NACNEP ⋮ National Advisory Council on Nurse Education and Practice

Meeting Minutes: 154th NACNEP Meeting, August 9-10, 2023

The 154th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held August 9-10, 2023. The meeting was hosted by the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via a remote videoconference platform. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

Council Members in Attendance

Interim Chair: Dr. Justin Bala-Hampton

Dr. Mary Ellen Biggerstaff	Dr. Kae Livsey
Dr. Stephen Brockman-Weber	Dr. Nina McLain
Ms. Susan Cannon	Dr. Luzviminda Miguel
Ms. Christine DeWitt	Dr. Courtney Pitts
Ms. Patricia Dieter	Dr. Carolyn Porta
Ms. Kristie Hartig	Ms. Constance Powers
Dr. Meredith Kazer	Dr. Teresa Shellenbarger
Dr. Rose Kearney-Nunnery	Ms. Christine Smothers

HRSA Support Staff Present:

Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA
Ms. Janet Robinson, Advisory Council Operations, HRSA

Wednesday, August 9, 2023

Welcome and Introductions

Dr. Justin Bala-Hampton, the NACNEP Designated Federal Official (DFO) and Interim Chair, convened the 154th meeting of NACNEP on Wednesday, August 9, 2023, at 10:00 a.m. ET. He informed the Council members that he would continue serving in as the interim chair until a permanent designee from the HHS Secretary is selected. Per the Council's charter, the HHS Secretary has designated the DNPH Director to serve as the NACNEP Chair, and that position remains vacant. Dr. Bala-Hampton conducted a roll call, indicating the attendance of all sixteen of the appointed Council members and confirming the presence of a quorum, allowing the meeting to proceed.

Dr. Bala-Hampton stated that he had reviewed the draft minutes from the 153rd NACNEP meeting. However, due to an oversight, they had not been provided to the Council for review until the day before the meeting, so the Council members would have until the second day of the meeting to review and provide any comments or edits.

Dr. Bala-Hampton shared a letter received from HHS Secretary Xavier Becerra, responding to two letters submitted by the Council in May 2023 in support of passage for the Improving Care and Access to Nurses (I CAN) Act (S.5212/H.R.8812), and the Future Advancement of Academic Nursing (FAAN) Act (S.246/H.R.851). In his response, Sec. Becerra expressed appreciation for the role of NACNEP in identifying and bringing forth issues impacting nursing education, training, and practice, and closed by stating that "a strong nursing workforce is essential to ensuring that all Americans have access to high quality health care."

There was a comment about the reticence within the current Congress to support increased funding for nursing education, and a suggestion for the Council to prepare a letter to provide recommendations on funding levels for programs under Title VII and Title VIII of the Public Health Service Act that are within NACNEP's purview. There was further discussion on the need for guidance on the Congressional appropriations process. Dr. Bala-Hampton informed the Council members of a new procedure for submitting letters, in which all NACNEP members would need to sign. He added that planning for most of the nursing education and workforce programs within DNPH takes place up to two to three years in advance. Meanwhile, Congress may appropriate funds for a specific purpose requiring a rapid turn-around. He cited the new Maternity Care Nursing Workforce Expansion (MatCare) Program, designed to improve maternal health care by expanding the nurse midwifery workforce. These issues might complicate Council deliberations on specific appropriations levels. There was some discussion on alternate methods for NACNEP members and other stakeholders to contact local representatives to voice support for nursing programs.

Council Discussion

Dr. Bala-Hampton opened the floor for discussion on topics and recommendations for the Council's 20th Report. He noted that Dr. Nina McLain and Dr. Kae Livsey had proposed some practice-focused recommendations in previous meetings that were tabled for later consideration. Dr. Meredith Kazer stated that the 19th Report covered recommendations for investments to improve nursing education, so a shift in focus for the 20th Report to the practice environment was a logical transition.

Dr. Courtney Pitts noted that the recommendations of the 19th Report support strengthening the infrastructure on the educational side to prepare nursing students and recruit preceptors. She called for the Council to examine nurse residency programs and determine if their purpose is to support readiness to practice, improve the onboarding process, or reduce attrition. Ms. Constance Powers agreed that education and practice do not exist in isolation from each other, and the costs of nurse residencies may need to be shared across both the academic and practice sides. Dr. Steven Brockman-Weber added that nurse practitioner (NP) residencies can benefit the sponsoring institution and help offset the costs because NPs can bill for certain services.

Dr. Livsey suggested developing recommendations to support funding for demonstration projects that would test methods to quantify impact of nursing care on patient outcomes and remunerate nurses for their services. She cited the need to move nurses from the cost side to the service delivery side of health care.

Dr. Mary Ellen Biggerstaff raised the need to discuss the incorporation of artificial intelligence (AI) into nursing care, in both education and practice. Dr. Susan Cannon added the need to discuss technology more broadly, including the expansion of virtual nursing care modalities both in acute care and outside the hospital, such as in home monitoring.

Ms. Christine Smothers noted the widening gap between those who design and engineer health care technology, and those who are using it at the bedside. A number of technologies on the rise have the potential to improve health care, but they could also prove disruptive to the human side of care that nurses deliver. She added that the increasing use of point-of-care testing devices has the potential to impact care delivery by addressing unmet needs and reducing patient burden. She stated that nurses need to have a strong voice in the development and application of healthcare technology.

Ms. Kristie Hartig commented on the lack of discussion about nursing in primary care setting, as well as other settings outside of the acute care hospital. She noted the need to promote nurse residencies and other opportunities in primary care, public health, and preventive health.

For potential speakers at an upcoming NACNEP meeting, Dr. Livsey suggested a representative from the American Academy of Ambulatory Care Nurses to present about nursing care in the ambulatory space, which included primary care settings as well as outpatient surgical and other community-based facilities. She also suggested a representative from Cross TX, which is a nurse-led, nurse-driven which participated in a Medicare demonstration project that resulted in the chronic care management billing code for Medicare beneficiaries.

Council Discussion: Draft 19th Report (Day 1 and Day 2)

Moderator: Justin Bala-Hampton, DNP, PhD, MPH, MILA, NP, AOCNP
Interim Chair, NACNEP

Work Group Co-leads: Meredith Kazer, PhD, APRN-BC, FAAN
Nina McClain, PhD, CRNA
Writing Committee Members, NACNEP

Dr. Bala-Hampton turned the floor over to Dr. Kazer and Dr. McLain, the co-leads of the Council's working group developing the draft 19th Report. Dr. Kazer noted that the Council had voted to approve four recommendations during its May 2023 meeting. As a result, the Report was divided into four sections:
- ***Salary Equity and Sustainability for Nurse Faculty***
  Section lead: Dr. Meredith Kazer
- ***Educational Infrastructure Advancement***
  Section lead: Ms. Constance Powers
- ***Paid Nursing Student Internships with Incentivized Mentorship***
  Section Lead: Dr. Carolyn Porta
- ***Professional Development and Compensation of Preceptors***
  Section Lead: Dr. Teresa Shellenbarger

In outlining the order of the chapters, Dr. Kazer explained that the work group decided to start with faculty because of their central role in nursing education. The second section covers the need for investment to modernize the technology infrastructure for nursing education and promote new educational methods and pedagogies. From there, nursing internships proved a pathway to advance the clinical preparation of students for the health care work environment while providing a means of income. Lastly, preceptors provide vital individual-level training experiences at all levels of nursing education, and new policies are needed to enhance preceptor recruitment, training, and compensation. Dr. Kazer said that the plan for the discussions was for each section lead to provide an overview of the individual sections, followed by open discussion among the Council for feedback, comments, and suggestions.

Salary Equity and Sustainability for Nurse Faculty

Dr. Kazer stated that the first chapter of the report addressed the Council's recommendation that "the U.S. Congress should fund models that demonstrate a commitment to salary, equity and sustainability for nurse faculty, commensurate with health care demands." This recommendation was put forth in recognition of the tremendous discrepancy between faculty salaries and commensurate clinical salaries. Most faculty positions require a doctoral degree, although some positions have a minimum of a master's degree. Doctorally prepared advanced practice registered nurses (APRNs) working in clinical care have a much higher pay range, as has been documented in the literature. In its recommendation, the Council was asking for a bold reconciliation of that discrepancy to attract more nurses into faculty positions based in order to educate more nurses for the workforce.

Dr. Livsey commented on the need to describe what specific levers Congress has available to be able to influence faculty salaries. She noted that at most state-supported colleges and universities, the salaries are set on market rates for faculty, often derived from data provide by the College and University Professional Association for Human Resources or similar sources.

Dr. Bala-Hampton replied that Congress could appropriate funding for grant programs to create and maintain better equity in terms of pay scale for grantee schools, and study the outcomes in terms of sustainability, as well as success in attracting and retaining more faculty. A successful program could lead to funding mechanisms for nursing education similar to those for graduate medical education (GME), which receives substantial support through several federal funding streams. Dr. Kazer emphasized that the initial funding under this recommendation could create pilot programs to serve as national models to be implemented at other institutions not covered by grant funding and could help individual states to integrate higher nurse faculty salaries. Without sufficient faculty, nursing schools will not be able to prepare enough students to meet local health care demand, which is of interest to individual states as well as the federal government.

There was further discussion on the need for the section text to describe the steps needed to incentivize states to initiate and maintain salary equity for nurse faculty, and to recognize limits of funding for state institutions.

Educational Infrastructure Advancement

Ms. Powers noted that the section on educational infrastructure covers the Council's recommendation on the need to provide support for internal frameworks and technological upgrades to provide high-quality clinical simulations across more nursing programs. She

acknowledges concerns that others had already expressed regarding additional support needed in rural schools or other schools with smaller programs that may lack basic technology equipment or broadband access. She noted that this section would also serve as a bridge to some of the topics proposed for the 20th report, including AI and augmented reality programs in clinical use.

Dr. Shellenbarger commented that the section focused primarily on clinical simulation and may need to be broadened to include other technology used in healthcare, such as telehealth.

Dr. Livsey stated that the section needed to describe the realities of the classroom space, infrastructure, equipment, and staffing needs related to establishing a high-level simulation program. She also noted the need to train faculty in technology use, and to provide ongoing funding for maintenance and upgrades. Dr. McLain agreed, stating that the use of clinical simulation needs to be built into the curriculum. She added the need to discuss virtual reality (VR) technology, including headsets in the classroom or equipment that students can access independently, which can provide an engaging active learning experience.

In regard to regulation, Ms. Powers said that there are national organizations and societies creating guidelines and certification standards for use of simulation. Dr. Bala-Hampton noted the HRSA Nursing Education, Practice, Quality, and Retention – Simulation Education Training (NEPQR-SET) program, to provide grant funding to enhance nursing education through the use of simulation-based technology for schools serving rural and other underserved populations.

Dr. Porta that the focus on simulation in this section reflected the current state of the science. Related to VR, she noted ethical concerns arising from studies that indicate some people find immersive VR scenarios traumatizing. Related to telehealth, she noted that previous NACNEP reports have addressed telehealth education and practice, and the 19th Report should reference these reports to reinforce previous recommendations. In addition, she suggested that Congress could promote partnerships between larger academic medical centers and smaller schools of nursing to broaden access to high-quality simulation technology. She also suggested framing part of the section around encouraging academic-practice partnerships in sharing access to simulation technology, because some resources at major hospitals may be underutilized.

Ms. Powers noted that, from her experience, high-fidelity simulation equipment can be very expensive to purchase and maintain and may become obsolete in a matter of a few years due to the rapid pace of technological advances. She also noted high ancillary costs such as recording equipment and software. She echoed concerns about the lack of sustainability of funding provided by one-time grants.

There were further discussions about the difficulties of finding sustainable funding to keep simulation and other technical equipment functional and up-to-date, the limited funding available to most schools of nursing, and the logistical and cost challenges arising from sharing technology across multiple school programs. There was also a comment on the limits of simulation in clinical education and training, in comparison with in-person clinical training.

Paid Nursing Student Internships with Incentivized Mentorship

To open the discussion on the Council's recommendation to support paid internships for undergraduate nursing students, Dr. Porta recalled previous Council discussions on the history in

nursing education of students providing unpaid service. As stated elsewhere, many nursing students work to support themselves while in school. The paid internship model provides students with a means to earn an income while learning new skills, gaining valuable clinical experience, and possibly earning academic credit.

Ms. Cannon asked about how a paid internship differs from a job as a nursing assistant or patient care technician (PCT). Dr. Porta replied that the internship program would work with the academic institution to provide educational opportunities.

Dr. Brockman-Weber added that in his organization had implemented a nurse internship program. While some nursing students work as PCTs, they are separate from the internship program. Student interns work in patient care units and are precepted by an RN, who delegates tasks relevant to the competencies the intern has gained in their clinical education. Thus, there are duties that can be delegated to an intern that would not be delegated to a PCT. As a result, the interns earn an income and broaden their skill base while they receive academic credit.

Dr. Livsey noted a sentence in the draft indicating that the benefits of an internship may outweigh the benefits of education and asked about revising that statement to note the role of an internship in complementing didactic learning. She added that the student intern also serves as an employee of the health care facility, which can create role confusion unless the internship program has a very structured model and a strong connection to the nursing school curriculum. She asked about the process of getting curricular approval from the academic partner school, the faculty oversight involved in assessing performance, and the coordination of the intern's class and work schedules. Dr. Brockman-Weber replied by briefly describing the structure of the program at his organization, and their efforts to coordinate with local academic partners. He noted that each nursing school involved in the internship program provides faculty oversight. Dr. Brockman-Weber responded to a follow-up question about funding for the internship program by stating that his facility pays the interns, and the program is budgeted in its cost center. He added that the organization had recently received an 18-month grant, so the intern hours will be charged to the grant cost center.

Ms. Dieter said that in her experience working in physician assistant (PA) education, there is a specific standard from the concept of fair practice stating that a PA student would not be allowed to provide paid work for the preceptor site, because doing so creates both a financial and experiential enticement that may put other students at a disadvantage. She raised the issue that a paid nurse internship program may create the unintended consequence of disadvantaging some nursing students. Dr. Brockman-Weber noted that his facility graduated their first class of interns in December of last year. He stated that the internships are posted, and individual students go through an application and evaluation process. From his discussions with the interns, most indicated that they were able take on more responsibilities as an intern, such as passing medications, than during their clinical rotations. He added that an intern's performance can be a factor in hiring decisions upon graduation.

Professional Development and Compensation of Preceptors

Dr. Shellenbarger started her discussion by noting inconsistent use of language throughout the draft report related to some of the basic terms, including: *internship, residency, fellowship*, and *preceptor* or *preceptorship*. Since her section dealt with a recommendation to support the

development of preceptors, she said that she envisioned the role of preceptor is a nurse who is providing critical guidance and supervision to a preceptee for delivery of nursing care at any level and in any type of practice setting. The preceptee could be an undergraduate or graduate nursing student, or someone entering a new position or role in their nursing career. In this definition, the preceptor offers valuable oversight, preparation, and guidance for the student or nurse preceptee.

Dr. Shellenbarger further noted that many nurses who serve as preceptors have never received any formal training for the role. They might be excellent clinical nurses with a broad skill set, but they may not be prepared to adopt the educational and oversight responsibilities. The literature indicates that preceptor preparation can be critical, and many schools or clinical settings may provide an orientation or a handbook or some other introduction to the role, which may not be sufficient. Students and other preceptees come to the setting with diverse backgrounds and needs, and the health care environment is becoming increasingly complex. Preceptors need to be clinically proficient, as well as to develop the "soft skills" needed to promote professional socialization and learning. Furthermore, preceptors take on the added burden of working with and guiding novice nurses but rarely receive any recognition or compensation, common conditions that can contribute to burnout.

Ms. Cannon said the preceptors are usually selected from the staff of the clinical setting, generally an acute care hospital. However, preceptors are needed both to work with students and to train and onboard new staff, which requires different types of skills. Dr. Bala-Hampton replied that HRSA had responded to previous calls of support for both faculty and preceptors by creating regional clinical faculty and preceptor academies, referred to as centers of excellence, across the country, one in each of HRSA's 10 regional areas. The centers of excellence consist of academic-clinical-community partnerships that develop and implement formal curricula to train both nursing faculty and preceptors.

Ms. Hartig raised the distinction between preceptors working with students from an outside nursing school, and those training new nurses for their hospital or other setting. Those working with students are serving as an adjunct to the school, and the school should be responsible for their compensation. Those working with new nurses should be compensated by their organization. She also cautioned against placing too much emphasis on financial compensation, as preceptors need to be motivated by more than a slight raise in their pay.

Dr. Livsey raised the issue that many nursing education programs and initiatives rely on grant funding, which is not a sustainable model. She contrasted this with the GME model, which receives significant and sustained federal funding support. She noted that nursing needs a sustainable way to support and train people nurses who are developing the next generation of nurses as faculty or preceptors and proposed looking into a joint demonstration project between HRSA and the Centers for Medicare and Medicaid Services (CMS) on funding models to promote sustainability. She suggested that the section needed to define and discuss the Capstone immersion experience, which may consist of an individual or group project to consolidate the learning experience and is required by many boards of nursing as part of a preceptive educational model. She also suggested mentioning that each state board of nursing has a different set of requirements for preceptors, and accrediting agencies may set preceptor requirements as well.

Dr. Brockman-Weber stated that his organization pays preceptors a small differential for precepting undergraduate students. However, they do not pay for advanced practice precepting. He also noted that the state of Texas put forth a state Senate bill for grant funding to pay nurses who precept nursing students; however, the funding proposal was removed from the final bill.

One member commented that anyone working in a mentoring or precepting role should be trained and compensated. There was concern expressed about trying to replicate the GME model in nursing, given the high level of overhead and resources that GME requires. In addition, many nurses work as they go through school to support themselves and their families, which is rare in medical education. There was further discussion related to including precepting in the reappointment process for faculty, or the evaluation and promotion process for clinical nurses.

There was a comment that nursing schools have become too reliant on staff nurses to train students, placing a greater burden on the practice setting. Faculty could play a bigger role, but the faculty shortage has limited the role of faculty in the clinical setting.

Closing

Dr. Bala-Hampton reminded the Council members that their recommendations help HRSA develop and revise its nursing education programs. He noted for example a new DNPH initiative, Nurse Education, Practice, Quality and Retention – Clinical Faculty and Preceptor Academies (NEPQR-CFPA), to provide grants that support the creation of academies consisting of academic-clinical-community partnerships to train clinical nursing faculty and preceptors. He said that the report can provide a template to direct HRSA staff on ways to operationalize the accompanying recommendations. He encouraged the writing committee members and leads to focus on providing a blueprint to help HRSA or other organizations implement the Council's recommendations to achieve the desired outcome.

Presentation: Nursing Leadership Workforce Compendium

Robyn Begley, DNP, RN, NEA-BC, FAAN
Chief Executive Officer, American Organization for Nursing Leadership

Dr. Bala-Hampton introduced the first speaker, Dr. Robyn Begley, Chief Executive Officer of the American Organization for Nursing Leadership (AONL). Dr. Begley described AONL as an organization with a membership of around 12,000 nursing leaders from across the country.

Dr. Begley reviewed some common trends in the current health care and nursing workforce landscape in the wake of the COVID-19 pandemic. She noted that the hospital staff turnover rate increased from around 18 percent in 2019 to over 26 percent in 2021, with a turnover of registered nurses (RNs) in 2021 of 27 percent. Within hospitals, the average RN vacancy rate more than doubled from 2019 to 2022 (increasing from 8 percent to 17 percent). In addition, many people in all industries have left traditional employment venues to work temporary ("gig") or part-time jobs, or quit the workforce altogether, in what has been referred to as "The Great Resignation." All of these changes are having an impact on the nursing workforce.

Dr. Begley shared the results of a series of surveys initiated by AONL in 2020, the first summer of the pandemic, which explored challenges faced by nurse leaders and the satisfaction of nurse leaders with their daily life. In the latest survey from October 2022, the respondent nurse leaders identified their top three challenges as the emotional health and well-being of their staff, staff retention in the face of furloughs and layoffs, and managing temporary or contingent staff, i.e. traveling nurses. Other concerns included financial resources, as well as workplace violence or bullying. She said that many nurse leaders have become burned out, with around 45 percent considering leaving their role due to lack of a healthy work-life balance, emotional health challenges, unmanageable workloads, administrative frustrations, and lack of staff engagement. Meanwhile, the National Council of State Boards of Nursing (NCBSN) found that over 600,000 nurses reported an "intent to leave" the profession by 2027, and the latest report from the American Association of Colleges of Nursing (AACN) showed a slight decline in nursing school enrollment. All of these issues raise serious concerns about the future of nursing.

Dr. Begley discussed an initiative that AONL started in 2022 to pull together seven subcommittees chaired by nurse leaders who worked in a variety of care settings from across the country to explore seven different topics:
- Talent Attraction and Acquisition
- Recruitment and Retention
- Leadership
- Positive Practice Environment
- Academic-Practice Partnerships
- Culture of Inquiry
- Total Rewards

Dr. Begley briefed the Council on the key take-aways from a report AONL had published on this work in February 2023. In the area of talent acquisition, the primary lessons learned included the need to foster closer relationships between nurse managers and human resources in identifying new candidates, to speed the process of job offers, and to facilitate the relationships between managers and new hires. Under recruitment and retention, with an emphasis on nurse managers and leaders, the focus was on reducing administrative burden and workload, and initiating management councils, executive coaching, and peer support groups. Under leadership, the report highlighted ongoing professional development opportunities for career development. Positive practice environment related to building a culture where all nurses and nurse leaders can grow and thrive, and an emphasis on wellness, work/life balance, career development, and joy in practice.

In the area of academic-practice partnerships, Dr. Begley noted that AONL has a collaborative group that has met for a number of years, with a focus on providing opportunities for clinical preceptorships and residency programs and standardizing the expectations of both leaders in academia and in practice. Developing a culture of inquiry means empowering nurses to enhance their practice, support innovation, and improve care for patients. The area of total rewards emphasized the total compensation package, including salary, benefits, professional development, and opportunity for advancement. There was also the need to identify the factors important to nurses across the career spectrum, from new graduates to mid-career nurses to those approaching retirement.

Dr. Begley identified the priorities of AOLN for 2023 as focusing on the on the nurse manager role in terms of quantifying the cost and impact of nurse manager turnover, redesigning the nurse manager role, and evaluating new models of care. In addition, AONL will be convening a summit with leaders in health care technology.

Q and A

A Council member asked if AONL had data on the length of time that new graduate nurses tend to stay in their first position. Such information could help NACNEP develop recommendations to improve the transition of new graduates into practice. Dr. Begley said that she would check with AONL and forward any information to Dr. Bala-Hampton, for distribution to the Council members.

There was another comment about shortening the time for hospitals and other health care employment settings to make hiring decisions, since nursing students in their senior year often get distracted with the process of applying and interviewing for jobs, interfering with their focus on education. In addition, NACNEP could seek to develop recommendations on the use of new technological tools to decrease the administrative burden on nurse managers.

Another Council member mentioned that the role of the licensed practical nurse (LPN) / licensed vocational nurse (LVN) has been declining in many acute care settings. However, that role can serve as a transitional step for many seeking to become an RN. Dr. Begley replied that a number of health systems across the country are bringing back LPNs/LVNs in acute care and showing good results in patient care and staff satisfaction. She noted that that all members of the health care team need to understand the differences in training between an RN and LPN, and how to delegate tasks at the appropriate level. She also encouraged the notion of the career ladder to provide opportunities for LPNs/LVNs to complete their baccalaureate nursing degrees and transition to the RN role.

Closing

Dr. Bala-Hampton informed the Council that this would be the last NACNEP meeting for five members. In addition, former member Dr. Janice Phillips in our presence had to resign from NACNEP after she received an appointment from the governor of Illinois. There was a brief discussion about dissemination efforts. Dr. Bala-Hampton stated that the members could disseminate the 18th Report and the summary materials developed by the dissemination work group among colleagues and stakeholder organizations, as well as encourage members of the public to attend the December NACNEP meeting.

Dr. Bala-Hampton adjourned the first day of the meeting at 3 p.m. ET.

Thursday, August 10, 2023

Opening remarks

Dr. Bala-Hampton welcomed the Council members to the second day of the meeting and took a roll call, confirming the presence of a quorum for Day 2 of the meeting. He asked if any of the members had comments on the minutes from the May 2023 NACNEP meeting. After one minor edit, the motion to approve the minutes was made and seconded, and the motion passed by unanimous voice vote.

Presentation: Elsevier

Brent Gordon
President, Elsevier Nursing and Health Education

Cheryl Wilson DNP, APRN, ANP-BC, FNP-BC, CNE, CHSE
Director of Education, Research and Design
Elsevier Nursing and Health Education

Karen Wong
Vice President, Strategy
Elsevier Nursing and Health Education

Dr. Bala-Hampton introduced three speakers from Elsevier Health, Mr. Brent Gordon, President of Elsevier's Nursing and Health Education division, Dr. Cheryl Wilson, Director of Education and Research Design at Elsevier and a nurse educator, and Ms. Karen Wong, the Vice President of Strategy for Elsevier's Nursing and Health Education division, for a presentation on educational infrastructure advancement and innovative pedagogical strategies.

Mr. Gordon stated that the Elsevier Nursing and Health Education division serves students and educators in nursing education by offering research-based content, digital tools, and predictive analytics to build knowledge, develop clinical judgment, and prepare students for success.

Ms. Wong discussed some of the major trends in nursing education. First, she noted the growing need for nursing and health care professionals, with robust employment and labor demand for RNs and APRNs. However, she also highlighted some concerning statistics on the supply side, as a report from the NCSBN found that at least 100,000 RNs left during the pandemic due to burnout, while 45 percent of RNs with at least ten years of experience report an intent to either retire or leave the profession within the next five years. For the nursing pipeline, 2022 data from the AACN showed a 2.4 percent decline in enrollment for bachelor of nursing programs for the 2022-23 academic year, while other data show a similar decline in associate nursing programs. Meanwhile, nursing schools are confronting capacity limits due to insufficient numbers of faculty and clinical sites. In addition, hospitals are struggling with new graduate nurses who are not properly prepared to enter practice. She said that a large-scale study on novice nurses (defined as those in practice less than three years) revealed that over half report problems with stress management and time management, while 46 percent report problems with making decisions about patient care. She also noted that the pass rate for the nursing licensure exam, the NCLEX, reached a ten year low in 2022.

Of further concern, Mr. Gordon cited industry report predicting a nursing shortage in the United States of between 200,000 to 450,000 nurses by 2025. He offered two recommendations to address the capacity constraints facing many nursing schools. One, expand academic and hospital partnerships, which would open up more clinical sites to universities and colleges across the country. Two, expand the use of digital simulations, which can augment and complement the clinical experiences that student need.

Dr. Wilson said that clinical simulations provide one way to expand clinical capacity and offer students a range of scenarios and experiences. She noted that many clinical sites closed to students during the COVID-19 pandemic. As a result, many schools turned to simulation to supplement clinical training. Even as sites reopen in the post-pandemic phase, many schools have continued to use simulation as a way to provide students with a wider range of experiences, expose them to complex scenarios and high-risk situations that help develop clinical judgment, while allowing faculty to debrief the student to enhance critical thinking skills. She cited a study from NCBSN indicating that high-quality simulation experiences can replace up to half of the traditional clinical hours while producing comparable learning outcomes. However, each state board of nursing sets its own standards for simulation use. Another study found that simulation helps students reduce their stress, improve their decision-making, and become more efficient in their patient interactions.

Dr. Wilson added that simulation can expose students to a wider range of patient experiences than clinical rotations alone. She noted that Elsevier created Shadow Health, a virtual simulation product in which students engage with a diverse range of virtual patients from many populations and from across the lifespan. She cited the example of working with a tribal maternal health nurse in the development of an authentic virtual experience involving a Native American woman in childbirth, which covered the need to have her cultural concerns brought into her birth experience and birth plan. Other simulations have involved, for example, transgender persons and patients who are HIV positive. She said that Elsevier's research has shown that allowing students to interact with these patients in a virtual setting can improve their ability to empathize.

Mr. Gordon concluded the presentation by saying that AI applications have the potential to deliver new ways of learning for nursing students, and that Elsevier has years of experience working in this field. For instance, an Elsevier machine learning tool can be used in predictive analytics to assess a student's readiness to pass the NCLEX or suggest areas that may need more attention and remediation. He added that generative AI (a form of AI technology that can produce content such as text, images, and audio) can help personalize learning by summarizing content and providing supplemental tutoring to students.

Q and A

One Council member asked about the major areas of regulation of simulation and AI. Mr. Gordon replied that investment technology was important from a policy perspective and noted the difficulty of having policy keep up with the rapid change of technological changes. Ms. Wong added that responsible use of AI and related technologies is a critical topic. While AI is still in an early stage, greater partnerships between government, regulators, and content develops will be needed to provide oversight. In the area of higher education, proper use of technology can support student engagement and learning.

There was a question about the educational impact of simulation in areas such as NCLEX pass rates, transition to practice, and nurse retention. Mr. Gordon replied that their assessment tool has shown an accuracy rate of 98 percent in determining the readiness of students to take the NCLEX. Another internal study found that almost three quarters of the students who used the Shadow Health simulations showed improved clinical judgment.

One Council member suggested establishing partnerships with clinical practice settings to perform longitudinal tracking areas such as competencies, critical thinking, and job retention. She noted the importance of preparing nursing students not just to pass the NCLEX, but to succeed in clinical practice. She asked about clinical simulation experiences in settings outside of the hospital, and about the expense to nursing schools of staying current in initiating and maintaining educational technology products.

In response to the question on the setting for simulation experiences, Dr. Wilson acknowledged that most of the Shadow Health simulations involved acute care, but others included settings such as a school health clinic, a veteran's clinic, and home health. She added that a simulation experience teaches advanced practice nurses the steps involved in conducting a telehealth visit. Mr. Gordon agreed with the primary purpose of developing practice-ready nurses. He said that Elsevier had released a version of Shadow Health that focuses on doctors and nurses in the hospital setting to improve information sharing and clinical decision-making. Ms. Wong added that the Elsevier learning materials are typically all covered under financial aid, while the company has other measures in place to manage situations to manage financial constraints on a case-by-case basis. She noted that Elsevier works closely with an advisory board comprised of deans and faculty members from different nursing schools across the country.

There was a question related to a Senate bill, the Digital Platform Commission Act of 2023, and making sure that nursing has a voice on federal regulations regarding virtual simulation and AI technologies in education. Ms. Wong responded that, in her belief, a regulating body should include those who are thought leaders and working in practice, as well as those from the industry who can speak to innovation. In advancing nursing education, the voices of nurses are best suited for driving responsible innovation forward.

In terms of developing diverse clinical simulation scenarios, there was a question about the planning process and the inclusion of the perspectives of a range of nurses. Mr. Gordon replied that Elsevier is in the experimentation phase, and thus conducts extensive product development research involving nurse educators and students, as well as pilot testing with partner institutions. Ms. Wong added that the product development phase works with educators and students to identify certain gaps, and then evaluates the resultant product in addressing that gap.

There was a follow-up comment on the difficulty of keeping up with the pace of change in technology, so that products do not become obsolete during the time of their development. Mr. Gordon agreed and stated that Elsevier has an ongoing process to generate new ideas and products, but keeping up with new technology presents constant challenges.

There was a question on policies needed from Congress to support access to educational technology across more nursing schools. Mr. Gordon acknowledged the need for investment in digital simulation to address capacity constraints. Furthermore, he noted the critical need to support faculty development in improving the incorporation of technology within the nursing curriculum and stated that Elsevier had implemented a customer success team to support schools and educators in adopting new technologies and best practices to get the most out of the technology and achieve optimal outcomes.

Discussion: NACNEP 20th Report Recommendations

Moderator: Justin Bala-Hampton, DNP, PhD, MPH, MILA, NP, AOCNP
Interim Chair, NACNEP

Dr. Bala-Hampton opened the floor for a second discussion on potential topics and recommendations for the Council's 20th Report, which would be due in January 2025. He reminded the members of the process in place to assure a smooth transition from the 19th Report to the 20th Report, to create the bridge between education and practice. He noted from past discussions that the 20th Report should focus on the practice component.

Dr. Porta commented that the 18th Report addressed public health nursing in the wake of the pandemic, and the current report addresses investments needed in nursing education. From the AONL presentation, she was impressed with the need to promote nursing leadership, including development, support, training, and stewardship of leaders, helping nurses to lead health care teams, and steps needed to retain good leaders in key leadership positions. Dr. Bala-Hampton noted that nurse leaders can advocate for the profession. Schools of nursing may develop nurse leaders in the areas of education and clinical practice, but few train nurses adequately in healthcare policy, where the voice of nursing is often missing.

Dr. Brockman-Weber said that leadership and health policy are often components of post-graduate programs, but rarely receive much attention at the undergraduate level. He noted that the AONL has developed a set of leadership competencies. However, he was unclear on how to make recommendations to Congress around improving leadership preparation in nursing.

Dr. Livsey suggested considering bold recommendations about changes needed to improve the practice environment for nurses. She added that the health care system in its current structure does not support the ability of nurses to practice to the full extent of their education and training.

Dr. Rose Kearney-Nunnery emphasized the need for collaboration between academic institutions and practice settings. She added that one goal of the new *Essentials* educational competencies published by the AACN is to strengthen the link between practice to education. Dr. Kazer said that the nursing profession has talked about academic-practice partnerships for years, and she had seen that the COVID-19 pandemic and post-pandemic has led to a new appetite for these partnerships, as the nursing shortage has propelled practice partners to look at nursing students nursing staff in a different way.

Dr. Biggerstaff expressed some frustration in a lack of creativity within nursing in coming up with new generative models and ideas. She suggested having the next report focus on

technology. With the rapid changes and advancements in the field, the Council would have the opportunity to kind of get ahead of the curve on incorporating technology in practice.

Dr. Luzvimenda Miguel also mentioned the gap between education and practice. She said that in academia, especially at the associate degree level, the goal is to prepare students with the basic knowledge and skills needed for successful practice. She endorsed the calls to improve academic-practice partnerships to help students prepare for the real world and adapt to the rapid pace of change. Academia is often slow in adopting new approaches, noting the time and effort required to write new curricula and have it approved by the Board of Nursing and by accreditors. She noted the potential for new simulation technologies and AI, but cautioned that too great of a focus on technology could leave rural and other underserved areas behind.

Dr. Brockman-Weber also emphasized academic-practice partnerships in helping nursing move forward. One area that the 20th Report might need to address is that many of the new graduate nurses do not want to do general acute care, and staffing these units has become an increasing challenge. Many nurses are wanting to move into specialty areas, such as intensive care, labor and delivery, pediatrics, or the emergency room. He suggested some type of reimbursement programs to encourage more nurses to remain in acute care, to develop more well-rounded skills. He also suggested getting a speaker from the Mayo Clinic or the Cleveland Clinic, as examples of organizations that have closed the academic-practice partnership gap.

Dr. Kazer commented that acute care units in many hospitals are not allowing new graduate nurses to practice in the way that they had intended, and putting incentives into place to encourage nurses to remain in acute care may only provide a short-term band aid if the care environment does not change. Dr. Brockman-Weber agreed, saying that some units have tried to have nurses rotate to other sites such as out-patient infusion centers, to broaden their skill sets.

Dr. Pitts agreed with previous comments that the time has come to make some big moves and bring all the players to the table. The nursing profession has outgrown the traditional academic methods, and schools are under pressure to produce more nurses. Nursing needs to re-establish its brand as a caring profession, while academic institutions and clinical settings need to work together to improve the environment for both education and practice. However, the concerns remain about getting funding to support and sustain these changes.

Ms. Dieter said that the report needs to convey the real dangers that the nursing workforce and the public face right now, in the nursing shortage and other stresses resulting from the pandemic and other long-standing issues.

Dr. Shellenbarger noted the evolution of nursing stemming from the new generation of nurses. Many do not want to work evenings and nights and weekends. They want work-life balance. In looking at creating new models, the Council needs to hear from some newer nurses, to get their ideas and insights into models of care that would work for them. There was a suggestion to invite a speaker from the National Student Nurses Association (NSNA).

Public Comment

The Council received one public comment from attendee Christine Watkins, on the need for the Council to include clear definitions of terms such as internship, residency, fellowship, and preceptorship in its 19th Report. Ms. Watkins noted that clearly defining these terms would facilitate consistent and cohesive educational policies.

Business Meeting

Dr. Bala-Hampton noted that the next NACNEP meeting, scheduled for December 6-7, 2023, would be held in person at the HRSA headquarters in Rockville, Maryland. It would be the first in-person meeting of the Council in over two years. He reiterated his request for the speaker suggestions for future NACNEP meetings and noted that the members had requested speakers to discuss the GME model, from the Tri-Council for Nursing, and from the NSNA, among others. Ms. Janet Robinson of the HRSA Advisory Council Operations office provided a brief overview of the HRSA travel requirements and procedures.

Adjourn

Dr. Bala-Hampton noted that he would be following up meetings with the work group on revisions to the draft 19th Report, to incorporate comments from the meeting discussions.

There was a motion made and seconded to adjourn the meeting, and the motion passed by unanimous voice vote. Dr. Bala-Hampton adjourned the meeting at 3 p.m. ET.

Acronym and Abbreviation List

AACN	American Association of Colleges of Nursing
AI	artificial intelligence
AONL	American Organization for Nursing Leadership
APRN	Advance Practice Registered Nurse
BHW	Bureau of Health Workforce
CMS	Centers for Medicare and Medicaid Services
DFO	Designated Federal Official
DNPH	Division of Nursing and Public Health
FAAN Act	Future Advancement of Academic Nursing Act
GME	Graduate Medical Education
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
I CAN Act	Improving Care and Access to Nurses
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
NACNEP	National Advisory Council on Nurse Education and Practice
NCSBN	National Council of State Boards of Nursing
NEPQR-CFPA	Nurse Education, Practice, Quality and Retention Clinical Faculty and Preceptor Academies
NEPQR-SET	Nursing Education, Practice, Quality, and Retention – Simulation Education Training
NP	Nurse Practitioner
NSNA	National Student Nurses Associati0n
PA	Physician Assistant
PCT	Patient Care Technician
RN	Registered Nurse
VR	Virtual Reality