



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

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Minutes  
Illinois Center for Nursing  
Advisory Board Meeting  
10:00 A.M., Thursday, December 4, 2008  
Mennonite Nursing at Illinois State University College of Nursing  
Bone Student Center, Circus Room  
College Avenue & University Street  
Normal, Illinois

ATTENDANCE

Board Members Present:

*Michele Bromberg, Chairperson*  
*Kathryn Christiansen*  
*Linda Fahey*  
*Donna Hartweg*  
*Marcia Maurer*  
*Donna Meyer*  
*Deborah Terrell*

*Linda B. Roberts, ICN Manager*

Excused Absence:

*Susan Campbell*  
*Nancy Cutler*  
*Mary Lebold*  
*James Renneker*  
*Maureen Shekleton*

The meeting was officially called to order at 10:15 a.m. by Chairperson Bromberg. There were seven board members present, representing a quorum.

Announcements

1. Minutes:

The first item on the agenda was consideration and approval of minutes from the November 6, 2008 meeting.

Marcia Maurer moved to accept the minutes, Donna Meyer seconded the motion.

Action

The minutes were approved as presented.

2. Save the Date:

March 31, 2009, Tuesday: Diversity Workshop: Accommodating Nursing Students with Disabilities, an Educational Seminar. To be held at the Abraham Lincoln Conference Center, Springfield, Illinois.

A brief overview was presented, and a flyer with the above information was distributed. The target audience is nurse educators. The plan is to review current disability regulations and to present potential resources for both the educator and the student nurse to utilize to maximize learning experiences. The plan also includes national speakers, and a panel of nurses, possibly local nurses.

### **New Business:**

The next item is the U.S. DOL/AARP/RWJF/ Team Illinois Action Plan for Communication: Building the Pipeline for Masters and Doctoral-prepared Nursing Faculty by Developing a Plan for Communication and Facilitation of Articulation Between ADN and BSN Programs.

The meeting is at Mennonite Nursing at Illinois State University College of Nursing in the Bone Student Center, Circus Room, Normal, Illinois, to accommodate the number of attendees. Invitations were sent to all RN, LPN, Masters-entry-level, BSN completion and graduate nursing programs to attend.

### **Welcome**

Greetings on behalf of Dean Sara Campbell were extended by Brenda Jeffers, Director of Masters/Doctoral Programs, Research & Scholarly Activities, Mennonite College of Nursing at Illinois State University.

### **Introduction to the Project**

Michele Bromberg, ICN Chairperson presented

The Center for Nursing was created by state statute in 2006, and we have had a board of directors working hard ever since. The mission of the Center is to advocate and ensure for the appropriate nursing resources necessary to meet the healthcare needs of the citizens of Illinois.

Through ICN we became involved in the U.S. Department of Labor, Robert Wood Johnson Foundation, the AARP Center to Champion Nursing in America and the U.S. Department of Health and Human Services project: the Nursing Education Capacity Summit, held in June, 2008. The purpose of this Summit was to engage state teams in a solutions-based discussion, to foster action, identify best practices, and to develop strategies to increase the number of nurses we will be able to educate.

That is why we asked you all to attend this meeting. We need your help. During the infancy stage of ICN you all helped facilitate creation of the state wide framework to solve the nursing shortage. You are the experts in nursing education in the state of Illinois. You know which regions already have seamless articulation, and you know what effort it took to get there and what it takes to maintain this type of a program for the nurses in each area.

Our goal is to build the pipeline, to increase the educational capacity in our nursing educational institutions by decreasing the vacancy rates for faculty positions and APN positions. There is a

critical need for collaboration and action, and that is why we are here today. The challenges of meeting nursing workforce shortages in Illinois are as diverse as the state itself.

#### Team Illinois, background, purpose, goals

Presented by Team Illinois Members: Brigid Lusk, Chair, School of Nursing and Health Studies, Northern Illinois University and Brenda Jeffers, Director of Masters/Doctoral Programs, Research & Scholarly Activities, Mennonite College of Nursing @ Illinois State University.

Illinois was selected by AARP, the Robert Wood Johnson Foundation (RWJF) and the U.S. Department of Labor (DOL) to participate in the first Nursing Education Capacity Summit in Washington, D.C. June 26 & 27, 2008. The goal of the Summit was to identify solutions to the nurse faculty shortage that is forcing nursing schools to turn away thousands of qualified nursing candidates each year.

Currently, the supply of new nurses is failing to keep pace with rising patient demand, in part because a significant number of interested and qualified nursing school applicants have been turned away in recent years due to a growing shortage of nursing faculty. Summit participants were charged with identifying and developing approaches to improving nursing education capacity – with the ultimate goal of reversing the persistent nursing shortage that could leave the United States without enough nurses.

Of the 49 states that applied, a total of 18 states were chosen to participate: AL, CA, CO, FL, HI, MA, MD, MI, MS, NC, ND, NJ, OR, SC, TX, VA and WI. Teams were chosen in part because of their demonstrated commitment to developing action plans, implementing solutions and engaging with sponsors and peer teams. The state teams focused on four key areas: strategic partnerships and resource alignment; policy and regulation; increasing faculty capacity and diversity; and education redesign.

Teams, composed of up to 10 participants, were required to bring representation from each of the seven categories: 1) the nursing education system, 2) employers of nurses, 3) the workforce investment system, 4) regulatory bodies, 5) nursing leadership, 6) government agencies, policymakers and policy and consumer advocates, and state or regional philanthropic organizations.

Team Illinois members: Julio Rodriguez, Illinois Department of Commerce and Economic Opportunity; Mary Anne Kelly, Vice President MCHC; Kathy Lively, Connect SI; Brenda Jeffers, Partners in Nursing for Central Illinois at Illinois State University; Donna Meyer, IL Organization for Associate Degree Nursing; Dale Beatty, CNO, Northwest Community Hospital; Bridget Lusk, NIU; Susan Campbell, Chief Nurse Executive, St. Francis Medical Center, Peoria, IL, Ada Mary Guggenheim, Chicago Community Trust, and Michele Bromberg, Chairperson, Illinois Center for Nursing.

Team Illinois developed four action plans during the two day Nursing Education Capacity Summit:

1. Develop the plan for communication and facilitation of articulation between ADN and BSN programs to build the pipeline for masters and doctoral prepared nurses.
2. Develop the plan for expansion and coordination of simulation opportunities in Illinois
3. Create a toolkit that articulates the business plan and the return on investment for expanding nursing school capacity.

4. Asset mapping: Map or remap assets in the three regions and conduct a gap analysis. Tie asset mapping to the regional framework.

The focus of today’s meeting is to begin state-wide asset mapping of the Illinois nursing articulation process, LPN, RN, ADN, BSN, Masters-as-entry as well as graduate nursing education. The goal is to enhance the pipeline.

Asset Mapping

Linda B. Roberts, MSN, RN, ICN Manager presented.

Information presented is from the AARP Center to Champion Nursing, the U.S. DOL *Asset Mapping Roadmap*, and from the Denver WIRED (Workforce Innovation in Regional Economic Development) Initiative.

Assets: What and Why Do You Need it?

- ▶ Assets are not the same for everyone
- ▶ An asset is a resource, e.g. a building, a person, a source of money.
- ▶ Cataloging your assets is valuable because external resources may be insufficient or not forthcoming.
- ▶ Many assets are siloed—known only by the farmer who owns the silo—and thus they are underutilized.
- ▶ Sharing assets can build and/or strengthen relationships.
- ▶ An ASSET MAP helps develop a plan for identifying local resources and needs.

An Asset Map Helps You

- ▶ Understand the environment
- ▶ Determine the strengths and weaknesses
- ▶ Identify and define specific resource investments
- ▶ Define interdependencies among key assets
- ▶ Identify more efficient and effective uses

If you already have seamless articulation, spend the time identifying how you got there so that this information can be used with schools in other areas. Don’t be afraid to dig deeper or outside the box. Think about how data will help in setting baseline, implementation, in evaluation and transformative stages. The most important activity in asset mapping is the networking amongst participants that requires articulation in describing the current environment and desired goals that can facilitate cross-silo discussion.

At the end of the day this process should lead us towards two action oriented steps:

- 1) documenting and disseminating the asset map and 2) launching regional development initiatives.

Workgroup instructions: After all the presentations are completed, participants are to divide into self-determined regions and use the following asset mapping timeline to begin regional assessments. Focus on steps 1, 2 and 3. Each group is to determine a recorder, an individual who will summarize the information and present to the large group at the end of the day.

**Asset Mapping Timeline**

|        |        |        |        |         |
|--------|--------|--------|--------|---------|
| Step 1 | Step 2 | Step 3 | Step 4 | Ongoing |
|--------|--------|--------|--------|---------|

|  |  |   |   |   |
|--|--|---|---|---|
| <ul style="list-style-type: none"> <li>▪ Create the Project Team</li> <li>▪ Project Scoping and Goal Setting</li> <li>▪ Level 1: Asset Identification</li> </ul> | <ul style="list-style-type: none"> <li>▪ Level 2: Basic Evaluation <ul style="list-style-type: none"> <li>- Data collection</li> <li>- Interviews</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Level 3: Comprehensive Assessment <ul style="list-style-type: none"> <li>- Additional interviews</li> <li>- Business Survey</li> <li>- Evaluation and synthesis of Level 2 and 3 research</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Document the Asset Mapping Results</li> <li>▪ Circulate the Draft Report for Review by Stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>▪ Disseminate Asset Mapping Reports</li> <li>▪ Update Asset Mapping Results Periodically</li> <li>▪ Launch Action Initiatives</li> </ul> |
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Technical Assistance

Mary Pat Olson, RN, MPH, Director, Workforce Development, Metropolitan Chicago Healthcare Council (MCHC) presented information on a potential funding source for this project.

MCHC has submitted a grant to hire consultants to perform asset mapping of the articulation models, agreements amongst the 2 year and 4 year nursing programs in Illinois. If funding is received a task force of key stakeholders will be assembled. A survey will be created and completed with the goal of creating an outline of a strategy to build a nursing career lattice and identify points of articulation common to all nursing programs.

Grant notification will be in the Spring, 2009.

**Best practices, models and variations**

Forging an Academic Partnership: Associate of Applied Science in Nursing to Baccalaureate in Nursing: A Seamless Process Made Possible.

Donna Meyer, MSN, RN, Lewis & Clark Community College (LCC), Godfrey, IL  
Marcia Maurer, PhD, RN, Southern Illinois University (SIUE), Edwardsville, IL

Forging an Academic Partnership

- Begins with a philosophical agreement
- The goal is to obtain the BSN
- Is based on the concept of life-long learning

The partners need to collaborate to make this happen

- The Community College's role
- The University's role

Determine outcomes

- What percent of the Associate of Applied Science classes should go on for the BSN?
- What percent of the new RN to BSN students should the University admit as part of its admitting class each year?

Making it happen  
Communication  
BSN Advisor's Presence  
Curriculum Design

A review:

Approximately 50% of the ADN graduates continue their education and obtain a BSN and approximately 50% of the current Lewis and Clark faculty have received their graduate education from SIUE School of Nursing

The two Schools, Lewis and Clark and SIUE try to create some seamless entrance and course offerings. For example, the entrance exam (HESI) is the same at both schools; the number of bridge classes has been revised, for example LCC now has a separate pharmacology course with a lab and a separate health assessment course just like SIUE. LCC also offers on-line courses. In this way, students have the opportunity to take certain courses on-line which helps to prepare them for the SIUE RN to BSN program, which is entirely on-line except for the clinical component.

A brochure has been developed showcasing the ADN to BSN to MSN process with the logo of both schools. The same information is also available on the website of both schools.

The SIUE School of Nursing RN to BS counselor is on the Lewis & Clark campus once a week for questions/answers, it is routinely the same person, so the students get to know her.

The process of facilitating articulation of education between the community college and the university is ongoing and reflects a significant commitment between both programs

Heartland Community College, RN to BSN Articulation; H. Catherine Miller

A brief overview of the associate degree program, which includes 27 CH general education requirements and 41 CH nursing requirements

Receiving institutions accept

Between 30-41 nursing credits

27 Heartland nursing program general education credits

21-35 additional general education requirements

Heartland has agreements with 5 Universities, two formal agreements:

Lakeview College of Nursing, Danville & Methodist College of Nursing, Peoria

Three informal agreements:

Menonite College of Nursing, Normal, OSF St. Francis College of Nursing, Peoria, and Southern Illinois University, Edwardsville.

Students:

48% hold a BS, AA, or AS degree upon admission to the nursing program

25% of the graduates are enrolled in a BSN program or taking coursework toward a BSN within 8 months

Survey: Heartland is preparing a survey of 3, 5 and 10 year graduates regarding BSN attainment

Genny Boesen, Executive Director, South Metropolitan Higher Education Consortium

The South Metropolitan Higher Education Consortium (SMHEC) consists of 13 colleges and universities in the Chicago Southland region. The colleges and universities represent community colleges and private and public 4-year institutions. The health care deans and directors of those

institutions have been meeting for approximately 5 years to work on areas of interest common to all of their programs.

In 2006, the group led a task force of metropolitan Chicago Health Care deans, hospital administrators and legal staff from the hospitals and universities to develop a standard clinical affiliation agreement. The agreement was piloted in the colleges and hospital of the Southland region for 6 months before it was made available to hospitals and programs throughout the state.

In August, 2008 the SMHEC served as a pilot site for the first Clinical Faculty Academy in Illinois. Thirty seven nurses, all scheduled to teach in the Fall 2008 semester, participated in the 2-day program. There will be a Clinical Faculty Academy follow-up session with this group in January 2009. The SMHEC deans have committed to conducting an annual fall Clinical Faculty Academy.

The SMHEC deans are working on a Chief Nursing Officer/Dean partnership. In the last six months the group has met twice and committed to meet three times yearly. Thus far the conversations have centered on the need for more nurse educators, preceptorships and the impact of ever-changing technology on clinical education. As a part of this partnership development, the SMHEC director and a representative dean is visiting each hospital to meet with the CNO and nurse education staff to learn more about that facility and hold a more in-depth conversation about nursing. Another activity is the creation of a spreadsheet of all of the nursing programs that are offered at each institution and the articulation agreements that exist between the institutions.

Finally, SMHEC is developing a nurse educator shadowing program to encourage registered nurses to consider the teaching profession. During the month of February, 2009, registered nurses will be able to shadow a nurse educator for a day to get a “real-life” look at the profession.

### **Summary of Regional Workgroups**

Participants divided into groups loosely based on geographic region. Some participants had worked together in the past, some had not. All groups utilized the asset mapping tool to identify assets.

#### **Step #1, Asset Identification**

Goal is seamless articulation across all nursing educational programs.

Goal: Standard generic program for the transition of any CC student to any BSN program in the area

Goal: 3-5% of graduates will move from exit to entry points (of programs, ranging from CNA- to-doctorate level) within two years of graduation. The number of students from one exit to the next entry point would be 3-5% regardless of the exit/entry point, a linear conceptual measurement. However, many students apply with other degrees, and would not fit into this linear benchmark.

Benchmark: compare one region to another within the state of Illinois. Will need to determine a benchmark based on data of the number of nurses that are needed and at what level. What number or percent of nurses should go on for their BSN within what period of time. Each region is unique and will require nurses with different levels of education as well as clinical expertise.

Stakeholders: potential students, graduates, state agencies, individuals from the service sector including all practice areas: hospitals, acute care, long term care, home health. Involve the service sector, both from the practice and the administrative areas, to foster support of clinical sites as well as professional practice agreements.

### Step #2, Basic Evaluation

What articulation agreements are currently in place.

Articulation Agreements: some are constructed so that a student finishes one program and then is able to immediately start another program.

What agreements include dual enrollment.

Do the educational institutions have the same entry exam for admission to the ADN and BSN and/or MSN program.

Do the faculty from both the AD and BS programs meet together and work on courses, requirements for continuity.

Consider removing "accreditation" as a requirement (remove the requirement for admission to a bachelor's or graduate level education program that one must graduate from an accredited school of nursing)

Transfer student: for example, the Associate Science degree, not the applied science degree, does not include certain courses that are routinely required for entry into a nursing degree program. If the student is not a nursing major at the junior college level this may necessitate additional courses.

There was a discussion of various models, the ability to take LPN licensure exams after completion of 1 year of a program. This is a 1+1 curriculum. Many students take the LPN licensure exam and continue in the RN program

In Chicago there are many different entry points into nursing education: Chicago Public Schools (CPS) high school diploma and LPN licensure, Chicago City Colleges with both LPN and ADN programs, University of Illinois with both graduate and undergraduate degrees, RUSH University with MSN as entry level, and others. Some have dual admission with some but not all schools in a geographic area. There are various percentages of students that continue their education, for example, 70% of the CPS LPN students continue their education and become licensed as RNs.

Faculty: there was a lot of discussion of faculty, vacant positions. There was a lively discussion, an exploration of options, such as sharing faculty resources. For example, a faculty could have a 6 hour clinical shift of students from one school immediately followed by a 6 hour clinical shift from another school.

MSN's in nursing are moving in to clinical practice agreements. Education benefits from their cutting-edge clinical expertise and fostering student growth.

Why do students choose ADN over BSN

What are the potential delays in a student initiating a BSN completion program: scheduling of additional requirements, fear, cost, finding information about various programs, starting time of schools, coordinating work and continuing education, distance, employers not paying tuition, no pay differential for achieving BSN degree, family support of lack of support.

Data includes what is collected at individual schools, at the state level, there is also organizational data and workforce development data. There is data in many different places.



### Step #3, Comprehensive Assessment

There are many best practices described that foster student development.

There was general discussion of practices within a region. Articulation practices vary by the type of student, the educational facility and within each local region. Potential new successful strategies are obtained from other areas in meetings such as this one.

Is there a nursing shortage? It depends on the area; some areas have students, who, upon completion of the nursing program, who have difficulty in finding a job in their area of interest. Some employers are requiring previous experience in an area prior to hiring. How long will this last? How will it effect the students, the interest in nursing as a career? Some areas have a 6+% vacancy rate.

Future of Nursing: the amount of education and comparative salaries are issues. Other career choices in healthcare have less educational requirements.

There is a position by the American Association of the Colleges of Nursing (AACN) that proposes the DNP as the entry level into nursing practice by 2015. This has implications for nursing educational programs and for mobility within the professional role.

Students coming to programs with a degree in another field are referred to seek a program that will give them a Master's Degree entry into practice to maximize the use of their time.

Issues, include that there are not standard guidelines for articulation amongst nursing education programs. There are various written articulation agreements used between programs. Clarification of accreditation standards is needed.

Courses: pharmacology, health assessment are currently initial courses. If they were provided at the senior level then the students would receive more credit than they do now. On-line orientation.

Information for students, begin with a pamphlet of information for various schools, what is needed if the transfer is from CNA, LPN, ADN program; include contact person and number for each school.

### **Summary:**

B. Lusk & D. Meyer

Schools from across the state met, networked, and reviewed many success stories of articulation in various regions. Each region has models of best practices. Each region is unique. There is more work to be done. We plan to have another meeting in 2009 to continue to move this process along.