

Building Healthier Communities in Connecticut Through a Strong Diverse Nursing Workforce

Title: RN Academic Progression: A Collaborative Approach to the Nurse of the Future

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BACKGROUND/PURPOSE: The complexity of healthcare requires a highly educated nursing workforce as emphasized by industry leaders including the Institute of Medicine in the *Future of Nursing* report. Seamless academic progression and partnership across education-practice boundaries are critical for quality nursing education and patient outcomes. Supported by a grant from The Robert Wood Johnson Foundation to the CNC-AC, nursing leaders from education and practice settings in two Connecticut regions led collaborative workgroups through gap analysis projects to ensure entrylevel competence into practice and used the process to develop academic progression models for RNs across academic settings.

METHOD: Gap analyses were undertaken simultaneously in two regions of Connecticut using *The Massachusetts Department of Higher Education, Nurse of the Future Nursing Core Competencies* (NOF). Results from the gap analyses were used to redesign education curricula, modify nursing orientation in practice settings, and develop academic progression models. Statewide communication and marketing of the outcomes and models targeted enrollment for nursing students, college and university leaders, practice leaders, and other stakeholders.

RESULTS: The results of the gap analyses were consistent in both regional groups. Opportunities for improvement were identified in the following areas: quality, safety, technology, systems thinking, communication, and patient-centered care incorporating current practice language. Practice partners identified the need to address these areas in new graduate orientation. Transition of new graduates to practice was seen as a shared responsibility between education and practice leaders. The results prompted the CT State Board of Regents to mandate nursing education curricular revisions across all state colleges to strengthen nursing education. Models for academic progression were developed for the RN-BSN and RN-MSN with active promotion and enrollment. The process fostered positive unintended consequences of trust, strengthened relationships, and ongoing collaboration between education and practice partners. Communication of the results across the state has led to generative work in two other regions of the state where gap analysis and education progression work is currently being replicated.

CONCLUSION: Gap analysis benefits using the NOF Competencies in collaboration with academic and practice partners in two regions of CT has led to statewide curricular revisions, academic progression models for nursing education, improved entry into practice for new nursing graduates, strengthened communication and shared purpose between academic and practice partners, and ongoing gap analysis work across the state. Adoption of the NOF Competencies in collaboration across education-practice settings and between academic settings position new graduate nurses to more successfully transition into a complex healthcare system where continuing education and education progression are imperative.