

American Nurses Association of California (ANA\C)

Resolution: Establishment of a Single California Board of Nursing

Submitted by: ANA\C Education Committee (2005)

Whereas, the majority (92%) of the states in this country have one board of nursing, and

Whereas, there has been a concerted effort by Governor Schwarzenegger to consolidate all licensure boards in California to achieve a more cost-effective and efficient governance of licensed practitioners, and

Whereas, the California Board of Registered Nursing will submit their next Sunset Review Report to the Legislature in 2008 and

Whereas, the preparation, licensure/certification and oversight functions of certified nurses aids, psychiatric technicians, licensed vocational nurses, and licensed registered nurses are performed by three different government agencies,

Therefore, be it resolved that the American Nurses Association of California recommends:

1. The consolidation of all nursing care providers under a single state board of nursing.
2. The Legislature and governor fund a feasibility study to determine the cost-effectiveness and efficiency of establishing a single state board of nursing to oversee the preparation, licensure and supervision of all nursing care providers; certified nurse aids, psychiatric technicians, licensed vocational nurses and licensed registered nurses.
3. The ANA\C association seeks input from the Board of Vocational Nurses and Psychiatric Technicians, the Board of Registered Nursing and the Department of Health Services regarding the establishment of a single board of nursing for all nursing care providers.
4. The ANA\C association seeks input from all nursing organizations and programs of nursing regarding the establishment of a single state board of nursing that regulates the educational preparation, the licensure/certification and oversight of all nursing care providers.
5. The ANA\C association seeks input from its membership related to the establishment of a single state board of nursing for all nursing care providers.
6. The ANA\C association seeks input from stakeholders (CHA, CMA, health care agencies, public health agencies, long term care agencies, citizens, and other constituents) related to the establishment of a single board of nursing for all nursing care providers.

American Nurses Association of California (ANA/C)

Resolution: Strategies to Address the Nursing Shortage Crisis

Submitted by: ANA/C – Education Committee (2005)

Submitted by Terry Larsen and Deborah Monson for the ANA/C Education Committee

1. Whereas, California is currently facing a nursing shortage crisis,
2. Whereas, the current structure of statewide nursing schools are impacted which imposes a long waiting list for admissions,
3. Whereas, there is current acknowledgment within the professional and private sector that the demand for nurses will continue to increase,

THEREFORE BE IT RESOLVED that the American Nurses Association\California will:

1. Commit to working with the American Nurses Association and other responsible entities to enhance successful partnership collaborations to increase nurse education opportunities to address the critical nursing shortage.
2. Advocate for expanded current nurse educational programs with the University of California, State University systems, and the California Community College systems, and seamless articulation between these schools.
3. Identify institutions of nursing education currently without nursing programs and support development of such programs.
4. Support the establishment of an interagency task force to create new schools of nursing at the UCs, CSUs, and CCCs.
5. Promote the development of statewide pre-nursing tract programs in the high school setting, and insist on increasing the number of ethnic and racially diverse applicants to nursing schools.
6. Facilitate educational redesign and seek creative solutions for programs that increase access to higher education for working nurses in order to allow recruitment of more nurse educators.
7. Seek additional funds for nursing education from Federal and other funding sources.
8. Demand partnership collaboration between hospitals and local nursing education programs.

References:

1. Assembly Bill 232. (2005). *An act to amend Section 66055 and 66055.5 of the Education Code, relating to registered nursing programs*. Sacramento: California Legislature.
2. California Nurse Education Initiative. (2005). *Governor's Five-Point Plan*. Sacramento, California: Governor's Office.
3. California Institute for Nursing and Health Care. (2005). *Master Plan for the California Workforce – Goal I: Building Educational Capacity in California School of Nursing*. Berkley, California: California Institute for Nursing and Health Care.
4. Goulette, Candy. (2005). Rescuing the White Hat. *Advance for Nurses* 2(8), 37.
5. Pierson, Terry. (2005, April 16). *Wanted: 50,000 Nurses*. Riverside, California: The Press-Enterprise.

American Nurses Association of California (ANA/C)

Resolution: Use of Simulation Laboratories in Pre-Licensure Nursing Programs

Submitted by: Margaret Craig; Wendy Hollis; Louise Timmer (2005)

Whereas, the mission of the California Board of Registered Nursing is the protection of the public health, safety and welfare, and

Whereas, the Board has the responsibility to ensure that new graduate nurses are prepared to practice safely in the clinical setting, and

Whereas, the educational program requirements for the pre-licensure registered nursing programs as determined by the California Board of Registered Nursing specify a balance of didactic content and supervised clinical instruction in the following manner:

1. Pre-licensure clinical education will be supervised by qualified faculty who provide feedback and facilitate reflection.
2. Pre-licensure nursing education programs will provide 75% of student clinical experiences with actual patients.
3. All pre-licensure programs must contain structured and supervised clinical instruction and that clinical instruction must be provided by qualified registered nursing faculty.
4. Pre-licensure nursing programs will provide clinical education experiences across the lifespan.
5. Nursing faculty members retain the responsibility to demonstrate that programs have clinical experiences with actual patients that are sufficient to meet program outcomes.
6. Programs may include innovative teaching strategies and creative educational approaches that complement clinical experiences for entry into practice competency.
7. Innovative teaching strategies may include the use of clinical simulation laboratories.
8. Simulations in health care are educationally effective and simulation-based education complements nursing education in patient care settings.

Whereas, computer-assisted/simulation teaching to be effective needs to be conceptually integrated with other forms of learning and used by faculty members trained in the use of the equipment, and

Whereas, nursing research studies demonstrate that a learner's knowledge, critical thinking communication and interpersonal skills improve with faculty-supervised on-site clinical experiences and that clinical experience with actual patients must continue to comprise the major portion of clinical in pre-licensure nursing programs,

Therefore, be it resolved that the American Nurses Association of California recommends that:

1. High-fidelity Human Patient Simulators are used to complement actual clinical practice with patients and provide a safe environment for nursing students to learn enhanced assessment, problem solving and decision-making skills.

2. Nursing faculty receive appropriate training in the use of simulation laboratories, curriculum integration and use of the equipment to assist student learning in simulated laboratory experiences.
3. Pre-licensure nursing programs prepare competent graduates to practice in complex and dynamic environments through supervised real-life clinical experiences in a variety of health settings.
4. When skills are taught with human patient simulators in a simulation lab, then nursing students also acquire additional communication, adaptation and reassurance skills through actual clinical experiences performed on a variety of patients of different ages and ethnicities in complex health care settings.
5. Nursing students continue to receive appropriate practice in an authentic environment with the clinical instructor functioning as teacher, mentor and facilitator in the development of critical thinking with each clinical experience.
6. Nursing students have immediate feedback and the opportunity to reflect in the context of actual practice settings and be assisted in the development of clinical judgment.
7. Nursing students learn to work and communicate effectively within the interdisciplinary health care team.
8. More research be conducted on the effects of simulation laboratories on student learning and the development of clinical judgment.
- 9: Dedicated and qualified on-site personal be designated to facilitate and trouble-shoot the simulator equipments.

9.

References

- Angel, B. F., Duffey, M. & Belyea, M. (2000). An evidence-based project for evaluating strategies to improve knowledge acquisition and critical-thinking performance in nursing students. *Journal of Nursing Education*, 39, 219- 228.
- Benner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology & Society*, 24, 188-199.
- Bjørk, I. T. & Kirkevold, M. (1999). Issues in nurses' practical skill development in the clinical setting. *Journal of nursing care quality*, 14, 72-84. CCNE. (2003). Standards of accreditation of baccalaureate and graduate nursing programs. Retrieved March 5, 2005 from: http://www.aacn.nche.edu/Accreditation/NEW_STANDARDS.htm
- Ericcson, K.A. (2004). Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. *Academic Medicine*, 79, S70-S81.
- Greenhalgh, T. (2001). Computer assisted learning in undergraduate medical education. [Electronic version]. *British Medical Journal*, 322, 40-44.
- Greiner, A. C. & Knebel, E. (Eds.) (2003). *Health professions education: A bridge to quality*. Washington DC: The National Academies Press.
- Issenberg, S. B., McGaghie, W. C., Petrusa, E. R., Gordon, D. L. & Scalese, R. J. (2005). Features and uses of high-fidelity medical simulations that lead to effective learning: A BEME systematic review. *Medical Teacher*, 27, 10-28.

Issenberg, S.B., McGaghie, W.C., Gordon, D. L., Symes, S., Petrusa, E. R., Hart, I. R., Harden, R. M. (2002). Effectiveness of a cardiology review course for internal medicine residents using simulation technology and deliberate practice. *Teaching and Learning in Medicine*, 14, 223-228.

Jeffries, P. (2005). A framework for designing, implementing and evaluating simulations used as teaching strategies in nursing. *Nursing Education Perspectives*, 26, 96-103.

Joubert, A., Viljoen, M. J., Venter, J. A., & Bester, C. J. (2002). Evaluation of the effect of a computer-based teaching programme (CBTP) on knowledge, problem-solving and learning approach. *Health Sa Gesondheid*, 7, 80-97.

Lave & Wenger (1991). *Situated learning: Legitimate peripheral participation*: New York: Cambridge University Press.

Mayer, D. (2004). *Essential evidence-based medicine*. Cambridge, England: University Press.

NCSBN. (2004). Model nursing practice act and model administrative rules. Retrieved April 15, 2005 from: http://www.ncsbn.org/regulation/nursingpractice_nursing_practice_model_act_and_rules.asp

Nehring, W. M., Ellis, W. E., & Lashley, F. R. (2001). Human patient simulators in nursing education: An overview. *Simulation & Gaming*, 32, 194-204. (Situated Cognition, Scheppke, 2004),

Platzer, H. Blake, D. & Ashford, D. (2000). An evaluation of process and outcomes from learning through reflective practice groups on a post-registration nursing course. *Journal of Advanced Nursing*, 31, 689-695.

Financial Impact:

None