Report of the
Chancellor’s Task Force on Nursing Education

Co-sponsored by the Virginia Community College System (VCCS) and the Virginia Hospital and Healthcare Association (VHHA)

November 2005
Virginia’s Nursing Crisis
A Call to Action

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http://www.nr.edu/nursinged
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Chancellor’s Task Force on Nursing Education

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Executive Summary

College personnel, employers, members of professional organizations, legislators, and patients share a common concern about Virginia’s nursing shortage. They recognize that addressing this shortage is not only necessary for advancing the quality of health care and preserving access to essential health care services for all Virginians; it is also critical to economic development. Providing an adequate supply of committed and capable new nurses to join the workforce is a high priority for the Virginia Community College System (VCCS). To address this workforce demand, the Chancellor of the VCCS, in collaboration with the Virginia Hospital and Healthcare Association (VHHA) and the State Board for Community Colleges, appointed a sixteen-person task force to study the issues affecting associate degree nursing (ADN) programs in Virginia. The task force was charged with developing recommendations for increasing the number of graduates from community college nursing programs.

Members of the task force recognized that it was first necessary to identify and understand the issues affecting nursing education by listening to the perspectives of multiple constituencies. To accomplish this goal, four regional public hearings were held. During the hearings, a number of critical issues emerged that have served as a framework for the recommendations.

First, the task force found that available statistics and observations of experts in the field underscored the gravity of the growing nursing shortage. Statewide and regional studies show that the Commonwealth will require an additional 22,600 nurses by 2020. Although Virginia has numerous nursing education programs, meeting this enormous workforce demand will exceed their current capacity. VHHA reports that in 2004 hospitals and health systems collectively applied $38 million, much of which was for student scholarships, to meet the challenge. Additional resources will be required to implement plans to address the nursing shortage. It is imperative that public-private partnerships be expanded to address funding shortages and other critical issues such as the

- Shortage of qualified nursing faculty;
- Lack of a competitive salary structure for nursing faculty;
- Limited capacity in graduate programs to provide additional faculty;
- Limited options for clinical instruction;
- Insufficient classroom and laboratory space within colleges;
- Limited “state-of-the-art” instructional tools and simulators;
- Limited support and auxiliary services for nursing students; and
- Inconsistent standards and protocols for nursing curricula.

Second, the task force’s review of current admission practices revealed additional areas of concern. For example, a number of students expressing interest in becoming nurses are underprepared in basic academic skills. It was revealed – both in the public
hearings and during discussions among task force members -- that the affective domain is a significant factor in student success. This observation may help explain why colleges granting admission to applicants who have completed science and general education courses, and who have been selected as a result of a competitive admissions process, have much higher graduation rates than colleges that do not. It seems apparent, therefore, that the admission process requires attention to both the cognitive and affective domains. Certainly, admission practices that demonstrate higher productivity are necessary for fiscal and educational accountability, as well as for delivering competent nurses.

A third issue concerned the need to lower attrition rates in ADN programs systemwide. Speakers at the public hearings reported that students leave nursing programs for academic, social, financial, and personal reasons. They noted that “reality shock” negatively affects some students as they come to understand more about the realities of working as a nurse.

Finally, the possibility of a statewide curriculum plan, or common curriculum, for nursing programs within the VCCS brought forth comments of strong support as well as expressions of caution. As speakers at the public hearings offered comments, the variety of interpretations of what constitutes an appropriate a statewide curriculum plan indicated that there is no agreed-upon definition of the concept. However, the task force and others involved in nursing education believe that implementing a statewide curriculum plan is required as one of the strategies to address the nursing crisis because it will

- Foster the development of standardized benchmarks for competencies that promote safety and high quality patient care;
- Facilitate articulation agreements and transfer between both ADN and BSN programs;
- Provide a consistent basis for articulation with secondary institutions to facilitate advanced placement of students entering ADN programs;
- Promote the development and use of a variety of delivery modes for both general education and nursing courses;
- Support maximal use of resources; and
- Facilitate National League for Nursing accreditation.

Based upon the Chancellor’s charge to the task force, the review of existing data, and the issues identified during the public hearings, the task force reached consensus on the recommendations summarized below:

- Develop short-range and long-range plans for the funding required to provide an additional 1,614 newly licensed nurses annually through 2020. (It is imperative that the Governor and the legislature work with the higher education and health care communities to develop these plans, which must include additional public funding, matching private sector funds, and a competitive grant process that requires specific productivity standards and accountability.)
• Increase the number of newly licensed nurses 100 percent annually by 2011.
• Reduce the annual voluntary turnover rate for nurses in the workforce to 50 percent of the current rate by 2011.
• Establish standardized competitive admission policies for ADN programs within the VCCS.
• Develop strategies that identify academically underprepared students interested in nursing and recruit them into a structured program that addresses remediation needs.
• Establish, within the VCCS, clear policies, definitions, and methodologies for collecting and expressing relevant data regarding program assessment and productivity standards.
• Collect data, college by college, about students who do not continue in the VCCS nursing programs. Use these data to improve student retention.
• Develop orientation strategies to help prospective students better understand the reality of a nursing career prior to entering the clinical component of the nursing program.
• Develop and implement, by August 2007, a VCCS statewide curriculum plan with uniform general education courses and a single course numbering system for nursing classes.
• Establish and monitor, with oversight of the State Board for Community Colleges and the Chancellor, the implementation of the recommendations of the Task Force on Nursing Education. (Provide an initial progress report by July 1, 2006, an interim report by January 1, 2007, and ongoing collaborative assessments of outcomes biennially.)

The work of the task force establishes an agenda for the future of ADN programs in Virginia. Implementing the recommendations will be critical to address the growing nursing shortage throughout and beyond the next decade. The availability of competent professional nurses represents a quality-of-life issue for all Virginians. Members of the task force express their appreciation for the privilege to serve the Virginia Community College System, the Virginia Hospital and Healthcare Association, and the Commonwealth by studying the problem, identifying the issues, and offering their best individual and collective professional perspectives concerning how to deal with a major workforce crisis.
The Crisis in Nursing

Nurses and nursing care are critical components of high quality health care. When a heart attack occurs, a registered nurse is waiting as the patient is wheeled into the emergency department. When a child is severely burned in an accidental fire, a registered nurse intervenes with medications and comfort measures. As an elderly patient nears the end of life, a registered nurse is present to assist in a peaceful death. At the most fundamental level, the availability of a knowledgeable and skilled professional nurse is a critical need for every patient. From a larger perspective, the availability of competent professional nurses represents a quality-of-life issue, affecting the well-being of every constituency, including patients, families, communities, health care organizations, and the Commonwealth as a whole. Given the increasing demand for nurses and nursing care, and the lagging supply of professional nurses in the Commonwealth, educators and health care professionals share in the grave concern about the shortage of nurses.

Background

Like nearly every state in the nation, Virginia is experiencing a nursing shortage. This shortage is expected to grow well into the future as the “baby-boomer” generation ages and its needs for medical care greatly increase. The State Council for Higher Education in Virginia (SCHEV) has estimated that by 2020, Virginia’s demand for registered nurses (RNs) will outpace the supply by approximately 22,600 full-time RNs. This shortage will cause a significant crisis for Virginians because medical facilities will be unable to provide high quality care. Unfortunately, concurrent with the need for additional medical services is a reduction in the supply of practicing nurses, according to a study published in 2004 by the Virginia Hospital and Healthcare Association (VHHA). Currently, more qualified nurses are retiring from the profession than are entering to replace them.

The Virginia Community College System serves as the primary supplier of nurses in Virginia. The VCCS and the VHHA have joined forces to bring educators and employers together to address both the current shortage and the anticipated shortfall in the supply of professional nurses. The Chancellor’s Task Force on Nursing Education, functioning as a synergistic team, was charged with developing recommendations to increase the number of nursing graduates from Virginia’s community colleges.

Charge to the Task Force on Nursing Education

The charge given to the task force was to develop recommendations to increase the number of nursing graduates from Virginia’s community colleges. Specifically, the charge prescribed that the task force

1. Develop recommendations to increase the number of nursing graduates within the VCCS;
2. Make policy recommendations on admission standards for nursing students;
3. Develop recommendations to lower the attrition levels of VCCS nursing students;
4. Examine the feasibility and the implications of a uniform nursing program within the VCCS; and
5. Develop other recommendations to facilitate an increase in nursing graduates.

The Process

While the task force was asked to focus on developing recommendations to increase the number of nursing graduates from Virginia’s community colleges, task force members believed that it was first necessary to uncover and define the issues. Recommendations would be generated following efforts to understand fully the perspectives of multiple constituencies. To accomplish this goal, the task force elected to establish a formal process that encouraged interested parties to contribute perspectives that would assist the task force in describing and defining relevant issues in nursing education. Public hearings or forums served to give a voice to this process. In addition to the public hearings, task force members reviewed current literature, collected data about VCCS nursing programs, and explored new delivery methods of nursing education.

This document provides a summary of information presented at the public hearings, survey data that were collected, and recommendations developed by the task force.
Public Opinion

During the initial meeting of the task force, members discussed many issues and ideas pertaining to the Chancellor’s charge and to nursing education. Although the task force membership represents diversity in educators and employers, the group agreed that efforts to uncover and listen to the varied perspectives of many constituencies would facilitate a better understanding of the issues. A deeper understanding of the issues would be critical to the subsequent work of developing recommendations that were sound, practical, and likely to be effective. To achieve this goal, the task force conducted four regional fact-finding hearings:

- July 26, 2005, at Wytheville Community College;
- August 2, 2005, at Northern Virginia Community College Medical Education Center;
- August 19, 2005, at Central Virginia Community College; and
- September 8, 2005, at J. Sargeant Reynolds Community College.

The public hearings, which were well attended, brought together articulate, and committed individuals, who spoke passionately about health care issues. Those speaking on issues pertaining to nursing education included staff nurses, nursing students, and prospective students. Other individuals represented the views of the licensing board, professional associations, acute and long-term care health care organizations, community colleges, and other colleges and universities in the state. The remarks were professionally presented and consistently informative to the task force members.

Testimony at the public hearings assisted the task force members in identifying five re-occurring and interrelated categories of issues that coincided with the charge of the task force: (1) maintaining the quality of associate degree nursing graduates, (2) increasing the number of nursing graduates, (3) examining the admission standards of nursing programs, (4) enhancing the retention of nursing students, and (5) exploring the development and implementation of a statewide common curriculum. Aspects of some issues are consistent and complementary to others; other features are conflicting. The complexity and interdependence of issues in nursing education were readily apparent.

Maintaining Quality of Associate Degree Nursing Graduates

Task force members learned that the quality of graduates is a unifying concept that affects all other issues. As an overarching goal, quality must be considered as an element of each recommendation and action. Participants at the public hearings spoke about issues relevant to the quality of graduates. Speakers were complimentary of nursing education programs and also cited some areas that need improvement. They noted that while community colleges are doing an admirable job of preparing students to pass the national licensure exam to become registered nurses, improvement is needed in the critical thinking and communication skills of new graduates. Feedback
from health care organizations indicated that preparing a new graduate to make the transition from the role of student to that of staff nurse requires a great deal of support by employers and is time consuming and expensive. In addition to the rewards of a career in nursing, prospective students need to understand that nursing is physically, mentally, and emotionally challenging work. Forthright communication about the rewards and challenges of nursing prior to admission to a nursing education program will result in a better informed student.

Feedback was provided about clinical education for associate degree nursing students. Perceptions on the availability and utilization of clinical time varied. All agreed that health care organizations are hosting high numbers of nursing students. Some indicated that evening and weekend hours are used, and others conveyed that these time blocks are under-utilized. Opinions varied on the appropriate length of, and format for, clinical time. Some participants encouraged longer clinical time periods, up to 12 hours. Others emphasized that a 12-hour clinical period does not respect basic principles of teaching and learning. Participants questioned whether a student can sustain learning for a 12-hour clinical period, and whether it is advisable to assign a student to evening and night clinicals and then expect him or her to return to class the following day.

Some participants spoke about the need to recruit and retain qualified faculty members. Particularly, they voiced strong support of clinical faculty members’ maintaining their clinical expertise. The lack of competitive salaries for nursing faculty is a major concern. Ten of the sixteen nursing program directors responding to the VCCS survey (discussed in more detail in Chapter 3) indicated that not being able to offer competitive salaries is the primary reason they have difficulty securing qualified faculty. Limited capacity in graduate programs to prepare faculty is another factor contributing to the insufficient supply of nursing faculty.

Community colleges have developed curricula that integrate various instructional strategies for preparing the graduate for licensure and practice. Organization and implementation of the curriculum plan have a direct impact on instruction and learning. Participants voiced a variety of opinions on the most effective approach.

Issues pertaining to the program goals were also addressed. Most associate degree nursing graduates are hired as staff nurses in acute care in-patient settings. A key question is whether programs should adopt a more unified focus on preparing graduates for this type of patient care environment.

Increasing the Number of Nursing Graduates

Task force members learned that increasing the number of nursing graduates is important to all individuals and groups represented at the public hearings. However, many participants acknowledged that increasing the number of nursing graduates requires
simultaneously implementing strategies to retain those graduates as working nurses. They noted that collaboration by educators and employers could mitigate new graduates’ disillusionment with the career and yield well-prepared entry-level nurses who are committed to working in the field.

Recognizing “throughput” and “output” as important concepts, speakers at the public hearings emphasized the difference between increasing enrollment and increasing graduation rates. They acknowledged the close relationship of both goals with retention issues and admission standards. Many expressed a concern about student readiness, noting that the student who is successful in an associate degree nursing program must have adequate reading, writing, and math skills. Many students who express an interest in nursing are underprepared in these basic academic skills.

The issue of admissions criteria was also frequently mentioned. The merits of competitive admissions were supported over open enrollment (first-come, first-served) since a competitive process would more likely place into the program those students academically ready to succeed.

Speakers at the public hearings reminded everyone that increasing the number of enrolled students would also increase the demands on colleges and clinical agencies. Colleges would need to support increased enrollment with additional qualified faculty, as well as additional classroom and campus laboratory space. In addition, the demand for support courses would increase and could require additional non-nursing faculty, as well as non-nursing classroom and lab space. Clinical agencies would need to address greater competition for clinical placement for students, an increased need for preceptors (staff nurses who assist students during clinical experiences), and the stressors of having high numbers of students in the facility. Educators reported that clinical sites during 7:00 a.m. until 7:00 p.m. times are already scarce. Health care agencies reported that clinical times are available during the evening and weekend hours.

Remarks concerning clinical times and the recruitment of sufficient faculty brought forth an interesting paradox and an example of a potentially conflicting issue. Some speakers at the public hearings commented that evening, night, weekend, and holiday hours are under-utilized for clinical rotations. However, others remarked that current and prospective faculty members who may be attracted to teaching positions might possibly be willing to work for lower wages because the work does not include nights, weekends, alternating shifts, and holidays.

Examining the Admission Standards of Nursing Programs

There was general agreement among participants concerning the need to strengthen admission requirements. Speakers encouraged the examination of admission requirements to ensure that students admitted to the program have the potential for
success. Regarding the issue of admissions criteria, some speakers commented on the large number of students seeking admission in nursing programs with statements such as, “the numbers are there.” Other speakers acknowledged that, indeed, there are large numbers of students wanting to major in nursing; however, the number of students who meet admissions criteria is significantly lower.

Speakers pointed out that in addition to sound academic skills, the successful student must have the ability to develop critical thinking skills. Furthermore, they emphasized the importance of the affective domain.

Enhancing the Retention of Nursing Students

Participants in the public hearings pointed out that retention has an impact on all other issues and that all other issues have an impact on retention. Nursing faculty members are the “front line” when it comes to helping students achieve their academic goals. Faculty members who are skilled in curriculum planning and design, as well as in instructional strategies, are more effective in helping students meet the learning objectives of the nursing program. Speakers pointed out that preparation for teaching is not a standard element of graduate-level education in a clinical master’s program.

Participants commented that the curriculum must support learning that will enhance retention. Their concerns focused more on clinical training than on classroom instruction. The two issues of greatest concern were the structure of clinical education and the ratio of students to faculty members. One speaker summarized issues with clinicals by indicating that just because the student is present “in clinical” does not mean the student is getting appropriate experience. For example, the student may be present for clinical training in obstetrical nursing, but the unit census may be very low on that date.

When discussion turned to the challenges presented by the 10:1 student-teacher ratio typically seen in nursing programs, it was noted that the clinical instructor may be helping one student while nine others queue up. One nurse manager brought to the attention of all participants that for safety and quality of care reasons, hospitals have decreased the ratio of patients to nurses (depending on the acuity of patients). However, colleges have not decreased the ratio of students to faculty when the students are caring for the same complex patient needs and have less knowledge and fewer skills than the experienced staff nurse.

Participants indicated that colleges, faculty members, and health care organizations cannot continue following the same practices and expect a different outcome. Retention strategies must be purposeful and proactive. A number of recommendations were offered during the public hearings. A listing is provided in a subsequent chapter.
Exploring the Development and Implementation of a Statewide Common Curriculum

Task force members heard many comments about the advantages and disadvantages of a common curriculum for associate degree nursing. During these discussions, it became apparent to task force members that the term common curriculum had a variety of definitions and that an agreement on the definition of the term would be necessary. Various perceptions of the term included established program outcomes, common/consistent course content, and a mandated sequence of the same courses.

Health care organizations generally favored a common curriculum, citing it would increase consistency within the competencies of graduates. Representatives from colleges and universities offering post-licensure BSN completion programs also favored a common curriculum because it would facilitate articulation. Educators added that programs must be cognizant of community-specific needs. For example, one college explained that its service area had a lower than average need for nurses in pediatrics and a higher than average need for nurses in mental health because of a large state hospital nearby. Flexibility must be an important consideration in the development of a common curriculum.

Some participants pointed out variations in the VCCS nursing programs, including courses in the curriculum and the length of the program (since some are four-semester programs and some are five). Questions arose about evidence of the best practices concerning the length of a nursing program. In light of the good performance on the NCLEX-RN by VCCS schools, some commented that there may not be evidence that one curriculum is more effective than another.
Other Data

A survey instrument was developed by VCCS staff members and the executive committee of the Chancellor’s Task Force to assist the task force in better understanding the issues and concerns at VCCS colleges that affect the production of associate degree nursing program graduates. The survey was sent electronically to all VCCS associate degree program directors; sixteen responded via a website that automated the data collection and compilation process. (The survey instrument is available in the Appendices at http://www.nr.edu/nursinged.)

Analysis of the responses indicates that not all of the data are valid. Due to different interpretations, a lack of standard definitions for terms, and other uncontrolled variables some of the data are not usable for comparative analysis and benchmarking. The results of this survey effort strongly suggest the need to establish common definitions of terms and to refine the data collection process for future nursing education surveys.

Nonetheless, the following findings are judged to be valid and representative of the VCCS associate degree programs:

• Seventeen of 23 VCCS colleges offer the associate degree nursing program with four additional colleges serving as receive sites throughout the Commonwealth. Therefore, nursing programs are available at 21 community colleges. (Central Virginia and Danville community colleges do not have programs because those regions are served by diploma or BSN programs outside the Virginia Community College System.)
• Sixteen of the seventeen program directors completed the survey. (One program had not graduated a class.)
• Fourteen of the sixteen directors responding indicated a need to expand the production of RNs.
• Ten of the VCCS nursing programs offer a PN to RN option.
• Seven of the VCCS nursing programs offer an evening option while three offer a weekend option.
• Nine of the VCCS programs admit students once per year, five programs admit students twice per year, and two programs admit three times per year.
• Eleven of the VCCS nursing programs indicated that the admissions process is competitive while five considered their admissions process non-competitive.
• The sixteen respondents reported that a total of over 900 students who met the minimum criteria for admission were not admitted to programs due to limited enrollment capacities.
• Substantial evidence from the survey data and other sources indicates a higher success rate for students who gain admission to a nursing program through some type of alternative curricular pathway. Some colleges advise waiting-
list students to complete prerequisite and general education courses. In some colleges, this practice has evolved into an admissions process that draws primarily from this pool of students.

- All sixteen of the respondents reported that their programs have some efforts in place to improve student retention.
- Ten of the sixteen indicated that their programs conduct an exit interview with each student withdrawing from the program.
- A limited number of qualified faculty and limited clinical space were consistently reported to be the two greatest barriers to program expansion.
- All sixteen directors reported difficulty in hiring qualified faculty.
- Ten of the sixteen indicated that not being able to offer competitive salaries is the primary reason they have difficulty securing qualified faculty.

In summary, the findings from the survey, although less comprehensive, are consistent with testimony the Task Force heard at the four regional public hearings (see Appendices at http://www.nr.edu/nursinged). Key issues for the colleges, based on this survey, are the need to (1) expand program capacities to admit qualified applicants, (2) improve retention, (3) increase access to clinical facilities, and (4) offer competitive salaries to secure and retain qualified faculty. Further, the limited usefulness of much of the data gathered in this survey indicates that the VCCS must develop guidelines, standards, and consistent operational definitions for the assessment of associate degree nursing programs.
Prescription for Action

The Chancellor’s Task Force on Nursing Education developed recommendations by discussing and analyzing information compiled as a result of a discovery process and thorough inquiry of the issues. Sources of information included recurring themes heard at regional public hearings, current literature describing the work of other groups examining related issues, and data collected by the task force about associate degree nursing programs in the Virginia Community College System (VCCS). To further focus the energy of the task force, the executive committee assembled four sub-committees, each aligned with a key element of the charge. Members were appointed to one of the four sub-committees, and were empowered to develop specific recommendations for consideration by the task force. The recommendations of the task force are as follows:

Recommendations to Increase the Number of Nursing Graduates Within the VCCS

1. It is imperative that the Governor and the Legislature, along with the higher education and health care communities, develop and adopt a long-range plan to provide the additional funding that will be required to meet the demand for 22,600 additional new nurses by 2020. This plan must include additional public funding, matching private sector funds, and a competitive grant process that requires specific productivity standards and accountability.

It is essential that Virginia have a statewide commitment that incorporates and expands upon the innovative public-private partnerships and regional initiatives already underway. Additional funding is necessary to increase academic capacity. This funding is critical to ensure that educational opportunities are expanded and realized in VCCS associate degree programs as well as in other RN, BSN, and MSN programs across the Commonwealth. Increasing the number of newly licensed RNs is also dependent upon producing and recruiting additional MSN-prepared faculty for ADN programs.

The additional funding must support development of statewide articulation agreements to facilitate second-degree RN, RN to BSN, RN to MSN, and BSN to MSN options.

Additional public funds for educational facilities must also be addressed in a long-range plan.

2. Assuming resources are made available, the VCCS will commit to the following:
   • Increase the graduation rate to 80 percent while maintaining current above-average NCLEX pass rates.

   It is imperative that Virginia have a statewide commitment that incorporates and expands upon the innovative public-private partnerships and regional initiatives already underway. Additional funding is necessary to increase academic capacity. This funding is critical to ensure that educational opportunities are expanded and realized in VCCS associate degree programs as well as in other RN, BSN, and MSN programs across the Commonwealth. Increasing the number of newly licensed RNs is also dependent upon producing and recruiting additional MSN-prepared faculty for ADN programs.

The additional funding must support development of statewide articulation agreements to facilitate second-degree RN, RN to BSN, RN to MSN, and BSN to MSN options.

Additional public funds for educational facilities must also be addressed in a long-range plan.
• Increase the number of graduates eligible to be licensed as a Registered Nurse (RN) to 3,200 annually by spring 2011. (This number represents a 100 percent increase in the number of graduates.)
• Admit a cohort of students to begin the program each academic term rather than annually at each college, where feasible. (When not feasible, the reasons will be documented and reported.)
• Initiate pathways that provide expedited completion of a nursing program for students who have previously earned other allied health or related degrees (for example, paramedic-to-RN).
• Increase access through enrollment options in technology-based delivery systems and non-traditional clinical rotations.
• Develop and promote more flexible personnel guidelines and practices that
  o Focus nursing faculty responsibilities on those efforts that facilitate the retention and graduation of students, as well as on activities that support the maintenance of clinical skills relevant to the teaching assignment.
  o Allow differentiated salaries for nursing faculty to achieve compensation that is competitive with that available in the private sector job market.
  o Allow for 12-month and/or flexible 9-month faculty contracts to make more effective use of clinical sites.
  o Permit nursing departments the flexibility to hire faculty needed or use funding to negotiate with local health care facilities to leverage services and personnel.
  o Strive to increase the ratio of full-time faculty to adjunct to 50 percent or higher by 2008 and improve the effective use of adjunct faculty.
• Work with Virginia’s hospitals and health care facilities to increase the number of preceptors (staff nurses who assist students during clinical experiences), by January 2007, to allow a capstone experience in a health care facility for each nursing student.

3. Nurse turnover rates must also be addressed by health care organizations. By 2011, Virginia’s hospitals and health care facilities will reduce the annual voluntary turnover rate for nurses who are in the first three years of practice to 50 percent of the current rate (not including internal transfers and reassignments).

Policy Recommendations for Admission Standards for ADN Programs

4. The VCCS must standardize competitive admission policies for ADN programs. These policies must include the following attributes, where feasible:
  • Processes must have multiple admission options including
    o Direct admission into the ADN program for academically prepared students;
    o Alternate routes (pathways) that allow students to complete one or two
semesters of general education courses prior to acceptance into the clinical component of the ADN program; and
- LPN-to-RN advanced placement options.

• The admission process should yield the top students from the applicant pool. Specifically, only students who have demonstrated interest, commitment, motivation, and scholarship will be offered admission. Various factors associated with academic success, in addition to GPA, should be considered.

• Every admission route must require prerequisite courses in high school biology, chemistry, and algebra, completed with a grade of ‘C’ or better. (College equivalent courses may be taken as prerequisites.)

• Colleges must implement standardized preadmission testing of students’ academic skills, using tools that assess readiness to achieve success in nursing programs (such as NLN, NET, HESI, etc). Students who achieve higher scores will be favored for admission in a competitive process.

• Input from representatives of the health care field should be considered.

Recommendations to Lower the Attrition Levels of VCCS Nursing Students

5. The VCCS must develop strategies that identify academically under-prepared students interested in nursing and recruit them into a structured program that addresses remediation needs. These needs may include math, science, reading, writing, ESL, and life management skills.

6. The VCCS must examine best practices in student retention and provide leadership to implement retention strategies targeted at ADN students. Retention strategies include, but are not limited to, identifying at-risk students, employing retention specialists, implementing remedial nursing courses, fostering dynamic faculty advisement of students, and providing faculty members with the means to develop necessary knowledge and skills to become maximally effective facilitators of learning.

7. Colleges must address non-academic factors that affect student retention, such as child care, health insurance, and transportation issues.

8. For the purpose of program review and accountability, clear policies and methodologies must be developed to ensure common definitions for collecting and expressing relevant data regarding retention. These data need to be consistent with data reported to the State Board of Nursing.

9. Colleges must collect relevant data about students who may be at risk for leaving and about those students who do not continue in the nursing programs.
• The VCCS must develop and implement a “flight risk” assessment tool for nursing students by August 2006.
• A VCCS standardized exit interview tool must be developed, tested, and adopted by January 1, 2007, to assist data collection that can be used by each program, while also providing a systemwide overview.

10. Colleges and health care organizations must support collaborative endeavors to develop strategies that will help students understand the reality of working as a nurse prior to beginning the clinical component of the nursing education program. (Examples include health care camps, job shadowing, and other reality orientation experiences.)

Recommendations for a Uniform Nursing Program Within the VCCS

11. By August 2007, the VCCS must develop and implement a single statewide curriculum plan for associate degree nursing (ADN) programs, and establish the following benchmarks:
   • By June 2006, uniform general education course requirements will be established in the curriculum, and consistent systemwide program learning objectives will be developed.
   • By January 2007, a single course number will be adopted for each content area while preserving institutional autonomy by allowing each program to teach that course and content in any sequence and format that supports student learning. For example, all nursing fundamentals courses will use the same number.
   • An initial report is to be presented to the Chancellor and the State Board for Community Colleges by July 1, 2006; an interim report, by January 1, 2007. Full implementation of the curriculum plan will occur by August 2007.

12. In developing a statewide curriculum plan, the VCCS must consider the following compelling reasons for such a plan:
   • Standardized benchmarks for competencies that promote safety and high quality patient care;
   • Articulation agreements with colleges and universities offering BSN or MSN completion programs;
   • Seamless transfer between ADN programs;
   • Development and use of a variety of delivery modes for both general education and nursing courses;
   • Completion of accreditation processes for those programs that desire NLNAC accreditation;
   • Articulation agreements with secondary education institutions to facilitate advanced placement of students; and
Maximal use of resources, including computerized testing and the use of advanced human patient simulators.

**Implementation**

13. The State Board for Community Colleges and the Chancellor must establish a process for implementing the recommendations of the Chancellor’s Task Force on Nursing Education. Accountability for achieving the recommendations must be facilitated and monitored by the Vice Chancellor for Academic Services and Research. This process should include the responsibility for establishing common definitions, data elements, and certain data collection initiatives, as well as complying with the delivery deadlines stated above.

An ongoing collaborative assessment of outcomes will be completed biennially. This assessment will include a progress report on implementation of these recommendations.
Conclusion

As the work and the report of the Chancellor’s Task Force on Nursing Education nears closure, it is apparent that our work as citizens of the Commonwealth has only just begun. Addressing the critical shortage of nurses through 2020 is a complex and major task requiring the firm commitment and sacrifice of public and private partners. The bad news is that Virginia is not currently positioned to meet the shortage. The good news is that Virginia does have the ability to reposition herself. Further good news is that the problem is receiving considerable attention and support by various groups throughout the Commonwealth, including not only the Chancellor’s Task Force, but also the Virginia Hospital and Healthcare Association, the Governor’s Advisory Council on the Future of Nursing, the Northern Virginia Health Force Alliance, business leaders, the State Council for Higher Education, public institutions of higher education, independent diploma schools of nursing, the Council for Independent Colleges in Virginia, and those citizens who recognize the critical need for high quality nursing care.

The Governor and the Legislature will need to assume key leadership roles relative to public policy and public funding to address the growing crisis. All institutions delivering various levels of nursing education will also need to take a lead with innovative restructuring that will expand admissions, improve retention, and provide 1,614 newly licensed nurses annually. Members of the health care field at all levels will need to re-examine and strengthen the partnerships with nursing educators to achieve greater efficiency and produce world-class-quality nurses who will ensure safe and competent patient care.

While many unanswered questions remain, the task force has concluded that it is urgent for the VCCS and other stakeholders to move forward. The 13 recommendations must be addressed with specific strategies to improve the quality of nursing education, to expand programs, and to increase the number of licensures. Clarifying the role of hospitals and other health delivery systems and sustaining their commitment to support nursing education, as well as to retain nurses once they are employed, are essential elements in the mix. Finally, gaining gubernatorial and legislative attention and funding support are fundamental to any progress that can be made, both short-term and long-term.

The task is daunting. It will require an unprecedented statewide coordination to maximize existing resources, leverage new resources, and establish new levels of accountability and stewardship. Parochial interests cannot prevail. It is essential that the Commonwealth come to terms with issues such as: (1) standardized admission criteria, (2) common curriculum and competency requirements, (3) increased retention and graduation rates, (4) articulation between programs, (5) innovative instructional delivery systems, (6) use of simulation technology, (7) preparation and retention of nursing faculty, (8) greater efficiency in the use of clinical facilities, and (9) enhanced relationships between clinical personnel and nursing faculty.

Going far beyond the confines of the work of the task force and the words of this report is this question: What is the future of nursing in Virginia? The forecast is challenging. However, the potential results are more promising than at any previous time in the history of this great Commonwealth. Virginia is up to the task!
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ADN</td>
<td>Associate degree nursing</td>
</tr>
<tr>
<td>AONE</td>
<td>American Organization of Nurse Executives</td>
</tr>
<tr>
<td>BIO</td>
<td>Biology (course prefix)</td>
</tr>
<tr>
<td>BRCC</td>
<td>Blue Ridge Community College</td>
</tr>
<tr>
<td>BSN</td>
<td>Bachelor of Science in Nursing</td>
</tr>
<tr>
<td>CNA</td>
<td>Certified Nurse’s Aid</td>
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<tr>
<td>CICV</td>
<td>Council of Independent Colleges in Virginia</td>
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<tr>
<td>DCC</td>
<td>Danville Community College</td>
</tr>
<tr>
<td>DMHMRSAS</td>
<td>Department of Mental Health, Mental Retardation, and Substance Abuse Services</td>
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<tr>
<td>DOE</td>
<td>Department of Education</td>
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<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
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<tr>
<td>ENG</td>
<td>English (course prefix)</td>
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<tr>
<td>MEL</td>
<td>Maximum Employment Level</td>
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<tr>
<td>ESL</td>
<td>English as a Second Language</td>
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<tr>
<td>FERPA</td>
<td>Family Educational Rights and Privacy Act</td>
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<tr>
<td>FTEs</td>
<td>Full-Time Equivalents</td>
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<td>GCC</td>
<td>Germanna Community College</td>
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<tr>
<td>GPA</td>
<td>Grade Point Average</td>
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<td>HESI</td>
<td>Health Education Systems, Inc.</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<td>HMO</td>
<td>Health Maintenance Organization</td>
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<td>J. Sargeant Reynolds Community College</td>
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<td>JTCC</td>
<td>John Tyler Community College</td>
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<tr>
<td>LPN</td>
<td>Licensed Practical Nurse</td>
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<td>MCI</td>
<td>Medical Careers Institute</td>
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<tr>
<td>MCV</td>
<td>Medical College of Virginia</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MSN</td>
<td>Master of Science in Nursing</td>
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<tr>
<td>NCLEX</td>
<td>National Council Licensure Exam</td>
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<td>NET</td>
<td>Nursing Entrance Test</td>
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<td>NLN</td>
<td>National League of Nursing</td>
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<td>NLNAC</td>
<td>National League of Nursing Accrediting Commission</td>
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<td>Old Dominion University</td>
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<td>PN</td>
<td>Practical Nursing</td>
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<td>RU</td>
<td>Radford University</td>
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<td>University of Virginia</td>
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<td>Virginia Partnership for Nursing</td>
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<tr>
<td>WCC</td>
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