Implications of the Institute of Medicine Report for Continuing Education to “Ensure Full Extent”

In *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine [IOM], 2010), the first key message is this: “Nurses should practice to the full extent of their education and training” (p. S-5). At least three key groups should be considered in thinking about this recommendation.

The first group is the one with the greatest focus to date. The focus has been on the discrepancies among state laws that authorize the practice for advanced practice registered nurses (APRNs). This topic has been discussed for decades in the literature because the discrepancies are confusing to patients and practitioners alike. It is possible to live “just over the border” in one state and not be authorized to do something and to practice in the other state and have totally different authority. Although one could argue those differences if the educational and credentialing processes were different, it is difficult to derive a logical answer to the question, “Why do these differences exist?” The answer, of course, is the political process variations in outcomes.

The second group cited in relation to this key message comprises newly graduated nurses. Their turnover rates have prompted support for residency programs to transition newly graduated nurses from the role of student to the role of independently licensed, professional nurse. As the IOM report states, most of the efforts so far have focused on acute care settings (and mainly the bigger ones at that). The call is now to consider settings other than acute care. For decades, nurses have advocated for prevention and early intervention, elements of the health spectrum that are not the primary focus of acute care organizations. When that focus is coupled with the increased population in this country and the plans in the Affordable Care Act to expand primary care services, the need for residency programs in settings other than acute care becomes evident. The challenge, of course, is how to develop and implement these programs in a meaningful, cost-effective way. These services employ fewer nurses and fewer new graduates than do the acute care organizations that currently provide residency programs. Balancing the “onboarding” of new graduates with providing the ongoing services will be a challenge for most primary health care organizations.

The third group, which was not emphasized in the report, is the mass of 3.1 million registered nurses who are not newly graduated or APRNs. They also need to be able to function to the fullest extent of their education and training. Multiple implications come to mind. For example, if an organization does not have a clinical ladder (or whatever it might be called) based on educational preparation, certification, and professional development, and the descriptors for the different levels of the ladder do not offer clarity about how the practice differs, is the organization promoting the “full extent” concept? Every health care organization should challenge proposed legislation that targets specific professional groups, specific educational activities, or specific credentials unless evidence exists to support those groups, activities, or credentials. Expert nurses who have not sought to become APRNs exist in many settings and could enhance care. Our challenge is to support their continued professional development, ensure a clinical ladder that acknowledges their expertise and prevents organizational barriers restricting their talents, and advocate for research that continues to document what nurses do that brings value to any health care experience.

The future, as this journal’s name suggests, is focused on continuing competence. Without the structures and processes in place to encourage continuing competence, nurses will not be able to meet this challenge posed by the IOM report.

REFERENCE


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