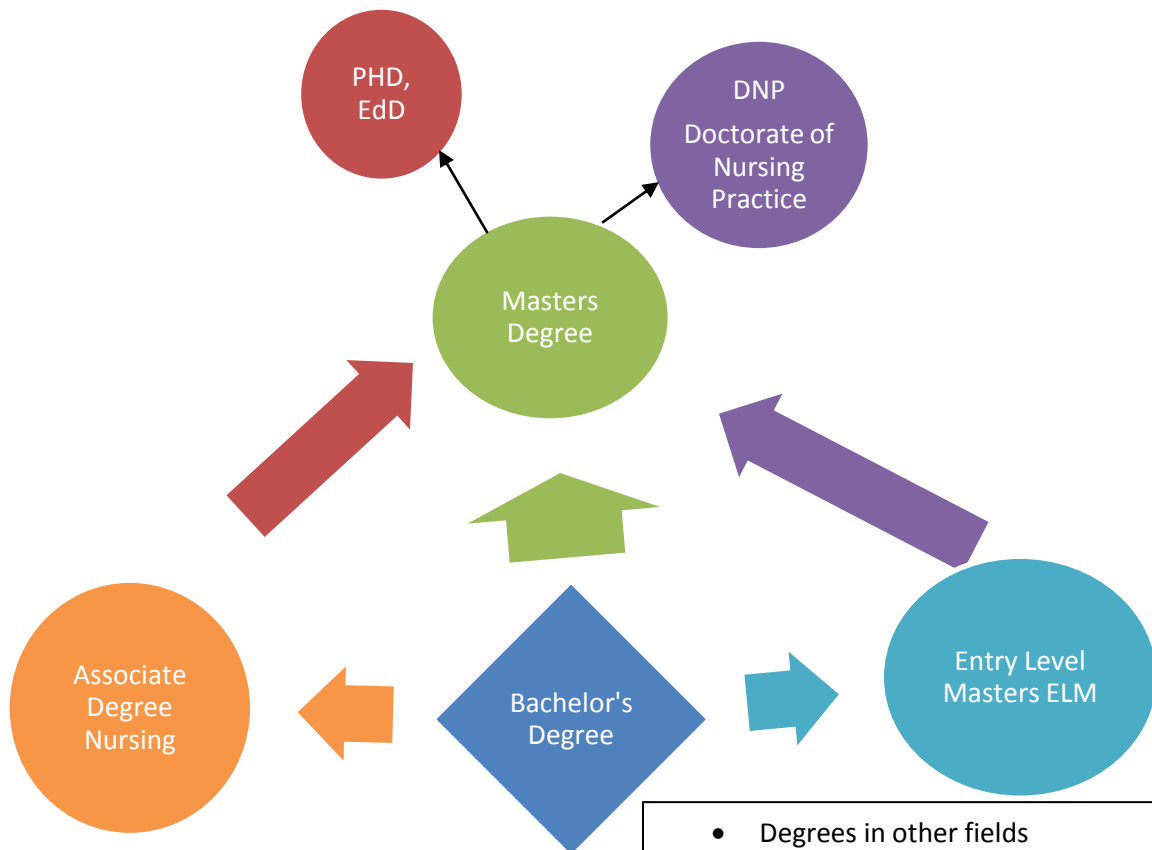


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## United State Nursing Education

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- Degrees in other fields
- Entry level into practice NCLEX--can occur in ADN, BSN, ELM
- DNP- doctorate clinical focused
- EdD- educationally focused
- PhD research focused

### Important Sources of Information on Nursing Education:

CCNE BSN Essentials: <http://www.aacn.nche.edu/Education/pdf/BacEssToolkit.pdf>

California Nurse practice Act: <http://www.rn.ca.gov/regulations/rn.shtml>

NCLEX Educator Test Blueprint 2010: <https://www.ncsbn.org/1287.htm>

Example of Nursing Fundamentals Textbook: [http://wps.prenhall.com/chet\\_kozier\\_fundamentals\\_8/](http://wps.prenhall.com/chet_kozier_fundamentals_8/)

### Important Nursing Concept Maps, Nursing Diagnosis:

[http://wps.prenhall.com/chet\\_kozier\\_fundamentals\\_8/61/15676/4013273.cw/index.html](http://wps.prenhall.com/chet_kozier_fundamentals_8/61/15676/4013273.cw/index.html)

# Nursing Models in the United States

Example-- Kolcaba Comfort System

<http://www.thecomfortline.com/>

Figure 1-2. Taxonomic Structure of Comfort

	RELIEF	EASE	TRANSCENDENCE
PHYSICAL			
PSYCHOSPIRITUAL			
ENVIRONMENTAL			
SOCIOCULTURAL			

Type of comfort:

Relief – the state of having a specific comfort need met.

Ease – the state of calm or contentment.

Transcendence – the state in which one can rise above problems or pain.

Context in which comfort occurs:

Physical – pertaining to bodily sensations, homeostatic mechanisms, immune function, etc.

Psychospiritual – pertaining to internal awareness of self, including esteem, identity, sexuality, meaning in one’s life, and one’s understood relationship to a higher order or being.

Environmental – pertaining to the external background of human experience (temperature, light, sound, odor, color, furniture, landscape, etc.)

Sociocultural – pertaining to interpersonal, family, and societal relationships (finances, teaching, health care personnel, etc.) Also to family traditions, rituals, and religious practices.

Adapted with permission from Kolcaba, K. & Fisher, E. A holistic perspective on comfort care as an advance directive. Crit Care Nurs Q, 18(4):66-76, (c)1996. Aspen Publishers.

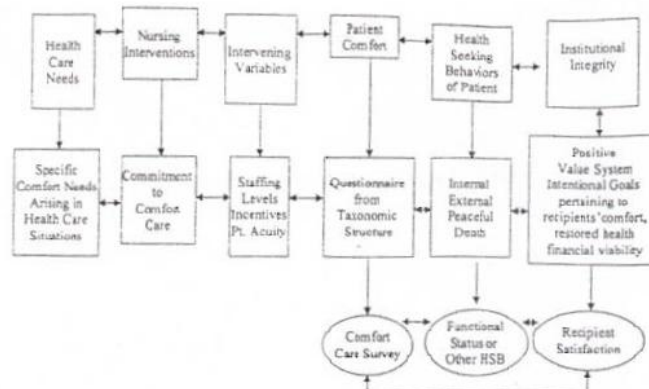


Figure 3. Comfort theory adapted for outcomes research.

# Suggestions for Future Collaborations:

- **Research**
  - Select a topic of interest - palliative care end of life, educational methods
  - Other faculty have different interests: toxicology, post partum depression, racism
- **Publications**
  - Compare and contrast education, clinical care
  - Research
- **Exchanges**
  - Faculty
  - Students
  - Visits to China or California State University San Bernardino
  - Can also meet at professional conferences to conduct research and collaboration

## Nursing Education in the United States

Nursing education is undergoing a dynamic transformation. There are now multiple entry points and multiple terminal degrees for initial entry level into practice. In the diagram you'll see that the entry-level into practice or nursing education could be at three levels. First, the associate or two year degree nurse. The second, bachelors degree nurse which is a four-year undergraduate degree. Or a new model is entry-level at a master's degree level. The entry level into a masters degree is generally reserved for students who have a degree in another field. The associate degree, bachelors degree and entry-level Masters students may sit for the NCLEX at any time given the programs structure and organization.

Once a student obtains a bachelors degree she may proceed to any variety of masters concentrations. Some masters concentrations are general, others focus on education, and still others focus on advanced practice. Advanced practice degrees are Certified Nurse Anesthetists, family nurse practitioner or clinical specialist. A masters degrees student may progress to a doctorate with several options. The newest option is a doctor in nursing practice. The doctorate in nursing practice is more focused on advancing clinical practice rather than the traditional research or academia of the PhD or an EDD.

This is an important time in nursing education in the United States as academic and institutional leaders are attempting to create a system that is dynamic, responsive to the needs of the consumer, focused on advancing the profession and promoting patient safety.

The Institute of Medicine (<http://iom.edu/>) has been instrumental in critiquing health education in general. The Institute of Medicine has noted that issues with higher education not only relate to the levels of education; but there is a need for health professionals to be educated together. This is the newest trend in the United States. Students from social work, physical therapy, medicine, nursing, and other allied health professions are finding themselves in the same classroom. There are institutional

and organizational challenges to providing interdisciplinary education however it is an imperative for patient safety.

### **Simulation**

The use of patient simulators is also an important and emerging trend in health-related education. The use of patient simulators allows for nursing education program to provide better outcomes for the students. The simulators are low, medium or high fidelity mannequins. Nursing faculty are being challenged to develop the skills to incorporate patient simulation into all levels of the nursing curriculum. Simulation is also an opportunity in which educators can combine groups of students from many allied health professions to learn and work together.

### **Important sources of information on nursing education**

I've provided a list of key references for you to understand nursing education in the United States. The first reference to BSN essentials are the faculty toolkit for guiding curriculum and undergraduate nursing programs according to CC and me. You will find many examples of specific learning activities that can be used between our respective nursing education programs. Many of these learning activities could be a source of future collaboration.

In the United States California nursing practice is regulated by states. There is no federal singular practice act. As a result each state has specific requirements in order to practice. I've included the California nurse practice act guidelines for your review. However, NCLEX is the singular entry-level licensing examination in the United States. The Educator Test Blueprint for 2010, which covers all of the exam reference is listed in my handout.

### **Nursing fundamentals**

Nursing education in the United States is built around the use of the nursing process, concept mapping and nursing diagnosis. The links for looking at concept maps and nursing diagnosis are listed on the handout for you. You will see many examples of what undergraduate nursing students must learn in the United States. Concept maps and nursing diagnosis are also integrated into simulations.

## **Nursing models**

There are variety of nursing models in the United States. No one model is considered the singular gold standard. I've included an example of Kolcaba's comfort system model and the taxonomic structure of comfort as well as graphic on using her model for outcomes research. Dr. Kolcaba is generous in providing many references in her nursing model on her website which is listed in the handout. I am utilizing this model in a nurse scientist partnership in which I am participating with a large HMO system Kaiser Permanente. Utilization of a model which Dr. Kolcaba but now calls the comfort system can be helpful in guiding the development of a student's understanding and nursing practice. However nursing models are a requirement in order for hospitals to achieve what is called a *magnet* status (<http://www.nursecredentialing.org/Magnet.aspx>) in nursing models are currently more popular than they have been historically.

## **Future possibilities for collaboration**

I've taken the liberty to provide 3 possible areas of future collaboration. First, research is always of interest. In my own particular area I have two primary areas: palliative or end-of-life care and nursing education. Other faculty from our University have topics such as toxicology, postpartum depression and racism. There is the possibility to collaborate with faculty and other departments.

Publications are also an interesting way of collaborating in the future. We might consider starting with a clinical or academic focused article which compares and contrasts some part of nursing in Chinese education or some aspect of clinical care. In my own case, I'm especially interested in end-of-life practices in nursing education and clinical practice. I'm also participating in other international research studies on concerns of nursing students in end-of-life in Norway and Sweden.

## **Faculty and student exchanges**

We have many types of faculty exchanges for short and long-term collaboration at our campus. In the past we've had faculty come for a year. These faculty have been supported by their home institution. Our department provides a mentor, an office and assistance in completing your own

research. We also have short-term student exchanges where are students may go to another country or students from another country may come to our campus. I just led a group of faculty and students in an exchange to Karlstad University in Sweden for a week which was very successful.

When I'm doing international collaboration I've also found it very helpful to identify professional meetings to meet and conduct research and collaborate. There are a number of conferences all over the world in nursing education and in palliative care which could mean the needs of ongoing future collaboration.

