As I sat down in April to write this editorial, President Obama had just signed into law the largest health care reform bill in decades (Patient Protection and Affordable Care Act, 2010). Over the past several months, we have witnessed incredibly contentious battles between the right and the left, the Tea Partiers, and, well, the coffee-drinkers over so-called death panels, “getting government out of my Medicare,” and how to contain soaring health care costs while still covering the millions of uninsured. The bill falls short of all the provisions necessary for the kind of fundamental reform many of us in health care longed for, yet it advances many significant changes—some of which will have a profound effect on nursing and nursing education. Reports prepared by the National League for Nursing (NLN) (2010) and the Kaiser Family Foundation (2010) provide excellent synopses of what the new law provides.

Among the provisions with the biggest effects on nursing education are (1) expansion of health care coverage for more than 20 million currently uncovered Americans through various health insurance reforms—which will tremendously increase demand for primary care providers, including nurse practitioners; (2) increased funding for preventive services, including a grant program to support the delivery of evidence-based and community-based prevention and wellness services aimed at strengthening prevention activities, reducing chronic disease rates, and addressing health disparities, especially in rural and frontier areas; (3) the development of training programs that focus on primary care models such as medical homes, team management of chronic disease, and those that integrate physical and mental health services; (4) the establishment of Teaching Health Centers, defined as community-based, ambulatory patient care centers, including federally qualified health centers and other federally funded health centers that are eligible for Medicare payments for the expenses associated with operating primary care residency programs, potentially creating opportunities for interprofessional, prelicensure community-based experiences; (5) a variety of programs aimed at increasing health care workforce supply, including those that may include nursing, such as primary care training and capacity building, training in cultural competence, and promoting a more diverse workforce; and (6) development of interdisciplinary mental and behavioral health training programs and programs to address the projected shortage of nurses by increasing the capacity for education, supporting training programs, providing loan repayment and retention grants, and creating a career ladder to nursing (Kaiser Family Foundation, 2010; National League for Nursing, 2010).

This major legislation follows the release of the long-awaited Carnegie Foundation for the Advancement of Teaching Study of Nursing Education (Benner, Sutphen, Day, & Leonard, 2009), which calls for radical transformation of nursing education. The authors present compelling arguments for 29 recommendations, promoting baccalaureate and eventually masters education as entry into professional practice, improvements in basic science curricula, classroom teaching, and educational preparation of faculty, among many others. Of the recommendations, the proposed degree requirements have fueled the most contentious debate, yet I think in our hearts most of us would agree that given the complexity of today’s practice and the exponential increase in knowledge needed for practice, the more education the better. We need to put our heads together, decide how we can best use our scarce resources to help our students meet the competencies essential for today’s practice, and open the pipeline for faculty and advanced practice preparation.

And just around the corner, to be released in early fall, is the Institute of Medicine’s Report on the Future of Nursing. In three public forums, this panel has covered a wide range of topics. The most recent forum held in February focused on the future of nursing education, with expert testimony on three questions: How should we teach? What should we teach? Where should we teach?

So what does our future hold? Transformational change. O’Neil (2009) recently summed it up this way: Traditional nursing competencies such as care management, patient education, public health intervention and transitional care will dominate in a reformed health care system, as it inevitably moves toward emphasis on prevention and management over acute care. But he pointed out that:
These traditional competencies must be reinterpreted for students into the settings of the emergent care system, not the one that is being left behind. This will require faculty to not only teach to these competencies but also creatively apply them to health environments that are only now emerging. (p. 318)

When the Institute of Medicine’s report is released this fall, faculty must be ready to fully engage in and lead this transformation.

References


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