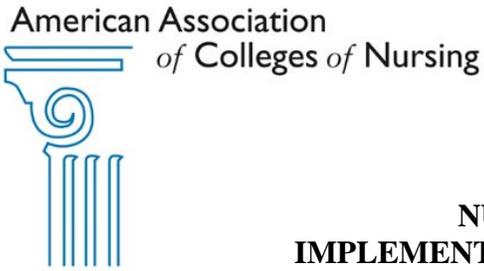




Faculty Tool Kit

The
Essentials
of Baccalaureate Education
for Professional Nursing Practice

American Association of
Colleges of Nursing



NURSE FACULTY TOOL KIT FOR THE IMPLEMENTATION OF THE *BACCALAUREATE ESSENTIALS*

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OVERVIEW

The purpose of the *Baccalaureate Essentials* Tool Kit is to provide resources and exemplars to assist faculty with the implementation of the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). The tool kit provides integrative learning strategies, opportunities for program enhancement, and resources that will assist faculty with the integration of the *Baccalaureate Essentials* throughout the nursing curriculum. This tool kit includes a review of the nine Baccalaureate Essentials followed by Integrative Learning Strategies, Opportunities for Program Enhancement, Web Links, AACN Presentations, and References.

Baccalaureate Essentials

Essentials I through IX delineate the outcomes expected of graduates of baccalaureate nursing programs. Achievement of these outcomes will enable graduates to practice within complex healthcare systems and assume the roles: provider of care; designer/manager/coordinator of care; and member of a profession.

The nine Essentials are:

- **Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice**
 - A solid base in liberal education provides the cornerstone for the practice and education of nurses.
- **Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety**
 - Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.
- **Essential III: Scholarship for Evidence Based Practice**
 - Professional nursing practice is grounded in the translation of current evidence into practice.
- **Essential IV: Information Management and Application of Patient Care Technology**
 - Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.
- **Essential V: Healthcare Policy, Finance, and Regulatory Environments**
 - Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.
- **Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes**
 - Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.
- **Essential VII: Clinical Prevention and Population Health**
 - Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

- **Essential VIII: Professionalism and Professional Values**
 - Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to nursing.
- **Essential IX: Baccalaureate Generalist Nursing Practice**
 - The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.
 - The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients (AACN, 2008).

INTEGRATIVE LEARNING STRATEGIES

Achievement of outcomes delineated in the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) is enhanced through the intentional use of active, collaborative, and integrative learning strategies. The American Association of Colleges & Universities (AAC&U 2004) defines Integrative Learning Strategies as powerful, active, and collaborative instructional methods that thread general education concepts throughout the major. Integrative learning strategies, as used in this document, expand on this definition and includes the integration of:

- liberal education throughout the nursing curriculum
- practice with theory
- practice knowledge and theory across essentials
- active learning strategies throughout the curriculum
- interprofessional learning opportunities; and
- learning activities across academic disciplines

The purpose of this document is to provide nursing programs with examples of educational approaches that actively engage the learner and integrate liberal education, nursing science, clinical reasoning, and ethical considerations into both classroom and clinical learning. These examples are provided as a starting point to develop learning activities for the preparation of entry-level professional nurses and may be relevant to more than one essential. The learning strategies include a variety of methods, such as unfolding case studies, simulation, and reflective practice exercises to assist with implementation of a well-integrated curriculum based on the AACN's *Baccalaureate Essentials*. By their nature, integrative learning strategies listed in this document may address more than one of the *Baccalaureate Essentials*.

The following integrative learning strategies were developed by the American Association of Colleges of Nursing (AACN) Task Force on the Revision of the *Essentials of Baccalaureate Education for Professional Nursing Practice* with input from participants at regional meetings held across the United States in 2007-2008. These strategies are consistent with the work of the AAC&U (2007) and the Carnegie Foundation's (In press) ongoing work on education in the professions.

Examples of Integrative Learning Strategies

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

- Provide local, national, and international experiences, framed by reflective questions, in a variety of cultures, organizations, and communities.
- Promote activities and projects with students from the arts, humanities, and sciences to address community issues or problems.
- Use collaborative learning projects to build communication and leadership skills.
- Engage in community-based activities to promote ethical reasoning, advocacy, collaboration, and social justice.
- Provide opportunities to reflect on one's own actions and values to promote ongoing self-assessment and commitment to excellence in practice.
- Provide guided exploration of diverse philosophies, ways of knowing, and intellectual approaches to problem solving.
- Use simulation exercises and case-based scenarios with students from other academic disciplines such as history, religion, business, and engineering.
- Provide direct experiences integrating artistic ways of knowing such as the arts, cinema, poetry, literature, and music to enhance the practice of nursing.
- Provide opportunities to observe and participate in various cultures through study abroad.
- Participate in interprofessional service learning activities such as health promotion and disease prevention projects for diverse populations.
- Use writing intensive assignments to promote reflection, insight, and integration of ideas across disciplines and courses.

Essential II: Basic Organizational and Systems Leadership for Patient Safety and Quality Care

- Provide leadership experiences in a variety of organizations and communities.
- Provide opportunities for students to:
 - Engage in practice settings to build communication and leadership skills.
 - Communicate with recognized leaders to solve healthcare practice problems.
 - Develop a leadership or quality improvement project that spans several courses (e.g., review literature about a practice problem in one course, propose a practice change based on an evidence-based model in a second course, and then present the practice change to appropriate stakeholders in a third course).
 - Shadow a leader and reflect on the experience.
 - Engage in quality improvement/patient safety activities to promote an understanding of the organizational process, unit application, and evaluation process.

- Participate in quality improvement activities and/or required regulatory reporting systems.
- Participate in interprofessional performance improvement team currently working on implementation/evaluation of national patient safety goals.
- Propose an innovative solution to a system-related patient care problem identified in one's clinical practice.
- Conduct a mock root cause analysis on a near miss and share results with staff or shared governance council.
- Participate in an actual Root Cause Analysis (RCA) and/or Failure Mode Effects Analysis (FMEA).
- Role-play with nursing and medical students using Situation, Background, Assessment, Recommendation (SBAR) communication
- Attend a professional nursing organization meeting and identify personal development opportunities.
- As students examine various microsystem committees, identify one for more in-depth exploration.

Essential III: Scholarship for Evidence-Based Practice

- Ask students to select a clinical topic, search for evidence, and identify the level of evidence for each sample of evidence.
- Create journal clubs where students critique a primary nursing research article and its relevance to their clinical practice.
- Group students according to a clinical issue of interest, conduct a systematic review, and debate the rigor of selected research studies.
- Use controversial case studies to promote discussion about decision making and the evidence that supports those decisions (e.g., If you dropped the patient's last pill, and each pill costs \$35 ...would you use it? or if a terminally ill patient asks you if he is dying, would you be truthful?).
- Collaborate with librarians to conduct comprehensive and efficient searches on clinical topics.
- Provide a sample of nursing journals and ask students to identify a research article and determine the type and level of evidence included.
- Assign student peer review of a student colleague's paper.
- Provide opportunities/assignments for student to:
 - Identify clinical questions in PICO (Patient problem, Intervention, Compare, Outcome) format and conduct searches for current evidence using the PubMed PICO search feature.
 - Examine the evidence for an existing policy or procedure using multiple sources (e.g. Cochrane, AHRQ, CINAHL, PubMed).
 - Apply specific criteria to evaluate health information resources for lay and professional use as well as to discuss the ethical implications of commercial sources that target laypersons.

- Collaborate with clinical partners to identify practice problems, formulate evidence-based conclusions and recommendations, and present findings in poster format to staff and class.
- Apply evidence-based practice models to assess the applicability and feasibility of new findings to practice.
- Cite sources of evidence for planned interventions.
- For assigned patients, compare observed practices with published practice standards.
- Link how individual nursing actions are related to recognized nurse sensitive quality indicators.

Essential IV: Information Management and Application of Patient Care Technology

- Provide opportunities/assignments for students to:
 - Use information and patient care technology to communicate effectively with members of the healthcare team.
 - Use clinical evidence and research to base and validate practice decisions related to information management and patient care technology.
 - Participate in quality improvement activities and required regulatory reporting through information systems.
 - Employ a range of technologies that support patient care, such as electronic health and medical records, patient monitoring systems, and medication administration systems.
 - Use simulation and electronic medical records to access and analyze data relevant to the patient situation.
 - Use information technology resources such as Wiki, Second Life simulation, or SkyScape.com to communicate with other healthcare professionals or students in other disciplines regarding a joint project.
 - Develop a professional e-portfolio.

Essential V: Healthcare Policy, Finance, and Regulatory Environments

- Provide opportunities/assignments for students to:
 - Observe a state board of nursing hearing and reflect on how the state practice act protects the welfare and safety of the citizens.
 - Participate with national or state nursing associations in activities such as “lobby day”.
 - Review proposed legislation affecting health care and provide written comments.
 - Attend national or state congressional hearings on healthcare issues.
 - Observe testimony at a state legislative or regulatory hearing on a healthcare issue focusing on access to care or patient advocacy.

- Provide written or verbal feedback on the ethical, financial, and social implications of the testimony observed and recommended policy changes.
- Compare the costs of common diagnostic tests, procedures, and medications charged to insurance companies vs. self-pay patients.
- Explore the costs and availability of care options for patients with dementia or a psychiatric/mental health illness in your local community. (What does private health insurance cover? Medicaid? Medicare?).
- Develop a lobbying plan for an identified issue that includes a concise (30 seconds or less) oral synopsis for a decision maker and a one-page policy memo.
- Participate in advocating for change in policy related to a selected healthcare issue at the local, state, or national level.
- As an interprofessional group, role play a legislator, proponent and opponent for a healthcare or professional issue.
- Analyze a hospital bill for one day of care in an acute setting and identify where nursing services are embedded.
- Compare one or more healthcare systems in other countries with the U.S. system, including costs, services provided, and outcomes, (e.g., pre-and postnatal care, role of midwife and other healthcare professionals/workers, insurance coverage, maternity/paternity leave).
- As an interprofessional group, develop a policy (new or revised) to address an issue identified in a practice setting. Delineate processes for getting policy adopted and implemented within that practice setting.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Provide opportunities/assignments for students to:
 - Engage in case study discussions/dialogue with a variety of healthcare and other professionals.
 - Participate in interprofessional collaboration (e.g., grand rounds, community coalition meetings).
 - Work in interprofessional and intraprofessional teams on course projects/assignments.
 - Engage in interprofessional and intraprofessional care in simulation labs.
 - Develop interprofessional community projects.
 - Assess group dynamics of an interprofessional or intraprofessional group .
 - After attending a professional meeting of another healthcare profession, compare and contrast professional perspectives.
 - Participate on interprofessional teams at national competitions (e.g., Clarion Interprofessional Team Case Competition at the University of Minnesota, National Student Nurses Association).
 - Participate in campus-wide student governance and committees.
 - Organize activities for National Primary Care Week as a student ambassador.

Essential VII: Clinical Prevention and Population Health for Optimizing Health

- Provide opportunities/assignments for students to:
 - Analyze health behavior(s) of self or others using models or theories.
 - Participate in individually-focused clinical prevention activities such as:
 - teaching about and providing immunizations
 - improving adherence to tuberculosis chemoprophylaxis through health teaching and directly observed therapies
 - providing health counseling regarding smoking cessation, stress management, exercise, and diet
 - teaching about and encouraging cancer screening
 - conducting basic environmental exposure history regarding pesticides
 - conducting basic genetic health screening and referring high risk individuals to genetic services
 - assessing a home environment and health counseling to prevent falls in older adults
 - identifying and intervening in elder abuse;
 - Use clinical practice guidelines for planning and/or evaluating clinical prevention interventions.
 - Participate in community or population-focused assessment.
 - Participate in development of plans and policies to effectively prepare a community for disasters or to protect vulnerable populations during disasters.
 - Help organizations and communities create healthy environments such as smoke- free workplaces.
 - Teach vulnerable populations about avoiding environmental risks.
 - Collaborate with institutions, such as day care centers or homeless shelters, to develop and implement policies to minimize transmission of communicable diseases.
 - Participate in a community disaster drill.
 - Develop a policy memo to address a health issue identified in the community.
 - Advocate for policy change regarding a health issue identified in the community.
 - Initiate an interprofessional going-green campaign to improve environmental health.

Essential VIII: Professionalism and Professional Values

- Provide opportunities/assignments for students to:
 - Write a letter to the editor or opinion editorial about the role of nursing in improving health care and submit the letter to a local newspaper for publication.

- Observe and respond to focused questions about the proceedings of ethical review committees, IRB, nursing practice councils, and state board of nursing meetings and/or hearings.
- Participate in professional or community-based organizations that advocate for quality and access to care.
- Use simulated vignettes that address ethical, legal, and moral patient care situations such as:
 - provider abandonment of a patient
 - decision-making about reporting to work in the event of a disaster
 - reporting sexual assault or abuse
 - suspected drug use by a colleague
 - end-of-life decision-making
 - identification of a spiritual crisis
 - withdrawal of life support
- Participate in interprofessional service-learning projects such as student visits to secondary schools, school career days, summer health camps, or vulnerable populations in homeless shelters or homes for battered women and children.
- Partner with a nursing school from another country to gain global perspective; use the internet for global experiences.
- Engage in legislative state house visits to articulate professional nursing role/perspective.
- Work with legislative staff at various levels.
- Participate in values clarification exercises, using poems, literature, and video clips that illustrate bias, such as the “See Me Nurse” video on aging (Southern Region Coalition).
- Participate in rounds with chaplains or other spiritual care professionals.
- Develop a self-care improvement plan. For example, use a tool such as the “Circle of Human Potentials” (Dossey & Keegan, 2009)) to conduct a self-assessment and develop a self-care improvement plan that includes measurable outcomes.
- Conduct a self-assessment in one or more of the following areas: physical, emotional, spiritual, cultural, relationships, communications, and learning style. Based on this assessment, develop an improvement plan that includes measurable outcomes.
- Analyze the media’s portrayal of nurses and other aspects of health care.
- Discuss cultural and ethical variables in patient care scenarios using software, such as The Neighborhood (Gidden, 2007) in interprofessional and intraprofessional learning groups.
- Use reflective writing to discuss student use of moral agency and/or patient advocacy.
- Create a student honor code to be adopted.
- Engage with a nurse actively involved in professional nursing practice for more than 30 years to explore changes within the profession.

Essential IX: Baccalaureate Generalist Nursing Practice

- In a group of students, plan, provide and evaluate nursing care for a patient with multiple co-morbidities and symptoms in a simulated or patient care environment.
- In a group of interprofessional students, provide care that reflects patient preferences and values in a simulated or patient care environment.
- Arrange cultural immersion care giving experiences in settings such as homeless shelters, migrant clinics, correctional facilities, and corporate health settings.
- Provide opportunities/experiences for students to:
 - Provide evidence-based, patient-centered end-of-life care to a dying patient and their significant others.
 - Interview volunteers with complex problems, such as HIV, psychiatric conditions, tuberculosis, or substance abuse to explore patient preferences and values.
 - Provide care to a group of patients that incorporates delegation, supervision, and outcomes evaluation.
 - Administer and document administration of medications to groups of patients in a patient care or simulated environment.
 - Perform patient assessment and evaluation of a patient's response to pharmacological agents in a simulated or patient care environment.
 - Use unfolding case study analysis to correlate a patient's medical condition and pathophysiology and design appropriate therapeutic interventions.
 - Use a constructed genetic pedigree from collected family history information to identify a risk profile and develop a plan of care, including patient education and referral.
 - Use simulation, case studies and patient assignments to make decisions about the organization, prioritization, and appropriate delegation of care.
 - Consult with other professionals to improve transitions of elderly patients across care settings.
 - Evaluate patient education materials for cultural and linguistic appropriateness.
 - Elicit a spiritual history and integrate a patient's spirituality into the care plan.

OPPORTUNITIES FOR PROGRAM ENHANCEMENT

The following indicators of quality serve to guide baccalaureate nursing programs as they strive for excellence. These suggestions are intended to go beyond required program standards and to build upon the program components identified in AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). In the pursuit of continuous improvement, programs may use these indicators of quality to develop action plans appropriate to their mission, philosophy, and core values. This culture of continuous quality improvement fosters inquiry and creativity. While all accredited programs engage in quality improvement processes, the indicators of quality discussed in this document identify elements which can further enhance the quality of the program. These indicators were not developed to be used as accreditation standards. This document identifies elements believed to increase excellence in baccalaureate nursing programs and offers strategies that are most promising for moving programs forward in their quest for excellence.

Academic Infrastructure

Infrastructure refers to the platform of support provided by an institution to promote the success of its academic programs. Attention to best practices in regards to infrastructure can facilitate a program's progress to a higher level of excellence. A strong academic infrastructure provides a variety of learning opportunities for students to achieve the *Baccalaureate Essentials*. Baccalaureate nursing programs moving toward excellence invest in sufficient financial, personnel, instructional, and academic resources as well as facilities to incorporate successful practices into their programs. In addition, programs allocate resources to provide opportunities beyond those necessary for successful program completion. Best practices include providing opportunities for students to attain maximum potential for a successful career trajectory and professional successes, in addition to fostering innovation, creativity, and new ways of thinking and doing.

The academic infrastructure reflects the unique qualities of the program and includes exemplary student life and academic support services such as honors programs, opportunities for student involvement in faculty research, internships, student organizations, remediation, and other enhancement programs. Quality programs support enrichment opportunities such as international study, service learning, and career planning. Students have local or international experiences with diverse populations, second-language immersion opportunities, or other experiences indicating involvement in cultural or global issues. Student access to resources, such as scholarships and support for scholarly projects or activities, is an additional indicator of quality. Resources and opportunities are developed to support student goals and the needs of a diverse student population. The presence of institutional resources for research, development, business operations, public relations, marketing, and human resources reflects quality in baccalaureate nursing programs. For example, exceptional programs develop processes to expand and sustain resources in the areas of information technology, library holdings, clinical laboratories and equipment, and space provided for student learning and faculty scholarship.

Institutional support for faculty development is evidenced by written policies and budget allocations. Benchmarks for faculty development are established and evaluated for quality improvement initiatives. Best practices may include strategies to attract faculty with outstanding academic preparation and experience to enhance the program's unique mission or to serve a specific community of interest.

Academic Environment

Principled leadership is an important indicator of quality. This leadership supports and rewards faculty collaboration for teaching, scholarship, and service. Effective leaders create an environment that encourages faculty and staff to engage in reflective thinking and critical analysis of professional contributions and program outcomes. Strategic planning, resource allocation, and staffing to achieve program goals are guided by effective leadership to produce supportive academic environments.

Excellent academic programs forge partnerships with practice organizations, such as community agencies and healthcare systems that are mutually beneficial. Examples of mutual benefits include collaborative research and practice initiatives, design of educational experiences and curriculum, as well as the sharing of staff and faculty. The partnership of education and practice, through a process of continuous evaluation, fosters mutual accountability. Quality partnerships are successful when they clarify goals, objectives, and responsibilities, as well as work toward the success of all stakeholders (Gilliss & Fuchs, 2007). Strong partnerships provide opportunities for students to expand and improve their practice and create an environment where teaching reflects best nursing practices. Partners share a commitment to excellence in nursing practice and education.

Academic environments, while focused on the climate for student learning, support faculty efforts to implement best practices. Best practices promote explicit opportunities for the integration of liberal education and learning throughout the nursing curriculum. Student application of principles of liberal learning as evidenced in nursing course syllabi and course materials as well as teaching-learning activities are selected to match student abilities and previous academic preparation. Students can articulate the value of their liberal education courses to their preparation as professional nurses as well as educated citizens. Students express accountability for their own learning throughout the academic experience and beyond. In addition, students are actively engaged in learning and are encouraged to question and seek answers through a variety of inquiry methods. A spirit of inquiry and the excitement of discovery permeate such environments.

Academic environments that best support student success create high expectations for student learning. Integrative learning strategies focus on the spirit of inquiry and the development of a community of scholars. Students and faculty in quality programs engage in synthesizing experiences in collaborative and service learning projects as well as interdisciplinary work across departments. Best practices include the use of multiple teaching strategies and methods of evaluation that provide ongoing feedback to enhance student outcomes. Classroom experiences are relevant to students' lives, aspirations, and experiences. In addition, best practices produce retention, graduation, national licensure

examination pass rates, and student successes that reflect the program's admission standards and academic support services.

Best practices regarding academic environments include support for faculty practice, teaching, scholarship, and service roles as appropriate to the program's mission. This commitment is evident through systems that support a broad conceptualization of scholarship and institutional reward systems for faculty scholarship. Congruence between the parent organization's definitions of these roles is paramount and the reward system for scholarly activity is evident. Best practices include a plan for the dissemination of faculty scholarly efforts to assure that outcomes have an impact beyond the school or institution.

Indicators of best practices related to scholarship may include extramural grants in support of practice innovations; peer-reviewed publications and presentations; practice-oriented grant review activities; editorial review activities; state, regional, national, and international professional activities related to one's practice area; policy involvement and development; establishment of practice sites for underserved populations; and dissemination of practice improvement products such as reports, guidelines, protocols, and tool kits (AACN, 2006).

Another best practice in support of faculty is recognition given for teaching excellence through support of innovation and creativity in designing and implementing learning opportunities for diverse student populations and environments. Master teachers mentor newer faculty to create an environment of support and continuous improvements in teaching and student learning (Hutchings & Schulman, 1999). Again, best practices would provide the resources to support an environment that advances excellent teaching.

An organizational culture that embraces continuous improvement is a key quality indicator of programs implementing best practices. This culture is manifested through processes and policies that promote systematic program evaluation and evidence-based actions in response to findings. Although continuous improvement activities are required for accreditation, programs that seek opportunities for continuous improvement can demonstrate a direct link between ongoing improvement strategies and identified student and program outcomes targeted for excellence.

Clinical Practice Environment for Students

Healthcare professionals have a collective responsibility to ensure collaborative practice, including inter- and intraprofessional practice. Academic institutions provide nursing students the opportunity to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics (Institute of Medicine, 2003).

When determining appropriate enrollment targets, quality programs demonstrate ongoing engagement with the community of interest to match faculty resources and availability to the best sites for optimizing clinical experiences. An ongoing collaborative academic practice partnership is a quality indicator for promoting student learning. Practice partnerships encompass a wide range of practice settings and experiences beyond

traditional clinical sites. In addition, selected practice sites exemplify or aspire to best nursing practices and achieve recognition via national accreditation or other programs for excellence. The best practices for clinical environments in baccalaureate nursing programs are predicated on the assumption that students are best served by opportunities to work and learn together with professional nurse mentors, preceptors, and role models. Nursing role models practice from an evidence base and promote student access to a wide range of patient populations, experiences, and best practices. Partnership agreements, designed to benefit the educational program and practice site jointly, are in writing, and include strategies for ongoing evaluation and continuous improvement.

Faculty Characteristics

Faculty characteristics, such as credentials, experience, and educational preparation, are important to promote exemplary program outcomes. Faculty maintain expertise in the areas in which they teach, as well as possess expertise in teaching-learning practices. Faculty ground their teaching in clinical practice and current scientific evidence. Quality improvement processes center on those known to provide for the accomplishment of the unique educational and scholarly mission of the program. Faculty demographics may be sought that mirror the demographics of the student population and the region. Quality programs address AACN recommendations regarding faculty credentials in conjunction with their own unique mission, philosophy, and core values.

Faculty Practice. Nursing is a practice discipline; therefore, faculty in baccalaureate nursing programs maintain expertise within their area of practice and adopt or create best practices. Faculty practice, consisting of direct client care, leadership, service, consultation, and/or scholarship activities depends on the faculty member's interest, skills, and experiences and contributes to maintaining and/or developing competence of faculty in the practice of nursing (Boyer, 1990). Faculty practice is not done in isolation but contributes to the teaching, scholarship, and/or service missions of the academic institution. A balance between teaching, practice, and scholarship expectations is evident across the faculty and reflects the mission of the institution. Expectations for faculty practice are clarified through appropriate policies. Additionally, faculty practice is supported and facilitated through resource allocation such as release time, academic partnerships with other disciplines or departments, and academic service partnerships with clinical agencies.

Best practices for faculty selection outlined in AACN's Position Statement on *The Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs* (2008) meet the following criteria:

1. Educational institutions vary in culture and policy. Qualifications and performance of nursing faculty will be congruent with accepted institutional standards. Consistent with academy expectations, faculty with primary responsibility for the oversight of courses in baccalaureate, master's, and doctoral nursing programs will have doctoral preparation. Doctoral graduates who will be involved in an academic role will have preparation in educational methods and pedagogies.

2. The nursing program faculty must balance its stature within the academy with its concurrent responsibility to prepare graduates for the practice environment. Therefore, the mix of faculty expertise, roles, and responsibilities will vary according to the mission of the academic program.
3. Courses in the nursing program will be taught by faculty with graduate-level academic preparation and advanced expertise in the areas of content they teach.
4. Nursing science is enriched by the knowledge and expertise of many disciplines. Selected nursing program courses and electives may be taught by either nurse or non-nurse faculty with appropriate educational and experiential preparation.
5. Clinically focused graduate preparation is the minimal expectation for clinical instruction and the coordination and mentoring of preceptors.
6. Preceptors from the practice environment working under the guidance of nursing faculty serve as role models for the design, organization, and implementation of patient care. Preceptors in entry-level pre-licensure programs must, at minimum, hold a baccalaureate degree in nursing.

Transition to Practice within the Baccalaureate Curriculum

Clinical immersion opportunities for students in the practice setting support knowledge application, skill development and refinement, role development, and transition to practice. Immersion experiences develop the students' critical thinking/clinical reasoning skills, and increase communication skills, time management, and organization abilities. Opportunities to explore the multiple roles of the professional nurse in varied care settings and to serve as a member of an interprofessional team prepare the student for reality-based practice.

Indicators of quality consider the program's processes and activities for precepted capstone and immersion experiences, as well as for externships. As students progress through their clinical experiences they have increasing opportunities to develop skill and confidence in managing the needs of groups of patients and understanding the full range of responsibilities associated with the professional role. These competencies are achieved through partnerships with healthcare agencies that create opportunities for students to work with skilled practicing nurses and other professional role models to experience the full scope of the nursing role prior to graduation. Integrating didactic and clinical learning provides a true working partnership between the academic and practice organizations to ensure appropriate leveling of content and application for site specific requirements.

Effective academic and practice partnerships ideally extend beyond graduation to the creation of supportive transition programs that specifically address the unique needs of the newly graduated nurse. Transition programs provide cost savings and positive long-term financial outcomes in terms of employee satisfaction, effectiveness, and reduced turnover. Residency programs in academic health centers can enhance job satisfaction and autonomy, increase critical reasoning skills, provide support to the graduate, and reduce turnover (Pine & Tart, 2007). Standardized one-year, post-baccalaureate nurse residency programs, such as that developed jointly by the University HealthSystem Consortium (UHC) and AACN, can facilitate the transition of baccalaureate graduates into the acute care setting as evidenced by turnover rates far below the national

benchmark for new graduate nurses (Williams et al. 2007). The UHC/AACN residency model can be modified and adapted for a wide range of practice settings and patient populations, including ambulatory and community settings. Quality programs demonstrate ongoing efforts to forge and improve partnerships with practice settings to insure the effective integration of program graduates into the complex world of practice.

Quality programs forge formal academic service partnerships to create environments where students work with nurses and other professional role models to experience the professional role prior to graduation.

Indicators of Quality

Baccalaureate nursing programs that adopt best practices monitor indicators of quality related to program outcomes. Quality programs select indicators that reflect their unique organizational context, including mission, philosophy, and core values. Quality programs assess indicators that identify strengths and opportunities for improvement. Recognizing the current variability in strength of evidence, the following describe possible indicators of best practices, but by no means serve as definitive measures for all programs. Indicators of quality can serve as measures of progress towards best practices. Programs re-evaluate and revise measures as indicated. Possible indicators include but are not limited to the following:

Program Indicators

- Retention rates at different points in the program
- Level of satisfaction among employers with the knowledge and skills of graduates
- Proportion of graduates employed in nursing five years following graduation
- Enrollment rates of practicing graduates in graduate nursing education within five years
- Proportion of graduates attaining generalist certification within five years
- Proportion of graduates reporting continued commitment to practicing nursing at regular intervals after graduation
- Level of satisfaction among graduates with preparation for the professional nursing role at one year following graduation
- Proportion of graduates participating in professional organizations
- Proportion of graduates who assume leadership roles in nursing throughout their careers
- Proportion of graduates who are strong alumni (including financial donors, student involvement)
- Institutional resources for research, development, business operations, public relations, marketing, and human resources
- Technological enhancements to learning (e.g., e-portfolio, electronic medical records, simulation, web-enhanced courses)
- Virtual learning environment with strong technical support for students and faculty
- Use of innovative education/practice partnerships, such as dedicated education units, that enhance learning opportunities

Leadership Indicators

- Faculty and leadership development resources reflected in policy and budget allocations
- Policies support faculty practice through release time policies and academic partnerships
- Faculty turnover and retention rates
- A formal mentoring program for faculty
- Faculty demographics mirror the demographics of the student population
- Effective relationships within and external to the academic institution
- Participation in the governance of the academic institution
- University to university partnerships to extend academic resources
- Academic-organizational partnerships to increase access to resources
- Successful development/fundraising activities
- Academic administrators support innovation

Faculty Indicators

- Proportion of doctoral faculty in academic roles who have preparation in curriculum development and educational methods
- Faculty certification rates in area of nursing practice
- Faculty service to the profession
- Faculty service to the community
- Faculty scholarly productivity
- Syllabi reflect collaboration with departments and disciplines outside of nursing
- Funded, extramural grants support practice innovations
- Faculty participate in peer-reviewed publications and presentations
- Faculty presence in state, regional, national, and international professional activities
- Proportion of faculty who have advanced expertise in the areas of content they teach
- Faculty maintain active practice within their area of expertise
- Proportion of faculty who have a well-developed program of research/scholarship

Student Indicators

- Enrollment and graduation of students from diverse backgrounds
- Scholarships and services to support a diverse student population
- Service learning opportunities
- Research experiences for undergraduates; opportunities for student involvement in faculty research
- Scholarships that support student research engagement
- Academic support services, e.g., tutoring for writing, math, sciences, nursing, etc.
- Honors program opportunities
- International study programs integrated with nursing curricula
- Capstone experiences
- Immersion clinical experiences
- Opportunities for interprofessional team learning
- Service learning programs

- Career planning office
- Experiences with diverse populations
- Second language immersion opportunities
- Student organizations
- Leadership opportunities for students (faculty/school committees, SNA activities, community service, etc.)

Academic and Practice Partnership Indicators

- Diverse academic and practice partnerships that provide opportunities for student internships, externships, and residencies
- Joint appointments or formal recognition in education and practice partnerships
- Practice partnerships in addition to clinical affiliation, include collaborative grants, projects, practice, and research initiatives
- Practice partnerships provide student engagement with a variety of populations
- Collaboratively designed curriculum and student experiences
- Joint participation in governance of both academic and practice organizations
- Shared commitment to excellence in nursing practice and education
- Opportunities for student and graduate employment and career development
- Enhanced job satisfaction, autonomy, and retention of graduates employed by partnership agencies
- Collaboration that targets improved nurse sensitive outcomes for patient populations
- Formal mentoring program for preceptors

HELPFUL WEB LINKS, INCLUDING STAKEHOLDERS

General Resources

- Quality and Safety Education for Nurses (QSEN) offers a bibliography and teaching strategies around the following topics: Patient-Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Quality Improvement, Safety, and Informatics
http://www.qsen.org/faculty_resources.php
- Educational Resources for Faculty from the American Nurses Association (ANA)
<http://nursingworld.org/EspeciallyForYou/Educators.aspx>
- Resources from the National Council of State Boards of Nursing (NCSBN)
<https://www.ncsbn.org/resources.htm>
- Resources from the Integrative Learning Project by The Carnegie Foundation for the Advancement of Teaching
<http://www.carnegiefoundation.org/programs/sub.asp?key=24&subkey=79&topkey=24>
- Health Resources and Services Administration (HRSA): Health Workforce Information Center
<http://www.healthworkforceinfo.org/>
- BSN-Level Nursing Education Resources from the American Organization of Nurse Executives (AONE)
<http://www.aone.org/aone/resource/practiceandeducation.html>
- Resources from the California Endowment on Access to Health, Culturally Competent Health Systems and Community Health and the Elimination of Disparities
<http://www.calendow.org/Article.aspx?id=1284>

Cultural Competency

- AACN Tool Kit of Resources for Cultural Competency in Baccalaureate Education, including a framework to facilitate the attainment of cultural competence by baccalaureate nursing graduates.
<http://www.aacn.nche.edu/Education/cultural.htm>

Emergency Preparedness

- Resources for Emergency Preparedness Education
<http://www.nursing.vanderbilt.edu/incmce/resources.html>

End-of-Life

- End-of-Life Nursing Education Consortium, a partnership between AACN and The City of Hope

<http://www.aacn.nche.edu/ELNEC/resources.htm>

Evidence-Based Practice

- Agency for Healthcare Research and Quality
<http://www.ahrq.gov/clinic/epcix.htm>
- The Evidence-Based Medicine Education Center of Excellence provides an extensive list of databases, journals, and textbooks
<http://library.ncahec.net/ebm/pages/resources.htm>

Genetics and Genomics

- Centers for Disease Control and Prevention- Resources and Tools for Genetics and Genomics Training and Curriculum
<http://www.cdc.gov/genomics/training/resources.htm>
- International Society of Nurses in Genetics
<http://www.isong.org/resources/education.cfm>

Gerontology and Aging

- AACN and the John A. Hartford Foundation Institute for Geriatric Nursing
<http://www.aacn.nche.edu/Education/gercomp.htm>
- AACN Geriatric Nursing Resources
<http://www.aacn.nche.edu/Education/Hartford/resources.htm>
- Hartford Institute for Geriatric Nursing
<http://www.hartfordign.org>

Holistic Nursing

- Links and resources from the American Holistic Nurses Association (AHNA)
<http://www.ahna.org/Resources/tabid/1217/Default.aspx>

Interprofessional Interprofessionalism

- Wiki site from the Consultant Group on Interprofessional Professionalism Measurement
<http://ippmg.pbwiki.com>

Liberal Education

- Faculty resources on liberal education from the Association of American Colleges and Universities (AAC&U)
<http://www.aacu.org/resources/faculty/index.cfm>

Nursing Informatics

- Resources from the American Nursing Informatics Association (ANIA)
<http://www.ania.org/Resources.htm>

- The TIGER Initiative (**T**echnology **I**nformatics **G**uiding **E**ducational **R**eform)
<http://www.umbc.edu/tiger/index.html>

Public Health

- Programs and resources from the American Public Health Association (APHA)
<http://www.apha.org/programs/resources>
- Programs and resources from the Association of Community Health Nursing Educators (ACHNE)
<http://achne.org>

Quality and Safety

- Resources for nursing care from the National Quality Forum (NQF)
<http://qualityforum.org/nursing>
- Crossing the Quality Chasm: The IOM Health Care Quality Initiative
<http://www.iom.edu/?id=16176>
- Resources, including a tool kit, for Clinical Microsystems and Quality Improvement from Dartmouth Institute for Health Policy and Clinical Practice
<http://dms.dartmouth.edu/cms>

AACN PRESENTATIONS

DVD: “Setting the Stage for the Evolution of Baccalaureate Nursing Education”
Regional Meetings, Fall 2008, Spring 2009
Joanne Disch, PhD, RN, FAAN
University of Minnesota School of Nursing
Order form: <http://www.aacn.nche.edu/Education/dvd.htm>

Powerpoint Presentation and Recordings of the AACN Teleconferences on the
Baccalaureate Essentials: <http://www.aacn.nche.edu/Education/teleconf.htm>
September 2008

Powerpoint Presentation: “Best Practices in Implementing the *Revised Baccalaureate Essentials*”

Patricia Martin, PhD, RN, Chair
Derryl Block, PhD, RN
Donald “Chip” Bailey, PhD, RN
Jean W. Lange, PhD, RN
Roxanne Moutafis, MS, RN
Judith Sands, EdD, RN
December 4, 2008
San Antonio, Texas

<http://www.aacn.nche.edu/MembersOnly/PPT/08Bacc/Martin.pdf>

Powerpoint Presentation: “Evidence of Quality in Baccalaureate Nursing Education
Revision of the *Essentials for Baccalaureate Nursing Education*”

Patricia Martin, PhD, RN, Chair
November 29, 2007
New Orleans, Louisiana

<http://www.aacn.nche.edu/MembersOnly/Presentations/07BEC.asp>
(AACN Members Only)

REFERENCES/BIBLIOGRAPHY

References

- American Association of Colleges of Nursing. (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*. Access at <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>
- American Association of Colleges of Nursing. (2008). *Position Statement on The Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs*. Access at <http://www.aacn.nche.edu/Publications/positions/preferredvision.htm>
- American Association of Colleges of Nursing. (2008). *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Washington, DC: Author.
- Association of American Colleges and Universities. (2004). Taking responsibility for the quality of the baccalaureate degree. Washington, DC: Author.
- Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.
- Carnegie Foundation for the Advancement of Teaching. (In press). Précis of Chapters from *Educating Nurses: Teaching and Learning for a Complex Practice of Care*.
- Commission on Collegiate Nursing Education. (2008). *Standards for accreditation of baccalaureate and graduate nursing programs*. Access at: <http://www.aacn.nche.edu/Accreditation/pdf/standards.pdf>
- Dossey, B. M., & Keegan, L. (2009). *Holistic nursing: A handbook for practice*. Boston: Jones and Bartlett.
- Gidden, J. F. (2007) The Neighborhood: A web-based platform to support conceptual teaching and learning. *Nursing Education Perspectives*, 28(5): 251-256.
- Gilliss, C. L., & Fuchs, M. A. (2007). Reconnecting education and service: Partnering for success. *Nursing Outlook*, 55(2), 61-62.
- Hutchings, P., & Schulman L. S. (1999, Spetember/October). The scholarship of teaching new elaborations, new developments. *Change*, 31(5), 10-15.
- Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- Pine, R. & Tart, K. (2007). Return on Investment: Benefits and challenges of a baccalaureate nurse residency program. *Nursing Economics*, 25, 33-39.

Southern Region Coalition. See me nurse video. Access at:
<http://hartfordcenter.uams.edu/SouthernRegionCoalition/default.asp>

Williams, C., Goode, C., Krsek, C., Bednash, G., & Lynn, M. (2007). Post-baccalaureate nurse residency 1-year outcomes. *Journal of Nursing Administration, 37* (7/8), 357- 365.

Bibliography

Akl, E. A., Sackett, K., Pretorius, R., Erdley, S., Bhoopathi, P. S., Mustafa, R., et al. (2008). Educational games for health professionals. *Cochrane Database of Systematic Reviews*, Issue 1, Article CD006411.

American Association of Colleges of Nursing. (1997). *A Vision of Baccalaureate and Graduate Nursing Education: The Next Decade*. Access at <http://www.aacn.nche.edu/Publications/positions/vision.htm>

American Association of Colleges of Nursing. (1999). *Position Statement on Defining Scholarship for the Discipline of Nursing*. Access at <http://www.aacn.nche.edu/Publications/positions/scholar.htm>

Association of American Colleges and Universities. (2007). *College learning for the new global century*. Washington, DC: Author.

Association of American Colleges and Universities. (2007). *Liberal education and America's promise (LEAP): College learning for the new global century*. Washington, D.C.

Behan, K. J. (2007). Teaching research design and practice one bite at a time in the MT/CLS curriculum. *Laboratory Medicine, 38*(10), 582-586.

Cantrell, M. A., & Browne, A. M. (2005). The impact of a nurse externship program on the transition process from graduate to registered nurse. Part I. Quantitative findings. *Journal for Nurses in Staff Development, 21*(5), 187-195.

Cantrell, M. A., & Browne, A. M. (2005). The impact of a nurse externship program on the transition process from graduate to registered nurse. Part II. Qualitative findings. *Journal for Nurses in Staff Development, 21*(6), 249-256.

Davis, D. C., Dearman, C., Schwab, C., & Kitchens, E. (1992). Competencies of novice nurse educators. *Journal of Nursing Education, 31*(4), 159-164.

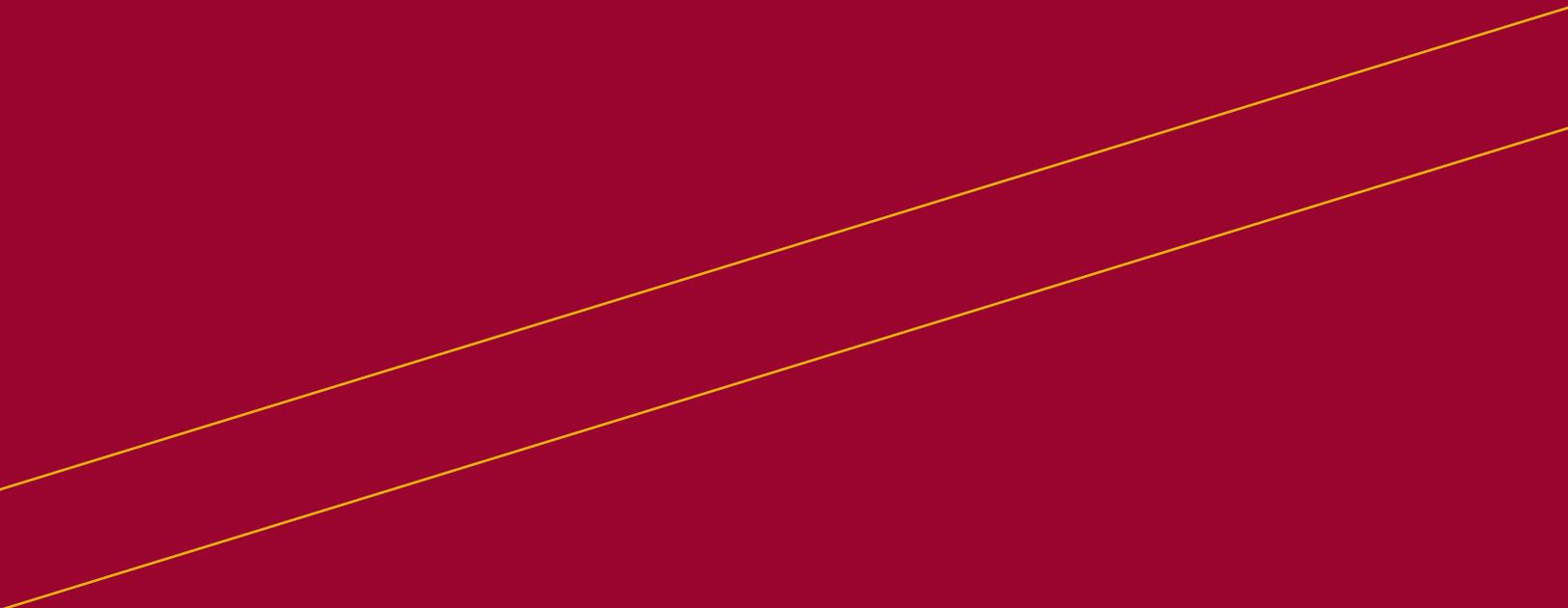
Delaney, C. (2003). Walking a fine line: Graduate nurses' transition experiences during orientation. *Journal of Nursing Education, 42*(10), 437-443.

- Gelmon, S. B. (1999). Education news: promoting teaching competency and effectiveness for the 21st century. *AANA Journal*, 67(5), 409-416.
- Goode, C. J., & Williams, C. A., (2004). Post-Baccalaureate Nurse Residency Program. *Journal of Nursing Administration*, 34(2), 71-77.
- James, E. L., Graham, M. L., Snow, P. C., & Ward, B. M. (2006). Teaching research and epidemiology to undergraduate students in the health sciences. *Australian & New Zealand Journal of Public Health*, 30(6), 575-578.
- Kern, M. (2001). An integrative research project for teaching research concepts and nutrition principles to college students. Gem No. 340. *Journal of Nutrition Education*, 33(5), 301-302.
- Kramer, M. (1974). *Reality shock: Why nurses leave nursing*. St. Louis: Mosby.
- Krugman, M., Bretschneider, J., Horn, P. B., Krsek, C. A., Moutafis, R. A., & Smith, M. O. (2006). The national post-baccalaureate graduate nurse residency program: A model for excellence in transition to practice. *Journal for Nurses in Staff Development*, 22(4), 196-205.
- Mansour, T. B., & Porter, E. J. (2008). Educators' experience of teaching nursing research to undergraduates. *Western Journal of Nursing Research*, 30(7), 888-904.
- Moscato, S. R., Miller, J., Logsdon, K., Weinberg, S., & Chorpenning, L. Dedicated education unit: an innovative clinical partner education model. *Nursing Outlook* 55: 31-37, 2007.
- Oermann M. H. & Garvin, M. F. (2002) Stresses and challenges for new graduates in hospitals. *Nurse Education Today*, 22, 225-230.
- Peckover, S., & Winterburn, S. (2003). Teaching research to undergraduate community nursing students: Reflections upon curriculum design. *Nurse Education in Practice*, 3(2), 104-111.
- Phillips, N., & Duke, M. (2001). The questioning skills of clinical teachers and preceptors: A comparative study. *Journal of Advanced Nursing*, 33(4), 523-529.
- Stull, A., & Lantz, C. (2005). Faculty forum. An innovative model for nursing scholarship. *Journal of Nursing Education*, 44 (11), 493-7.
- Walsh, S. M., Chang, C. Y., Schmidt, L. A., & Yoepp, J. H. (2005). Educational innovations. lowering stress while teaching research: A creative arts intervention in the classroom. *Journal of Nursing Education*, 44(7), 330-333.

Wright, S. C. (2005). A conceptual framework for teaching research in nursing. *Curationis*, 28(3), 4-10.

Wright, S., & Benninghoff, I. (2007). Integration of research and nursing experiential learning: A case study. *Curationis*, 30(1), 41-47.

Zungolo, E. (2004). Faculty preparation: Is clinical specialization a benefit or a deterrent to quality nursing education? *Journal of Continuing Education in Nursing*, 35(1), 19-23.



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