

Agenda Item:5.3.4
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Texas Higher Education Coordinating Board Nursing Education Updates

Summary of Request:

This report is to provide the Board with a draft report of the Texas Higher Education Coordinating Board's (THECB) response to Senate Bill 139. SB 139 (Attachment A) called for the THECB, in conjunction with the BON, to study improvements in nursing programs' curriculum and to focus on methods to improve instruction in providing safe and quality nursing care.

Historical Perspective:

In response to SB 139, the THECB created the Advisory Committee on RN Nursing Education (ACORN) to review current challenges in implementing innovation in Texas nursing education programs. Additionally, the committee reviewed recent research on new models of instruction to facilitate curricula reform. Attachment B is the Executive Summary of the THECB report.

Staff will be keeping the Board apprised of further developments from the committee.

Staff Recommendation:

None. This report is for information only.

Appendix A

Senate Bill 139, 80th Texas Legislature

A BILL TO BE ENTITLED AN ACT

relating to a study on improving the curricula of professional and vocational nursing education programs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter C, Chapter 61, Education Code, is amended by adding Section 61.0662 to read as follows:

Sec. 61.0662. STUDY ON IMPROVING NURSING PROGRAM CURRICULA.

(a) In this section:

(1) "Professional nursing program" means an educational program for preparing students for initial licensure as registered nurses.

(2) "Vocational nursing program" means a school or program for preparing students for licensure as licensed vocational nurses.

(b) The board, in consultation with the Board of Nurse Examiners, shall conduct a study to identify methods to improve the curricula of professional and vocational nursing programs. The study must focus on methods to improve instruction on providing safe and high-quality nursing care to patients.

(c) Not later than December 31, 2008, the board shall complete the study required by Subsection (b) and submit to each institution of higher education or other entity that offers a professional or vocational nursing program in this state, the governor, and the legislature a report that includes specific, detailed recommendations concerning methods to improve the curricula of professional and vocational nursing programs, including instruction relating to patient care.

(d) This section expires January 1, 2009.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2007.

Executive Summary

Senate Bill 139, 80th Texas Legislature, directed the Texas Higher Education Coordinating Board (THECB) in consultation with the Texas Board of Nursing to conduct a study on improving the curricula of professional nursing programs (initial licensure programs). The legislation required the study to focus on methods to improve instruction for providing safe and high quality nursing care to patients.

Patient care and safety have been and continue to be an integral part of nursing education. However, factors other than the way in which nurses are prepared have tremendous effects on the role of nursing in patient safety. Chief among these is the shortage of nurses in health care facilities. Recognizing these other nursing-related factors that affect patient care and safety, the THECB interpreted the directive broadly. As a result, this study considers factors in the curricula that affect both the quality and quantity of nurses produced.

This report summarizes THECB's effort to design a "curriculum framework" as Phase 1 in a proposed plan to develop one or more common curriculum models (hereafter referred to as "model") for the state's nursing programs. The curriculum framework identifies the broad conceptual components of nursing education which focus on safety and high quality nursing care. It also incorporates other methods and strategies to support these components and to maximize the potential for enrollment capacity and student success. In this effort to construct the framework, THECB and an external consultant scanned current challenges in Texas, nursing education innovations in Texas, national research contributing to curriculum reform, and other states' efforts to develop new curriculum models.

Finally, THECB proposes a plan to further develop the framework into a common curriculum model that, with possible regional modifications, could be implemented at the state's 94 initial licensure programs.

Key Findings

- The five core competencies described in the Institute of Medicine's (IOM) Quality Chasm Series have been almost universally accepted as the broad framework for future health education and for ensuring patient safety in practice settings.
- Several states are using the IOM competencies as the framework for designing new curriculum models for initial licensure programs. These state models also are attempting to respond to challenges that are common to nursing education in Texas, including seeking to provide seamless transfer between levels of education and among nursing programs, leveraging limited resources in partnerships among nursing programs and between nursing programs and health care facilities, increasing the use of instructional technology in these programs to maximize the use of classroom and clinical instruction, and increasing enrollment capacity in individual programs.

- Texas can use the IOM competencies, the common structural themes currently being tested in other states, and other best practices of the state's nursing programs to develop a new curriculum model that could respond to these challenges. However, because of the sheer size of the state and the unique characteristics and resources of nursing programs in specific areas of the state, Texas should establish any new curriculum model on a regional basis. A regional approach would better capitalize on existing partnerships and shared resources, expedite implementation, and coordinate evaluation.
- If the Texas Legislature chooses to pursue a new curriculum model for initial RN licensure programs, THECB proposes dividing the process of curriculum development and implementation into three additional phases. Phase 2 (lasting approximately 12 months) would expand the framework into a new curriculum model or models with standard pre-requisites, individual course descriptions, a recommended sequence of courses, and recommended methodologies. It also would require an inventory and assessment of instructional "best practices" of shared faculty and technological resources among nursing programs in the state's 10 educational regions. Phase 3 (approximately two to four months) would be the preparation of a final report on the common curriculum model with an implementation plan from each region. Phase 4 would pilot the new curriculum model at nursing programs in at least six of those 10 regions.
- Nursing curriculum redesign will require a significant commitment of time and money to achieve any appreciable results. The State of Oregon appears to lead the nation in developing a statewide curriculum, and its work has inspired similar curricular reform efforts in other states. It implemented a model for 13 initial licensure programs at a cost of \$10 million. Most of those costs were associated with developing the curriculum model, redesigning clinical instruction pedagogies, and retraining nursing faculty to the new curriculum. As a result of these curricula innovations and the establishment of two new nursing programs in the state, Oregon has shown an 80 percent increase in nursing enrollments since 2001. Texas enrollments have increased approximately 37 percent for the same period.
- State and institutional leaders should anticipate increased programmatic costs during a major transitional period of this kind, particularly in areas associated with faculty development and instructional technology. Health care facilities also should anticipate greater responsibility in nursing education and in transitioning the new graduate to practice.

Recommendations

As a result of this initial study, THECB recommends the following four actions or strategies:

ACTIONS/STRATEGIES	ACTION TO BE TAKEN BY...			
	Legislature	THECB	Educational Institutions	TBON
1. Direct THECB to develop the proposed framework into a new curriculum model for initial licensure programs as outlined in proposed Phases 2 through 4 and provide funding to support the costs of consultant services and Phase 4 (THECB estimates that with in-kind support from institutions and external support from for-profit and nonprofit stakeholders, consultant services and six pilots involving 48 schools, will cost approximately \$15 million.)	X			
2. Beginning in September 2009, inventory and assess local "best practices," current and future partnerships, and the potential for sharing faculty and instructional technology as part of the process for developing regional pilot proposals in Phase 4.	X	X	X	X
3. Support existing and new partnerships between nursing programs and health care facilities through state and local initiatives.	X			
4. Provide other funding for faculty development and equipment to support new instructional methodologies as part of the transition to the new curriculum model.			X	

Key:

THECB – Texas Higher Education Coordinating Board

TBON - Texas Board of Nursing

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Central Texas; Beth Mancini, RN, Ph.D, CNA, FAAN, Professor and Associate Dean of The University of Texas at Arlington School of Nursing; Debora Simmons, RN, MSN, CCRN, CCNS, Associate Director of the Institute for Healthcare Excellence at The University of Texas M.D. Anderson Cancer Center; and Robbin Wilson, RN, MSN, nursing consultant at the Texas Board of Nursing. Finally, we would like to express our thanks to three external consultants: Brenda Cleary, PhD, RN, FAAN, Director of the Center to Champion Nursing in America at the American Association of Retired Persons (AARP); Carole Kenner, DNS, RNC, FAAN, Dean of the University of Oklahoma College of Nursing; and Ruth Eckenstein, Program Specialist, Oklahoma Department of Career and Technology Education.