

*World Café*TM

EDUCATION MEETING MONOGRAPH

DEC. 8-9, 2011 | CHICAGO, IL



Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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SHAPING THE FUTURE OF NURSING EDUCATION:
A NEW VISION FOR APPROVAL & ACCREDITATION



Contents

Acknowledgements.....	vii
Overview.....	1
Background.....	2
The World Café™ Concept	3
Planning the World Café™ Meeting.....	5
Demographics of Participants.....	7
Themes from Butcher-Block Paper at the World Café™	8
Mutual Goals for Nursing Education, Regulation and Accreditation	8
Power and Influence for the Profession	9
Unity, Trust and Collaboration.....	10
Economy of Time and Money.....	11
Transparent Communication.....	11
Safety and Protection of Patients and Students	12
Barriers to Alignment	12
What contributed to the World Café's™ Success?.....	13
Other Discussion Topics.....	14
What would be desirable student outcomes?.....	14
How would the faculty role be different?	17
Who would be the faculty?.....	19
What implications are there for how nursing programs are structured?.....	21
What constitutes a clinical experience?	22
Who would be new partners?	24

Survey of Attendees: Outcomes and Action Plans.....	24
Sharing and Use of World Café™ Methodology in Own Organization	24
State-wide/Regional Robert Wood Johnson Foundation Action Coalitions Work to Implement the IOM Recommendations	25
Seamless Articulation in Achieving 80 Percent of Registered Nurses (RNs) with a BSN by 2020.....	25
Recommended Requirement for National Accreditation for All Nursing Programs	25
Other Comments	26
Outcomes from the World Café™ Meeting	27
Considerations for the Future.....	29
Conclusion.....	29
References	30
Appendix A. Final Agenda for World Café™ Meeting	32
Appendix B. Save the Date.....	34
Appendix C. Letter to Participants	35
Appendix D. Themes from the World Café™ Discussions	37
Appendix E. Indicators of Successful Nursing Programs	38

*Community leads to clarity;
clarity leads to courage.*

— Chuck Lofy

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Overview

On Dec. 8-9, 2011, the National Council of State Boards of Nursing (NCSBN®) hosted the World Café™ Education Meeting in Chicago. This meeting utilized the World Café™ format (Brown, 2002) to create a dialogue among nursing educators, accreditors and regulators to explore the question: What could nursing be when education, approval and accreditation were aligned? Prominent nursing leaders provided provocative remarks and stimulated small group discussions on issues associated with prelicensure nursing education. Michael Bleich, PhD, RN, FAAN, Dr. Carol A. Lindeman Distinguished Professor, Oregon Health & Science University, presented “What Could Nursing Be?” and discussed the Institute of Medicine’s (IOM’s) *Future of Nursing: Leading Change, Advancing Health* report (IOM, 2011), challenging the attendees to think boldly as they co-create the future in nursing. Christine Tanner, PhD, RN, FAAN, Youmans Spaulding Distinguished Professor, Oregon Health & Science University, presented “Toward a New Way of Thinking,” which challenged traditional views of nursing education and highlighted the importance of thinking differently in nursing education. (The plenary speakers’ PowerPoint presentations can be found at www.ncsbn.org/2999.htm.)

Joanne Disch, PhD, RN, FAAN, clinical professor and director, Katharine J. Densford International Center for Nursing Leadership, University of Minnesota, facilitated the meeting, working closely with NCSBN’s Nursing Education Committee (NEC) and NCSBN staff. The NEC and NCSBN selected the World Café format to emphasize that this meeting was to be a very different experience, one intended to capture the wisdom and creativity of the participants as they explored important questions together. Therefore, the objectives of this meeting were deliberately broad: (1) To learn from national thought leaders, both on the stage and among us; (2) To engage in meaningful conversations about important issues; and (3) To help shape the future of nursing education.

Approximately 200 nursing leaders attended the World Café™ Education Meeting. In addition to the World Café session on the first day and presentations by plenary speakers, participants were assigned to small tables for targeted discussions asking how, if these processes (education, approval and accreditation) were aligned, would the faculty role be different; who would be the faculty in this new paradigm; what structural changes would evolve in nursing programs; what would constitute clinical experiences; and who might be new partners in educating tomorrow’s nursing students. After two days of intense learning and listening together, participants left with a firm resolve to keep the conversations and momentum going, as illustrated by this participant’s comment: “This was by far the most inspiring meeting I have ever attended...a great model for future work within our state and region.”

Background

At NCSBN's 2010 Annual Meeting, several boards of nursing (BONs) expressed concern regarding the increasingly challenging nursing program approval process they face. Program approval takes a lot of staff time, and yet state resources have been shrinking, sometimes resulting in fewer available work hours for staff or the elimination of positions. In some jurisdictions the number of new nursing programs is rapidly growing, thus creating more work for an already overburdened staff. Furthermore, for programs with national nursing accreditation (by the Commission on Collegiate Nursing Education [CCNE] or the National League for Nursing Accrediting Commission [NLNAC]), redundancy and overlap often occur by requiring continued program approval by BONs and nursing accreditation by CCNE or NLNAC.

The question was asked whether BONs need to be involved in the approval process and if so, what is the role of the BON and how does it interface with accreditation by a national body? This discussion was brought back to the NCSBN Board of Directors (BOD) who convened the NEC in 2010 to:

1. Analyze and present data from NCSBN's Member Boards regarding implementation of education program regulations that result in initial and continued approval compliance actions;
2. Examine differences between BON's requirements and accreditation standards for nursing education programs approved by member boards; and
3. Assess the current and future purpose and focus of the BON approval process of nursing education programs.

In May 2011, NEC members recommended that BONs begin to require national nursing accreditation of all prelicensure nursing programs to: (1) Reduce the redundancy associated with continued approval of programs; (2) Use resources more efficiently; and (3) Foster the educational advancement of nursing graduates, as recommended by the IOM *Future of Nursing: Leading Change, Advancing Health* report (2011). As the NEC examined differences between national nursing accreditation and BON approval, it found that there is a unique role for BONs in making initial approval visits and decisions, in making visits when complaints or issues arise, for ensuring that state rules and regulations are met and for closing programs when standards are not met. The committee noted, however, that for BONs to move forward with requiring national nursing accreditation, there needs to be greater communication and collaboration with national nursing accreditors. To this end, the

NEC proposed the idea of a joint meeting with nursing educators, representatives from the national nursing accrediting agencies and nursing regulators.

In fiscal year 2011, NCSBN's BOD charged the NEC with:

1. Facilitating a conversation with CCNE and NLNAC about a shared understanding of nursing program approval processes and accreditation;
2. Making recommendations to the NCSBN Model Act & Rules Committee for an efficient and effective approval process for nursing education programs; and
3. Hosting a collaborative summit by February 2012 to examine strategies for improving nursing education accreditation and approval processes.

The World Café™ Concept

The World Café is a method for structuring a meeting that invites dialogue, spurs creativity and supports “conversations that matter” (Brown, 2002, p. 2). It is based on the “assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges. Given the appropriate context and focus, it is possible for participants to access and use this deeper knowledge about what’s important” (Brown, 2002, p. 3). There are seven guiding principles that provide a direction for structuring the conversations:

- Clarify the Context;
- Create a Hospitable Environment;
- Explore Questions that Matter;
- Encourage Everyone’s Contribution;
- Connect Diverse Perspectives;
- Listen Together for Insights and Deeper Questions; and
- Harvest and Share Collective Discoveries (Brown, 2002, p. 6)



The basic format of the World Café discussions assigns participants to tables of four. Butcher-block paper, colored pens and crayons are supplied at each table and participants are asked to comment on a provocative question, one that matters deeply to the participants and allows for multiple perspectives. They are required to listen intently to each other and are encouraged to draw visual pictures to convey their thoughts (hence the butcher-block paper). After 20 minutes, participants move to another table and add to the content on that table's paper. One participant volunteers to remain at the table to orient the next group, providing highlights of the previous discussion. Three rounds occur, and at the end of the third round, the butcher-block paper is gathered and posted on the walls around the room in a gallery format. Participants tour the room and review each table's work. Common themes are identified through subsequent discussions.

World Café meetings can be held with as few as 25 people or as many as 1,000. Individuals who participate in one find that it is challenging, yet powerful. Collaborative conversation is key.

“When people come to a new level of shared understanding around key issues, they usually want to make a difference. And when participants build on one another's knowledge, they will most likely see action choices they didn't even know existed before. People often leave a Café conversation amazed at how much was accomplished in a relatively short time – a feeling all too rare in traditional meetings.” (Brown, 2002, p. 21)

Detailed and advance planning is essential for a World Café meeting. Not only do all of the planners need to know the specifics of what to do and when, but the attendees need to be prepared for this different type of meeting. Paying special attention to every detail of the meeting, from the invitations to the room's layout and decorations, is particularly important for reinforcing the unique nature of this event.

Planning the World Café™ Meeting

On May 12, 2011, NCSBN's BOD approved the NEC's recommendation to hold a joint meeting with nursing regulators, educators and national accreditors in an effort to begin a dialogue about possibilities for nursing program approval by BONs. Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, and Linda Olson, PhD, RN, NEA-BC, Institute of Regulatory Excellence associate, Nursing Regulation, NCSBN, met to discuss how to foster a dialogue where people listen to different perspectives and learn from each other. After reviewing several different ideas, a World Café format was chosen as it best fit the objective of holding a collaborative conversation. Spector, Olson and NEC Chair Susan L. Woods, PhD, RN, FAHA, FAAN, board member, Washington State Nursing Care Quality Assurance Commission, discussed this possibility of a World Café meeting and sent NEC members information about this meeting format. It was suggested that the meeting be held in December 2011 in Chicago. Spector met with NCSBN's Marketing & Communications department to begin the planning process.

Many of the meeting planners had not been at this type of meeting before, but those who had knew that it was crucial to enlist a facilitator experienced in leading World Café meetings. Disch, who has successfully led World Café meetings, accepted the invitation to be the facilitator. In June, the NEC held a conference call to discuss potential speakers, the development of meeting materials, the purpose of the meeting, objectives and the agenda.

In July, the NEC held another conference call with the meeting planners and Disch. She described the use of the World Café format, its benefits, what it is and what it is not. On this call, the agenda for the meeting was finalized. Later in the month, Bleich, a committee member on the IOM's 2010 Future of Nursing Committee, and Tanner, who was instrumental in developing an innovative model of nursing education in Oregon, were chosen as plenary speakers. The planning group was confident that these two distinguished leaders would challenge the participants to think differently. See Appendix A for the final agenda.

During the summer months, the Marketing & Communications department designed the marketing materials, including a save the date postcard (Appendix B). At the NCSBN 2011 Annual Meeting that August, the save the date postcard was distributed. During this time, the venue and date for the meeting were finalized. Online registration began on Aug. 22, 2012.





By October 5, a record number of registrants closed registration and necessitated the start of a wait list. Eventually, some wait list individuals were able to be accommodated due to a small number of cancellations.

NEC members met face-to-face in September and November; both meetings included conference calls with Disch. In September, ideas for making the environment into a more café-like space were generated in an effort to create an atmosphere where participants would be comfortable sharing their perspectives. Disch provided advice on how to plan for 50 tables seating four people, why the use of butcher-block paper is important for capturing the attendees' stories and how the process of switching tables works.

In October, Disch, Spector, Olson and Woods had conference calls with Tanner and Bleich to discuss their presentations. The importance of expanding the thinking and vision of the participants was emphasized.

In November, Disch met with the NEC by conference call, along with NCSBN Meetings Manager Colleen Neubauer. At this meeting specifics of the World Café were covered, including color coordinating attendees' badges for table assignments, and what to put on tables to stimulate creativity as the participants doodle and tell their stories. Questions to be discussed at the meeting were also suggested, which Disch developed in more detail.

Ten days prior to the meeting, a letter describing the World Café format was sent to attendees in an effort to create excitement for the meeting (See Appendix C). Neubauer suggested using iPads to record discussions, with the exception of the World Café conversations; those would be captured on the butcher paper. The planning team decided to create a monograph after the event, capturing the essence of the dialogue that took place during the meeting.

That fall, the Marketing & Communications department finalized plans to create a welcoming coffee house environment by contracting with a company that provides rolling coffee baristas to make specialized coffee drinks for attendees. A commemorative World Café coffee mug would also be given to each attendee, as well as a chocolate-covered spoon for dipping into their coffee. Lighting and layout of the room were intricately planned to create a warm, conducive space for conversations.

In December, after many staff meetings, conference calls and two face-to-face meetings, the planning for the meeting was coming to fruition. The onus of a successful meeting now was on the participants. The last task was to create a “script” for committee members, a detailed document including an hour-by-hour briefing about what was to happen and who was responsible for what. On Dec. 8, 2011, the NEC and the speakers dined together at Lawry’s Prime Rib restaurant to celebrate everyone’s hard work.

Demographics of Participants

The event was limited to 200 participants and open to nurse regulators, educators and representatives from CCNE and NLNAC. The demographics of attendees are as follows:

- 48 jurisdictions were represented, including 46 states, the Northern Mariana Islands and the District of Columbia.
- 93 educators were present, including 44 deans and directors; 41 faculty members and five university/college administrators.
- 88 regulators were present, including 52 staff members and 36 board members.
- 19 organizations were represented, including, but not limited to, the American Association of Colleges of Nursing (AACN), American Nurses Association, American College of Nurses Midwives, Assessment Technologies Institute, CCNE, National League for Nursing (NLN), NLNAC and National Organization of Nurse Practitioner Faculties.



Themes from Butcher-Block Paper at the World Café™

After the table discussions, the butcher-block papers from the tables were posted for participants to review and identify common themes. Appendix D provides a visual depiction of these papers and highlights six themes that emerged.

Mutual Goals for Nursing Education, Regulation and Accreditation

The major theme that surfaced was the notion that there would be mutual goals for nursing education, regulation and accreditation. One category within this theme was consistency in standards among nursing programs, NCSBN, individual BONs and national nursing accrediting agencies. The standards would be based on a clearly articulated “gold standard” that would lead to increased quality of education, lifelong learning and evidence-based standards for quality education. This goal would facilitate “consistency in knowledge and skills for graduates, and would focus on strengths, increasing creativity, without silos, and would increase efficiency.” “Building evidence to support these standards” for improved outcomes and patient safety would be inherent in this process. There were allusions to a national nursing curriculum, as well as a national licensing model, which participants described as leading to consistency in outcomes and competencies, and facilitating the IOM recommendation that nurses practice to their full potential. This curriculum would have teaching models that would facilitate creativity and novel interdisciplinary teaching strategies. Additionally, clarity about the nursing profession to the general public would be increased, especially since there are multiple entry levels into nursing.



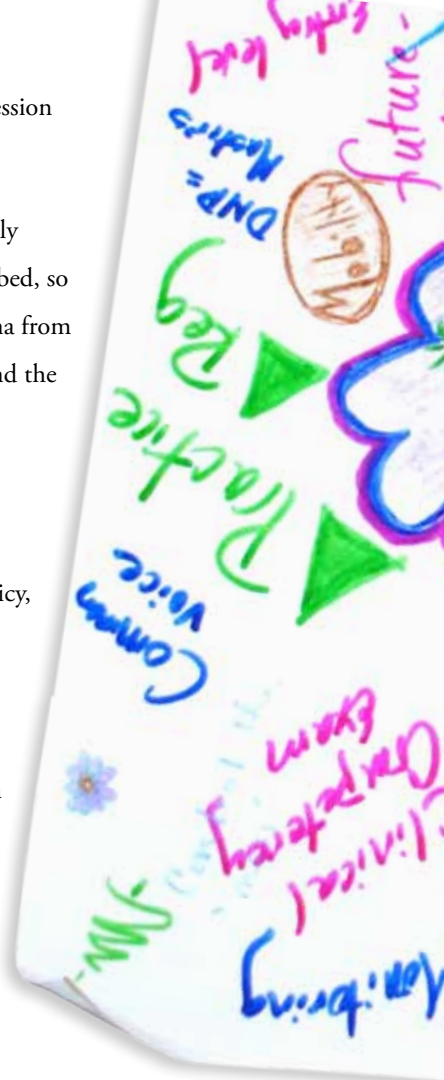
Statements by participants related that this idea would make the nursing profession more “understandable to consumers and other health care disciplines.”

Another category was a commitment to quality nursing education with a clearly articulated path. “Elimination of dead-end pathways,” as one statement described, so that there is “seamless transition for advancement” within the educational arena from associate degree in nursing (ADN) to bachelor of science in nursing (BSN), and the graduate level.

Finally, through agreement on mutual goals there could be common ground and one voice to begin “national collaboration, communication and active engagement” that would provide credibility and power to influence health policy, and move the nursing profession forward.

Power and Influence for the Profession

The second major theme related to alignment of nursing education, regulation and nursing accreditation was power and influence for the nursing profession. In some respects, this theme is related to the first theme of clearly articulated mutual goals that would then provide a platform for political lobbying for the profession and health care policy as “one voice.” Statements on the butcher-block papers noted: “There would be more political power if the three were aligned” and that in its “current state it is fragmented and prevents effective participation at the interdisciplinary table.” The statement that “legislators must be educated/lobbied by nursing leaders so nursing controls its practice” reflects the notion that alignment would facilitate speaking with one voice and that there is still “lots of public/political education to understand nursing” as a valued health-care provider. Political power requires the profession to be “responsible, flexible, adaptive and influential.” Another statement pointed out that “alignment would create an organized, fluid or different public presence, a unified voice.” If there was “more alignment we would have a stronger profession, less disconnect and one voice.” And yet another statement noted “if aligned there would be more power of voice in health care.” Another aspect expressed was that alignment would allow energy to be devoted to more constructive professional and policy issues. The transparency of professional roles that now often reflects role ambiguity would be clarified; professional integrity, ethics, and values would be clear and in one voice.





Unity, Trust and Collaboration

Another theme related to alignment was nursing unity, trust, and collaboration that would build trust and respect within and outside the nursing profession. Respect for all levels of nursing education was espoused. There were elements of common goals that related to the first theme of Mutual Goals for Nursing Education, Regulation and Accreditation. There was dialogue on the butcher-block papers related to language. There is a need for congruent language and definitions, and a common taxonomy related to accreditation and approval. Often there are multiple organizations that speak for nursing, such as AACN, NLN, educational institutions, professional associations and NCSBN, but there may be differences in the language used. One statement in the butcher paper points out that the “Lack of common language has given power to facilities to control clinical settings. Language needs to support scope of practice.” Through collaboration and alignment, language could be clarified and common usage identified.

Another area that was clearly articulated was that through alignment, there would be a defined seamless educational articulation. This sentiment was found throughout the document and related to all levels of nursing education. This “seamless process of education progression/advancement will assist the profession to meet the Institute of Medicine’s recommendations” and “will facilitate both domestic and international mobility.” It would prevent “exploitative programs” and provide students with financial protection. Mobility could be increased with “removal of barriers and that all colleges/programs issue transferable credits.” There would be “definition and consistency in program criteria between levels” of education. The opinion was voiced that there



are “too many education levels. Leads to public confusion regarding what it takes to educate a nurse.” Finally, there were statements supporting the notion that unity, trust and collaboration foster a sharing of information and promote open and flexible communication that supports seamless educational transition. According to one statement the nursing profession should “value all levels and promote progression.”

Economy of Time and Money

The fourth theme was related to facilitating more efficient use of resources: the “consolidation of effort-less work, costs savings and uniformity.” “Numerous reports such as NLNAC or CCNE, BONs, Higher Education Council or regional accrediting agency” all take time to develop and are often duplicative. The time involved in preparing for BON or national accrediting agency visits also involves significant resources of the school and can act as a barrier to seeking accreditation. Through alignment, costs could be decreased and the economic savings could be used for “faculty development, innovation” or other school necessities reflecting better “management of our scarce resources.” “Too much regulation is expensive” and aligning education, regulation and accreditation will conserve resources. “Streamlining and consolidating reporting processes” would be a cost effective outcome.

Transparent Communication

The fifth theme is transparent communication. If alignment were in place, there would be “better communication between the bodies,” as well as dissemination of information about “best practices, excellence in practice/education, quality and information about new techniques such as simulation.” Participants related that

“intense communication is needed. Collaboration is required.” A major category within this theme was initiation and maintenance of a national database of a variety of parameters. Alignment could require “consistent reporting criteria between NCSBN, NLNAC, CCNE and other agencies to create a national database.” “Build a national database and expand Nursys® to include pertinent data.” “Alignment would help aggregate quality data and increase efficiency.” Participants stated that alignment would “allow for more effective benchmarking (data and national comparison) and would provide data to support regulations.” Additionally, this database would facilitate “shared communication between accreditors and BONs.” The participants remarked that nursing, when aligned, “could be an intricate model that contains accreditation, regulation and education with nursing as the focus.”

Safety and Protection of Patients and Students

Safety and protection also emerged as a strong theme. A BON’s mission is to protect the public. The “national issue of trust” in the nursing profession is also a factor in advocacy for public safety: “Unity and collaboration of the bodies would create respect and trust. The outcomes would be safe patient care and uniform standards of care.” Participants also suggested a consensus model to include role, function, public safety and transition to practice. It was also suggested that Quality and Safety Education for Nurses (QSEN) competencies be mandated for the prelicensure nursing curriculum along with leadership, lifelong learning, patient safety, communication and evidenced-based practice. Alignment would facilitate meeting health care needs of communities and individuals; affordable and accessible health care; and safe quality care. “Nursing is about public safety.”

Barriers to Alignment

In analyzing the butcher-block papers, there were items that did not fit into the question “What could nursing be when education, approval and accreditation are fully aligned?” Upon analysis it appeared the barriers that were identified related to the process of alignment. There is some benefit in identifying these. Some comments conveyed concern for the uncertainty of outcomes if alignment were to occur and fear of what this alignment might mean. Several comments were directed at outcomes related to alignment. One example was preparation of faculty for schools of nursing and whether these were evidence based. Another was related to the cost of implementing accreditation if it was mandated. One observation linked fragmentation of current state regulations (each state is different) and the need for consistency between accreditation and approval from BONs. Multiple levels of education for RNs was identified as an issue, especially since it confuses the public. Finally, current communication among education, BONs and accrediting agencies was also identified as an issue.



What contributed to the World Café's™ Success?

Drawing from participant comments and evaluation feedback, the following elements seemed to contribute significantly to the effective format and successful event outcomes: early and thorough planning by volunteers and staff; a willingness, even eagerness, to try something new; a clever theme (sharing a cup of coffee) that reinforced the idea of conversation and collegiality; an experienced facilitator; a program structure that was varied and deliberately connected people who did not know each other in a comfortable way; an important



question that invited numerous perspectives; setting expectations prior to the meeting that this would be a different experience; and to suspend judgment. A key element was the framing of the entire event, that all participants were learners, even the facilitator and major speakers, and that there was rich learning to be gained from everyone present. Direct comments from participants reinforced these observations: “The World Café was by far one of the most powerful and well-organized events I have attended. The manner in which the process was facilitated, the clearly stated goals and the respect shown for the diversity of the participants was extremely valuable.” “The format was pivotal in initiating dialogue.” “[The format] really helped our collaboration efforts and opened some thinking. Very much appreciated the time with work on our plan at the meeting and the valuable consultation we got.”

Other Discussion Topics

In addition to conversations at the World Café tables, several other discussions were held. The participants, seated four per table, recorded their discussions on an iPad. Analysis of the results produced the following information about the overall question: *If education, regulation and accreditation were aligned, what would indicators of successful nursing programs be in the future?* These indicators were divided into six sub-questions and are presented by frequency.

What would be desirable student outcomes?

Nursing Competence. The participants rated nursing competence, having several components which are all related to nursing practice, as the most desirable student outcome. Passing the NCLEX® Examination and obtaining licensure were within this category as important student outcomes. Participants included having nursing expertise and knowing limitations of this expertise as important factors in student outcomes. Additionally a culturally competent/aware graduate nurse was necessary.

Patient Safety. Another desirable student outcome identified by participants was related to patient safety. This outcome consisted of evidence-based practice and application of QSEN competencies. Information literacy and technical proficiency were also linked to knowledge of patient safety. Awareness of regulations, policies and rules were considered important components to patient safety.

Communication/Interpersonal Skills. Another area that was identified by participants as a desirable outcome was communication/interpersonal skills. Examples of this outcome were effective oral and verbal communication. Interpersonal skills and relationship building were also considered essential to this area. Teamwork was acknowledged to be an important element in the communication and interpersonal skill area.



Organizational/Systems Knowledge. Participants identified organizational/systems knowledge of the health care arena as an important student outcome. Understanding holistic care and patient-centered care were identified as a desirable outcome. Effective leadership skills and quality improvement knowledge were essential to bring to the organizational/systems arena.

Application of Clinical Reasoning in Practice. Participants identified application of clinical reasoning in practice as a desirable outcome for students. They identified the importance of a self-regulated learner who questions current practices.

Professionalism. Professionalism was identified as a necessary student outcome and was related to professional integrity and ethical practices. Responsibility and accountability were identified as components of this student outcome.

Life-Long Learners. Participants identified students as “life-long learners” who would continue their education and also commit to continuing education as a desirable outcome.

Student Satisfaction with Academic Nursing Program. There were a variety of concepts related to student satisfaction with academic nursing program. Student satisfaction with the nursing program and having an optimal quality of education were components of this outcome. Low attrition and program completion were significant factors along with knowledge transfer and diversity of nursing graduates.

Graduate Employment. Participants identified graduate employment as a desirable student outcome. This outcome related to employer satisfaction with graduate and graduate stability in employment. Additionally transition to practice programs should be available to students. Being employed within the first six months from graduation was another desirable area.

Student Leaders. Another important desirable outcome was student leaders. The participants identified students who could act as change agents and who could take risks as an important outcome. Innovation and curiosity were considered key to leadership development.

Table 1. Desirable Student Outcomes



How would the faculty role be different?

Innovative Pedagogy. Participants identified that faculty would move beyond lecture when identifying innovative pedagogy. This role included faculty being innovative and open to new teaching modalities. Active learning strategies, along with creative ways to integrate theory and practice, were central in the faculty role.

Redefined Professional Identity. Participants identified that faculty would have to redefine professional identity. This redefinition meant increased interprofessional collaboration with faculty from other professions teaching in the nursing programs. Team development to create synergy and greater collaboration between not only specialty areas, but disciplines and professions, was identified as essential. Similar to student outcomes, systems thinking and knowing the system of care for the clinical agency were important. A clear understanding of the local, regional, national and international health care environment was seen as crucial to the faculty role. Diversity in teaching styles and strategies, as well as diversity in the faculty and student population, were considered important.

Learner-centered Educational Model. Shifting from imparting knowledge and judging to coaching and guiding were identified in the learner-centered educational model. The faculty role would entail more attention to student learning needs, as well as mentoring and facilitating learning. Faculty members were identified as co-learners and not just experts. Similar to students, faculty members need to be life-long learners.

Faculty as Leader. Excellent communications skills were identified in this faculty as leaders, including embracing change and taking greater risks in the leadership role, in addition to having flexibility in the new health care environment. Being an effective role model for students was expected. To address the changing and



are about
Arguments

Progress - forward
Backwards

Missions
vary
data be

future -
directed



More
activation

Powerful
care

red lines

Political



Public (consumers)
profession
non-payers

University
Protective
Nursing

Strength

social

Harmony

competition

Linking
Educational
Argument

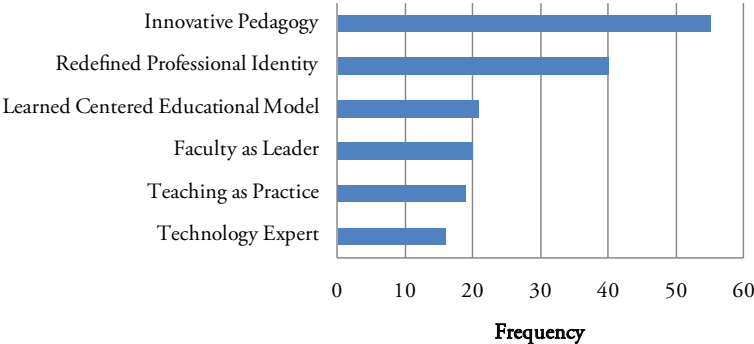
Clinical
Competency
Exam

evolving health care system, an understanding and incorporation of local, regional, national and international health care environmental issues into teaching practice is necessary.

Teaching as Practice. In the outcome of teaching as practice, expertise in evidence-based practice and in data driven decision making was considered significant. Participants identified knowledge of assessment and evaluation as necessary to teaching, as well as having a clear understanding of regulation and accreditation standards. Faculty and administrators also need to clearly define expectations for students. Finally, being current in nursing practice and being clinically competent were also identified, along with increasing involvement with research.

Technology Expert. Adapting to emerging technologies was a component of technology expert. Technical diversity with emphasis on health care informatics was identified as necessary for the faculty role. Some examples of these were social media, simulation and electronic health records (EHR).

Table 2. Different Faculty Roles



Who would be the faculty?

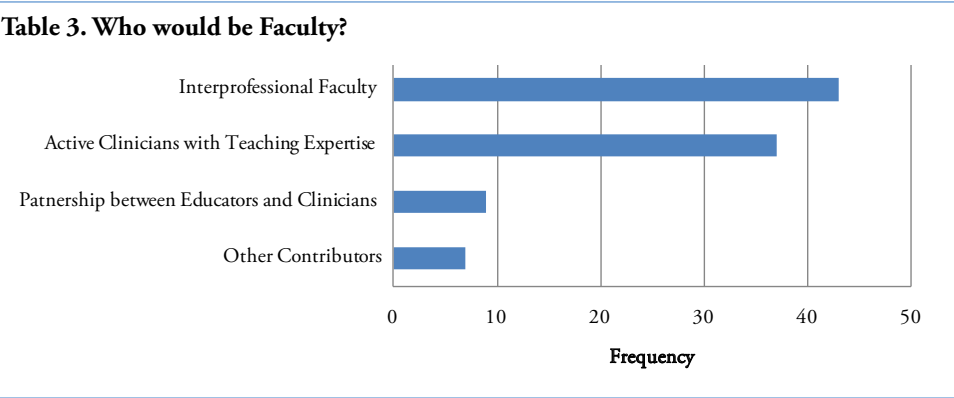
Interprofessional Faculty. The participants identified interprofessional faculty, or experts in their respective educational fields, as serving on nursing faculties in the future. This includes pharmacists, nutritionists, physicians and lawyers. A team-based approach would role model teamwork for students and would provide flexibility in determining instructors and teaching areas with the best content expertise.

Active Clinicians with Teaching Expertise. Faculty members would be active clinicians with teaching expertise. Participants identified that standardized patients would enhance the educational experience, particularly in the areas of communication and the patient encounter. Faculty members would be experts in technology,

generational differences in student populations, and would bring some business acumen to the classroom and clinical area. Competency in the educational arena, such as curriculum development, curriculum evaluation, assessment of students and clinical teaching, would be vital to this role. Participants identified master's prepared nurses as faculty members and would represent the population being served (i.e., culture, ethnicity and gender). The faculty would be student advocates.

Partnership between Educators and Clinicians. Participants identified partnerships between educators and clinicians as potential team members in teaching and education. These might be staff nurses who are expert clinicians, such as those seen in the Dedicated Education Unit (DEU) models. Joint appointments with academia, health care facilities and hospital leadership teams were identified as potential partners with faculty members in leadership development for students.

Other Contributors. Other contributors who could act as enhancements to the education of students were identified as peers, community members, families and patients. Student teaching and mentoring across different levels was also suggested.



What implications are there for how nursing programs are structured?

Graduates from Nursing Programs. While the participants did not directly address structure, the outcomes of nursing programs would include meeting workplace needs that take into account data on employer satisfaction. It was expected that students would provide higher quality of care for the public. Seamless transition to practice with residency program completion in a clinically supported environment would be a part of this. Common expectations of nursing competence at entry level, use of emerging technologies for teaching, and patient care were considered essential.

Nursing Curriculum. An interdisciplinary (interprofessional) focus was identified for the nursing curriculum, along with flexible course planning with innovation and creativity for new models. Several participants suggested a standardized curriculum based on national core requirements. Incentives for faculty to accomplish work on curriculum should be built into curriculum planning, along with an increased focus on content, such as cultural competence, business, technology, informatics, and delivery methods to include hybrid online learning and simulation.

Educational Progression. Participants identified educational progression as an important component, specifically related to seamless transition and articulation from one degree to another. ADN to BSN was identified as an important element of this progression given the IOM *Future of Nursing: Leading Change, Advancing Health* report (2011). Portability of education and a need for nursing programs to consider second-degree students and transfer equivalents were suggested components. Concurrent enrollment was suggested with dual degrees with a new focus on interprofessional learning (e.g., could a nursing major also be a pharmacy major?).

External Agencies. Nursing programs would need to work with external agencies; this partnership would require seamless communication. Nursing programs would need to be aware of financial costs to institutions and the business aspects of both academia and health care. The DEU was cited often as how external agencies and nursing programs could work together.

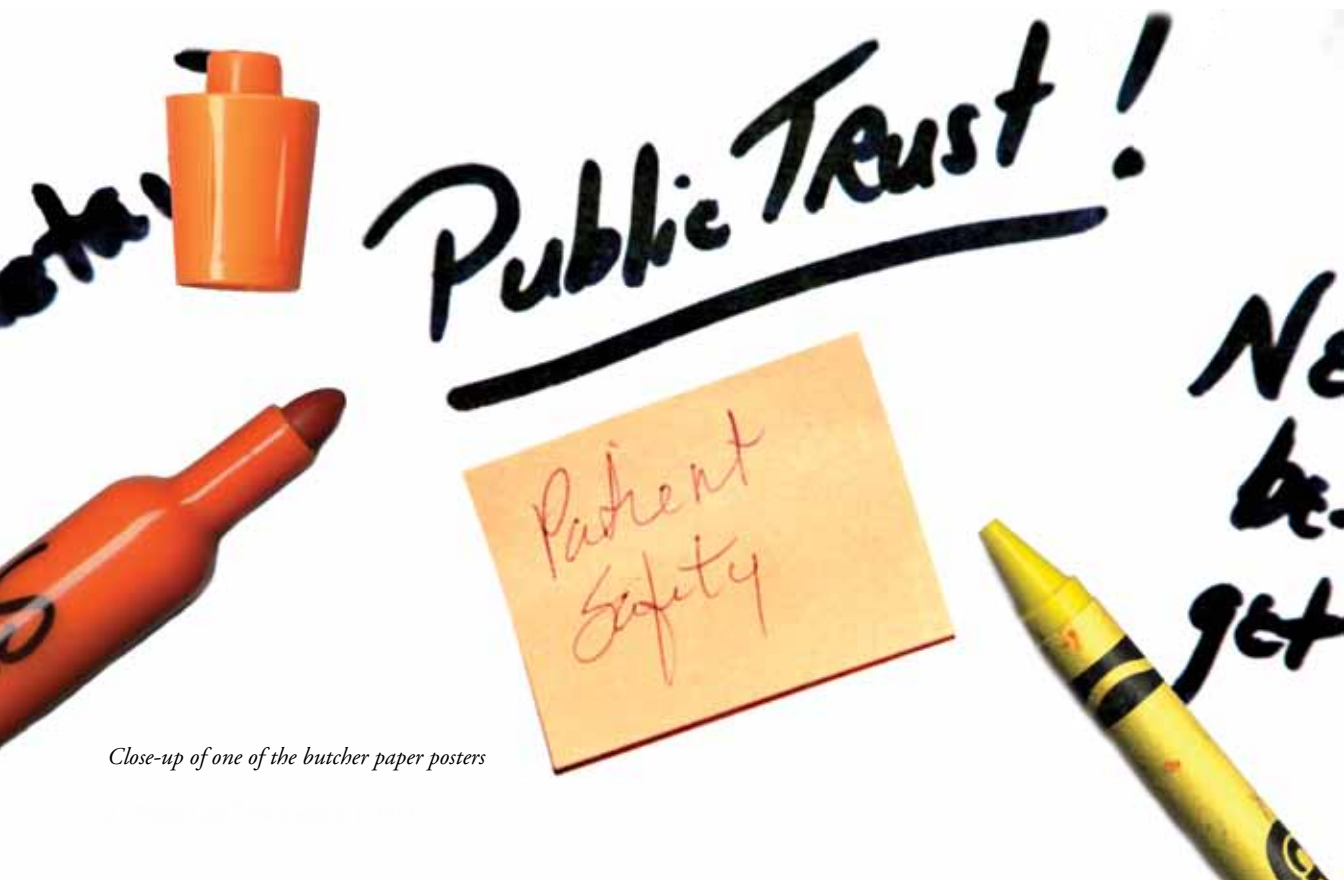


What constitutes a clinical experience?

Characteristics of Clinical Experiences. Participants identified several characteristics of clinical experiences and recommended the following: the systems organizational perspective approach for students; immersion in the health insurance and economics of the health care experience; integration of theory and clinical; engaging in clinical reasoning and critical thinking while in the clinical area; focusing on the IOM competencies; and influencing the health of an individual or group whether chronic, acute or episodic care (i.e. service learning).

Activities Associated with Clinical Experiences. Participants identified specific activities associated with clinical experiences, including reflective journals, case studies, role playing interaction with human and simulated patients, and meaningful pre- and post-conferences. The clinical experiences should also provide experiences in prioritization, delegation and teamwork. Incorporation of the legal scope of practice and identification of professional boundaries were also elements of these activities. Several participants suggested alternate models of care other than the total patient care for one to two patients.

Sites for Clinical Experiences by Frequency. Participants provided several suggestions. See Table 6 for a complete list.



Close-up of one of the butcher paper posters

Table 4. Implications for Nursing Program Structure

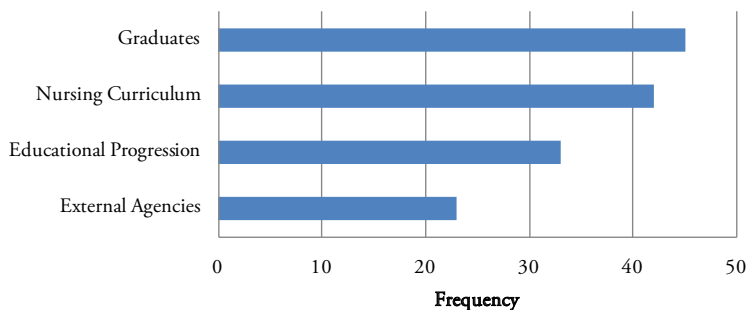


Table 5. Clinical Experiences

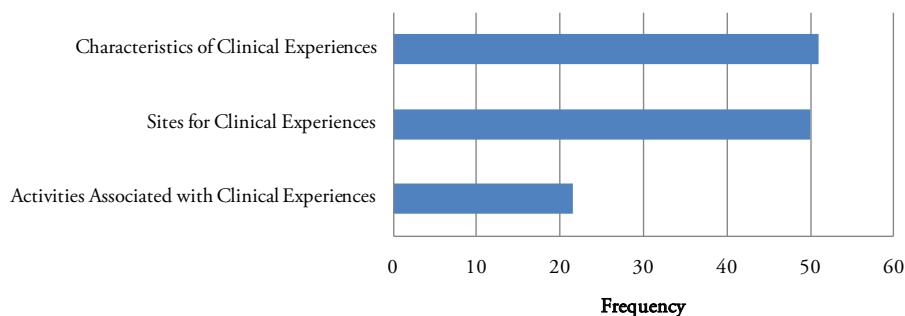
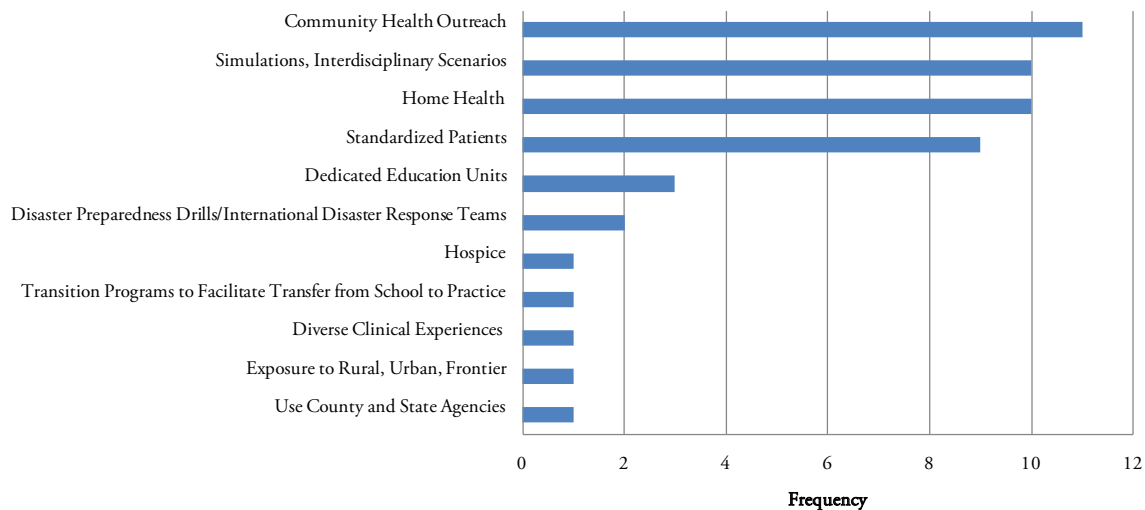


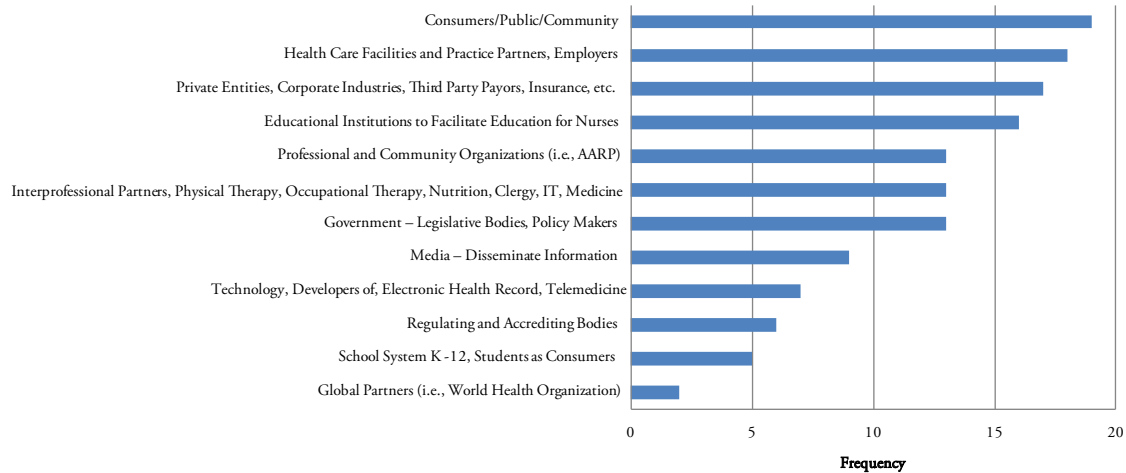
Table 6. Sites for Clinical Experience



Who would be new partners?

Participants identified several new partners for nursing education. See Table 7 for a complete list.

Table 7. New Partners



Survey of Attendees: Outcomes and Action Plans

After the conference, a survey was conducted to determine whether, based on the conversations at the World Café meeting, any follow-up actions took place in attendees’ organizations, regions, states/jurisdictions or nationally. Of the 200 attendees who were sent the survey, 73 (response rate of 36.5 percent) responded to the survey. Of these, 29 (40 percent) responded that follow-up actions occurred in their organizations, 10 (14 percent) responded that follow-up actions occurred in their regions (organizations in one state/jurisdiction collaborating on follow-up actions), and 25 (34 percent) responded that follow-up actions were occurring throughout the state/jurisdiction. None of the respondents reported involvement in actions occurring nationally as a result of the World Café meeting. Themes of these reported actions plans are outlined below.

Sharing and Use of World Café™ Methodology in Own Organization

In reviewing the narrative comments on the survey, three respondents reported using the World Café methodology at their workplace as a result of their participation at the meeting. One organization is planning to use the format at a future conference with its members. A respondent stated that “not only have we learned from the World Café methodology – we used this methodology ourselves this year.” Another stated that “we had our own café meeting for the nursing department instead of our regular faculty meeting with positive results

and positive feedback about how much better the dialogue was rather than how we usually run meetings.” Several comments were made about sharing the dialogue with their BONs, state action coalitions, and with deans, directors, and educators throughout the state/jurisdiction. A comment was made about plans to use the World Café format to guide an in-depth discussion during a summer board retreat and with a possible state-wide education conference.

State-wide/Regional Robert Wood Johnson Foundation Action Coalitions Work to Implement the IOM Recommendations

Comments were made that reflect the ties of the World Café dialogue with the IOM *Future of Nursing: Leading Change, Advancing Health* (2011) recommendations and the creation of regional action coalitions in the states. For example, a comment was made that “the information from the World Café is being taken into consideration as part of the action plan.” Other comments were made regarding the role of the action coalitions in implementing the IOM recommendations. It was noted that the IOM report and its initiative has been a driving force in states and jurisdictions, and in creation of the regional action coalitions for implementation.

Seamless Articulation in Achieving 80 Percent of Registered Nurses (RNs) with a BSN by 2020

The IOM recommendation that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression was frequently referred to in the narrative comments. Activities included the introduction of legislation to require a BSN in 10 years; formation of a taskforce as part of the action coalition to study the RN to BSN transition process; plans to move forward with a statewide curriculum for full articulation of associate degree programs with BSN completion programs; and refining the dual degree option to enable students in associate degree programs to fast-track to completion of their BSN. Others suggested expanding the RN to BSN programs, with some programs offering the RN to BSN program fully online.

Recommended Requirement for National Accreditation for All Nursing Programs

Several comments were made that agreed with the need for accreditation for all levels of nursing programs. Comments indicated the need for continued dialogue with BONs, nursing educators and national nursing accreditors. The dialogue appears to have opened the door for further conversation about the role of BONs and national accrediting bodies, the need to examine similarities and differences related to accreditation and BON approval criteria, as well as the issue of optimizing the resources required for these processes. A comment was

made related to having a conversation around a standardized or statewide curriculum as a way to facilitate a seamless articulation between ADN and BSN programs. Another comment indicated the need to share faculty between community colleges and universities. Several comments indicated the need to focus on accreditation of practical/vocational nursing programs as only 10 percent of these programs are nationally accredited.

Other Comments

A comment was made related to examining the requirements “to ensure that the emphasis (of program approval standards) is on outcomes rather than process.” It was noted that this direction of a focus on outcomes was reinforced at the World Café. Overall, the respondents indicated that they have continued the dialogue and conversation initiated at the World Café with their stakeholders, and they have used the information and methodology to stimulate discussion in their organizations. The participants indicated they felt the conversation had reinforced their activities in regard to the key messages and recommendations in the IOM report. A number of comments focused on activities taking place to expand RN to BSN programs and articulation with community colleges in order to achieve higher levels of education for RNs. Another comment indicated the focus on helping nursing programs better understand the role of BONs in the approval process and of national agencies in the accreditation process, emphasizing the value of both to assure quality nursing education, public protection and patient safety.

Considering future activity, respondents had a positive view of the World Café format and the dialogue that was generated. The interaction among educators, regulators and accreditors stimulated attendees to use the World Café methodology and to take the conversation that ensued back to their BONs, faculties and organizations. As one respondent stated, “the World Café was by far one of the most powerful and well-organized events I have attended. The manner in which the process was facilitated, the clearly stated goals and the respect shown for the diversity of the participants was extremely valuable.” Others comments called the meeting “the best, most inspiring meeting I have ever attended” and “a great model for future work within our state and region.” Several participants were interested in “ongoing conversations locally, nationally and globally.” Finally, one respondent stated that she “would love to do another or follow-up café where we could strategize about how to bring regulation and practice and IOM all together!”

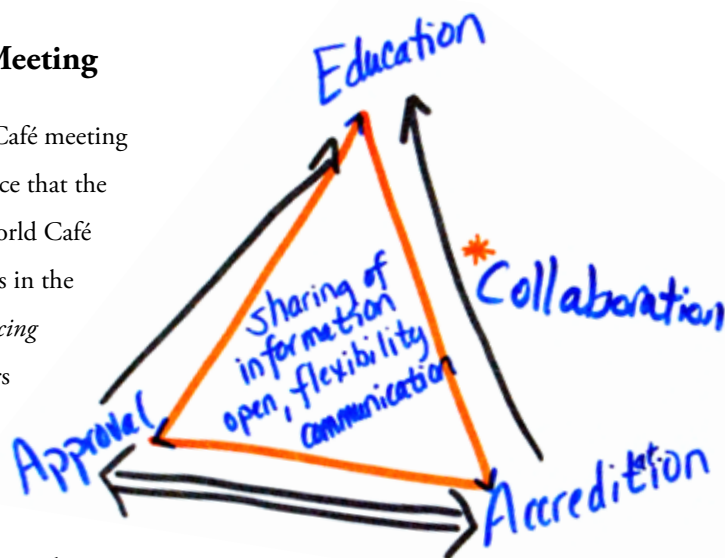
Outcomes from the World Café™ Meeting

What messages did the attendees of the World Café meeting take with them? It did not happen by coincidence that the six illustrative themes that emerged from the World Café discussions corresponded to several key messages in the IOM *Future of Nursing: Leading Change, Advancing Health* report (2011). Nursing leaders and others around the country are using this valuable report as a plan for action. One of the key messages in the report notes that

“Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” (IOM, 2011). World Café participants echoed the need for seamless academic progression. They used terms such as “unity,” “common goals” and “collaboration” when describing this area of focus. Achieving seamless academic progression would contribute to increasing the proportion of nurses with a baccalaureate degree as stated in the IOM recommendations. In discussions about mutual goals for the three bodies (accreditation, education and regulation) participants also discussed national accreditation of nursing programs. This too would enhance the educational mobility of nurses.

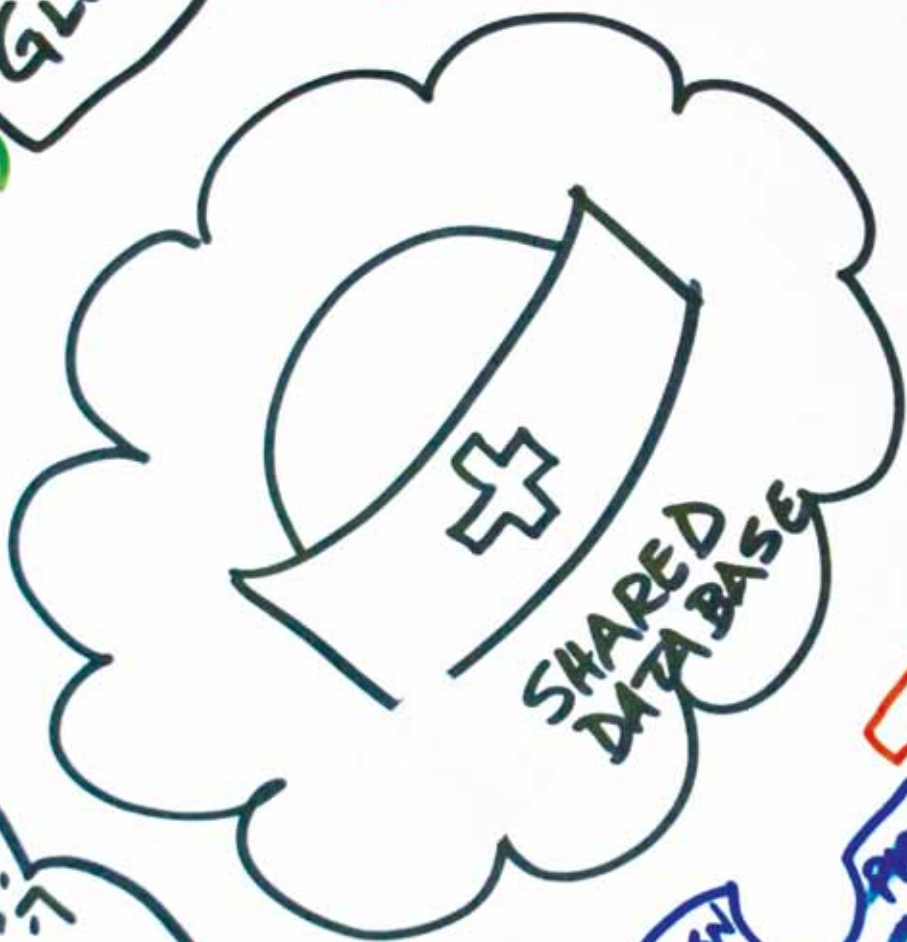
Another key message in the IOM report is stated as “Effective workforce planning and policy making require better data collection and an improved information infrastructure” (2011, p. 29). World Café participants confirmed this key message in discussions related to a need for consistent, transparent, shared communication between accreditors, educators and regulators. Participants discussed a national database of education data and best practices. A transparent, improved system of data collection advises decision makers about the current and future nursing workforce needs.

The IOM report also states in a key message that “Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States” (2011, p. 29). World Café participants noted that when accreditation, education and regulation are aligned, the result is powerful and influential. Nurses have the potential to influence health care delivery. Through the World Café, collaborative efforts and partnerships have just begun. The challenge is to continue this effort within nursing and beyond.



GLUE

CURRICULUM OF ED STANDARDS
+ FACULTY QUALIFICATIONS + CLINICAL COMPETENCE



COLLABORATION
COMMON OUTCOMES
MEASUREMENT
QSEN

Considerations for the Future

To achieve seamless nursing education, improved communication, and ultimately more influence over health care, BONs, accreditors, and educators should collaborate in developing articulated nursing program models (licensed practical/vocational nurse to ADN; ADN to BSN). Achieving national nursing accreditation of all nursing programs will provide a baseline standard to build articulated models. Common prerequisites and agreed-upon course equivalency will be necessary.

As educators go forward with needed innovations in nursing education, collaborating with BONs and national nursing accreditors, they should review the themes that were derived from the six questions under the larger question of “What are indicators of successful nursing programs?” While the purpose of this meeting was to begin a dialogue among educators, accreditors and regulators, and not to develop consensus on various strategies or issues, these indicators would be an excellent beginning for those who are contemplating transforming nursing education.

Conclusion

NCSBN hosted a successful World Café Education Meeting on Chicago on Dec. 8-9, 2011, bringing together nursing educators, regulators and national accreditors to:

- Learn from national thought leaders, both on the stage and among us;
- Engage in meaningful conversations about important issues; and
- Shape the future of nursing education.

Approximately 200 leaders gathered for the event, “Shaping the Future of Nursing Education: A New Vision for Approval and Accreditation.” Numerous outcomes have already been reported. Several key themes were identified which will serve as the foundation for ongoing work, including mutual goals for nursing education, regulation and accreditation; power and influence for the profession; unity, trust and collaboration; economy of time and money; transparent communication; safety and protection of patients and students; and indicators of successful nursing education programs. The use of the innovative World Café format enabled participants to safely and creatively imagine new possibilities. The foundation has been laid; now the responsibility for the outcomes rests with the participants.

References

- Brown, J. (2002). *The World Café: A resource guide for hosting conversations that matter*. Mill Valley CA: Whole Systems Associates.
- Institute of Medicine (IOM). (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

Congruency
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Simplify! more transparency
Highest
Consistent
other
Health
Common language
Standard
Nursing curriculum
across
need ONE way.
Nations - we
POWERFUL
NURSING
Congruent Scope of
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“The World Café is based on the assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges.”

— Juanita Brown, The World Café: A Resource Guide for Hosting Conversations That Matter (p. 3, 2002)

Join Us

- To learn from national thought leaders, both on stage and among us;
- To engage in meaningful conversations about important issues; and
- To help shape the future of nursing education.

*Community leads to clarity
leads to courage.*

— Chuck Lofy

Program Schedule

Thursday, Dec. 8, 2011

7:30 am	Registration		
7:30 - 8:30 am	Continental Breakfast		
8:30 - 8:45 am	Welcome and Overview Nancy Spector, PhD, RN Director, Regulatory Innovations, NCSBN		
8:45 - 9:15 am	Susan L. Woods, PhD, RN, FAHA, FAAN Chair, NCSBN Nursing Education Committee		
	Setting the Stage Meeting Facilitator: Joanne Disch, PhD, RN, FAAN Clinical Professor and Director, Katharine J. Densford International Center for Nursing Leadership, University of Minnesota School of Nursing		
9:15 - 10:45 am	The World Café: A Conversation that Matters A powerful opportunity to foster conversation and draw from the wisdom and creativity of those present. Our question: What could nursing be when education, approval and accreditation are fully aligned?		
10:45 - 11:15 am	Break		
11:15 am - 12:15 pm	A Conversation of the Whole		
12:15 - 1:15 pm	Lunch		

What Could Nursing Be?

Michael R. Bleich, PhD, RN, FAAN
Dr. Carol A. Lindeman Distinguished Professor of Nursing and director of Health Services and Organizational Leadership Program, Oregon Health & Science University School of Nursing

Indicators of a Successful Nursing Education Programs

Reflections on the Day

Adjourn

Reflect and Unwind Reception

Friday, Dec. 9, 2011

7:30 - 8:30 am	Continental Breakfast		
8:30 - 10:00 am	Toward a New Way of Thinking Christine A. Tanner, PhD, RN, FAAN AB Yaumans Spaulding Distinguished Professor, Oregon Health & Science University School of Nursing		
10:30 am - 12:00 pm	Implications for Education, Approval and Accreditation		
12:00 - 1:00 pm	Lunch		
1:00 - 2:30 pm	Planning at the State Level		
2:30 - 3:00 pm	A Sampling of Ideas		
3:00 - 3:30 pm	A Conversation of the Whole		
3:30 pm	Evaluation and Conclusion		

What Could Nursing Be?

Michael R. Bleich, PhD, RN, FAAN
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3:00 - 3:30 pm	A Conversation of the Whole		
3:30 pm	Evaluation and Conclusion		

WORLD CAFÉ™ EDUCATION MEETING

DEC. 8-9, 2011 | CHICAGO, IL

SHAPING THE FUTURE OF NURSING EDUCATION:
A NEW VISION FOR APPROVAL & ACCREDITATION

NCSBN
 National Council of State Boards of Nursing

REGISTRATION INFORMATION

DEC. 8-9, 2011 | CHICAGO, IL

Registration must be [submitted online](#) by Thursday, Dec. 1, 2011.

This conference is ideal for:

- Nursing educators;
- National nursing accreditors;
- NCSBN members; and
- Other interested stakeholders (such as practice).

ACCOMMODATIONS

Hyatt Regency Chicago

151 E. Wacker Drive
Chicago, IL 60601

Phone: 312.565.1234

Check in time: 3:00 pm

Check out time: 12:00 pm

Room rate: **\$180 Single/Double**

Rate is subject to a 15.4% state and local tax (subject to change).

Reservations

To reserve your hotel room:

1. Call 888.421.1442 and reference the NCSBN Education Conference room block when making your reservation; or

2. Book [online](#).

The cut-off for the room block is Friday, Nov. 18, 2011, or until full.

Failure to cancel a hotel reservation 24 hours prior to scheduled arrival may result in being charged one-night's stay.

ATTIRE

Business-casual attire is appropriate for all meeting functions. Meeting room temperatures fluctuate; dress in layers to ensure your comfort.

CONTINUING EDUCATION

Contact hours will be awarded. CE provider number/expiration date: ABNP1046, October 2014.

TRANSPORTATION

O'Hare International Airport (ORD):

Plan on approximately 30-60 minutes in travel time from the airport to the hotel depending on arrival time. For more information about air service to Chicago, arrival times and terminal information, visit the [ORD website](#) before embarking on your trip.

Midway International Airport (MDW):

Plan on approximately 40-70 minutes in travel time from the airport to the hotel depending on arrival time. For more information about air service to Chicago, arrival times and terminal information, visit the [MDW website](#) before embarking on your trip.

Public Transportation

The Chicago Transit Authority (CTA) is a fast and convenient way to travel to and from the airport, avoiding traffic. A one-way fare is \$2.25. For more information, visit its [website](#). Metra and other regional train and bus information may be obtained by visiting its [website](#) for the Chicago Area Regional Transportation Authority (RTA).

Shuttle

Go Airport Express shuttle service is available at O'Hare and Midway airports. From O'Hare, one-way fare is \$29. From Midway, one-way fare is \$24. To make reservations, visit their [website](#) and it will include a 10% discount on shared ride shuttle services for participants. You may also call 888.284.3826 and mention the code NCSBN to the reservations agents to receive the discount.

Taxi

Taxis are available on a first-come, first-served basis from the lower level curb front of all terminals. Shared ride service is available. There are no flat rates because all taxis run on meters. Expect to spend approximately \$40 to \$50 and about an hour travel time for a taxi ride from O'Hare to downtown Chicago; and \$30 to \$35 and 40 minutes for a taxi ride from Midway to downtown Chicago. For wheelchair accessible vehicles, call United Dispatch at 800.281.4466.

REGISTRATION FEES

The registration fee is **\$275 per person**.

The registration fee includes continental breakfasts,

beverage breaks, lunches, reception and meeting materials.

Registration may be paid by credit card, check, money order or purchase order. If paying for multiple registrations by check or purchase order, submit online registration for each attendee. Payment is expected prior to Dec. 1, 2011.

Make your check payable to NCSBN and write 2011 Education Conference on your check.

Send registration with payment to:

NCSBN

Attn: Mary Trucksa
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601

Online Registration

You must register for the meeting at:

www.ncsbn.org/events

If you do not receive correspondence from the NCSBN Meetings department within one week of submitting your registration form, contact 312.525.3639 or via [email](#).

CANCELLATIONS

Registration cancellations must be received by Wednesday, Nov. 23, 2011. No refunds will be provided after this date. Attendees must contact NCSBN Meetings at 312.525.3639 or via [email](#) to cancel.

Attendees are responsible for cancelling all flight and hotel arrangements. Failure to cancel a hotel reservation 24 hours prior to scheduled arrival may result in being charged one-night's stay.



34 World Café™ Monograph | 2012



SHAPING THE FUTURE OF NURSING EDUCATION: A NEW VISION FOR APPROVAL & ACCREDITATION



World Café™ material in this event is sourced from The World Café™ Community Foundation www.theworldcafe.com.

WORLD CAFÉ™ EDUCATION MEETING
DEC. 8-9, 2011 | CHICAGO, IL

Using the World Café format, educators, nursing accreditors and representatives from boards of nursing will engage in collaborative inquiry about approval and accreditation requirements. **Joanne Disch, PhD, RN, FAAN**, a nationally recognized leader in health care, will facilitate the meeting. **Michael Bleich, PhD, RN, FAAN**, a participant on the IOM Future of Nursing Committee, will deliver the keynote address. Bleich is well-known for transcending academic silos and bringing academic and service sectors together to improve educational and service delivery.



Appendix C. Letter to Participants



111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600
www.ncsbn.org

November 28, 2011

Dear Colleagues:

Welcome to the World Café Education Meeting!

The Nursing Education Committee of the National Council of State Boards of Nursing is pleased that you have registered for this very special learning experience – a World Café – on December 8-9, 2011 in Chicago.

We are intentionally using a very different format for this experience to capture the wisdom and creativity of the participants at this event as we explore important questions. I am writing this letter to elaborate on what we hope to accomplish, and just what a World Café is.

The World Café is a well-tested, highly creative method for hosting authentic conversations in small groups so everyone can participate. There are six key principles of a World Café:

- Create hospitable space
- Explore questions that matter
- Encourage everyone to contribute
- Connect diverse people and ideas
- Listen together for insights, patterns and deeper questions
- Make collective knowledge visible

“The World Café is based on the assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges” (Brown, 2002). As a result, you’ll notice from the beginning that this is no ordinary conference. In all aspects, we want it to be fun, engaging, and creative.

As you walk into the ballroom, you’ll take a seat at a table for 4 people, with butcher-block paper and the question of the day written on it – *“What could nursing be when education, approval and accreditation are fully aligned?”* Rather than sit lecture style, as we usually do, we will engage in a focused conversation at the table about this question, and then move to other tables, when directed, to build on what emerged in the previous discussion – each time with new people. You’ll be encouraged to use the butcher block paper to jot down key words, thoughts, pictures and visuals that capture your thoughts, and build upon each other’s thoughts. Upon completing the initial round of conversation, one person agrees to remain at the table as a host for newcomers, and the other 3 people become “ambassadors of meaning” carrying their ideas to new tables. After 3 cycles of conversation, we will take time to review common themes and share insights. For those of you interested in learning more about the World Café, I’m including a brief monograph to describe it more fully.

But this conference is more than the World Café. That's to get us started communicating and connecting, listening in new ways, and sharing new ideas and possibilities. We are very pleased to have Michael Bleich, PhD, RN, FAAN, Dr. Carol A. Lindeman Distinguished Professor of Nursing and Director, Health Services and Organizational Leadership Program, Oregon Health & Science University (OHSU), and Chris Tanner, PhD, RN, FAAN, Youman's Spaulding Distinguished Professor at OHSU, join us as provocative thought leaders. They too will be challenging us to move toward a new way of thinking. The Planning Committee has also built in time for us to learn from each other. What could be indicators of a successful prelicensure nursing education program? How could we begin to develop state-wide action plans for aligning efforts among educators, regulators and accreditors as we go forward from this conference?

What we hope to accomplish from our two days together is to gain an appreciation for differing viewpoints on some pretty complex issues; to explore implications from presentations by two of our profession's most thoughtful leaders; to begin to develop a shared understanding of what a common set of indicators of prelicensure nursing education programs could be among educators, boards of nursing and accreditors; to share best practices for communication and collaboration among these groups; and to develop a proposed action plan for continuing the work started here when we go back to our respective states/jurisdictions.

The Planning Committee is very excited about this conference. It represents a bold step in trying a new format to enhance listening, conversation and shared learning as we tackle challenging issues.

See you at the Café!

Joanne Disch, PhD, RN, FAAN
Clinical Professor & Director,
Katharine J Densford Int'l Center for Nursing Leadership
Katherine R and C Walton Lillehei Chair in Nursing Leadership
University of Minnesota School of Nursing

Facilitator, The World Café Education Meeting
disch003@umn.edu
612-625-1187

Appendix D. Themes from the World Café™ Discussions



WORLD CAFE EDUCATION MEETING
DEC. 8-9, 2011 | CHICAGO, IL
SHAPING THE FUTURE OF NURSING EDUCATION
A NEW VISION FOR APPROVAL & ACCREDITATION

THE BUTCHER PAPERS

When Education, Regulation, & Accreditation are aligned in Nursing.

T H E M E S

Mutual Goals for Nursing Education, Practice, & Regulation (146)

Power & Influence for the Profession (97)

Unity & Collaboration (63)

Economy of Time & Money (58)

Transparent Communication (53)

Safety and Protection of Patients & Students (29)

Themes arranged by frequency.

Theme analysis by Smyer & Gutierrez
(2012) UNLV School of Nursing

200 Nurse Leaders
from Regulation, Education, & Accreditation
answered the question,
“What could nursing be when education,
approval and accreditation are fully aligned?”

Appendix E. Indicators of Successful Nursing Programs

Themes	Indicators (Listed by Frequency of Comments)
Desirable Outcomes	Nursing Competence Patient Safety Communication/Interpersonal Skills Organizational/System Knowledge Application of Clinical Reasoning in Practice Professionalism Life-long Learner Student Satisfaction with Academic Program Student Employment Student Leaders
Faculty Role	Innovative Pedagogy Redefined Professional Identity Learner Centered Educational Model Faculty as Leader Teaching as Practice Technology Expert
Who Should Faculty Be?	Interprofessional Faculty Active Clinicians with Teaching Expertise Partnership between Educators and Clinicians Other Contributors
Program Structure	Graduates Nursing Curriculum Educational Progression External Agencies

Themes	Indicators (Listed by Frequency of Comments)
What Constitutes Clinical Experiences?	Characteristics of Clinical Experiences Sites for Clinical Experiences Community Health Outreach Simulation, Interdisciplinary Scenarios Home Health Standardized Patients Dedicated Education Units Disaster Preparedness Drills/International Disaster Response Teams Hospice Transition Programs to Facilitate Transfer from School to Practice Diverse Clinical Experiences, such as Long-term Care, Assisted Living, Surgicenters, etc. Exposure to Rural, Urban and Frontier County and State Agencies, such as Fire Departments, Policemen, Prisons, etc. Activities Associated with Clinical Experiences
Who Would Be Our New Partners?	Consumers/Public/Community Health Care Facilities and Practice Partners, Employers Private Entities, Corporate Industries, Third-party Payors, Insurance, etc. Educational Institutions to Facilitate Education for Nurses with Seamless Articulation from ADN to BSN Programs Professional and Community Organizations Interprofessional Partners, Physical Therapy, Occupational Therapy, Nutrition, Clergy, Information Technology, Medicine, Social Work, etc. Government – Legislative Bodies, Policy Makers Media Technology, Developers of Electronic Health Records, Telemedicine Regulating and Accrediting Bodies School System K-12, Students as Consumers Global Partners (i.e., World Health Organization), Global Health Missions



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