

# NACNEP : National Advisory Council on Nurse Education and Practice

## Meeting on August 11, 2020

The 143<sup>rd</sup> meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on Tuesday, August 11, 2020. The meeting was conducted via webinar and teleconference, based from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Rockville, MD 20857. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

## Council Members in Attendance

Chair: CAPT Sophia Russell  
Dr. Marsha Howell Adams  
Dr. Maryann Alexander  
Dr. Cynthia Bienemy  
Dr. Mary Ellen Biggerstaff  
Dr. Mary Brucker  
Dr. Steven Brockman-Weber  
Dr. Ann Cary  
Dr. Tammi Damas  
Ms. Christine DeWitt

Dr. Christopher Hulin  
Dr. Rose Kearny-Nunnery  
Dr. Maryjoan Ladden  
Rev. Dr. Lorina Marshall-Blake  
Ms. Donna Meyer  
Dr. Luzviminda Miguel  
Dr. Janice Phillips  
Col. Bruce Schoneboom  
Dr. Patricia Selig  
Ms. LaDonna Selvidge

## Others Present:

Dr. Camillus Ezeike, Designated Federal Official, NACNEP  
Ms. Leslie Poudrier, Division of Nursing and Public Health, HRSA  
Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA  
Ms. Kimberly Huffman, Advisory Council Operations, HRSA  
Ms. Robin Alexander, Advisory Council Operations, HRSA  
Ms. Janet Robinson, Advisory Council Operations, HRSA  
Mr. Carl Yonder, Division of Extramural Affairs, HRSA

## Tuesday, August 11, 2020

### *Welcome and Introduction*

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 143<sup>rd</sup> meeting of NACNEP at 9:00 a.m. on August 11, 2020. He conducted a roll call and twenty members were present to confirm the presence of a quorum, so the meeting proceeded. Dr. Ezeike described the purpose of the meeting as to continue discussions on the draft text and recommendations for the Council's 17th Report to Congress, *Preparing Nurse Faculty and Addressing the Shortage of Nurse Faculty and Clinical Preceptors*. Dr. Ezeike turned the meeting over to CAPT Sophia Russell, NACNEP chair and the Director of the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), HRSA.

CAPT Russell welcomed the Council members. She stated that she had recently returned from her Public Health Service (PHS) deployment to Seattle, Washington, in support of efforts to combat the COVID-19 pandemic. She asked if any Council members had feedback or comments on the minutes of the May 2020 NACNEP meeting. No comments were offered, so the minutes were approved.

CAPT Russell briefly reviewed the meeting agenda. She noted that the NACNEP 9<sup>th</sup> Report, published in 2010, also focused on the shortage of nurse faculty. The expectation of the current Council was to review the HRSA response to the recommendations in the 9<sup>th</sup> Report, *The Impact of the Nursing Faculty Shortage on Nurse Education and Practice*, and to see what further steps the Council could recommend to address the long-standing issue of the faculty shortage in the nursing profession. In addition, the Council would consider steps needed to prepare nurse faculty and clinical preceptors to respond to changes in the educational environment brought by new technologies, such as tele-education and clinical simulation, and for emerging public health challenges such as COVID-19.

***Presentation: HRSA and BHW's Investments to Address Nurse Faculty Shortages***

*Adanna I. Agbo, MPH, MSN, RN*

CAPT Russell introduced the first speaker, Adanna I. Agbo, MPH, MSN, RN, Chief of the Advanced Nursing Education Branch, DNPH. Ms. Agbo opened her presentation by saying she would discuss the investments HRSA and BHW had made in recent years in programs to increase and diversify the nursing workforce and address the nurse faculty shortage. She described the mission of BHW as to strengthen the health workforce and connect skilled professionals to communities in need. She added that BHW managed over 40 workforce programs, with a total fiscal year 2020 budget of more than \$1.6 billion.

Ms. Agbo said that the HRSA National Health Service Corps, which supports the training of health care workers to serve in areas of highest need, offers a faculty loan repayment program for eligible students in a wide range of health disciplines, including nursing. In addition, the HRSA Nurse Corps helps address shortages of nurses in areas across the country through:

- Scholarships to students enrolled in nursing degree programs,
- Loan repayment to nurses who work in facilities experiencing a critical shortage of nurses, and
- Loan repayment to nurses who serve as faculty in schools of nursing.

Ms. Agbo reviewed the NACNEP 9<sup>th</sup> Report, including its impact on nurse education and practice. The 9<sup>th</sup> Report described several challenges, including:

- difficulty in attracting and retaining qualified nurse faculty,
- non-competitive salaries for faculty positions compared to clinical positions,
- a lack of diversity among nurse faculty,
- a lack of awareness among nurses of the importance of the faculty role,
- difficulties in providing adequate educational preparation for faculty, and
- the aging of the nurse faculty workforce and an imminent wave of retirements.

She listed the recommendations or the 9<sup>th</sup> Report:

- To provide nursing program infrastructure grants to support faculty development, workload adjustment, mentorship, certificate scholarships, and loan forgiveness or cancellation.
- To provide individual faculty fellowships for baccalaureate and master's prepared nurses to obtain a doctoral education, in response to the recommendation in the Institute of Medicine *Future of Nursing* report to increase the number of doctorally prepared nurses.
- To fund demonstration projects that develop collaborations between clinical settings and academic institutions especially to increase the supply and diversity of faculty.
- To create, maintain, and update a national database using a standard minimum data set to produce comprehensive data regarding faculty supply and demand.

Ms. Agbo offered a brief overview of nursing education and training programs within DNP, which are designed to support a skilled nursing workforce and incentivize clinicians to work in rural and other underserved communities. She highlighted the Nurse Workforce Diversity (NWD) program. In addition to attracting students from disadvantaged backgrounds into nursing, NWD has provided trainings to over 86,000 recipients through faculty development activities on topics such as enhancing the role of the nurse, cultivating nursing and primary care, and addressing the social determinants of health.

In particular, Ms. Agbo discussed the DNP Nurse Faculty Loan Program (NFLP), with an annual appropriation of about \$28.5 million to support grants to nursing schools to increase the number of qualified nursing faculty in the United States. NFLP grants allow nursing schools to offer eligible students up to 85 percent cancellation of their student loan debt upon graduation and after they obtain a nurse faculty position, with a service commitment of up to four years for the maximum loan repayment amount. The goal of the NFLP is to increase the number of qualified nursing faculty.

However, to be eligible for loan repayment through NFLP, graduates must first obtain a full-time faculty position. Ms. Agbo said that there are several complicating factors that affect the ability of a qualified applicant to obtain full-time employment. Some nursing schools may list faculty vacancies but lack the funding to support the positions, while some may prefer to hire part-time or adjunct faculty. In response, the NFLP expanded the definition of "full-time employment" loan repayment eligibility to include two part-time positions that combine to the equivalent of full-time employment. Noting the need for more clinical preceptors as well as faculty, NFLP further expanded the eligibility criteria to include individuals who obtain employment as a clinical preceptor for advanced practice registered nurse (APRN) students.

Ms. Agbo reviewed the funding investments that HRSA made between 2010 and 2020 towards addressing both the general nursing shortage and the nurse faculty shortage. She noted that the need to increase the nursing workforce goes hand-in-hand with the need to increase the number of faculty who will teach those nurses. In summary, she noted:

- Several HRSA/HRSA nursing workforce programs incorporate faculty and preceptor development activities, and academic-practice models that bolster faculty efforts.

- From 2010-2019 HRSA/BHW has invested over \$257million in grants to about 200 institutions to support training of new nurse faculty through the NFLP grant.
- From 2012-2019, NFLP grantees reported a total of 4,341 NFLP graduates, with 94 percent of the graduates obtaining full time nurse faculty employment.
- Current grantees report over 3,500 of those supported completing at least one year of full-time employment as nurse faculty.
- The majority of NFLP trainees and graduates pursue doctoral-level degrees; the most common discipline is nurse educator.

### *Q and A*

Dr. Mary Joan Ladden questions how many of the faculty scholarship or loan repayment recipients were already working as faculty before receiving their awards, and how many stay on as faculty after completing their service commitment. Ms. Agbo said that only current faculty at an accredited nursing school are eligible for loan repayment through the Nurse Corps program. The initial service commitment is two years, and the awardee can apply for an additional one to two years. Data on these grantees can only be collected during the time of their service obligation, and they are not tracked after they complete their service requirements. However, it is anticipated that most grantees will continue their faculty careers after completing the program. The focus on loan repayment through the Nurse Corps program is on retention of current faculty, rather than recruitment of new faculty.

Dr. Cary said that in her experiences as a project manager for an NFLP grant, many students who apply for loan forgiveness are already faculty and are pursuing another degree. She asked Ms. Agbo if there was data on how many NFLP recipients were not in faculty positions until after they graduated. Ms. Agbo replied that the statute for NFLP did not distinguish between existing faculty and new faculty for loan repayment. She said her own experience with the program has indicated that most applying into the NFLP for loan repayment are coming in as new faculty. However, data is not available to differentiate between current and new faculty. Dr. Cary clarified that the NFLP was focused both on recruitment and retention of nurse faculty.

Referring to faculty development programs through the Nurse Corps, Dr. Cary asked about the percentage of applicants who have succeed in receiving funding, as one way of determining if the current demand for such programs is greater than the supply. Ms. Agbo replied that she did not have that information, but could look into the availability of that data.

Dr. Lorina Marshall-Blake followed up to ask about the distinctions on data collection of the faculty program recipients. Ms. Agbo clarified that the Nurse Corps loan repayment program was based on a contract between an individual and HRSA, and HRSA could collect data on the recipients within the time of their service commitment. In contrast, the NFLP provides grants to schools of nursing, and the schools manage the loan repayment process. The schools collect and report data on the loan recipients during the term of the service agreement, and once the service commitment is met then HRSA no longer collects data.

Dr. Patricia Selig asked if HRSA had data on how many loan recipients were pursuing a research and scholarship-based doctor of philosophy (PhD) degree, versus a clinically-based doctor of

nursing practice (DNP) degree. Dr. Agbo replied that HRSA data collection does distinguish between the two degrees. She added that, following national trends, the number of DNP graduates had increased significantly in recent years. Dr. Janice Phillips followed to ask for additional data on the demographic characteristics of the recipients in terms of minority status and related factors.

Noting the federal funds allocated for loan repayment and related programs, Dr. Cynthia Bienemy asked what emphasis had been placed on improving retention and decreasing attrition of nurse faculty. Dr. Agbo replied that HRSA must consider the legislation and regulations that govern its programs. While the Nurse Corps loan repayment program focuses on retention and the NFLP contains a recruitment and training component, trying to mandate faculty retention is beyond HRSA's scope. However, many schools have taken steps to hire NFLP graduates as new faculty, provide mentorship, and take innovative steps to help their graduates become better prepared and to remain in the faculty role.

Dr. Ladden asked about faculty development for clinical preceptors. She noted that many graduates come into faculty roles with little educational preparation on developing curricula, assessing and managing students, assessment and testing, and understanding different pedagogies. Ms. Agbo replied that many of the nurse training programs that incorporate faculty development activities are not the ones that directly support the supply of new faculty. She cited the example of the NWD, which had incorporated aspects of training for APRNs in areas such as the social determinants of health.

Dr. Cary noted that the current draft of the NACNEP report emphasized that coursework in nursing education is often not mandated in either PhD or DNP programs. Ms. Agbo agreed, replying that HRSA had relaxed the mandate in its faculty development programs for content focused on educational science, in response to feedback from the schools. She said that HRSA could re-evaluate this requirement to find the proper balance to improve faculty preparation.

## **Presentation and Discussion of the 17th Report and Recommendations**

CAPT Russell turned the meeting over to Dr. Cary for the presentation of the draft 17<sup>th</sup> Report, to be followed by discussion. Dr. Cary referred the Council members to the draft that had been distributed before the meeting, and asked that they review it through these perspectives:

- Do the three sections of the report make sense? Does anything need to be added?
- Are there gaps in the report that need to be addressed
- What recommendations should the Council put forth, and are they supported in the text?

There was a comment that the Council had identified low salaries as a significant factor contributing to the faculty shortage, which should be mentioned early in the report. In addition, the demographic information provided for the current nursing workforce should highlight the low number of men in the profession, currently at around 11 percent. There was another comment on the need to add demographic information related to registered nurses (RNs) with an associate degree, who currently make up just over half of the nursing workforce. There was a suggestion to include both the percentage of faculty vacancy rates, and the absolute number of faculty needed to address the shortage, to highlight the magnitude of the shortage.

The Council members reviewed sections of the draft 17<sup>th</sup> Report and engaged in a wide-ranging discussion of the causes of and remedies for the long-term national shortage of nurse faculty.

The main reasons cited for the shortage included:

- Salary differential between clinical and academic positions;
- Lack of respect for and understanding of the faculty role;
- Inadequate preparation in the theory and practice of education; and
- Academic pressures and burnout of faculty.

A lack of full-time faculty requires many schools of nursing to rely on part-time staff. There was discussion that a higher percentage of part-time staff increases the academic pressure on full-time faculty in curriculum development, course content, and student assessment and evaluation. The members discussed a study indicating that undergraduate nursing schools with more full-time faculty had improved student outcomes on the nursing licensure exam, the NCLEX-RN. There was further discussion on the shift within education to provide more on-line content, accelerated by the COVID-19 pandemic and the closure of many campuses. This shift had accelerated the need to train faculty in the development of on-line coursework, and the Council discussed the potential benefits of employing instructional designers to improve course content.

Many Council members expressed concern about the differences in preparation between the research-based PhD and the clinically focused DNP terminal degrees. Within nursing, enrollment in PhD programs has remained stagnant, while enrollment in DNP programs has grown substantially in recent years. However, DNP programs rarely include significant content in educational theory needed to develop new faculty, and even PhD programs have been shifting away from coursework in education to focus more on research.

There was discussion on the lack of required coursework in educational theory and curriculum development as preparation for the faculty role within both PhD and DNP programs. However, there is a specialty track of nursing education as a certificate program and at the master's level. With the advance of on-line education, graduate-level students who desire a career in academia have access to courses on education at outside academic institutions, even if these courses are not offered or required at their schools. It was suggested that the report could be revised to reflect the need to require education preparatory coursework in HRSA-funded programs, encourage inter-institutional arrangements to improve access to this coursework, or provide funding for students in doctoral programs to pursue an additional certificate or degree in nursing education.

With surveys from the American Association of Colleges of Nursing and the National League for Nursing showing a large number of qualified applicants turned away from nursing programs due to lack of faculty, there was concern about the lack of information on those students who are turned away. Nursing schools that base admittance decisions primarily on factors such as grade point average might fail to consider the diversity of the applicants, and thus miss opportunities to promote the diversity of the nursing, and subsequently the nurse faculty, workforce. One positive aspect was recent data that show the enrollment of minority students has more than doubled, and the number of full-time faculty from minority populations has also increased, although both figures remain inadequate to reflect the diversity of the country's population.

There was further discussion on faculty competencies related to the use of technology, with the literature for higher education in general indicating a lack of preparation for faculty to be technologically innovative and savvy, or even use technology in the way that many students do. Council members suggested the use of instructional designers to help nurse faculty improve instructional content and incorporate on-line learning techniques. It was further suggested to include some information on faculty competencies as an appendix to the report.

There was a question raised on how to improve faculty retention, as program graduates might transition to clinical roles after completing their faculty service requirements for loan repayment, and little data is available on long-term retention. In addition, new faculty on a tenure track can face enormous pressure, leading to role dissatisfaction and burnout. It was suggested to include a recommendation to provide funding for ongoing professional development, mentorship, and leadership in academia, which might help to retain nurse faculty.

There was discussion on the need for more federal investment in faculty preparation, in response to shifts in funding from philanthropic organizations that have de-emphasized faculty development. Council members reviewed information on the wide variation in faculty requirements and faculty-to-student ratios among the state boards of nursing, and noted that greater standardization of these requirements across states would enhance faculty mobility.

In response to the COVID-19 pandemic, Council members noted the need to include competencies in public health basics, emergency response, and disaster preparedness into pre-licensure training and education, along with funding of faculty and curricula development for pandemic and related public health disaster preparedness. Members also noted the need to prepare nurses in chronic disease management and post-acute care for COVID-19 survivors.

The draft recommendations proposed by the Council for further consideration include:

- Provide funding for nurse faculty development and infrastructure
  - Broaden the use of simulation as a pedagogical strategy in nursing education.
  - Provide HRSA funding to develop telehealth and distance education curricula and infrastructure.
  - Develop open-source apps and products for virtual simulation.
  - Permit the use of instructional designers to support faculty in preparing on-line classes and other remote learning opportunities.
  - Promote recruitment of faculty from diverse backgrounds.
  - Redirect investments to structured professional development for any HRSA program purporting to fund faculty.
  - Redirect investments in loan forgiveness to PhD programs with mandatory nursing education coursework.
  
- Develop and pilot nurse faculty residency programs as a strategy for faculty:
  - Recruitment
  - Retention
  - Resiliency

- Encourage HRSA to explore federal-private partnerships to leverage HRSA funding, and cast a wider net for partners in co-funding initiatives. Create an intersectoral funding initiative among federal, state and philanthropic agencies/institutions to award for centers of excellence in preparation of the faculty workforce, based on the model HRSA constructed for interprofessional education (IPE) development:
  - Recruit
  - Retain
  - Develop and advance skills in technology, simulation, curriculum development, program evaluation, pedagogical science
  - Improve training of preceptors
  
- Encourage HRSA to fund a study on the long-term challenges of recruiting and retaining nurse faculty.
  - Identify the top three priorities to pursue to reduce the nurse faculty shortage.
  - Develop a mandatory data collection set for all federally funded programs on first-time nurse faculty entering the profession.
  - Convene a workgroup to develop and propose remedies to the nurse faculty shortage, including both federal and more industry-wide initiatives, and collect data on outcomes.

## **Public Comment**

While several members of the public attended the webinar, there were no public comments offered during the comment session.

## **Review and Next Steps**

CAPT Russell thanked the Council members and HRSA staff for their participation in the meeting, the last for the Council in fiscal year 2020, and for their service and commitment to NACNEP. She reminded the Council members that the meeting focused on furthering the work on the Council’s 17<sup>th</sup> Report to the HHS Secretary and Congress, on the topic of preparing nurse faculty and addressing the shortage of nurse faculty and clinical preceptors to improve nursing education. She briefly reviewed the day’s events:

- Ms. Agbo provided an update on HRSA’s investments in nurse faculty development, recruitment, training, and retention including:
  - The National Health Service Corps.
  - The Nurse Corps.
  - Nursing workforce programs within DNPH, specifically the NFLP.
- In the discussion that followed, information gaps were identified:
  - Demographic breakdown of the Faculty Loan Repayment Program and NFLP recipients, to include
    - DNP versus PhD.
    - Diversity of recipients by ethnicity, background, gender, and age.
  - Faculty retention after the completion of service requirements.
- The writing committee led a section-by-section review of the current draft report.
- The Council engaged in an extended discussion of proposed recommendations.

CAPT Russell concluded by saying the meeting discussions provided some significant and helpful insights and recommendations to address the nursing workforce challenges related to the nursing faculty shortage. The feedback provided by the full Council to the writing committee included information on innovative funding sources, faculty development, enhancing education competencies, academic-clinical partnerships, and overall messaging on the significance of the nurse faculty role. Moving forward, the writing committee will continue to develop the report to incorporate the input and feedback provided during today's meeting.

## **Conclusion**

Dr. Ezeike reminded the members of the next NACNEP meeting, currently scheduled for December 2-3, 2020. He noted that the meeting will be conducted virtually, and details of the meeting could change as a result of the COVID-19 pandemic status and response.

Dr. Ezeike added that the terms of 12 current members of the Council are due to expire on September 1, 2020. He thanked these members for their service and their contributions to the work of the Council. Dr. Ezeike noted a current request pending approval to extend the terms of three of these members who serve on the writing committee, to facilitate continuity of leadership and timely completion of the Council's 17<sup>th</sup> report.

Addendum: On August 20, 2020, Mr. Thomas Engels, HRSA Administrator, approved the extension of the three NACNEP members:

- Dr. Ann Cary
- Dr. Maryjoan Ladden
- Dr. Lorina Marshall-Blake.

## **Meeting Adjourn**

Dr. Ezeike adjourned the meeting at 4:00 p.m.

## **Acronym and Abbreviation List**

APRN	Advanced Practice Registered Nurse
BHW	Bureau of Health Workforce
DFO	Designated Federal Official
DNP	Doctor of Nursing Practice
DNPH	Division of Nursing and Public Health
HRSA	Health Resources and Services Administration
NACNEP	National Advisory Council on Nurse Education and Practice
NFLP	Nurse Faculty Loan Program
NWD	Nurse Workforce Diversity
PhD	Doctor of Philosophy
PHS	Public Health Service
RN	Registered Nurse