This month’s supplement issue focuses on a wide range of topics pertaining to undergraduate nursing education, and specifically, baccalaureate education. Major Articles offer analyses of critical thinking, cue recognition, dyadic learning, and student readiness to translate evidence-based practice knowledge from the classroom to practice behavior. A handful of Research and Educational Innovation Briefs addresses a diverse array of topics and issues ranging from student attitudes toward childhood obesity to learning experiences with older adults, community participatory research, and the health care system. Finally, Syllabus Selections describe innovative learning strategies focused on such topics as genomics and public health.

This latest supplement collection offers new knowledge or innovative approaches related to undergraduate curricula, teaching-learning strategies, and student learning experiences. Notably, articles capture various ways in which recommendations from such influential organizations as the Institute of Medicine, the Robert Wood Johnson Foundation (RWJF), the Carnegie Foundation for the Advancement of Teaching, the American Association of Colleges of Nursing (AACN), and the National League for Nursing, are driving programmatic responses. Several of the articles also reflect the influence of federal policy and legislation, most notably the Affordable Care Act.

The articles in this issue reflect the strong awareness and commitment of nurse educators to remain current with guidelines, recommendations, and reports that are directed specifically to and for nursing education and practice. The number of articles published in the *Journal of Nursing Education* about curriculum innovations related to quality and safety education resulting from the RWJF-funded Quality and Safety Education for Nursing (QSEN) project, for example, is prime evidence of this commitment.

A number of other critical reports and initiatives point to important and urgent recommendations for change not specific to nursing education but equally imperative for nurse educators to be aware of and consider. To date, the impact of these reports and initiatives has not been reflected in the published nursing education literature either as widely as it should be or, in some instances, at all.

Changes in the health care industry, including payment reform, consolidation of providers, the rise of collaborative and team-based practice, and greater leveraging of technology and data management tools continue to evolve at a rapid, almost dizzying, pace. Health systems are responding with efforts aimed at managing the health of targeted populations and redesigning care delivery to achieve the Institute for Healthcare Improvement’s (IHI) Triple Aim initiative to improve patient care experiences, achieve better health outcomes, and reduce costs (Berrick, Nolan, & Whittington, 2008; Institute for Healthcare Improvement, 2013). One challenge for nurse educators is to ensure that today’s students and soon-to-be-graduates are well informed about the Triple Aim and prepared to adapt to and in many instances lead change to achieve its goals. To what extent are today’s students and new graduates sufficiently acquainted with the Triple Aim and its relevance for their practice? How are the resulting changes in care delivery shaping change in nursing curricula and student learning experiences in a timely way? How are students being prepared to practice in a redesigned and differently funded health care system?

A report by the Josiah Macy Jr. Foundation, *Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign*, offers five key recommendations to help educators and clinicians align education, notably interprofessional education, with current efforts to redesign clinical practice (Cox & Naylor, 2013). The report notes that the historical links between health professions education and health care delivery have eroded over time and widened the gulf between the two. Specifically, little opportunity currently exists for clinicians to participate in the design and delivery of education, and there has been similarly minimal engagement of faculty and students in the design and delivery of health care. We would welcome manuscripts that report on efforts to engage clinical partners in the redesign of nursing curricula that are aligned with the realities of clinical practice redesign, and conversely, efforts to engage nurse educators and students in assuring that the learning needs and ongoing professional development opportunities for students and novice practitioners are accounted for in the redesign of care delivery.

A subsequent Macy Foundation report (2014) expands on one of the *Transforming Patient Care* recommendations, urging “those who are caring, teaching,
learning, or otherwise working in the [health care] system” to fully engage the recipients of health care—patients, families, and communities—in designing and improving both education and practice “to foster optimal health and wellness for all” (p. 1). This recommendation calls on health professions educators to incorporate content and learning experiences to prepare students to actively and effectively involve those for whom they are providing care as “co-equal partners” in their care and in the students’ educational and care delivery experiences. Although nursing education has certainly been a leader among the health professions in incorporating community-based experiences as vital components of student learning and there is an extensive body of nursing education literature on academic-community partnerships and service-learning, it is unclear to what extent students, either undergraduate or graduate, are adequately prepared to engage patients, families, and communities as fully co-equal partners in the design and delivery of their care as well as in shaping student learning experiences. Reports of innovations aimed at addressing this important recommendation would be welcomed.

Finally, the Interprofessional Education Collaborative (IPEC), a collective of six academic health professions associations, including the AACN, released an extensive report recommending core competencies for interprofessional practice (IPEC, 2011). The IPEC competencies are designed to guide health professions education programs in preparing students to learn “from, with, and about” other health professionals (World Health Organization, 2010). The competencies focus on four domains: values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork, within a context of patient- and family-centered and community- and population-oriented care. The Journal of Nursing Education has published a number of articles focused on interprofessional education innovations, but we need more, especially ones that address how the four domains and care context, including the growing focus on population health, are changing nursing curricula and the resulting impact on student learning and readiness for interprofessional practice.

To date, there is insufficient evidence that these efforts and issues—the Triple Aim, education and care redesign alignment, co-equal partnering with the recipients of health care, and competencies for interprofessional practice—are being integrated in nursing education programs to the extent needed to ensure that curricula, faculty, and student learning experiences are keeping up with these evolving changes. Innovations aimed at addressing these recommendations may be more widespread than the current literature reflects, but without cross-sharing in the published literature, their influence and impact will not reach beyond their local venues.

We hope we can look forward to publishing future articles that address these important trends, ones that describe evidence-based, successful exemplars that will be of value to our readers and lead to broad-based replication. It is both imperative and urgent that we ensure students at all degree levels are graduating with the requisite knowledge and skills to participate and practice as co-equal partners with patients, families, and communities in the future systems of care.

References

Janis P. Bellack, PhD, RN, FAAN
Editor

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