and other incentives.
 - Employer (hospitals) participation may include paying for faculty and laboratory instructors, funding contract education programs, or bringing faculty on-site to teach programs.

Responsible Entities:

State Administration, CCC, CSU, CACN, CADNPD, employers/provider community, ACNL, CINHC

STRATEGY 1.2.9. Increase the competency of nursing faculty to meet the changing needs of the nursing field and of the student population.

Action Steps:

- Provide training in E-learning and in utilizing clinical simulation laboratories to nursing faculty in areas where these methodologies will be used.
- Provide stipends and other funding for nursing faculty who are upgrading their skills through further education.
- Provide faculty support to help assure the effectiveness and health of faculty and to prevent burnout and turnover.

Responsible Entities:

CCC and CSU Chancellors Offices, CACN, CADNPD

OBJECTIVE 1.3: Increase infrastructure to support expanded educational capacity.

STRATEGY 1.3.1. Implement innovative and alternative educational venues that expand capacity, make nursing education more accessible, leverage faculty resources and space, and increase enrollment in nursing programs.

Action Steps:

- Promote and incentivize collaboration amongst schools of nursing to expand capacity and access.
 - Collaborative efforts may include: increasing availability of on-line programs, increasing the use of videoconferencing capacity for shared classes between schools, and increasing the sharing of faculty and of clinical simulation laboratories.
 - Incentives may include priority funding.
- Promote distance education offered at multiple sites, including the workplace, through replication of successful models.
- Replicate successful nursing programs for working adults to include programs offered evenings, weekends, and year round.
- Create inventory of schools of nursing offering on-line and videoconferencing distance learning nursing and prerequisites programs and publicize their availability to students.
- Publicize CCC and CSU online and distance-learning programs designed to increase accessibility to disabled students and to meet the ADA requirements.

Responsible Entities:

CADNPD, CACN, Regional Health Occupation Resource Centers (RHORC), CSU and CCC Chancellors' Offices, public/private partnerships, foundations

STRATEGY 1.3.2. Implement web-based solutions to coordinate and maximize access to clinical training sites.

Action Steps:

- Replicate successful centralized computerized clinical placement systems throughout the state to increase access to unused or underused clinical placement sites and improve the efficiency of accessing clinical sites.

- Enable schools of nursing to utilize nontraditional clinical times and clinical sites for student placement.
 - Nontraditional time include evenings/nights and weekend.
 - May include more flexible scheduling of existing clinical faculty, use of clinical faculty provided through hospital partnerships, and the use of clinical teaching assistants, per BRN designation.

Responsible Entities:

CADNPD, CACN, Regional Health Occupations Resource Centers (RHORC), CINHC, colleges and universities, hospitals and other service providers

STRATEGY 1.3.3. Expand educational capacity and redesign nursing education through the use of clinical simulation technology and laboratories.

Action Steps:

- Enable all California schools of nursing to use clinical simulation laboratories by 2010.
- Create regional clinical simulation laboratories, to be shared by multiple schools and hospitals, through the promotion of public/private partnerships.
- Provide faculty development in the use of simulation in teaching nursing students.
- Sponsor interorganizational research demonstrating the educational efficiency of computerized simulation in nursing education, including enhanced critical thinking, problem solving, and rapid response learning.
- Direct the BRN to evaluate and provide guidance in the use of clinical simulation laboratories as an adjunct to clinical education. Revise BRN guidelines on clinical requirements as indicated.
 - May include pilots that use more than 25% simulation in lieu of clinical time or hard to place specialties, e.g. Pediatrics.
- Redesign nursing education so that it is reflective of the evolving healthcare delivery system and maximizes the use of clinical simulation technology in educating nurses.
 - Encourage schools of nursing to collaborate on curriculum redesign.
 - Explore the use of internships/residencies for all new graduates through education redesign and the use of new technologies in educating nurses.

Responsible Entities:

State Administration, CACN, CADNPD, BRN, CINHC, hospitals/health systems, public/private partnerships, foundations, colleges and universities, ACNL, ANA\C

STRATEGY 1.3.4. Increase access to prerequisite science courses that must be taken prior to entering nursing programs.

Action Steps:

- Mandate consistency in science courses that are prerequisite requirements in CCC and CSU nursing programs.
- Mandate the offering of additional sources of prerequisite courses where excessive waiting lists of students are identified attempting to take the courses

to prior to entering a nursing program, with priority given to pre-nursing students.

- Identify and promote replication of successful practices in increasing access to prerequisite courses through non-traditional approaches.
 - May include adult education programs, advance placement high school courses, on-line programs or virtual science programs, weekend and evening session.
 - May include promoting the development of Health Academies in high schools.
- Replicate successful practices that are based on partnerships between colleges whereby students complete their prerequisites at a 2 or 4-year institution before transferring into an upper division nursing program, thus decreasing the length of time it takes for a person to complete the nursing program.

Responsible Entities:

State Administration, public/private partnership, education institutions, CCCs and CSUs Chancellors' offices, CADNPD, CACN

STRATEGY 1.3.5. Expedite the approval of new, off-site, or expanded nursing programs.

Action Step:

- Create and fund a technical assistance pool of consultants that are skilled and conversant in requirements, including curriculum design, to assist new or expand existing nursing programs.

Responsible Entities:

Legislature, BRN, Department of Consumer Affairs

STRATEGY 1.3.6. Increase cost effective access to nursing education in regional areas with inadequate nursing education resources.

Action Steps:

- Promote the use of distance learning and web-based venues, and mobile learning vans and simulation labs in regional areas with insufficient educational capacity.
- Encourage collaborative ventures between CCC and CSUs/UCs/private colleges to bring educational resources to geographic areas with insufficient educational capacity. Promote the replication of successful applicable models.
- Explore statutes that would provide for the crossing of state line for clinical education.
- Convene a task force to develop and implement an initiative that will bring an innovative model of nursing education to rural and underserved areas.

Responsible Entities:

Colleges and universities, RHORC, CCC and CSU Chancellors' Offices, regional hospital councils, foundations, BRN, and regional nurse leadership consortia

OBJECTIVE 1.4. Increase the number of nursing students eligible to successfully pass the NCLEX.

STRATEGY 1.4.1. Encourage new nursing programs and schools of nursing with low NCLEX pass rates to utilize the curriculum model being developed by CCC Chancellor’s Office as a guideline.

STRATEGY 1.4.2. Increase access to prerequisites required in all programs. (See Strategy 1.3.4 above)

STRATEGY 1.4.3. Improve program completion rate in community colleges and state universities to 85%.

Action Steps:

- Describe regional characteristics leading to attrition of nursing students, including those characteristics specific to under represented minority students.
- Institute “preparation for success” interventions for at-risk pre-nursing students before student enroll in a nursing program.
 - May utilize local adult education programs and other community-based resources.
- Encourage use of prerequisite study in CCC with attrition rates greater than 15%.
- Require CCC with attrition rates greater than 15% to establish mitigation strategies to increase retention, including the replication of demonstrated successful practices.
 - May include case managers, tutorial, and mentoring programs for at risk students; faculty training in how to positively reinforce students; and providing support for social/economic interventions to decrease attrition.
- Seek federal, state, local, and foundation funding, and private/public partnerships to fund retention strategies.
 - May include contracting with community agencies to provide needed support services and engaging the business community to support interventions.
- Ensure that schools of nursing with attrition rates greater than 15% integrate into the nursing curriculum basic skills including English as a second language and reading comprehension, and that they adjust instructional methods, incorporate cultural awareness, and improve support services.
- Following the use of the prerequisite study and successful mitigation strategies, increase admission standards to improve successful outcomes and decrease attrition from programs.

Responsible Entities:

State Administration, CCC and CSU Chancellors’ Offices, CCC, CSU, RHORC, CINHC, private/public partnerships, foundations

STRATEGY 1.4.4. Design and deliver NCLEX preparation courses that assist students in successfully passing the NCLEX.

Action Steps:

- Provide resources and educational material to nursing programs to assist the schools in preparing students for the NCLEX.
- Provide readily available and demonstrated successful NCLEX preparation courses to assist students to prepare for the NCLEX.

- Provide financial assistance to students with limited financial resources who need to take the course.

Responsible Entities:

RHORC, colleges and universities, community-based organizations, foundations