



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
H. Martin Lancaster, President

February 22, 2002

MEMORANDUM

TO: State Board Members
Presidents
Chief Academic Officers
Student Development Administrators

FROM: H. Martin Lancaster
System President

SUBJECT: Teleconference on the North Carolina Nurse Future Think Tank Proposal

You are cordially invited to participate in a regional teleconference that will be held on March 13, 2002, from 2:00 p.m. until 3:30 pm. The discussion will center on the work and model development of NC Nurse Future Think. The proposal has been attached for your review prior to the teleconference.

We have set up teleconference rooms at the following locations and ask that if you wish to participate that you attend the conference at the site closest to you:

NC Community College System Office - Raleigh, NC
Asheville-Buncombe Technical Community College – Asheville, NC
Brunswick Community College (Leland Campus) – Leland, NC
Guilford Technical Community College – Jamestown, NC
Martin Community College - Williamston, NC

If you have questions or comments, please contact Judith Mann, Associate Director for Program Services at (919) 733-7051, extension 423 or e-mail at mannj@ncccs.cc.nc.us.

HML/JM/te
Attachment

c: Delores A. Parker
Stephen Scott
Elizabeth Isler
Mike Pittman

CC02-044
Email

NORTH CAROLINA NURSE FUTURE THINK

The mission of the NC Center for Nursing is to assure that North Carolina has the nursing resources to meet the healthcare needs of its citizens. When people think about labor force issues, they typically think in terms of numbers. However, beyond adequacy in numbers, a nursing workforce that meets the healthcare needs of our citizens must also possess the competencies required in an increasingly complex healthcare delivery system. To that end, we are in desperate need of a more logical system for preparing the nursing workforce of the future.

As part of a grant from The Robert Wood Johnson Foundation, the idea of a think tank for creating a shared vision for nursing's preferred future in North Carolina was conceived in early 2000. The think tank was designed as an open table, with the only requirement of participants being the willingness to engage in out-of-the-box thinking. Think tank development activities were announced at statewide and regional nursing meetings as well as on the Center's website and through the biannual newsletter. Following a presentation on the future of nursing by Tim Porter-O'Grady sponsored by the Center for Nursing in September of 2000, FutureThink participants convened in October of 2000, and have continued to meet in the large or small groups approximately monthly.

The mission of NC Nurse FutureThink is to assure that North Carolina is a leader in revolutionizing the profession of nursing to meet the evolving health needs of its citizens. Ultimately, we believe that the nursing profession must be the architect of its own destiny.

The overall shared vision of Nursing in the 21st Century is as follows:

Nursing develops and utilizes a strong knowledge base and the flexibility to apply knowledge in a wide variety of care settings along an integrated continuum of care from wellness and prevention, to episodic illness, and in some cases, through chronicity. Nurses are committed to all aspects of health care planning and delivery wherever members of society experience health and illness related events. Nursing is driven by critical thinking and problem solving to identify, measure, and achieve the best possible outcome for the patient.

The discipline must clearly and visibly demonstrate a unique expertise and body of knowledge, participate actively in policy making, perform an essential public good, achieve control and autonomy, assure commitment to the profession and a professional culture, and agree on a code of ethics. Nursing must incorporate professional and ethical principles that demonstrate an understanding of fiscal accountability and responsibility that lead to cost effective care delivery in the setting most appropriate to meet the patient's needs and the ability to work collaboratively within an interdisciplinary framework and foster team processes without territorial bias in order to best serve the patient.

Nursing requires strong skills in: assessment, definitive nursing diagnosis, individualized care planning, identification and delivery of appropriate patient specific interventions, patient/family education, and communication with individuals, patients, and populations.

Nursing manages health care with the consumer and partners with him in the development of a wellness plan. Nursing requires mastery of information systems and biomedical technology. Nursing also requires the ability to assimilate and process data from multiple sources to effectively plan and coordinate a program of nursing care that addresses individual and family needs from a holistic perspective, and to delegate to other care providers appropriately.

To accomplish this vision, we must:

- Challenge traditions and relinquish those that do not advance the vision.
- Partner within nursing and with other disciplines in transforming the healthcare delivery system
- Drive health policy development, decision-making, and implementation
- Champion the continued development of its unique body of knowledge and assure that educational preparation is commensurate with that body of knowledge
- Differentiate competencies in nursing, by level of complexity
- Assert that nurses are knowledge workers and brokers who are committed to life-long learning
- Promote that the essence of nursing is caring, established through therapeutic relationships with patients, families, and communities
- Advocate for the rights of consumers of healthcare
- Commit to collaborative, interdisciplinary, and fiscally responsible care
- Educate the public about nursing and the many contributions of the profession
- Embrace inclusivity and respect the contributions of a diverse membership

EVOLVING MODEL

Big, Hairy, Audacious Goals

- It is too late for slow, incremental change; it is time for a quantum leap
- We are in desperate need of a simpler, more logical SYSTEM of nursing education
- We need differentiated OUTCOMES
- We need courageous crusaders

Key Stakeholders

- Patients and Families
- Nurses
- Regulatory Bodies
- Legislators
- Nurse Employers
- Nurse Educators
- Payors
- Other Healthcare Professionals
- The Public at Large

Core Competencies Across Nursing Education

In addition to knowledge regarding human development, physical and mental health, and principles of prevention, treatment, and rehabilitation, nursing at all levels requires competencies in:

- Ethics (includes advocacy)
- Cultural Competence
- Decision Making, Application and Synthesis (includes assessment skills)

- Research and Evidence Based Practice (monitoring, treatment, and educational interventions)
- Healthcare Delivery/Economics
- Leadership and Management (delegation and supervision)
- Health Policy
- Teaching/Learning
- Informatics
- Communication (verbal and written)
- Caring/Interpersonal Skills
- Psychomotor Skills
- Regulatory Competence, including legal issues, safety, and risk management
- Professional Socialization (includes history of nursing)

Each “level” builds on these competencies, increasing the degree of complexity/specificity of each competency, as well the degree of autonomy. The competency-based model allows for a differentiation of competencies, roles, and compensation.

Note: This model assumes the incorporation of paraprofessional nursing providers. The following future (2010) scenario is being considered for the licensed nursing workforce:

LEVEL ONE

Focus is on the care of adults in structured settings, with a strong core emphasis on geriatrics.

- Associate Degree in two years
- Entry into practice licensure covers the core competencies at the staff nurse level in:
 - ◆ Chronic Care (long term care)
 - ◆ Acute Care of Adults
 - ◆ Ambulatory Care

LEVEL TWO

Focus is on the care of increasingly unstable patients, more autonomous roles in less structured settings, and family and population-based care.

- Two years beyond Level One requiring an additional level of legal recognition/licensure
- Baccalaureate core, building on/extending competencies, plus a specialty focus in:
 - ◆ Critical Care Areas
 - ◆ Family-centered care: Maternal-Child/Pediatrics
 - ◆ Mental Health
 - ◆ Public Health, including school health and occupational health
 - ◆ Home and Hospice Care

LEVEL THREE

- Master’s Preparation
- A minimum of one year of education beyond Level Two, requiring another license or approval to practice

- Advanced Clinical Nursing Core (CNS)
 - ◆ Expert Clinician
 - ◆ Care Coordination/Prescription
 - ◆ Consultation
 - ◆ Mentor
 - ◆ Expert Patient Educator
- May involve specialization in one of the following roles for additional certification:
 - ◆ Nurse Practitioner
 - ◆ CRNA
 - ◆ Certified Nurse Midwife
 - ◆ Administration
 - ◆ Educator
 - ◆ Informatics

LEVEL FOUR

- Doctoral preparation
- At least two years beyond the master's core
- An academic credential, not a new license, producing:
 - ◆ Nurse Scientists
 - ◆ Health Policy Experts
 - ◆ Healthcare System Administrators
 - ◆ Academic Administrators

POTENTIAL OUTCOMES OF THE "NEW MODEL"

- Greater clarity in nursing educational preparation, and a logical progression of competencies that build from one level to the next (we could explain this to a 9th grader)
- Unifying...all around the same vision, breaking down our historic silos, and increasing collaboration among levels of nursing education
- Better use of educational resources, especially scarce faculty resources
- The profession and the healthcare industry could thrive with better definition and clarity
- Larger applicant pool
- Supports articulation
- Supports continuing competency and error reduction

NEXT STEPS

- Convene work groups to flesh out details for Levels I, II, III and assistive personnel
- Address infrastructure issues, such as how nurses at current levels of licensure would be "grandfathered"
- Develop a statewide communication plan for nursing and other stakeholders
- Initiate a dialogue with National Council of State Boards of Nursing/other national entities to plan a pilot of the new model