



**Testimony provided to the
Michigan State Senate Commerce Committee
On Senate Bill 98**

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University of Michigan-Flint**

May 20, 2015

Thank you, Mr. Chairman, and members of the Senate Commerce Committee, for the opportunity to provide testimony this morning on Senate Bill 98.

My name is Margaret Murray-Wright, MSN, RN, and I serve as the Associate Director of Undergraduate Nursing and a Clinical Assistant Professor in the School of Health Professions and Studies at the University of Michigan-Flint.

The University of Michigan-Flint does not support the legislation. It attempts to solve a problem that does not exist.

Historically, it was difficult for nurses from associate or diploma programs to find flexible programs to complete their BSN. Today, there are many options especially with the rising number of online programs. The Michigan Transfer Agreement (MTA) facilitates transfer of credits from community colleges to baccalaureate programs.

Multiple universities including the University of Michigan-Flint have created a transition for associate degree nurses that are student centered, flexible, economic, and most importantly, high quality. The Board of Regents of the University of Michigan approved the RN/BSN Program on the Flint campus in 1974 and we have a 40-year sustained track record of providing baccalaureate education for Michigan's associate degree nurses.

While our program began in a traditional classroom setting, current students have options of attending face-to-face, mixed-mode, or online classes.

During our current academic year the University of Michigan-Flint Nursing Program enrolled 691 RN to BSN students. This represents a 383% increase from the students enrolled in 2004 (N=143). Our registration process is rolling and we accommodate new students each semester with **no waiting list**. I would like to repeat that: with **no waiting list**. Our growth over the last decade demonstrates both our capacity and commitment to an educated nursing workforce in Michigan.

We would be more than willing to share our successful model with other programs in an effort to accelerate the pace for achieving a higher percentage of BSN nurses in Michigan. With sixteen articulating agreements we have demonstrated strong partnering with our community colleges. We have established sites in Lansing, Alpena, Port Huron, and Detroit in an effort to meet individual regional needs.

Our RN to BSN coordinator and Office of Extended Learning staff have traveled to fourteen community colleges throughout the state in the last year to determine the specific needs of the associate degree program and their students. The job market has changed and associate degree nurses are experiencing barriers in employment without a BSN. New community college graduates now seek a smooth transition while enrolled in their ADN program and begin the process much earlier than in the past when nurses returned for their BSN years after entering the workforce. Both groups of students require support and resources. Our educational system needs to be sensitive to students' needs as many have compelling financial and life circumstance challenges that create a hurdle to the goal of becoming a BSN.

Are Community Colleges prepared and ready to launch BSN programs?

We value the contribution, expertise and commitment of our colleagues in ADN programs. We have never doubted their objective and goal. Launching a BSN program, however, will require substantive additional funding from the students, the state, and local taxpayers. Faculty recruitment, clinical site acquisition, curriculum development and accreditation may prove insurmountable and will compromise the quality of instruction.

Our recommendation is simple: the University of Michigan-Flint, as well as our other public universities, stand ready to create the partnerships for successful RN to BSN degree programs on their campuses. As one can see from one of the enclosed documents in your packets, we have any number of articulation and reverse transfer agreements in place to help students earn their four-year degree. And I expect by the end of this calendar year, we will have new RN to BSN programs at five community colleges in Michigan.

Synergy is needed, not competition. We need to be responsible stewards of Michigan's resources if the goal of a more educated nursing workforce is to be realized. We owe this to our patients we serve and the taxpayers of the State of Michigan instead of creating additional expensive programs from the ground up.

Thank you for your time this morning. I look forward to any questions the Committee may have.



University of Michigan – Flint Articulation Agreements

Albion College

2012: Transfer agreement for Guaranteed Admissions into Doctor of Physical Therapy

Alpena Community College

2012: Assoc. of Applied Nursing to Bachelor of Science of Nursing; RN to Bachelor of Science in Nursing

2014: Transfer of credits toward Bachelor of Applied Science

Delta College

2001: Bachelor of Applied Science, Criminal Justice, Psychology, Public Administration, Medical Technology, and Physical Therapy

2004: Radiation Therapy

2005: Assoc Degree in Nursing towards Bachelor of Science in Nursing

2010: Assoc of Arts in Business Administration to UM-F's Bachelor of Business Administration degree

2012: Reverse Transfer Agreement signed.

Jackson College (formerly known as Jackson Community College)

2009: Transfer credits into Bachelor of Science in Nursing program

2013: Transfer credits toward Bachelor of Science in Nursing program w/option of directly applying to the Doctor of Nursing Practice degree (DNP).

Kalamazoo Valley Community College

2014: Reverse Transfer agreement

Kirtland Community College

2015: Transfer of credits into Bachelor of Applied Science degree

Transfer of credits into a Bachelor Business Administration degree

Kettering University

2005: Dual Masters program: Master of Science in Manufacturing Operations

(KU) and Masters of Business Administration (UM-Flint)

Dual Masters program: Master of Lean Manufacturing (KU) and Masters of Business Administration (UM-Flint)

Lake Michigan College

2015: Transfer of credits towards a Bachelor of Applied Science degree

Lansing Community College

2001: Transfer credits toward Bach of Applied Science, Criminal Justice, Psychology, Public Administration, Medical Technology, Nursing, Master's in Physical Therapy

2006: Transfer credits towards Health Care Administration, Nursing, and Business Administration

2007: University Center Educational Partner agreement

2012: Transfer credits toward a BBA degree

Macomb Community College

2011: Transfer of credit towards BSN, w/option of applying to DNP program

2011: Transfer agreement for students from MCC to UM-Flint

Michigan State University – College of Human Medicine

2010: Early Assurance Program to medical school for UM-Flint premed students

2012: MSU Kinesiology students transfer of credits toward Doctorate of Physical Therapy at UM-Flint

Mott Community College

1992: Dual agreement on course offerings towards BS in Art Education.

2003: Transfer Assoc of Applied Science to BAS degree

2008: Transfer agreement for students from MCC to UM-Flint (SOM)

2009: Assoc Degree in Nursing towards BSN degree

Transfer of credits in Medical Technology towards Bachelor of Science degree

2010: Transfer agreement for students in Social Work to Bachelor of Social Work

Transfer agreement for students in Criminal Justice to Bachelor of Arts degree

2011: Transfer agreement for students from MCC to UM-Flint; transfer credits toward Psychology; University Center Educational Partners agreement; Concurrent Admission and Enrollment Agreement

2012: Reverse Transfer Agreement signed.

Muskegon Community College

2014: Transfer agreement of credits toward Bachelor of Business Administration

2015: Transfer agreement of credits toward Bachelor of Applied Science

Oakland Community College

- 2001: Transfer of credit for Bachelor of Applied Science, Criminal Justice, Public Administration, Psychology, Medical Technology, Bachelor of Science in Nursing
Master's in Physical Therapy
- 2008: Transfer of credit towards Bachelor of Business Administration

Saginaw Valley State University

- 2012: Transfer agreement with Guaranteed admissions into Doctorate of Physical Therapy program

St. Clair County Community College

- 2001: Transfer of credits toward Bachelor of Applied Science, Criminal Justice, Public Administration, Medical Technology, Master of Physical Therapy
- 2005: Transfer of credits toward Bachelor of Arts in Psychology
- 2006: Transfer of credits toward Bachelor of Business Administration
- 2008: UM-Flint provides upper level courses taught at SCCCC.
- 2011: Assoc Degree of Nursing towards Bachelor of Science in Nursing
Doctorate of Nursing Practice (DNP)
- 2012: Reverse Transfer Agreement signed.

University of Michigan – College of Engineering

- 2007: 2+2 Guaranteed Admit Program: Leading to Bachelor of Science or Bachelor of Science in Engineering

3+2 Guaranteed Admit Program leading to a Bachelor of Arts (UM-Flint) and Bachelor of Science or Bachelor of Science in Engineering (UM-AA)

University of Michigan – Health System

- 2007: Didactic and clinical education programs for students enrolled in Radiation Therapy at UM-Flint campus

University of Michigan-Dearborn

- 2008: Inter-institutional collaboration for Online Learning between UM-Dearborn College of Arts, Sciences and Letters and Office of Distance Learning along with UM-Flint's College of Arts and Sciences and Office of Extended Learning
- 2009: Inter-institutional collaboration on Study Abroad/Exchange program between UM-Dearborn and UM-Flint

Washtenaw Community College

- 2005: Transfer agreement of credits towards Bachelor of Science in

Radiation Therapy

- 2011: Assoc of Nursing degree towards Bachelor of Science in Nursing and option to apply to Doctorate of Nursing Practice
- 2013: Transfer of students from Assoc Applied Science to Bachelor of Applied Science degree
- 2013: Transfer of students from Assoc of Arts degree to Bachelor of Business Administration degree

Wayne County Community College

- 2010: Assoc of Nursing degree to Bachelor of Science in Nursing (traditional and mixed mode program) w/option to apply to Doctorate of Nursing Practice
- Assoc of Arts to Bachelor of Business Administration degree
- University Center Agreement

West Shore Community College

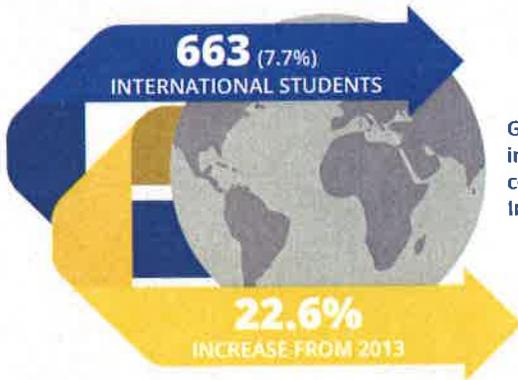
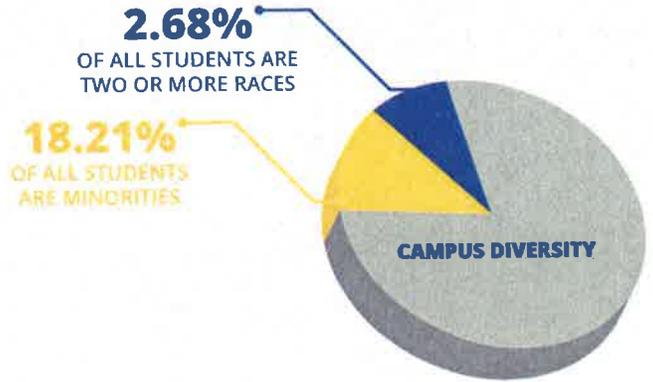
- 2015: Transfer agreement of credits towards Bachelor of Business Administration degree



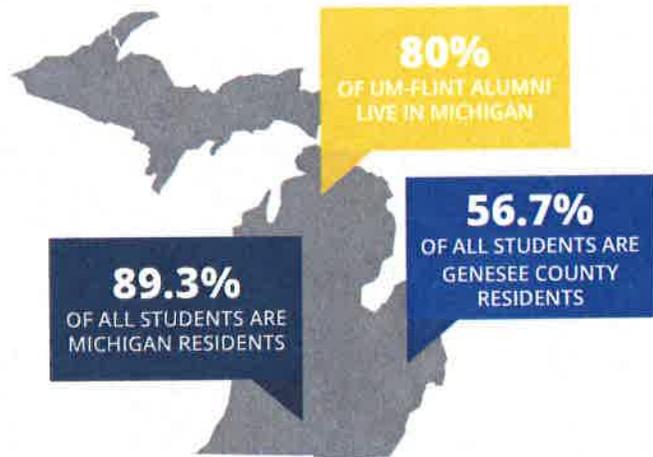
A REGIONAL COMPREHENSIVE CAMPUS OF THE WORLD-RENOWNED UNIVERSITY OF MICHIGAN, LOCATED IN THE CENTER OF DOWNTOWN FLINT

7,078 UNDERGRADUATE STUDENTS

1,496 GRADUATE STUDENTS



Greatest number of international students come from Saudi Arabia, India, and China



\$79,143,066 ECONOMIC IMPACT OF UM-FLINT ON GENESEE COUNTY IN FISCAL YEAR 2014
\$2,136,223 PHILANTHROPIC CONTRIBUTIONS FOR FISCAL YEAR 2014



SINCE 1956, UM-FLINT HAS CONFERRED 34,242 UNDERGRADUATE DEGREES, 5,767 GRADUATE DEGREES

UNDERGRADUATE MAJORS

There are over 100 possible majors/concentrations/specializations that apply to 11 bachelor's degrees.

- 20.6% undergraduates are nursing or pre-nursing majors
• 17.4% STEM (Science, Engineering, Technology and Math)
• 14.6% of undergraduates are business majors
• 6.2% are education-related majors of which 7.9% are pursuing teaching in science and math
• 7% of undergraduates are non-teaching biology or biochemistry majors
• 4.4% of undergraduates are computer science or information systems majors

GRADUATE MAJORS

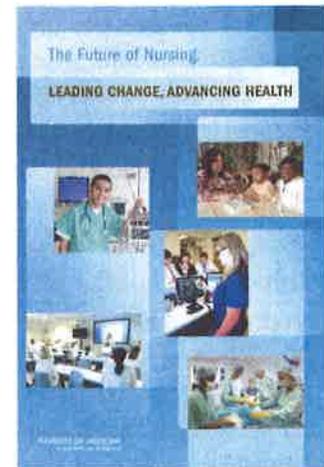
18 different master's degrees, one post-bachelor's certificate, one post-master's degree, five professional doctoral degrees, one PhD, six post-graduate certificates

- 15.7% of graduate students are in education
• 16% of graduate students are in physical therapy
• 13.7% of graduate students are in business
• 13.8% of graduate students are in nursing
• 8.9% of graduate students are in public administration

For more information visit www.iom.edu/nursing

The Future of Nursing

Focus on Education



The 2010 Affordable Care Act represents the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs. Transforming the health care system to provide safe, quality, patient-centered, accessible, and affordable care will require a comprehensive rethinking of the roles of many health care professionals, nurses chief among them. To realize this vision, nursing education must be fundamentally improved both before and after nurses receive their licenses.

In 2008, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing.

As part of its report, *The Future of Nursing: Leading Change, Advancing Health*, the committee considered many challenges that face the nursing education system and some of the solutions that will be required to advance the system. It determined that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

The Need for Highly-Educated Nurses

In the 21st century, the health challenges facing the nation have shifted dramatically. The American population is older—Americans 65 and older will be nearly 20 percent of the population by 2030—as well as more diverse with

respect not only to race and ethnicity but also other cultural and socioeconomic factors. In addition to shifts in the nation's demographics, there also have been shifts in that nation's health care needs. Most health care today relates to chronic conditions, such as diabetes, hypertension, arthritis, cardiovascular disease, and mental health conditions, due in part to the nation's aging population and compounded by increasing obesity levels. While chronic conditions account for most of the care needed today, the U.S. health care system was primarily built around treating acute illnesses and injuries, the predominant health challenges of the early 20th century.

The ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century. As patient needs and care environments have become more complex, nurses need to attain requisite competencies to deliver high-quality care. These competencies include leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas such as community and public health and geriatrics. Nurses also are being called upon to fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals. To respond to these increasing demands, the IOM committee calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better prepare them to meet the needs of the population.

An Improved Education System

Much of nursing education revolves around acute care rather than community settings that include aspects of primary care, public health, and long-term care. Nursing education frequently does not incorporate the intricacies of care coordination and transitions. Nor does it promote the skills

needed to negotiate with the health care team, navigate the regulatory and access stipulations that determine patients' eligibility for enrollment in health and social service programs, or understand how these programs and health policies affect patients and health outcomes. Nursing curricula need to be reexamined, updated, and adaptive enough to change with patients' changing needs and improvements in science and technology, the IOM committee says.

Many nursing schools have dealt with the rapid growth of health research and knowledge by compressing available information into the curriculum and adding layers of content that require more instruction. New approaches and educational models must be developed to respond to burgeoning information in the field. For example, fundamental concepts that can be applied across all settings and in different situations need to be taught, rather than requiring rote memorization. Competencies also must move from task-based proficiencies to higher-level competencies that provide a foundation for care management knowledge and decision-making skills under a variety of clinical situations and care settings. Additionally, emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse's professional formation.

Entering the Profession

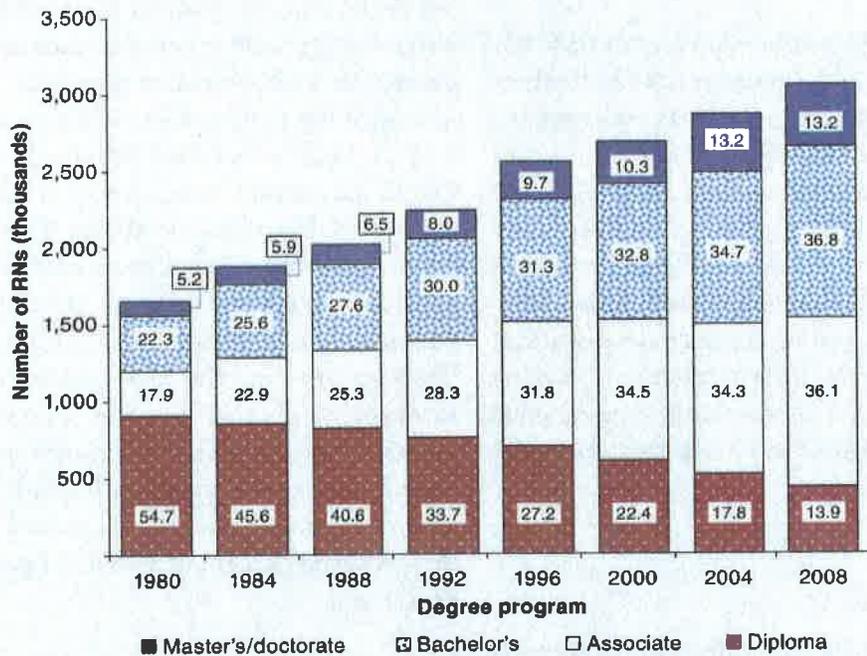
Nursing is unique among the health care professions in the United States in that it has multiple educational pathways leading to an entry-level license to practice. Nursing students are able to pursue three different educational pathways to become registered nurses (RNs): the bachelor's of science in nursing (BSN), the associate's degree in nursing (ADN), and the diploma in nursing. More recently, an accelerated, second-degree bachelor's program for students who possess a baccalaureate degree in another field also has become a popular option. These various pathways provide numer-

ous opportunities for women and men of modest means and diverse backgrounds to access careers in an economically stable field.

The qualifications and level of education required for entry into the nursing profession have been widely debated by nurses, nursing organizations, academics, and a host of other stakeholders for more than 40 years. Although a BSN education is not a panacea for all that is expected of nurses in the future, it does, relative to other educational pathways, introduce students to a wider range of competencies in such arenas as health policy and health care financing, community and public health, leadership, quality improvement, and systems thinking. Care within the hospital continues to grow more complex, with nurses having to make critical decisions associated with care for sicker, frailer patients and having to use more sophisticated, life-saving technology coupled with infor-

mation management systems that require skills in analysis and synthesis. Care outside the hospital is becoming more complex as well. Nurses are being called on to coordinate care among a variety of clinicians and community agencies; to help patients manage chronic illnesses, thereby preventing acute care episodes and disease progression; and to use a variety of technological tools to improve the quality and effectiveness of care. A more educated nursing workforce would be better equipped to meet the demands of an evolving health care system, and this need could be met by increasing the percentage of nurses with a BSN. An increase in the proportion of nurses with a BSN also would create a workforce poised to achieve higher levels of education at the master's and doctoral levels, required for nurses to serve as primary care providers, nurse researchers, and nurse faculty—positions currently in great demand across the

Distribution of the registered nurse population by highest nursing or nursing-related educational preparation, 1980-2008.



SOURCE: Health Resources and Services Administration

profession and within the health care system. The committee recommends that the proportion of nurses with baccalaureate degrees be increased to 80 percent by 2020. While it anticipates that it will take a few years to build the educational capacity needed to achieve this goal, the committee maintains that it is bold, achievable, and necessary to move the nursing workforce to an expanded set of competencies, especially in the domains of community and public health, leadership, systems improvement and change, research, and health policy.

Improving the education system and achieving a more educated workforce—specifically increasing the number of nurses with baccalaureate degrees—can be accomplished through a number of different programs and educational models, including: traditional RN-to-BSN programs; traditional 4-year BSN programs at both universities and some community colleges; educational collaboratives that allow for automatic and seamless transitions from an ADN to a BSN; new providers of nursing education such as proprietary/for-profit schools; simulation and distance learning through online courses; and academic-service partnerships.

In addition to increased numbers of BSN-educated nurses, schools of nursing must build their capacities to prepare more students at the graduate level who can assume roles in advanced practice, leadership, teaching, and research. While 13 percent of nurses hold a graduate degree, fewer than one percent have a doctoral degree. Nurses with doctorates are needed to teach future generations of nurses and to conduct research that becomes the basis for improvements in nursing science and practice. The committee recommends doubling the number of nurses with a doctorate by 2020.

Lifelong Learning

Profound changes in the education of nurses, both before and after they receive their licenses,

are required to develop a more highly-educated workforce. Nursing education should serve as a platform for continued lifelong learning and should include opportunities for seamless transition to higher degree programs. The committee recommends that nurses and nursing students and faculty continue their education and engage in lifelong learning.

Bridge programs and educational pathways between undergraduate and graduate programs—specifically programs such as LPN-to-BSN, ADN-to-BSN, and ADN-to-MSN—are designed to facilitate academic progression to higher levels of education. The ADN-to-MSN program, in particular, is establishing a significant pathway to advanced practice and some faculty positions. Financial support to help build capacity for these programs will be important, including funding for grants and scholarships for nurses wishing to pursue these pathways. For example, diploma programs could be phased out, leaving federal resources that could be reallocated to expand baccalaureate and higher education programs.

Bridge programs and seamless educational pathways also offer opportunities for increasing the overall diversity of the student body and nurse faculty with respect to race and ethnicity, geography, background, and personal experience. Although the composition of the nursing student body is more racially and ethnically diverse than that of the current workforce, diversity continues to be a challenge within the profession. Greater racial and ethnic diversity among all health care providers leads to stronger relationships with patients in non-white communities, which are likely to grow as the U.S. population becomes increasingly diverse. Nursing schools and other relevant groups need to create programs to recruit and retain more individuals from racial and ethnic minorities, as well as men—who make up just seven percent of all RNs—into the nursing profession.

Enough Nurses with the Right Skills

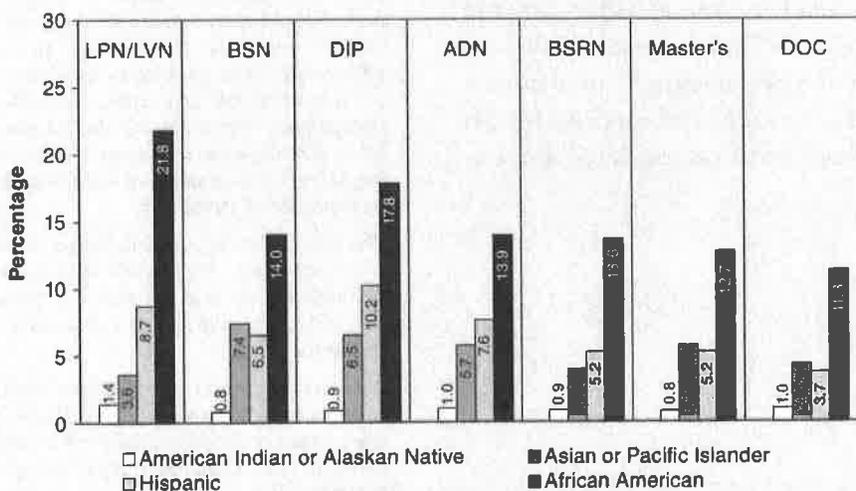
Significant barriers must be overcome if the shortage of nurses is going to be offset and more advanced and expanded nursing roles are going to be filled. Having enough nurses with the right kinds of skills will contribute to the overall safety and quality of a transformed health care system. One such barrier is high turnover rates, which continue to destabilize the nurse workforce in the United States. The costs associated with these turnover rates are significant, particularly in hospitals and nursing homes. The high rates among newly graduated nurses, in particular, highlight the need for a greater focus on managing the transition from school to practice.

Nurse residency programs, recommended by the Joint Commission in 2002, can provide important hands-on experience for newly graduated nurses or those transitioning into a new area of practice. These planned, comprehensive peri-

ods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined standards of practice, can help new nurses develop skills in such important areas as organizing work; establishing priorities; and communicating with physicians and other professionals, patients, and families. In addition, transition-to-practice residency programs can help develop leadership and technical skills in order to provide quality care. Residency programs are supported predominantly in hospitals and larger health systems, with a focus on acute care; they also need to be developed and evaluated outside of acute care settings to accommodate the coming shift of care from hospital to community-based settings and the need for nursing expertise in chronic illness management, care of older adults in home settings, and transitional services.

While the evidence is limited because resi-

Percentage of minority students enrolled in nursing programs by race/ethnicity and program type, 2008-2009



NOTE: ADN = associate's degree programs; BSN = bachelor's of science programs; BSRN = RN-to-BSN programs; DIP = diploma nursing programs; DOC = nursing school programs offering doctoral degrees; LPN = licensed practical nursing programs; LVN = licensed vocational nursing programs.

SOURCE: Reprinted with Permission from the National League for Nursing.

gency programs are not widespread, they have been shown to help reduce turnover rates for new graduate RNs, reduce costs, increase stability in staffing levels, and help first-year nurses develop critical competencies in clinical decision making and autonomy in providing patient care. The committee recommends that actions be taken to support nurses' completion of transition-to-practice nurse residency programs after they have completed a prelicensure or advanced degree program or when they are transitioning into new clinical practice areas.

Conclusion

With more than 3 million members, the nursing profession is the largest segment of the nation's health care workforce. Working on the front lines of patient care, nurses have a direct effect on patient care. Their regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to effect wide-reaching changes in the health care system. Nurses must be prepared to meet diverse patients' needs; function as leaders; and advance science that benefits patients and the capacity of health professionals to deliver safe, quality patient-centered care. If new nurses are to succeed in this complex and evolving health care system, nursing education needs to be transformed.

Recommendations

Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

- The Commission on Collegiate Nursing Education, working in collaboration with the National League for Nursing Accrediting Commission, should require all nursing schools to offer defined academic pathways, beyond articulation agreements, that promote seamless access for nurses to higher levels of education.
- Health care organizations should encourage nurses with associate's and diploma degrees to enter baccalaureate nursing programs within 5 years of graduation by offering tuition reimbursement, creating a culture that fosters continuing education, and providing a salary differential and promotion.
- Private and public funders should collaborate, and when possible pool funds, to expand baccalaureate programs to enroll more students by offering scholarships and loan forgiveness, hiring more faculty, expanding clinical instruction through new clinical partnerships, and using technology to augment instruction. These efforts should take into consideration strategies to increase the diversity of the nursing workforce in terms of race/ethnicity, gender, and geographic distribution.
- The U.S. Secretary of Education, other federal agencies including the Health Resources and Services Administration, and state and private funders should expand loans and grants for second-degree nursing students.
- Schools of nursing, in collaboration with other health professional schools, should design and implement early and continuous interprofessional collaboration through joint classroom and clinical training opportunities.
- Academic nurse leaders should partner with health care organizations, leaders from primary and secondary school systems, and other community organizations to recruit and advance diverse nursing students.

Double the number of nurses with a doctorate by 2020.

Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

- The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should monitor the progress of each accredited nursing school to ensure that at least 10 percent of all baccalaureate graduates matriculate into a master's or doctoral program within 5 years of graduation.
- Private and public funders, including the Health Resources and Services Administration and the Department of Labor, should expand funding for programs offering accelerated graduate degrees for nurses to increase the production of master's and doctoral nurse graduates and to increase the diversity of nurse faculty and researchers.
- Academic administrators and university trustees should create salary and benefit packages that are market competitive to recruit and retain highly qualified academic and clinical nurse faculty.

Ensure that nurses engage in lifelong learning.

Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

- Faculty should partner with health care organizations to develop and prioritize competencies so curricula can be updated regularly to ensure that graduates at all levels are prepared to meet the current and future health needs of the population.
- The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should require that all nursing students demonstrate a comprehensive set of clinical performance competencies that encompass the knowledge and skills needed to provide care across settings and the lifespan.

- Academic administrators should require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, teaching, and research.
- All health care organizations and schools of nursing should foster a culture of lifelong learning and provide resources for interprofessional continuing competency programs.
- Health care organizations and other organizations that offer continuing competency programs should regularly evaluate their programs for adaptability, flexibility, accessibility, and impact on clinical outcomes and update the programs accordingly.

Implement nurse residency programs.

State boards of nursing, accrediting bodies, the federal government, and health care organizations should support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

The following actions should be taken to implement and support nurse residency programs:

- State boards of nursing, in collaboration with accrediting bodies such as the Joint Commission and the Community Health Accreditation Program, should support nurses' completion of a residency program after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.
- The Secretary of Health and Human Services should redirect all graduate medical education funding from diploma nursing programs to support the implementation of nurse residency programs in rural and critical access areas.
- Health care organizations, the Health Resources and Services Administration and Centers for Medicare and Medicaid Services, and philanthropic organizations should fund the development and implementation of nurse residency programs across all practice settings.
- Health care organizations that offer nurse residency programs and foundations should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes.

**Committee on the Robert Wood Johnson Foundation
Initiative on the Future of Nursing, at the Institute of
Medicine**

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