



***Educating Nurses: Teaching and Learning a  
Complex, Caring Practice***

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# The Preparation for the Professions Program (PPP)

- An integrated, comparative study of education for professional understanding, integrity, and practice in these five fields (three in Phase I and two more in Phase II)
- Clergy; Engineering; Law; Medicine; Nursing; Teaching
- Nursing and Medicine are the only two studies conducted simultaneously and in deliberate dialogue

## The Carnegie Preparation for the Professions Program

- Each study involves intensive site visits in a set of professional schools chosen to represent geographic and institutional diversity. In these visits, we
  - interview administrators, faculty, and students
  - conduct focus groups
  - collect course syllabi and other documents
  - observe classes and clinical practica

## The Carnegie Preparation for the Professions Program - Nursing

- National surveys of nurse educators and nursing students in collaboration with:
  - National Student Nurses' Association
  - National League for Nursing
  - American Association of Colleges of Nursing
- Questions on teaching, learning, and transition to practice
- Questions for students about their experiences learning a practice

# Theoretical Perspectives

- The Three Professional Apprenticeships required for all professional education:
  1. The Cognitive
  2. The Skilled Know-How/ Clinical Judgment and Knowledge Use
  3. Formation and Ethical Comportment

*Used as Scaffolding for all the Carnegie Studies...We emphasized an integrative use of these for all practice professions*

# The Dreyfus Model of Skill Acquisition...A Dialogue

- Experientially learning a practice provided an integrative view of the three apprenticeships
- Skill acquisition is always *situated*, always *learned experientially*
- *Bourdieu: Grasping the nature of the situation is at the heart of practical reasoning*
- *This limits the use of Pedagogies focusing on simplification and breaking things down into elements*

# The Dreyfus Model of Skill Acquisition

- *Different levels of skill acquisition usher the practitioner into a newly differentiated practice world*
- *Gaining a sense of salience within the levels of skill acquisition changes one's capacities to recognize clinical situations and nuances within the situations*

# Theoretical Perspectives

- The nature of teaching and learning a practice
- Practical Reasoning = Clinical Reasoning = Reasoning across time about the patient's changing condition and/or changes in the clinician's understanding

# Teaching a Practice Requires:

- Experiential teaching and learning
- Situated cognition—Thinking-in-Action  
(The logic of practice)
- Situated teaching and learning  
(Readiness)
- Reflection on particular cases and situations
- Development of ethical comportment (In dispositions and actions, not just beliefs and decisions)

# “Findings”

- Analysis of 9 Intensive Site Visits
- Confirmation, disconfirmation and extension of findings with three surveys of faculty and students
- Signature Pedagogies: Shulman, L.S. *“Searching for Signature Pedagogies: Teaching and Learning in the Professions.”* Daedalus, 205, 134(3), 52-59

# Signature Pedagogy: Coaching

- Drawing out what the student knows in bounded clinical situations
- Helping the student explore, make connections, realize what they know and how and why it is relevant to this situation
- Questions to the student cue the student to relevant issues in this situation

# Coaching Continued

- Thinking out loud so the student can see the teacher's access to the clinical situation
- The relationship of the teacher's coaching of the student mirrors the way teachers want the student to coach, empower and encourage patients
- The goal is to prod experiential learning in the situation and help the student gain self-confidence

# Student Experience of Learning a Practice

- This student summarizes her experience learning a practice:
  - \* Being able to apply real world skills soon after learning them in the classroom. \*
  - Being allowed to help real patients right now. \*
  - Gaining scientific and medical knowledge. \*
  - Helping society. \*
  - I know I'm doing something important in the world.

# Pedagogies of Experiential Learning

- Pre-clinical preparation: Students are allowed to call instructor the night before a clinical if they cannot figure out aspects of their clinical assignment
- Post clinical conferences: Experiences are shared, e.g. when student has a practice breakdown or error, this is usually shared with permission from the student

# Pedagogies of Experiential Learning: Interactive Teaching in the Classroom

- Pulling the students into discussion, encouraging them to think about the likely clinical symptoms for a particular condition
- Uses students' clinical experiences and examples (knows the students)
- Draws on her own practice
- Students are engaged by the discussion

# Pedagogies of Experiential Learning: Identifying the Action Step

- The instructor asks a student about possible complications to a prescribed narcotic
  - The student answers “respiratory depression, lowered blood pressure, decreased level of consciousness”
- What interventions could be taken?
  - Narcan to reverse the effects of the narcotic
- Where would you get the Narcan? What key would you need and where is Narcan located?

# Three Apprenticeships to be Integrated

- **Intellectual training** that provides:
  - The academic and theoretical knowledge base required for practice in the discipline
  - The capacity to think in ways important to the profession
- **Clinical Reasoning and Clinical Practice Skilled Know-How**
- **Formation and Ethical Compartment** An apprenticeship to the **ethical standards**, social roles, and responsibilities of the profession, through which the novice is introduced to the meaning of an integrated practice of all dimensions of the profession, grounded in the profession's fundamental purposes

# Clarifications of the Three Apprenticeships

- We do NOT mean students apprentice to an individual or an institution but to the practice of nursing
  - High end apprenticeships to practice
- The three apprenticeships cannot be reduced to:
  - Cognitive skills
  - Psycho-motor skills
  - Affective skills

## What We Found about the First Apprenticeship

- Uneven and often inadequate teaching in the cognitive apprenticeship across types of schools
- High variability in cognitive apprenticeship found across types of nursing schools

# Cognitive Apprenticeship Continued

- Evidence-based literature searching and questioning weak
- Teaching as distracting entertainment rather than engaging
- Too much teaching of testing strategies for the NCLEX
- Almost no interdisciplinary teaching

# Student Experiences

Teaching can be at odds with what is needed for practice:

“Classes are not taught in dynamic way. They seem to be taught in an old fashion science curriculum sort of way, when a different approach may be more suited.”

“There is so much pressure to teach to the NCLEX (everyone wants to pass and it makes the school look good) and to teach the trade/technical aspects of nursing. The human aspect of our work often gets lost or even dismissed and I've had a frustrating time finding mentorship to learn and grow in that area.”

# Cognitive Apprenticeship Continued

- Some classes were organized around presenting diagnostic categories, signs and symptoms with elaborate descriptions and distinctions between the categories
- Teaching catalogues and taxonomies do not necessarily help students to learn patient care
- Tension between teaching “everything” a student needs for the transition to practice and teaching for a lifetime of practice, or the focal practices of nursing

# Cognitive Apprenticeship Continued

- Catalogues and taxonomies
  - The impact was to give descriptions of classifications of diseases without strategies for approach or access to patient care or clinical imagination except through categories. This has consequences for access to practical reasoning
- Maxim: “Subsuming things under categories is not the same as productive thinking.” Logstrup

# Student Experiences

- Overloaded and overwhelmed
  - “So much to learn in such a short time.”  
Student
  - “The most challenging thing is all of the mountains of information that just has to be completely committed to long-term memory. Remembering normal lab values and drug dosages is very hard for me.”  
Student

# Student Experiences of Classroom and Clinical

- Integration of classroom and clinical is uneven:

“Some students are lucky enough to obtain a clinical instructor that also teaches the course. Then the course objectives and content are better facilitated with direct "clinical setting" examples. Example might be an instructor teaching, "Remember we talked about this subject in class ... here is a prime example of that lecture in the clinical setting." This exemplifying solidifies classroom taught information.”

Student

# Findings: The Second Apprenticeship: Clinical Reasoning and Clinical Judgment

- A skill-based apprenticeship of practice
- Learning the habits of mind required for competent practice in the profession

# Teaching for a Sense of Salience

- Grasping the nature of the situation in clinical practice.
- Identifying the key nursing concerns.

# Problems with Second Apprenticeship: Practical Reasoning and Clinical Skilled Know-How

- Limited good clinical placements for student nurses
- Heavy reliance on staff nurses for teaching without mentoring the staff nurses in teaching

# What We Found about the Apprenticeship of Clinical Judgment

- Confusion and high variability over what is “critical thinking”
- Avoid conflation of “critical thinking” and clinical reasoning
- Situated clinical learning especially strong when clinical faculty, rather than staff nurses, coach students in the clinical setting
- Often quite strong situated teaching and learning in clinical practice settings

# Apprenticeship of Clinical Judgment Continued

- Pedagogies of being with and responding to suffering are excellent in the clinical teaching and almost absent in classroom teaching
- Students describe transformative experiences of learning from patients but faculty do not often attend to or extend this rich source of learning
- The “added value” of time for nursing care for the student nurse fosters integration of the apprenticeships

# Student Experiences

Students feel honored to bear witness for patients:

“I have had the honor of being present with and learning from clients in intimate, vulnerable, scary situations. I get to regularly advocate for the underserved, especially in the hospital setting. I have access to environments I would have otherwise never been exposed to and have learned and grown and broadened my world perspective.”

Student

# Findings: The Third Apprenticeship: Formation & Ethical Compartment

- An apprenticeship to the ethical standards, social roles, and responsibilities of the profession, through which the novice is introduced to the meaning of an integrated practice of all dimensions of the profession, grounded in the profession's fundamental purposes

# Formation

- Beyond “socialization”
- Experiential learning that creates new capacities to “see” and to “act”

# Reforming Senses and Social Sensibilities

“I’m talking with the sophomores about the smells. So yesterday, Dawn, one of my students, asked a question about tomorrow’s patient assignment in post-clinical conference, and I said ‘This person is going to be incontinent, they’re going to sneeze, they may vomit and what are you going to do?’ And they all sat there and someone said ‘I can’t stand it when someone vomits.’ So I think, it’s two different worlds [a clinical world and an ordinary social world].”

Faculty Member

## What We Found about the Apprenticeship for Ethical Comportment

- A pervasive concern in classroom and clinical practice
- Language of “Bioethics” not relational and particular enough to capture ethical concerns of nursing students
- Students imagine ethics as abstract principles, and often do not recognize when their concerns in practice are ethical concerns

# Examples of Student Nurses' Ethical Concerns:

- Meeting the patient as a person
- Preserving dignity and personhood of patient
- Responding to sub-standard practice
- Advocating for patients
- Engaging fully in learning to do “good” nursing practice

# A Student on the Challenges We Face

“The amount of information to be learned is overwhelming, but none of the content is actually difficult. Sometimes it feels as though the tests are deliberately confusing because the material we learn is so simple that if the questions were presented in a straightforward manner everyone would get A's. First problem: standardized tests that don't test my actual knowledge or anything I value.”

# Continued

“Second problem: An emphasis on skills when these are the easier part of nursing. Bedside manner, social interaction, calming difficult patients, dealing with intense emotion, communication with patients with whom you do not share a common language are all much harder than learning to start an IV, yet the emphasis on skills over theory and thought pretends otherwise ” Student

# What Is Needed?

- Add-on solutions will not work
- **New Ways of Thinking about Teaching a Practice:**
  - FROM a Primary Emphasis on Critical Thinking TO.... Multiple Ways of Thinking with an Emphasis on Clinical Reasoning

# What Is Needed?

## **New Ways of Thinking about Teaching a Practice:**

– FROM Curricular Threads/Elemental  
Competencies

TO..... Integration of the Three High-End  
Professional Apprenticeships and

Integration of the Classroom and Clinical

# What Is Needed?

## New Ways of Thinking about Teaching a Practice:

FROM abstract theoretical classroom teaching and *application of* that theory

TO ....Clinical Practice Teaching for a Sense of Salience and Situated Knowledge Use, Teaching an Interpretive Dialogical **Use** of Theory in Practice.

# What Is Needed?

- FROM Socialization and Role-taking  
TO ....Formation

# Recommendation

- Redesign the curriculum for classroom teaching to upgrade the cognitive apprenticeship
  - Teach for authentic engagement and problem solving
  - Catalogues and taxonomies should not be the main scaffolding for organizing classroom teaching
  - Taxonomies should be relegated to assigned reading and web-based instruction

# What Does Integrative Teaching Look Like?

- Paradigm cases of excellent classroom teachers: Lisa Day, Diane Pestolesi, and Sarah Shannon
- Each integrates the apprenticeships
- Each teaches for a sense of salience in clinical practice

# A Paradigm Case: Integrating the Three Apprenticeships

- Lisa Day:
- What are your concerns about the patient?
- What is the cause of the concern?
- What information do you need?
- What are you going to do about it?
- What is Ms. G. experiencing?

# Three Reflective Questions for Teachers

- How does the pedagogy in the classroom structure the student's approach to the patient and clinical practice?
- Can the student imaginatively access and rehearse for practice situations?
- What is the student's stance in relation to the patient? To the teacher? To other students?

# Teaching for Clinical Imagination

- Uses unfolding cases to rehearse reactions, plans, and goals in practice
- Draws on her own experience in an emotionally nuanced way from which students can find a moral compass in her responses to actual clinical situations and gain a moral vision of ethical comportment

# The Case Example

- Unfolding case in the midst of teaching patho-physiology, diagnosis, signs and symptoms, and interventions.
- Reasoning through patient transitions.
- Concerns for the patient.
- What is at stake?
- What is the patient experiencing?
- What information do we need to make a case...to get action.

# Teaching for a Sense of Salience: Integrating the Three Apprenticeships

- Grasping the nature of the situation in clinical practice.
- Identifying the key nursing concerns.

# Teaching for Ethical Compartment: Integrating the Three Apprenticeships

“The way I differentiate that, is that we can talk about the specific technical skills that we need and what we need to look out for and watch out for. But I am trying to show them what is at stake and then ask them what do you think we should we should be paying attention to? That gets at the character development. These are the questions that you should be asking. And these are the concerns you should have. And these are responses that those concerns should generate. This is a way of trying to develop a habit of thinking that is patient focused, and focused on what is at stake for the patient. . .”

# Teaching Approach and Response to the Patient's Plight

“In the clinical de-briefing the students are asked to bring a story from your clinical: She told this story about this patient she had picked, because she had heard that this patient would need an N.G. tube.. She was just going to confront this fear of putting in an N.G. tube, so she signed up for this patient. She was wakeful at night and worried about putting in the N.G. tube.

# Response to the Patient's Plight: Use of Patient Narratives

Then she heard in report that the patient needed an N.G. tube because she had a bowel obstruction. But the patient had refused the N.G. Tube. The student was relieved and thought “Thank God she is refusing this.” But when she met the patient she found that the patient was really in such distress from her abdominal distention and after talking with the nurse and her clinical instructor, she realized that the best thing she could do for this patient was to put in the N.G. tube.”

# Teaching Approach and Response to the Patient's Plight

“She worked with the nurse and talked the patient into having the procedure done. The student put the N.G. in and then saw the change in her patient....how it relieved her patient. She came into this rotation thinking that learning this dreaded procedure and how it was a horrible thing for her to have to do. She realized that putting in the N.G. was the best thing that she could do for the patient, not just another notch in her skill belt. It was the **most appropriate response in this situation. It was the best thing that she could do for her patient. She was led by the concern for the patient rather than the checking off another procedure that she had done.**” Lisa Day

# The Approach and Response to Patient Needs.

“I tell them that this is a really heavy and difficult course, not because of the academics, nor all the studying and memorizing that they are going to do. But because of what they are confronted with in the clinical setting and because of what is at stake in terms of taking care of patients and doing the right things for patients.” Lisa Day

## Approach and Stance of Students in the Classroom in Integrative Teaching

- **Placed in a collaborative nursing role with the instructor.**
- **Case is presented in terms of patient-nurse concerns, what the patient is experiencing and what actions should be taken by the nurse.**
- **Student is asked to respond to the patient's situation.**
- **Case evolves over time as patient's condition changes.**

# Professor Patricia Cross

## One Minute Assessment of Teaching and Learning

# What did you Learn?

- Take Home Messages...most important learning thus far.....

# Points of Confusion or Disagreement

- What are you most unclear about?
- What seems dubious?

# Questions?

- Questions????

# Integration of the Apprenticeships

- Best taught in both the clinical and classroom settings
- Pressure to separate the teaching of the three apprenticeships
- Once separated, it is difficult to bring the apprenticeships back together

# Integrative Teaching

- Paradigm cases of excellent classroom teachers
- Each integrates the apprenticeships
- Each teaches for a sense of salience in clinical practice

# Sarah Shannon: Socratic Dialogue and the Art of Self-Knowledge

“I want to develop keels for them . . . they come oftentimes with pretty flat bottom boats and the trouble with a flat bottom boat is, when the wind blows, you just scatter across the water. And the wind blows this way, you scatter back across the water.”

Sarah Shannon

# Sarah Shannon's Student

“I used to think of (the reading) as my guilty pleasure, like I'd postpone doing that reading because I'd feel guilty about reading it. I'd feel like, I should do all my other reading first because I'm going to love this reading. All the reading she gave us was amazing, I thought. The time in class went like **that.**” Student

# Sarah Reflects on Her Development as a Teacher

“I would have this list of topics to cover: withdrawal of tube feeding, I need to cover stopping chemotherapy....I would just have lists and lists of all these issues. I did more of packing the content in. And what I’ve come around to is....what I want them to do is learn a process that then they could apply to another case.”

Sarah Shannon

# Sarah Reflects on Her Development as a Teacher

Continued

“I’m also wanting them to learn what they don’t know, which is the hardest thing to teach people. I want them to **own** what they don’t know. So, I want them to look at a case and be able to say, ‘Well, I don’t know whether it’s painful to die of dehydration. Gosh, you know, I have this initial reaction, but do I have any evidence for that?’”

Sarah Shannon

# Sarah's Student

“She respected us, plus she had this way... you were sure about something and she had this way of making you see a whole other side to it and suddenly you'd be scratching your head saying, ‘Well, maybe I wouldn't do that. What would I do?’ And then (she would) guide us through the process of trying to (understand the case).”

# Dialogue from a Hole

“What I try to do is to create this environment where people feel free to say what they want, what they’re feeling, and when they say it, what I try to do is align myself with all positions, help them dig holes, because it’s helpful for me to have the worst case scenario. Often times if a student has really dug into a hole, I not only offer them a hand out but I might go back to them at the end of the conversation and say something, just in the group, ‘You know, what I just want to come back to, is what would you want?’”

Sarah Shannon

# Conversation, Identity and Confronting Diversity

“One of the reasons I have so much class discussion is, I want them to realize that, while they may view themselves as pretty homogeneous...they are not, and it helps them to see...because then what I say is, ‘Just imagine. You are privileged students. You’re college educated. Right there, you’re privileged....Just imagine the diversity of opinion that occurs across America....We don’t have societal consensus on the Terry Schiavo cases.’ I try to emphasize to them, ‘So what is your role? **To compassionately care for these people, to not pass judgment, certainly to not pass judgment and treat them differently.**’”

Sarah Shannon

# Sarah Shannon's Student

“She would get a lot of discussion going in the class and a lot of people did have differing opinions and different perspectives and she brought it out in a way that we weren't trying to kill each other and at the end of the class we all left with good feelings about one another. I don't know how she did that because there were some pretty varied opinions but I never felt like, 'boy, what a stupid opinion.'”

# Creating Moral Imagination in the Context of Ambiguity

“What I mean by critical thinking is recognizing when you’ve made assumptions and being willing to question those assumptions upstream. And then being willing to entertain multiple perspectives, embracing ambiguity and also, for me, it’s a necessary part of moral imagination.”

Sarah Shannon

# Making the Social Contract Visible

**“I want them to come out of the course with a clear sense of their professional values. And I talk a lot about (the fact) that professional values are the social contract we have with patients. They’re what every patient can expect when a nurse walks in the room, whether that nurse is young or old, male or female, Black, White, regardless of their ethnicity, regardless of their religion, regardless of anything. It’s your social contract. An example is, your personal values might be that you really like openness. Your professional value is that you adhere to confidentiality. And it’s that contract that that patient has with you.”**

Sarah

# Observing Sarah's Teaching

- The patient is the paradigmatic subject that organizes the practice of her teaching. As she keeps saying to her students:

“It isn't about you...it's about the patient or the family. What you personally think doesn't matter. It's how you act professionally as a nurse that matters.”

Sarah Shannon

## Approach and Stance of Students in Sarah's Dialogical-Integrative Teaching

- Teaching from the stance of a nurse--- students' ethical response from a nursing stance
- Students must understand the underlying pathophysiology, patient experience, and ethical issues
- Classroom dialogue discloses diversity of values and opinions and demands respectful listening to diverse perspectives and concerns

## Approach and Stance of Students in Sarah's Dialogical-Integrative Teaching

- Teacher and students create a moral community that grounds a developing moral imagination
- Students are asked to examine their own views in order to develop self-knowledge and to respond respectfully to others --- patients and classmates
- Consciousness-raising exposes students' unexplored values, secondary ignorance, blind spots and ambiguity

# Three Reflective Questions for Teachers in Classrooms and Clinical Laboratories

- How does the pedagogy in the classroom structure the student's approach to the patient and clinical practice?
- Can the student imaginatively access and rehearse for practice situations?
- What is the student's stance in relation to the patient? To the teacher? To other students?

# The Scholarship of Teaching

A Growing Emphasis in Higher  
Education

**Scholarship Reconsidered Priorities of the Professoriate. By Ernest L. Boyer**

**The Carnegie Foundation for the Advancement of Teaching.**

- The four scholarships:
- Scholarship of **discovery**
- **integration**
- **application**
- **teaching**
- **practice**

# Scholarly service---Teaching as the highest form of scholarship.

- As Oscar Handlin observed, our troubled planet “can no longer afford the luxury of pursuits confined to an ivory tower...(S)cholarship has to prove its worth not on its own terms but by service to the nation and the world. “ p. 23

# Scholarship of Discovery

- Research is essential to a self-improving discipline and practice.
- Integrating research, and critical appraisal of research are essential to the scholarship of teaching.

# Scholarship of Integration

- Designing new courses and participating in curricular innovations are examples of professional work deserving recognition. Those who help shape a core curriculum or prepare a cross-disciplinary seminar are engaged in the scholarship of **integration** and, again, such activity should be acknowledged and rewarded.

# Scholarship of Application

- Activities related to the intellectual work of the professor and carried out through consultation, technical assistance, policy analysis, program evaluation, and the like.

# Scholarship of Teaching

- In the nursing study we define the scholarship of practice in ways similar to the definition of the scholarship of teaching practice, where the scholar learns directly from the practice, articulating experiential learning directly from the practice.

# Practice of Teaching/Nursing

- The scholarship of teaching is intertwined with the scholarship of practice in that the teacher is trying to create the best access to the disciplines' knowledge, skills and thinking so that the student begin to grasp this knowledge directly in practice settings as well as in the classroom.

# Teaching Nurses

- The teacher in a practice discipline has to figure out how to develop a learning climate that protects the student from overwhelming performance anxiety, while situating the student to understand the particular risks to patients in an active clinical situation of experiential learning.

# Disclosive spaces for experiential learning.

- The teacher's goal is to teach the student to think like a nurse, doctor, lawyer, and to know how to act in practice situations in ways that are true to the notions of good and intents of the practice, or even extend those notions of good.

# Scholarship of Practice includes:

- Practical reasoning---clinical reasoning
- Reasoning through transitions.

# The Scholarship of Practice cont.

- Gaining information about the patient's experience of the illness and treatment.
- Understanding how patients interpret risks as presented to them.
- Learning effective skills of patient and problem involvement and communication.

# Practice knowledge development:

- Each clinical encounter offers the possibility of experiential learning for the clinician.
- The clinician must learn how to stay open to feedback,
- How to make qualitative distinctions.
- How to assess the impact of their patient/clinician relations impacts patient/family.

# Exp. Learning from Patients' experience.

- experiential learning from patients an informal **clinical ethnography** of clinical recoveries, trends and trajectories. This is practical wisdom, and not “inerrant” or foolproof, but is quite often quite helpful for coaching patients and clinical judgment.

# Situated Knowledge-Knowledge Use

- Information and knowledge are not sufficient to good practice, the student must also learn to situate the knowledge in actual practice situations. Sullivan and Rosin, 2008
- Eraut, 1994 Professional Education

## NEEDED: Increased Numbers of B.S.N. Nurses Qualified to Prepare for Teaching

- Long Term Nursing Shortage Projected.
- 2006 HRSA report projects shortage of 1 million nurses by 2020

# Challenges and Opportunities for Program Development in Nursing

- Second Degree Baccalaureate and Master's-Entry Programs.
- Second Degree Baccalaureate Programs are currently the fastest growing programs in nursing.
- Articulated A.D.N. to B.S.N. Programs that require a total of 4 to 4 ½ years completion time, including time spent in the Community College. Designed for immediate transfer into BSN Program.

## NEEDED: Increased Numbers of B.S.N. Nurses Qualified to Prepare for Teaching

- Pool of Baccalaureate Nurses who are qualified to enter graduate schools in order to prepare for teaching is too small
- Educational capacity for nurses too small...In 2006, **42,866** qualified applicants turned away from baccalaureate schools

# Increasing B.S.N capacities for nursing education

- Currently 60% of nurses enter the field through an associate degree, community college program.
- Only 20% A.D.N. graduates go on to complete a baccalaureate education.
- Currently A.D.N. education requires a minimum of three years and usually 4-5 years to accommodate the waiting periods.

# Increasing the Number of Baccalaureate Prepared Nurses

- Oregon Sciences Health Sciences has developed a Consortium and a Cooperative agreement with 13 Community Colleges to do a seamless transition from the community college after two years to the college for a two year completion program.
- The Carnegie Study of Nursing Education is strongly recommending such educational reform across the country based on adaptations of the Oregon Health Sciences Model.

# A Last Word

“Many of my professors are wonderful and inspiring! And I know they earn next to nothing compared to what they could earn in the hospital so I have a lot respect for them! Nursing school is the most challenging thing I've done in my life but there are those moments with my patients when I'm reminded of why I decided to become a nurse and I feel it's worth it. I can't wait to become a nurse because I can't think of a greater career with more opportunities. I look forward to a career that I will love (most of the time) and the opportunity to provide a much needed service to society. And I feel that nursing is not just a job or even a career but part of who I am. I already feel that transformation. I'm starting to look at the world through a nurse's eyes.”

Student