Nursing education was a central focus for those of us who prepared the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine (IOM) (2010) report, The Future of Nursing: Leading Change, Advancing Health. Written and oral testimony, commissioned papers, a national forum dedicated to nursing education, and a review of education-oriented research informed us as we crafted the written report. The result: two of the four key messages explicitly address education; four of the eight recommendations do the same. This likely comes as no surprise to those who practice nursing in the academy, as education is foundational to how discipline manifests itself and it remains for each professional a defining hallmark throughout the course of the career.

The Future of Nursing report is the first evidence-based comprehensive blueprint for action that nursing has known. Based on the maturation of our collective science—clinical, educational, organizational, and policy-derived—the findings and recommendations have withstood the rigors of intensive independent scientific review. All IOM reports must be based on evidence; thus, this is not the result of a think tank or a report based on creative visioning—it is a report anchored in scientific evidence. As one of five nurse committee members, I found it gratifying to experience the deep respect held by the public and key stakeholders for the role of education. The debate about where nursing education could best occur, whether in community colleges, in hospitals, or in higher education systems, was less the focus than were the competencies that would be needed to serve the public.

This issue of the Journal of Nursing Education continues the discourse in two ways: by continuing to contextualize nursing education in the broader scope of how we serve the public and by positing what action steps academics might take. Perhaps the biggest challenge that will face all faculty can be expressed in these questions:

- Will we come together to enable action on the report’s recommendations?
- Where and how will the coalescing of ideas and generative action take place?
- Is there a collective yearning from grassroots academics—those who are front and center every day, shaping the learning experience—to become energized in a campaign for action?

The Journal of Nursing Education is a coalescing force, but there must be others; so I hereby call for a “virtual summit” for action, where a bounteous team of educators from all walks of life, including those who teach outside colleges and universities, can join and commit to action.

As the invited guest editor of this issue of the Journal, I would like to seize this moment to frame what I heard as the wisdom of others throughout the IOM journey. If a virtual summit were held today, listed below are some of the bold conversational topics we could address, although we might shy away from them because of institutional structures or ritualized thinking.

How do we:

- Select students less for their high academic achievements but more for their capacity to achieve high intellectual pursuits over the course of their career—in other words, real life-long learners who embrace their own development beyond serendipitous learning?
- Strengthen academic service partnerships while advancing to public partnerships to hear and engage multiple stakeholders in determining the competencies to which we educate? How do we stay ahead of the curve in preparing graduates at all levels for the future, rather than the present, so that new graduates bring value to the field?
- Coalesce community college faculties with higher education faculties and with staff development educators such that competency-based curricula become the basis for degree attainment? Could residency programs and other nontraditional forms of continuing education become a platform for advancing nurses toward the baccalaureate and higher degrees? Given the state of our national economy, is this a leverage point from which to reduce institutional barriers toward a social good to develop a more educated nursing workforce?
- Build our science in a more holistic manner, giving credence to educational, organizational, and policy-derived research, while simultaneously improving clinical research, both in funding and in its substantive contribution to the scientific community?
- Educate for innovation? For leadership? For change management in an evolving health system? For diversity? Can these traits be examined in selecting and advancing students, regardless of the level they are being prepared?
- Reward faculty who possess spe-

The Institute of Medicine Report: Education’s Role in Serving the Public’s Interests
cial competencies that are valued in the practice setting? Reduce institutional barriers to increase faculty recognition within governance structures with an aim to developing vibrant learning communities? Pay faculty in comparable ways to ensure parity with practice opportunities?

- Enrich doctoral education with an eye toward innovation, leadership, and the capacity to influence change? Attend to professional formation with a blend of faculty and mentors for these students who are our investment in our future as a discipline and are entrusted to lead as we serve the public?

These are questions for which we have answers. Combined with the best structures, a collective desire, and a blend of stakeholders, we are going to see action on these issues. The action might start locally and move globally, or it might begin where we least expect to find it. But one thing is certain: there is a public expectation that nursing education will continue to produce effective graduates to meet its demands. And there is a better public understanding of nursing education as the genesis of the workforce pipeline and an understanding that not enough has been done to recognize the important role of nurse educators. Equally, the public wants to know that educators are competent, reality-oriented, and collectively committed to create a more highly educated and competent nurse workforce over the next quarter century. The public understands that there is nothing static in the complexities they will face in maintaining their health and well being.

Although the public trusts nursing, as reported repeatedly through Gallup polling, it also remains true that the public has a sketchy image of what nurses do and contribute. Perhaps this is because, unlike the narrow focus of many health disciplines, nursing practices in settings that range from acute care, to school clinics, to public health, to correctional facilities, to long-term care and rehabilitation, to end-of-life care. The image of the nurse is shaped by where the public does—and does not—come into contact with us. However, as concerns nurse educators, they don’t realize that we cover all of these dimensions of practice, plus conduct research and specialize in other domains, such as technology, administration, and beyond. It will be our job to give voice to nursing education in how we respond to the IOM report. The public we serve will be waiting for that response.

Reference

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