Summary of Montana Regional Nursing Education Meetings 2014

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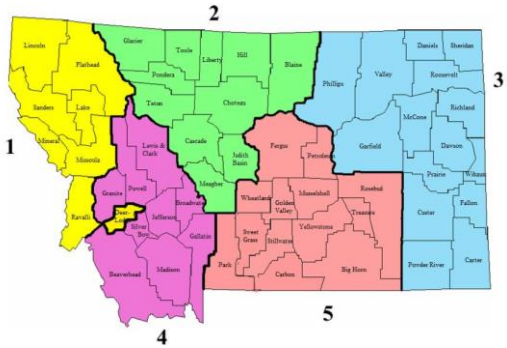

Almost 200 people shared their ideas at 11 meetings on nursing education sponsored by the Montana Center to Advance Health through Nursing (MT CAHN) in April 2014. Funding for the meetings was provided by the Robert Wood Johnson Foundation's Academic Progression in Nursing (APIN) grant. The meetings sites, number attending (in parentheses), and region of the state were:

- Kalispell (28), Pablo (12), and Missoula (24) in Region 1.
- Great Falls (18) in Region 2.
- Glasgow (15), Glendive (11), and Miles City (21) in Region 3.
- Butte (22), Helena (18), and Bozeman (2) in Region 4.
- Billings (21) in Region 5.

Participants were asked to focus on the future as they addressed four questions related to nursing workforce needs and nursing education. The World Café Conversation model (www.theworldcafe.com) was used as the framework. All responses were compiled for each region. Duplicate responses were eliminated and some responses edited for clarity.

A summary of ideas follows. First, the top main ideas that were shared with the group at each site are listed. Thereafter each question is listed with responses. Ideas that were the same in every region are shown in a graphic outline of the state of Montana. All other responses to each question are listed in tables by region. Browsing the tables shows the breadth of responses to each question.

Main Ideas (listed by sequence of questions, not importance):

- RNs need to be prepared to work in a variety of settings across the continuum of care with fewer positions in acute care hospitals. Patients in hospitals will be increasingly more complex requiring specialty nursing care.
- Nursing roles will encompass a very broad range – from employees for small and larger organizations to independent entrepreneurs. Technology, telehealth, informatics, and attention to business / economics are seen as important to nursing practice.
- Nurses need to know the steps necessary to a particular specialty or to achieve career goals.
- A course on *Rural Nursing* with rural clinical experiences is needed to prepare nurses for working in this specialty. There is currently no course in Montana to prepare a nurse for the generalist role required in the state's 48 Critical Access Hospitals.
- An interstate program for nursing students who could receive financial assistance for their education in exchange for service in rural or frontier areas.
- The demand for APRNs is expected to continue to increase and in a variety of settings (inpatient and outpatient).
- LPNs are increasingly employed by long term care and clinics rather than acute care settings. LPN students ask what education is needed to address these changes. Some ASN students prefer not to be required to enroll in an LPN program before entering an RN program and also noted that some coursework is redundant in the two associate degree programs, e.g. obstetrical nursing.
- Mentoring is helpful for nurses who are in transition – either as a new graduate, to a new role, or to a new setting.
- Preceptors need education, particularly in giving feedback. Incentives / rewards for preceptors could help address current preceptor fatigue.

- Residency programs were identified by 4 of 5 regions as an important means to assist novice nurses into nursing practice. An effective program can improve retention and also build the nurse's competence and confidence. One question is how to provide financial support for such a program.
- There is some misunderstanding about admission and program requirements for nursing programs. Suggestions for both are proposed.
- More clinical experiences for students (not just hours). Expanding clinical hours to evenings / nights / weekends is one recommendation to enhance their experiences. Requiring nursing students to be Certified Nurse Assistants (CNAs) before beginning a nursing program is proposed so that the student is comfortable interacting with patients.
- Academic / practice partnerships focus on clinical experiences and included dual appointments for faculty / staff with shared salaries, shared simulation labs, and pairing nursing students with practice nurses on research projects.
- Creative suggestions for education include mobile simulation labs; interprofessional education; "Rent" a faculty member from a clinical setting to fill a need; and Mini-Academies in hospitals for onsite education.
- Challenges to working together on future nursing education needs include communication, funding, time, and willingness to make changes.
- A major reason for the current shortage of nursing faculty is that nursing faculty members are paid less than their colleagues in practice (sometimes half as much).
- The need to standardize electronic medical records is as essential for nursing practice as it is for nursing students learning documentation.
- Attention to generational differences, e.g. personal interactions for younger and shift lengths for older, will help attract and keep nurses in nursing.
- To have sufficient nurses prepared for the future, we need to begin attracting students into nursing in high school, if not junior high, and pursue legislative action to garner support for nursing education, faculty salaries, and workforce needs, particularly in frontier and rural areas of Montana.

Question 1 A: **Where will nurses (at all levels) practice or provide care in the future?**

Responses were primarily for ***Locations*** and ***Roles***. Some respondents specifically addressed ***APRNs*** and ***LPNs*** **and those ideas are listed separately**.

Locations Where Nurses Will Practice (all regions)

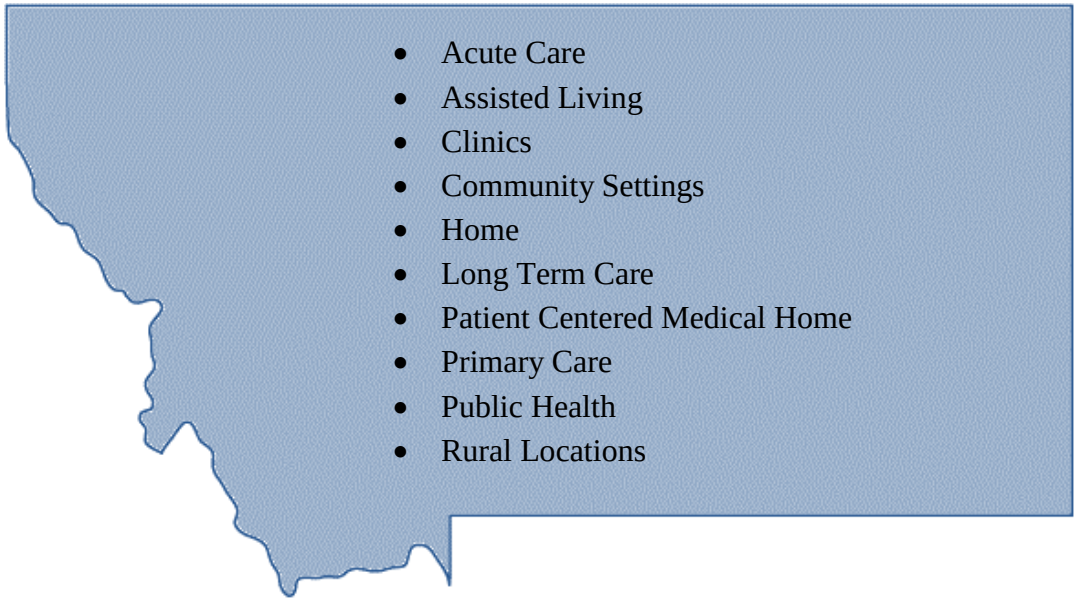

Table 1. Locations Where Nurses Will Practice.

Region 1	Region 2	Region 3	Region 4	Region 5
Locations: • Continuum of care • Academia • Birthing centers • Cancer centers • Critical access points • Critical care • Hospitals • Infusion centers • LTC - Alzheimer's • Nursing homes • Outpatient • Pharmacy organizations • Prisons • Reservations (Indian) • Transitional care units • Urgent care centers • Virtual visits • Walk in centers • Workplaces (industry)	**Locations:** • Acute care – fewer nurses overall; more in specialized care • Cardiac • Dialysis • Hospitals • SNFs • Pediatrics • Rural CAHs (Rural hospitals will transition into super clinics) • Rural community care (traveling services for residents of rural towns in their own communities) • Rural support of geriatrics • VA modules	**Locations:** • All areas • CAHs • Call centers • Critical care hospital, level 1 (highest) • Bedside • Dialysis home care • Fitness centers • Frontier • Hospice • Nursing clinics – freestanding • Nursing homes • Oil fields – mobile occupational nurses • Rural satellites • Self-employed • Urgent care clinics managed by RNs • Walk-in clinics	**Locations:** • Everywhere • Acute care: fewer • Adult daycare settings • Corporations / industry • Correctional facilities • Dementia units • Doctors' offices • Emergency departments • Government (DPHHS) • Homeless / underserved • Hospice • Insurance company • Nursing programs • Retirement communities • Residential psych facilities • SNF • Step down units / Sub-acute • Urgent care • Wellness programs • VA (clinics and hospitals)	**Locations:** • Hospice (in home hospice care is needed in long term nursing care communities) • Long term advanced care settings

Question 1 A: **Where will nurses (at all levels) practice or provide care in the future?**

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Roles Nurses Will Have (all regions)

Table 2. Future Roles for Nurses, APRNs and LPNs.

Region 1	Region 2	Region 3	Region 4	Region 5
Roles for Nurses: • Advocate for elderly and family • "Ask a Nurse" • Coding specialists • Dementia care • Diabetes education • Diverse populations • Environmental health • Expert witnesses • Forensics • Government • Insurance • Healthcare sustainability • Health coaches • Health policy • Home care education • Leadership role on boards • Legal consultants • Legislative • Medical assistance (increased) • Now calls • Nurse-run centers • Nutrition • Occupational health • Oncology • Pediatric • Protocols to diagnose & treat • Recruiting future nurses • Teaching caregivers • Teaming with local pharmacy in community centers	**Roles for Nurses:** • CEOs in hospitals • Clinical navigators • Complex med-surg • Entrepreneurs of creative healthcare models to bring healthcare into the patients' home via technology • Generalist • Health board members at the regional, state and national level • Legislators • Outreach • Rural partnerships • Specialized skills in central lines and cardiac	**Roles for Nurses:** • APRN • Critical care • Dementia care • Diabetes care • Discharge teaching • Emergency responders • Healthcare analysts • Legal consultant • Life coaches • Midwife • Nursing evaluation • Occupational health (oilfield) • Pursuit of pathways to excellence / magnet status • Pre / post, follow-up care • Psychiatric nursing • Team care • Utilization review • Vulnerable populations	**Roles for Nurses:** • Acute care competencies in outpatient systems • Behavioral health • Death planning • Entrepreneurs • Home delivery of babies • Nursing advocates • Obesity care • Pediatrics • Specialty areas • Traveling nurses	**Roles for Nurses:** • Cancer care • Plan care across the continuum • Clinical nurse leaders • Elder care from independent to skilled levels • Preventative education at schools

Region 1	Region 2	Region 3	Region 4	Region 5
• Triage • Workflow management				
APRNs: • More NPs • More midlevel RNs • More nurse midwives • Increased MSNs • Clinical nurse specialist • NPs in outpatient clinics • DNP- clinical • FNPs- make more money and have more autonomy • PhD- research	**APRNs:** • Acute care NPs • More in CAHs • Super clinics staffed with midlevels	**APRNs:** • Frontier • Frontier and rural hospitals	**APRNs:** No specific comments.	**APRNs:** • Community settings (like stores) • Employer led ambulatory clinics (onsite) like grocery stores
LPNs: • Fewer in acute care hospitals • More in clinics • More in LTC • Still need LPNs	**LPNs:** Two LPN students surveyed the 18 LPN students in Great Falls. All want to continue RN programs. The majority preferred to attend an ASN program for these reasons: faster, convenience, military, time, kids break, and get into workforce with difference in pay earlier. Five students plan to get an ASN before getting their BSN.	**LPNs:** • Fewer in acute care • More in nursing homes & clinics	**LPNs:** No specific comments.	**LPNs:** • Will not be utilized in acute care as much since patient acuity is increasing • Clinics – need more • Dialysis – uses mostly LPNs • Home health – more • Long term care and skilled nursing facilities – need LPNs. • Better prepared, more knowledgeable LPN for long-term care- maybe no maternity education but extra med-surg/acute care education • From a student's perspective regarding employment: fewer and fewer healthcare facilities are still utilizing LPNs. Even clinics and long term care are veering further from the use of LPNs, making us concerned about our ability to practice what we have paid to achieve.

Question 1 B: **How can nurses be better prepared for transitions in practice?**

Ideas targeting ***Education*** and ***Organizations*** are grouped accordingly. All other ideas are listed as ***Additional Ideas***.

Preparation Needed for Transition in Practice (all regions)

Table 3. How Nurses can be Better Prepared for Transitions in Practice.

Region 1	Region 2	Region 3	Region 4	Region 5
Education: • Include better focus on business education • Clearer, more accurate communication about advanced degrees • Leadership development in beginning of RN program • More, varied, realistic, and virtual clinical experiences for students • Work as CNA before entering nursing education • Standardize prerequisites • Standardize curriculum • Get rid of statewide common curriculum / get new curriculum • Standardize nursing course numbers • Teach nurses financial responsibilities • Teach nurses how to change from city to rural settings • Address issues related to errors and error prevention • Preceptor programs with training and incentives; identifying who should ***not*** be a preceptor • Short-term preceptorship • Faculty need to work closely with preceptors	**Education:** • Academia needs to share student objectives with practice settings • Basic clinic care skills • Bridge gap between ASN and BSN • Require capstone for all students; in any area • Education for advanced practice • Lack of capacity for RN to BSN education • LEAN processing model; transplant into education programs for new ideas • More focus on non-acute care, i.e. LTC, clinic, mental health, etc. • Need more assessment • Need more pathophysiology • Seamless transition for the nontraditional student (disjointed even among programs in same region) • Tweak LPN model	**Education:** • Academia sponsor residency • Allow students to track into a specialty • Broaden curriculum beyond acute care inpatient • BSN program is narrowly focused on acute care and not enough on OB, long term, home health, etc. • Clinical courses more robust in technical areas • Credit for experience when getting BSN • Have students spend time in OR, PACU, SNF/LTC, and home health • Decrease barriers to APIN • More exposure to nursing in school for students • Expand satellite campuses • Exposure to more ER nursing • Exposure to long-term care • Exposure to more public health nursing • Exposure to surgery in school • Get more education sites in the rural areas • Make it easier for students	**Education:** • Reevaluate admission requirements; grades, testing; whether CNA should be required • Clinical experience that reflects current nursing practice, i.e. report in patient rooms • Use acute care less • More critical care • More triage training • Prepare students for the pressure of the profession • Research/population management projects while in school	**Education:** • Clarify responsibility when course instructor is and is not present • Teach current staff how to teach • Orientation program for teachers of nursing students • More hours with preceptors • More clinical flexibility-use nights and weekends • Need more clinical instructors • Role of supervision of students and preceptor role is not clear • More case studies and more experience in caring for patients (like ASN!) (not just management like BSN) • As they continue to cross disciplines with medical school and PA, use scenarios in clinics and classroom.

Region 1	Region 2	Region 3	Region 4	Region 5
• Student work 40 hours with one preceptor then 40 hours with another • More BSN programs • More community health in ASN programs • Strategies to increase opportunities in CAH • Teach and learn the dynamics of "team" care • Teach practice nurses to teach and give feedback • Technology training • Up to date on policies that regulate nursing		to get into nursing programs • More emphasis on occupational health in school • Offer education on the level of the student; my ADN to BSN was geared only to student with no experience • Too many hoops to jump through to start or continue formal education path • Use nursing homes as clinical rotation • Use telemedicine in college programs		
Organization: • Develop a learning/teaching culture in organization • Evaluate effectiveness of orientation • Flexibility in nursing schedules to accommodate older nurses • Person or committee in every organization to assist with further education of nursing employees • Retention programs with peer and management support • Reward employees who stay with organization, e.g. long term care • Use a virtual hospital	**Organization:** • Incentives for nurses to advance	**Organization:** • Annual/monthly competency on topics • Continual skills days for competence • Facility supported education • Practice needs to be open to doing preceptorships • Practice settings need to step up more	**Organization:** • Employee evaluation for applicants • Increase probationary period • Reconsider 12 hour shifts • Place experienced staff on shift with new nurses • Resources for new nurses i.e. daycare, transportation • Awareness of social services/resources available	**Organization:** • Medical facility could provide funding for local instructors • New nurses need 10-12 weeks of orientation vs. the 6-8 they get now • Increase time with mentor/preceptor nurse to reduce orientation

Region 1	Region 2	Region 3	Region 4	Region 5
education when changing positions • Make it more feasible (i.e. flexible, part time) for hospital to pay tuition				
Additional: • Develop deliberate practice/academia pathways for working together • Apprenticeships - ideally paid • Basic nursing education should be baccalaureate / BSN • Better collaboration within program • Bridge programs • BSN level needed for nursing jobs in future • Decrease bullying / increase civility • Change culture in bedside care, competence and respect peers • Community outreach • Contracts • Data management - use and understand how it impacts outcomes • DEU program so students have real experiences in rural hospitals • Evidence based practice • Electronic charting training • Establish educational pathways for degrees and	**Additional:** • Cross train nurses to different facilities • Continuum of care focus • Encourage acceptance of new ideas • Faster/better due to retention, i.e. mobile society • Gap: limited patient access • Get competent more quickly • Improve work / prepare for heavier workload • Internships, e.g. competency based for new nurses; NAMI (grant) • Internship prior to taking NCLEX • Luxury nurse RV to travel to rural areas as part of their community health • Mentoring; set regional standards • Need funding • Nurses need to look at	**Additional:** • Address psychosocial; nurses not comfortable with psych patients • Advanced training for healthcare leaders to understand the changes in practice • Assessment of competency • BSN progression program: have clinical courses in CAH; CAH willingness to be a clinical site • Entice younger people to enter nursing profession • Exposure (nontraditional students do not have pre-nursing classes) • Externships • Find more experts on new ways of doing things • More financial aid, assistance to students to go to school • More financial aid for continuing education • Focus continuing education on the specialties areas where nurses work • On the job training;	**Additional:** • Assertiveness training • Advanced certifications • BSN gives a broader view of healthcare • Capitation model • Case management skills • Comfortable one on one • Competencies in team building • Confidence • Continuing education for community settings • Define what is needed in setting • Education for coping • Electronic medical record training • Increase Emotional Intelligence (EQ) skills; self-educate/self-evaluate • Understand function of LPN vs. RN • Greater exposure to various roles in nursing • Need to get higher academic degree if RN with ANS • Higher level of education –	**Additional:** • Art of teaching • Give feedback • Best nurses have CNA experience • Fellowship program • Staff fatigue due to a variety of professions doing clinicals in setting • Team skills • Learn who to contact for pharmacy • Technical skills needed so nurses are comfortable with computer charting and IV pumps • Steps to make quicker transition from BSN to MSN (maybe ANCC certification and pay extra for it) • Employers would like to have more specialty area fellowships for new grads (partner with education). • Facilities would love to see more nurses with post BSN certificates (i.e. pain care online program or wound care certification)

Region 1	Region 2	Region 3	Region 4	Region 5
certifications needed to get where nurse wants to practice • Exposure to continuum of care • Funding for training • Highway safety (how to navigate public and home health) • Generalist role in CAH: too much to know • Guide new nurses to find role appropriate for themselves • Have students learn in their communities as their home campus • Integration and flexibility • Know where to find resources, have the ability to self-educate, and grow with advancement • Leadership management classes • Leadership skill development to enhance care coordination • Less time between basic education and advanced education • Modify expectations • New grad programs for RNs and for LPNs • Nurses select a "track" of practice • Nurses need to advocate for themselves • Nurses should be teachers and leaders	other disciplines, like engineering, to assist in the development for more efficient and safer ways to deliver healthcare with limited staff and resources. • Nurses in practice settings can show students how to use what they have learned in a variety of ways to provide excellent care • Patient teaching strategies • Public health knowledge • Regional alliance; hospital referral programs • Regional hospitals need to be leader to get nurses on • Resource nurse for new graduates • Support of well-seasoned nurse mentors • TAC4 grant through Department of Labor could have paid apprenticeships • Telehealth • Transfer of care focus • Transition of educators into practice • Use of retiring nurses (experience, skills, time	problem with trying to train on the job, leads to attrition • Positive deviants (find those doing it well and learn from them!) • Preceptors: clarify requirements on who can be a preceptor; provide incentives and training for preceptors • Progression needs to be more accessible (clinical is a challenge) • Recruit from afar • Residency for public health agencies • Rural and frontier nursing as a specialty • Tuition reimbursement • Understanding of area; i.e. oilfield – basic needs of community and industry • Use innovations/ consultants who have done it before and identify what works	better able to adapt to new and diverse situations • Higher level of education helps nurses be more flexible in new environments • HR (pipeline from staff to management) • Knowledge of coding requirements • Independent decision making • Interpersonal relationships • Leaders in maximizing appropriate revenue • Leadership • LEAN efficient practices / principles • Recognize that learning does not stop at graduation • Mobile simulation lab • New grads need to able to identify what they do not know • New grads need to recognize that they must work any hours (not just M-F, 9-5); realize that all positions are important: night, evenings, weekends, holidays • Nurse needs to be at the intersection of each instance of patient care • Orientation in triage	but have issues with providers (MDs) who do not all recognize what they can do. • Facilities want us to do more volunteer opportunities for students to do things like flu shot clinics. • Clinical scholars • Look at shared funding with nursing staff between university/colleges and hospitals/clinics to teach clinical so BSN getting teaching/supervisor experience with perhaps money from university to pursue masters/PhD while helping university/colleges with BSN and ASN to nurse teachers so they qualify for master degree for ACER accreditation • Shortage of faculty for fellowships

Region 1	Region 2	Region 3	Region 4	Region 5
• Nurturing relationships • Observe, do and teach • Partnership models in healthcare providers • Professional development • Prep for independent role in community • Quality improvement • Redefine competence of nursing • Recertify BLS or ACLS through virtual programs • Repetition training • Seamless transition from LPN to RN to BSN • Strategies to increase opportunities in CAH • Teach and learn the dynamics of "team" care • Teach practice nurses to teach and give feedback • Up to date on policies that regulate nursing	management, critical thinking) to mentor the new generation of nurses • Work a week in your area • Workload; improved workload for new grads		• Better preparation for the organizational viewpoint • Prior experience in acute care • Process improvement • Quality assessment / performance improvement • Reduce anxiety about transition • Require two years of acute care experience • Research knowledge • Research will help with community health transition • Role of nurse is broadening • Look at shift burnout • Specific training • Develop structural model of transition • Taking care of groups • More task orientated • Knowledge about unions • Utilizing CNL to work with novices • Evaluate working conditions • Healthy work environment • Wellness training • Willingness to learn from others • Volunteering/work experience	

Question 2 A: **How can academia & practice settings work together to meet future educational needs?**

Not all responses to this question focused on education and practice working together. Thus responses are grouped first by ideas about ***Partnerships***, then by ***Financial***, ***Educational, Clinical***, and ***Organizational*** ideas. Ideas not categorized are listed as ***Additional Ideas***.

Ideas on Working Together to Meet Educational Needs (all regions)

Table 4. How Academia & Practice Settings Can Work Together to Meet Future Educational Needs.

Region 1	Region 2	Region 3	Region 4	Region 5
Partnerships: • Academic faculty could provide nurses to clinical sites so nurses at those sites can attend education • Educate about nursing roles other than bedside • Balance theory / reality • Collaborative new grad residency program • Open communication between college and agency to make the experience more well-rounded • Establish a "culture of progression" • Community activities for interaction with students to do marketing • DEUs • Incentive for students to do better • Increase the respect for advanced degrees in nursing • Informal meetings on education requirements "Tales from the Front" • Finances • Using clinical nurses as clinical instructors • Better communication between clinical facilities and school / instructor	**Partnerships:** • Collaborative scheduling meeting; regular meetings with managers • Need to involve higher education and healthcare institutions to better facilitate LPN to RN (BSN)	**Partnerships:** • Change view on what a nurse is to the public eye • More partnered sites • Nursing WWAMI type programs • Funding • Mini-education facility at hospitals; grow your own • Satellite campuses	**Partnerships:** • Continuing education on scope of practice • Electronic health record access • Standardize EMRs; legislative, nationally is an issue • End practice setting philosophy that students are an additional burden to the workday • Mentorship for new grads • Resource sharing • Mobile simulation with CAHs • Design model to share master's level nurse between education & practice • Hospital administration support of MSN/CNO with restructuring to allow part-time faculty commitment • Collaboration on RN to MN - request from agencies • Feedback from employer surveys for new grads and what would help, i.e. systems approach and budgeting • Dedication to lifelong learning; support from professional nurses; incentives from hospitals	**Partnerships:** • Clinical educator paid by college and facility- paired so that there can be evening and weekend clinicals • CNO can be instructor if have a master's degree; cost divided with organization • Get CEOs and chancellors/provosts/CNOs to enforce budgets to get BSNs $40 in tuition in support to have MN in our clinical sites at community college; split BSN or MN salary of community college ($20/hour) and clinic nurse ($15/hour) so the competitive nurse salary is $35/hour. • Figure out how to use Masters prepared nurses in facility and education, e.g. guest speaker; have discussion at CNO level on how both can fund

Region 1	Region 2	Region 3	Region 4	Region 5
• Practice nurses working on curriculum development • Academic progression networks (staff development) that support interest in high degrees • Having students be part of practice evaluations • Incentives for working with students • Incentives to get BSN • Partner with healthcare plans to capture spectrum of care, from clinic through palliative, understand process • Partnership between research course (BSN) and hospital research team • Ability to "exchange" nurses so rural can come to the city/suburban to do clinical. Create a pool of nurses to cover the student so rural could give up the RN. • Recruitment of nursing students from practice • Clinical Translations Research programs • Collaborative residency program • Simulation lab on site at clinical sites, e.g. turn (unused) hospital wing into skilled simulation lab for all health professions				

Region 1	Region 2	Region 3	Region 4	Region 5
• Transportation for rural settings				
Financial: • Increase the pay for BSN • Financial assistance • Develop online resource of available funding options for nurses who are advancing education	**Financial:** • Practice areas could make number of semester hours toward next degree a part of salary increases. • Money from ADN into LPN and BSN program • Master's level - CNS is gone; who pays for it?	**Financial:** • Community investment dollars • Investing dollars - from state dollars to invest in upgrades • Education budget for facility • Need more funding • Allow more students into programs to help pay for the adjunct instructors (increase tuition $) • Smaller hospitals would give dollars if they kept their RNs • Paid internships • Pay for certifications • Relook at budget of traveler nurses and put savings toward education of your own • Loan reimbursement	**Financial:** • Financial support for students and payback	**Financial:** • Not paying Clinical Resource Nurses enough • Increase community involvement; i.e. fundraising. • More summer externships (paid) • Scholarships to students then require to work for clinic next 3 years • Increase wages for CRRNs and faculty to include the number able to train student nurses • Workforce grant to pay for CNA or maybe the $50/credit cost
Educational: • More information for students on difference in education levels • CNA programs • Build in continuum education focus • Move towards more standardized degrees • Need master's program for nurse educators • Need instate PhD programs	**Educational:** • Admission criteria • Add distance delivery of CNA classes; rural areas have difficulty time offering CNA training and often they travel to Great Falls for a 2 ½ week class. People with limited resources are not able to do that. They won't be able to become a CNA, yet the CNA is often the entrée	**Educational:** • Make it easier for seasoned RNs to transition to a BSN • ASN should be able to challenge the pre-reqs, core courses • Summer program for faculty to get Masters • Increase telenet resources/teaching • All MT nursing programs recognize the value of	**Educational:** • Increase understanding of nursing careers by nursing students • Increase number of faculty to increase the number of students • Easier acceptance to programs • BSNs need additional management education • Use clinical informatics in	**Educational:** • CNA class at Career Center; maybe a dual credit course with City College and Career Center as partners • Dual credits (career center to community college); CNA credits used towards LPN at community college • Increase number of MSNs to provide education • Non-traditional programs for

Region 1	Region 2	Region 3	Region 4	Region 5
• Separate path for nursing students who will practice in rural / frontier areas and those planning to practice in metro areas • Consider 12 month school year • Interprofessional education • Recruitment by academia and marketing of nursing and what nurses can do, particularly in rural nursing Need more advance degree options that are competency-based. See WesternGovernor's University for example.	to further nursing education. • Nontraditional CNA expansion • Health career programs in alternative schools • 2 year LPN plus 2 year RN • LPN expanded to 2 years • Create easier articulation from LPN to BSN • Academia needs to support expedited yet not "watered" down care for LPN to BSN programs • Smoother transition for LPN to BSN • LPN to BSN program available through MSU but cumbersome • Step by step PN to BSN program rather than straight through • LPN to RN progression • Expand programs • Nurse residency program before and after graduation • Teleclasses / Telelearning	working with ASN/RN programs from rural MT • ADN, ASN program have transition to BSN within their education program • Underuse of Fort Peck community college - general studies could be done there with nursing courses done via telemed or online training	nursing program • Incorporate combination of geriatric and mental health into nursing education • Incorporate aging, community health and research into curriculum • Focus more on public health/community health • Capstone experience • Specific field internships • Connection between LPN program and BSN program • More graduate programs at Montana State University • More advanced certifications • Continue to offer BSN completion • Offer direct entry BSN degree	single parents • CNA valued by facilities; City College has CNA program; CNA experience is weighted in our point system. We want to require CNA plus 6 months experience for admission to nursing program. This needs to be better thought out though to ensure that they have experience in all areas.
Clinical: • Incentives for clinical sites to have nursing students • Practice can partner with education to provide feedback on student performance in clinical • Expanding programs outside of 9 months and day shift	**Clinical:** No specific comments.	**Clinical:** • Expand clinical med-surg to other sites (not acute care) • Practice nurses can be clinical resource • Do clinicals at local care facility • Look at skill sets vs. time	**Clinical:** • Clinicals other than acute care • Open to new clinical sites • Structured shadowing with APRNs	**Clinical:** • CNA get paid credits to move into City College's LPN program and then ASN • Increase communication with facility for scheduling students and routine rotations

Region 1	Region 2	Region 3	Region 4	Region 5
clinicals • Move more clinical outside of hospital • Interdisciplinary clinical education		spent in a specific setting • Students should be provided with clinical sites rather than the students having to set up their own; hire clinical education coordinators who seek out clinical experiences for students • Provide housing for students to do remote clinicals		
Organizational: No specific comments.	**Organizational:** No specific comments.	**Organizational:** • BSN incentives from industry • Hospital support of education • Employers can offer more clinical time in their facilities for degree advancement • Employers could also reduce hour load in order for their employees to keep health insurance in order to allow them extra time for their studies • Create attitude among healthcare agencies to give back by supporting education of nurses financially • Practice settings need to be more involved - accessible, available	**Organizational:** • Use MSN as administrators • Facilities could rent nurses • Partners - advisory boards learn about BSN education	**Organizational:** No specific comments.
Additional Ideas: • Capitalize on Magnet status initiative • Billing rates do not support	**Additional Ideas:** • We must think differently to find new ideas; it cannot be done the way that it always	**Additional Ideas:** • More UAP programs • See the payback for the time invested in having students	**Additional Ideas:** • Magnet hospitals- state goals about BSN nurses • Need LPNs, ADN and BSNs;	**Additional Ideas:** • St. John's Nursing Home does a CNA class for $300-400.

Region 1	Region 2	Region 3	Region 4	Region 5
RN staff in home health. • Leadership • Promote men in nursing • Support groups • Manager support • Bigger HOSA for high school • Continued support via MT CAHN mentor program • Input from facilities about what their needs are • Teaching capacity enhance increased exposure • Make it easier to get MT CE credit • Too many new grads and students on floor • New grads are often poorly prepared to take a patient load • Need more BSN prepared nurses in the community • Nurses take on 2nd job to pay for their education • Hard to get a job for ASNs outside of Montana • Need to approach prospective students and local health care facilities • Recruit from smaller communities • Students are good recruiters • Ask the question what is the end game plan; plant the seed • Reduce barriers	has been. • No medical center - can't pay differential for BSN; can't staff by ADN and BSN as med centers do • CNA as first step on road map • CRNA program; CRNAs needed in MT • Need diversity • Hard to recruit • Life • LPN to BSN • LPN vs ASN • Military families can only commit to one year at a time. • Nurse residency • PN opt out at about one year • Roadmap for nontraditional students • Robust NP programs • Rural community support • Shortage of anesthesiologists	do clinicals • Would be nice to have more options to directly get BSN rather than ASN to BSN • Preceptors should show students why they want to work at that particular facility • Educators do not want to work nights/weekends supervising students • MT can't meet future needs/demands of nurse needs - number required to fill future gap and 80% expectation can't be filled by current MT system. We must provide quality and quantity. • Offer UAP in exchange for a commitment to that facility for a certain length of time • There has to be a standardized curriculum. What you take here should transfer to the University of Mary in Bismark. • VA program for BSN education and stay to work for 3 years • Agreement at graduation to continue as RN/UAP program	use all levels of nursing • Not enough LPNs for skilled nursing facilities • Reduce use of traveling nurses • Leadership • LPNs as clinic/group practice management • Make nursing appear sexier • Transitioning ASN program to BSN program • Evaluate union issues • Hospitals pay more for nurses who work weekends and holidays • ASN vs BSN only 30 cents/hour difference in area • Surveys • Pathways • CNA in hospital • Med prep classes in high school • Cultural shift • Train where hired • Employment contracts • More regulation coming soon in assisted living; how do we know what the changes are? • Must advise nurses to practice at their scope of practice not at the facility of regulation • CNA course as part of high school curriculum • Conflict between BON rules	• CNA experience needs to be better thought out • Decreased options for employment for LPNs • Decreased areas in rural MT for specialized nurses to utilize skill set • Masters level takes nurse from bedside • Masters programs online require lots of reading - huge time commitment • No local BSN completion program

Region 1	Region 2	Region 3	Region 4	Region 5
• Nurses are getting older- need more opportunities in nursing that is not acute floor nursing • Increase recruitment on reservations and continue to support • Communication • Incentives for mentoring • Other disciplinary roles • Easier to transition • Incentives for being a good mentor • RN – BSN-MN • Time management / flexibility • Allow nurse to work and not travel to do RN to BSN program • Patient centered medical home			and setting	

Question 2 B: **What will be the challenges to addressing future educational needs?**

Ideas sorted into ***Challenges*** in addressing educational needs of the future and ***Additional Ideas***.

Challenges (all regions)

Table 5. Challenges in Addressing Future Educational Needs.

Region 1:	Region 2:	Region 3:	Region 4:	Region 5.
Challenges: • Academic requirements, e.g. GPA • Admission criteria for BSN • Aging workforce • Aging nursing educators • ASN to MSN program • Certifications • Clinical ladders with benefits, incentives (financial) for additional education • Compensating BSN • Conflicts between disciplines competing for resources • Culture of nursing that we continue to say "yes" when we should say "no" • Culture shift • Pay for clinical nurse supervising students • Desire for vs. ability to do rural nursing education; travel, lodging, etc. • Donors • Economics: costs to facilities educational institute and to student • Educational opportunities through onsite clinical training • Evidence based practice	**Challenges:** • Admission criteria (streamlined) • Bringing in teaching experts • Clinical faculty for rural practice • Driving distances for education • Eliminating unnecessary steps (in education) • Financial review by Board of Regents • Grant writing – working together • More educational pathways • Patients do not know difference between RN and LPN • Payment for nurse residencies • Reapplication from one program to another • Schools working together • Simulation • Student with learning disability • Technological opportunities • Telemedicine • Universal application • Valuing LPN education	**Challenges:** • Appreciation for all nursing levels • Credits not accepted from other colleges • Costs - financial burden on clinical sites for the cost of supplies used by students • Distance between facilities and between potential students and schools • Fewer students taking math and science in high school that is required for nursing • Getting faculty to remember "frontier" MT • Grants • Lack of awareness of nursing as a profession • Legislative - action required • Making MSNs at CAHs adjunct faculty • Resources • Role clarification of scope of licensure • Satellite campuses • Students and faculty participation in model development • Student and faculty buy-in of any changes; buy-in from every program • Technology cost	**Challenges:** • Educators self-evaluate and let down barriers r/t level of nursing they are (I am ASN, I am BSN, etc.) • "Block" program to increase graduation rate • Bringing higher education into rural MT • Cadre of NPs and nurses to "shadow" or spend time with • CAH support for individualized orientation • Getting care settings to recognize need for incentives • Clinical / career ladder • Collaboration with other clinical resources • Comfortable as a partner • More certifications in MT • Differential pay for BSN • Dual enrollment (ASN and BSN) • Education in customer service • Expense of getting DNP • Standardizing EMR • Fatigue of preceptors • Finances needed to get BSN • Generational dilemma/difference	**Challenges:** • Increasing credits applicable towards degree • Educating students to have a voice • Funding from community, foundations (hospitals and universities), gambling, legislature. NFL, private donors, and refineries, oil fields, and mines. • Hybrid classes • Community involvement in fundraising • Interactive classrooms • Training clinical nurses to teach students • Nontraditional options • Orientations for specialty areas • Residency program • Staggering classes and clinical • Teamwork • Using retired nurses for teaching, externships, orientations, and mentoring

Region 1:	Region 2:	Region 3:	Region 4:	Region 5.
• Faculty for advanced degrees • Fees for online education • Financial appraisal • Financial support • Flexible academic programs • Getting more grants / grant writers • Good leadership champions at top to facilitate change • Government funding • Government policy for financial assistance • Housing for students near school • Inadequate preparation for role; e.g. manager or educator without specific education for that role • Interprofessional education • Leadership skills for administrators • PhD faculty for teaching • Meaningful recognition for advanced degree • Misaligned expectations re: BSN • Nurses allowing other disciplines to make decisions for the profession • NPs make twice as much as faculty • Nurses think they need to work 5 years before getting a masters or PhD		• Creating WWAMI nursing model	• Generic/traditional BSN programs • Getting students to see bigger education picture • High school level education about nursing • Hospitals - financial barriers to change workforce, staff time, orientation, mentors, and preceptors • Hurdles for BSN • Industry support • Interprofessional team building • Lack of student interest in becoming nurse educator • Letting go of some of what we do • Networking • Open communication • Nurses who do more education / research • Patient populations for student learning • Sabbatical and other faculty incentives • Strategic planning to prepare for changes in education • Student centered education • Summer cohorts • Technology • Time to achieve big changes • Unrealistic expectations • Work ethic	

Region 1:	Region 2:	Region 3:	Region 4:	Region 5.
• Nursing has too many degrees/options • Regulatory support • Repetitive curriculum: AAS and ASN • Resistance to change • Resources in rural areas that have a shortage of professionals • Scheduling • Simulation • Support networks: childcare, editor/proof reader • Support from other professions • Tuition				
Additional Ideas: • Academic may not understand the changes in healthcare or the lack of true partnerships • ACA has changed healthcare and we don't know what the future brings • Administrators need education on nursing • Asking ASN nurses to be LPN first is a barrier • Billing rates don't support RN staff in home health • Blow up the union - all are not created equal, nor do they have the same skills or competencies; allow people	**Additional Ideas:** • Awareness of prerequisite courses needed • Finances for childcare • Geography • Support students • Are patients willing to pay? Educating patients is not their responsibility. Opportunity to see delivery (of a baby)	**Additional Ideas:** • Healthcare reimbursement funding • Housing available • Keep lower cost loans • Liability issues (e.g. UAP) • No place to obtain pertinent skill sets • Recruitment / retention • Supply and demand • Sanford Health and NDSU have collaborated; first two years are spent at Bismark St. College (community college) and second two years are at NDSU for BSN. • X-ray students have flooded	**Additional Ideas:** • Accountable care management processes to improve health and demonstrate outcome data • Advocacy not adversary • All nurses need to see selves as leaders • Balance between work, home and school • Balancing time and energy in precepting staff and students • Current model of clinical experience may need to change to where population is	**Additional Ideas:** • Equalizing tuition between education institutions • Make credit transfer easier for a smoother transition • Not allow testing due to increased fatigue due to having just worked a clinical rotation • Nurses must educate others re: we have a voice • Residency with MD in various areas of clinic to help select areas they want to work in

Region 1:	Region 2:	Region 3:	Region 4:	Region 5.
to excel • Consider competency-based education models • C-suite lack of value of education, the first thing to go is education; educators need to be valued; the art of teaching is not intuitive. Every APRN cannot teach just because they have an advanced degree. • Distance to travel to receive health care • Educate preceptors on role/support them • Family balance • Financially reimburse faculty to improve recruitment of faculty; possibly RWJ and other grants, especially for clinical instructors • Hospitals/facilities maximizing efficiency • Increase number of clinical instructors • LPNs and MAs, not RNs, are in outpatient care. • Mental health and public health paid less • Need more nurses • Need more executive training for nurses • Need a nurse driven model • Need to get good		the market; variations in needs or excess of nurses in different areas	• The dichotomy between concept vs. reality • National position to advocate for nursing • New generation does not want to work 12 hour shifts • Nursing education constantly changing • Increase professionalism in nursing; nurses are not just a commodity • Involved in politics • Pay equity • Need more staff in nursing homes; new grads work there and get burned out and leave • Not practicing to full extent • Spring/summer contracts rather than fall/winter for nursing faculty • Working part-time is not an option due to need for benefits • Medicare/Medicaid do not want to pay • We need to care for our nurses • Younger generation focused on technology and cannot stay engaged with client	

Region 1:	Region 2:	Region 3:	Region 4:	Region 5.
preceptors/experiences for nursing students • Non-nurses making decisions • Not all nurse managers have a Master's degree • Not teaching care of the care giver, how to regulate, how to work smarter to practice nurses on education • Offer annual CEU for precepting or mentoring via MT nurses site, free. Have the nurse write where they can participate to encourage participation locally • Add to the Roadmap: LPN to BSN and RN to MN • RWJF to fund preceptors • Relate cost to retention—cost benefit analysis—quality + retention • Running farms/ranches • Nurses working in home health need benefits • Reduced tuition for yourself, family or donated to someone else in return for teaching reimbursement • Some healthcare programs can't practice unless they have advanced degrees				

Thanks for reading to the end! All ideas are important!