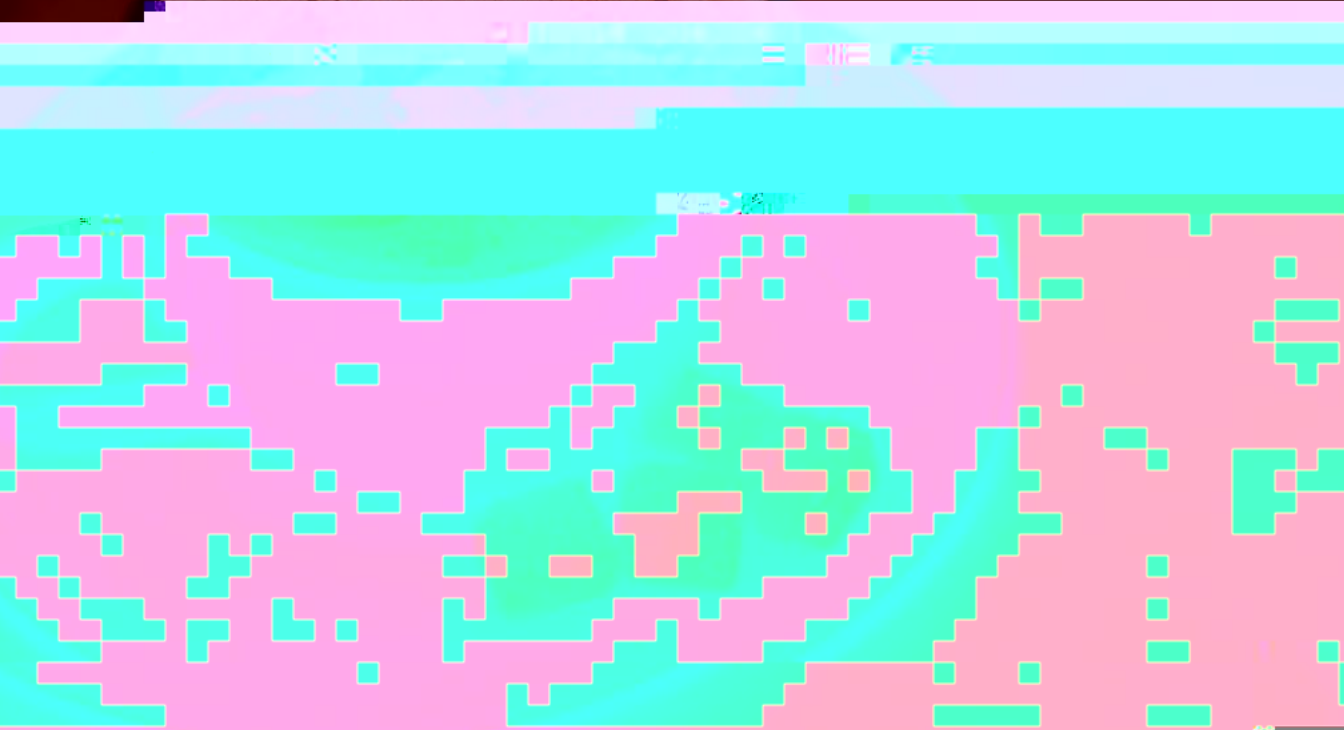
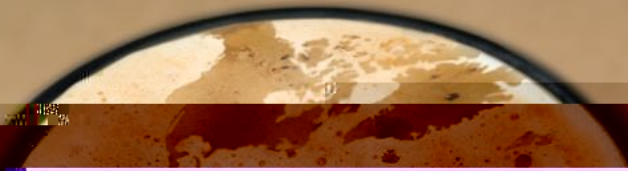


# W I Café



#### Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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# World Cafè

Education Meeting Monograph

Dec. 8-9, 2011 | Chicago, IL



Shaping the Future of Nursing Education:  
A New Vision for Approval & Accreditation





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## Overview

On Dec. 8-9, 2011, the National Council of State Boards of Nursing (NCSBN<sup>®</sup>) hosted the World Café™ Education Meeting in Chicago. This meeting utilized the World Café™ format (Brown, 2002) to create a dialogue among nursing educators, accreditors and regulators to explore the question: What could nursing be when education, approval and accreditation were aligned? Prominent nursing leaders provided provocative remarks and stimulated small group discussions on issues associated with prelicensure nursing education. Michael Bleich, PhD, RN, FAAN, Dr. Carol A. Lindeman Distinguished Professor, Oregon Health & Science University, presented "What Could Nursing Be?" and discussed the Institute of Medicine's (IOM's) **Future of Nursing: Leading Change, Advancing Health** report (IOM, 2011), challenging the attendees to think boldly

## Background

At NCSBN's 2010 Annual Meeting, several boards of nursing (BONs) expressed concern regarding the increasingly challenging nursing program approval process they face. Program approval takes a lot of staff time, and yet state resources have been shrinking, sometimes resulting in fewer available work hours for staff or the elimination of positions. In some jurisdictions the number of new nursing programs is rapidly growing, thus creating more work for an already overburdened staff. Furthermore, for programs with national nursing accreditation (by the Commission on Collegiate Nursing Education [CCNE] or the National League for Nursing Accrediting Commission [NLNAC]), redundancy and overlap often occur by requiring continued program approval by BONs and nursing accreditation by CCNE or NLNAC.

The question was asked whether BONs need to be involved in the approval process and if so, what is the role of the BON and how does it interface with accreditation by a national body? This discussion was brought back to the NCSBN Board of Directors (BOD) who convened the NEC in 2010 to:

1. Analyze and present data from NCSBN's Member Boards regarding implementation of education program regulations that result in initial and continued approval compliance actions;
2. Examine differences between BON's requirements and accreditation standards for nursing education programs approved by member boards; and
3. Assess the current and future purpose and focus of the BON approval process of nursing education programs.

In May 2011, NEC members recommended that BONs begin to require national nursing accreditation of all prelicensure nursing programs to: (1) Reduce the redundancy associated with continued approval of programs; (2) Use resources more efficiently; and (3) Foster the educational advancement of nursing graduates, as recommended by the IOM **Future of Nursing: Leading Change, Advancing Health** report (2011). As the NEC examined differences between national nursing accreditation and BON approval, it found that there is a unique role for BONs in making initial approval visits and decisions, in making visits when complaints or issues arise, for ensuring that state rules and regulations are met and for closing programs when standards are not met. The committee noted, however, that for BONs to move forward with requiring national nursing accreditation, there needs to be greater communication and collaboration with national nursing accreditors. To this end, the

NEC proposed the idea of a joint meeting with nursing educators, representatives from the national nursing accrediting agencies and nursing regulators.

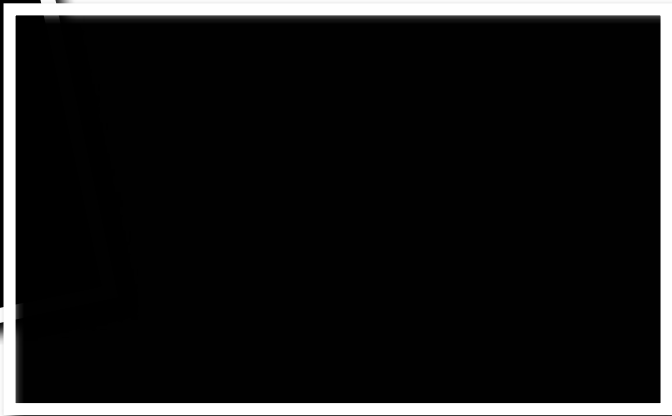
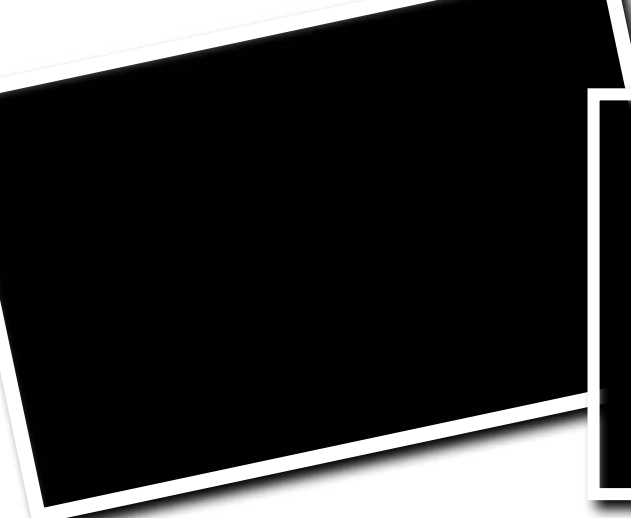
In fiscal year 2011, NCSBN's BOD charged the NEC with:

1. Facilitating a conversation with CCNE and NLNAC about a shared understanding of nursing program approval processes and accreditation;
2. Making recommendations to the NCSBN Model Act & Rules Committee for an efficient and effective approval process for nursing education programs; and
3. Hosting a collaborative summit by February 2012 to examine strategies for improving nursing education accreditation and approval processes.

## the World Café™ Concept

The World Café is a method for structuring a meeting that invites dialogue, spurs creativity and supports “conversations that matter” (Brown, 2002, p. 2). It is based on the “assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges. Given the appropriate context and focus, it is possible for participants to access and use this deeper knowledge about what’s important” (Brown, 2002, p. 3). There are seven guiding principles that provide a direction for structuring the conversations:

- f* Clarify the Context;
- f* Create a Hospitable Environment;
- f* Explore Questions that Matter;
- f* Encourage Everyone's Contribution;
- f* Connect Diverse Perspectives;
- f* Listen Together for Insights and Deeper Questions; and
- f* Harvest and Share Collective Discoveries (Brown, 2002, p. 6)



The basic format of the World Café discussions assigns participants to tables of four. Butcher-block paper, colored pens and crayons are supplied at each table and participants are asked to comment on a provocative question, one that matters deeply to the participants and allows for multiple perspectives. They are required to listen intently to each other and are encouraged to draw visual pictures to convey their thoughts (hence the butcher-block paper). After 20 minutes, participants move to another table and add to the content on that table's paper. One participant volunteers to remain at the table to orient the next group, providing highlights of the previous discussion. Three rounds occur, and at the end of the third round, the butcher-block paper is gathered and posted on the walls around the room in a gallery format. Participants tour the room and review each table's work. Common themes are identified through subsequent discussions.

World Café meetings can be held with as few as 25 people or as many as 1,000. Individuals who participate in one find that it is challenging, yet powerful. Collaborative conversation is key.

“When people come to a new level of shared understanding around key issues, they usually want to make a difference. And when participants build on one another's knowledge, they will most likely see action choices they didn't even know existed before. People often leave a Café conversation amazed at how much was accomplished in a relatively short time – a feeling all too rare in traditional meetings.” (Brown, 2002, p. 21)

Detailed and advance planning is essential for a World Café meeting. Not only do all of the planners need to know the specifics of what to do and when, but the attendees need to be prepared for this different type of meeting. Paying special attention to every detail of the meeting, from the invitations to the room's layout and decorations, is particularly important for reinforcing the unique nature of this event.

## Planning the World Café™ Meeting

On May 12, 2011, NCSBN's BOD approved the NEC's recommendation to hold a joint meeting with nursing regulators, educators and national accreditors in an effort to begin a dialogue about possibilities for nursing program approval by BONs. Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, and Linda Olson, PhD, RN, NEA-BC, Institute of Regulatory Excellence associate, Nursing Regulation, NCSBN, met to discuss how to foster a dialogue where people listen to different perspectives and learn from each other. After reviewing several different ideas, a World Café format was chosen as it best fit the objective of holding a collaborative conversation. Spector, Olson and NEC Chair Susan L. Woods, PhD, RN, FAHA, FAAN, board member, Washington State Nursing Care Quality Assurance Commission, discussed this possibility of a World Café meeting and sent NEC members information about this meeting format. It was suggested that the meeting be held in December 2011 in Chicago. Spector met with NCSBN's Marketing & Communications department to begin the planning process.

Many of the meeting planners had not been at this type of meeting before, but those who had knew that it was crucial to enlist a facilitator experienced in leading World Café meetings. Disch, who has successfully led World Café meetings, accepted the invitation to be the facilitator. In June, the NEC held a conference call to discuss potential speakers, the development of meeting materials, the purpose of the meeting, objectives and the agenda.

In July, the NEC held another conference call with the meeting planners and Disch. She described the use of the World Café format, its benefits, what it is and what it is not. On this call, the agenda for the meeting was finalized. Later in the month, Bleich, a committee member on the IOM's 2010 Future of Nursing Committee, and Tanner, who was instrumental in developing an innovative model of nursing education in Oregon, were chosen as plenary speakers. The planning group was confident that these two distinguished leaders would challenge the participants to think differently. See Appendix A for the final agenda.

During the summer months, the Marketing & Communications department designed the marketing materials, including a save the date postcard (Appendix B). At the NCSBN 2011 Annual Meeting that August, the save the date postcard was distributed. During this time, the venue and date for the meeting were finalized. Online registration began on Aug. 22, 2012.

Y u' l vited



at fall, the Marketing & Communications department finalized plans to create a welcoming coffee house environment by contracting with a company that provides rolling coffee baristas to make specialized coffee drinks for attendees. A commemorative World Café coffee mug would also be given to each attendee, as well as a chocolate-covered spoon for dipping into their coffee. Lighting and layout of the room were intricately planned to create a warm, conducive space for conversations.

In December, after many staff meetings, conference calls and two face-to-face meetings, the planning for the meeting was coming to fruition. The onus of a successful meeting now was on the participants. The last task was to create a “script” for committee members, a detailed document including an hour-by-hour briefing about what was to happen and who was responsible for what. On Dec. 8, 2011, the NEC and the speakers dined together at Lawry's Prime Rib restaurant to celebrate everyone's hard work.

## Demographics of Participants

The event was limited to 200 participants and open to nurse regulators, educators and representatives from CCNE and NLNAC. The demographics of attendees are as follows:

*f* 48 jurisdictions were represented, including 46 states, the Northern Mariana Islands and the District of Columbia.

*f* 93 educators were present, including 44 deans and directors; 41 faculty members and five university/college administrators.

*f* 88 regulators were present, including 52 staff members and 36 board members.

*f* 19 organizations were represented, including, but not limited to, the American Association of Colleges of Nursing (AACN), American Nurses Association, American College of College of Nursing

## Themes from Butcher-Block Paper at the World Café™

After the table discussions, the butcher-block papers from the tables were posted for participants to review and identify common themes. Appendix D provides a visual depiction of these papers and highlights six themes that emerged.

### Mutual Goals for Nursing Education, Regulation and Accreditation

The major theme that surfaced was the notion that there would be mutual goals for nursing education, regulation and accreditation. One category within this theme was consistency in standards among nursing programs, NCSBN, individual BONs and national nursing accrediting agencies. The standards would be based on a clearly articulated “gold standard” that would lead to increased quality of education, lifelong learning and evidence-based standards for quality education. This goal would facilitate “consistency in knowledge and skills for graduates, and would focus on strengths, increasing creativity, without silos, and would increase efficiency.” “Building evidence to support these standards” for improved outcomes and patient safety would be inherent in this process. There were allusions to a national nursing curriculum, as well as a national licensing model, which participants described as leading to consistency in outcomes and competencies, and facilitating the IOM recommendation that nurses practice to their full potential. This curriculum would have teaching models that would facilitate creativity and novel interdisciplinary teaching strategies. Additionally, clarity about the nursing profession to the general public would be increased, especially since there are multiple entry levels into nursing.



## Unity, Trust and Collaboration

Another theme related to alignment was nursing unity, trust, and collaboration that would build trust and respect within and outside the nursing profession. Respect for all levels of nursing education was espoused.

There were elements of common goals that related to the first theme of Mutual Goals for Nursing Education, Regulation and Accreditation. There was dialogue on the butcher-block papers related to language. There is a need for congruent language and definitions, and a common taxonomy related to accreditation and approval. Often there are multiple organizations that speak for nursing, such as AACN, NLN, educational institutions, professional associations and NCSBN, but there may be differences in the language used. One statement in the butcher paper points out that the “Lack of common language has given power to facilities to control clinical settings. Language needs to support scope of practice.” Through collaboration and alignment, language could be clarified and common usage identified.

Another area that was clearly articulated was that through alignment, there would be a defined seamless educational articulation. This sentiment was found throughout the document and related to all levels of nursing education. This “seamless process of education progression/advancement will assist the profession to meet the Institute of Medicine’s recommendations” and “will facilitate both domestic and international mobility.” It would prevent “exploitative programs” and provide students with financial protection. Mobility could be increased with “removal of barriers and that all colleges/programs issue transferable credits.” There would be “definition and consistency in program criteria between levels” of education. The opinion was voiced that there

are “too many education levels. Leads to public confusion regarding what it takes to educate a nurse.” Finally, there were statements supporting the notion that unity, trust and collaboration foster a sharing of information and promote open and flexible communication that supports seamless educational transition. According to one statement the nursing profession should “value all levels and promote progression.”

### **Economy of Time and Money**

The fourth theme was related to facilitating more efficient use of resources: the “consolidation of effort-less work, costs savings and uniformity.” “Numerous reports such as NLNAC or CCNE, BONs, Higher Education Council or regional accrediting agency” all take time to develop and are often duplicative. The time involved in preparing for BON or national accrediting agency visits also involves significant resources of the school and can act as a barrier to seeking accreditation. Through alignment, costs could be decreased and the economic savings could be used for “faculty development, innovation” or other school necessities reflecting better “management of our scarce resources.” “Too much regulation is expensive” and aligning education, regulation and accreditation will conserve resources. “Streamlining and consolidating reporting processes” would be a cost effective outcome.

### **Transparent Communication**

The fifth theme is transparent communication. If alignment were in place, there would be “better communication between the bodies,” as well as dissemination of information about “best practices, excellence in practice/education, quality and information about new techniques such as simulation.” Participants related that

“intense communication is needed. Collaboration is required.” A major category within this theme was initiation and maintenance of a national database of a variety of parameters. Alignment could require “consistent reporting criteria between NCSBN, NLNAC, CCNE and other agencies to create a national database.” “Build a national database and expand Nursys® to include pertinent data.” “Alignment would help aggregate quality data and increase efficiency.” Participants stated that alignment would “allow for more effective benchmarking (data and national comparison) and would provide data to support regulations.” Additionally, this database would facilitate “shared communication between accreditors and BONs.” The participants remarked that nursing, when aligned, “could be an intricate model that contains accreditation, regulation and education with nursing as the focus.”

## **Safety and Protection of Patients and Students**

Safety and protection also emerged as a strong theme. A BON's mission is to protect the public. The “national issue of trust” in the nursing profession is also a factor in advocacy for public safety: “Unity and collaboration of the bodies would create respect and trust. The outcomes would be safe patient care and uniform standards of care.” Participants also suggested a consensus model to include role, function, public safety and transition to practice. It was also suggested that Quality and Safety Education for Nurses (QSEN) competencies be mandated for the prelicensure nursing curriculum along with leadership, lifelong learning, patient safety, communication and evidenced-based practice. Alignment would facilitate meeting health care needs of communities and individuals; affordable and accessible health care; and safe quality care. “Nursing is about public safety.”

## **Barriers to Alignment**

What contributed to the World Café's<sup>TM</sup> Success?

question that invited numerous perspectives; setting expectations prior to the meeting that this would be a different experience; and to suspend judgment. A key element was the framing of the entire event, that all participants were learners, even the facilitator and major speakers, and that there was rich learning to be gained from everyone present. Direct comments from participants reinforced these observations: "The World Café was by far one of the most powerful and well-organized events I have attended. The manner in which the process was facilitated, the clearly stated goals and the respect shown for the diversity of the participants was extremely valuable." "The format was pivotal in initiating dialogue." "[The format] really helped our collaboration efforts and opened some thinking. Very much appreciated the time with work on our plan at the meeting and the valuable consultation we got."

## Other Discussion Topics

In addition to conversations at the World Café tables, several other discussions were held. The participants, seated four per table, recorded their discussions on an iPad. Analysis of the results produced the following information about the overall question: **If education, regulation and accreditation were aligned, what would indicators of successful nursing programs be in the future?** These indicators were divided into six sub-questions and are presented by frequency.

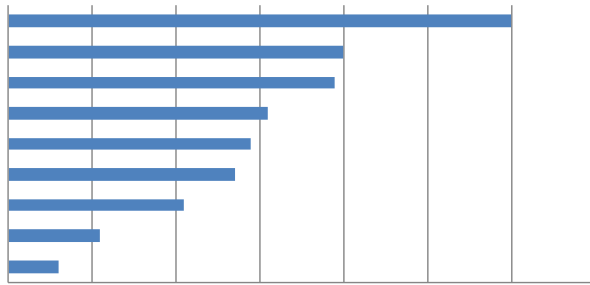
**What would be desirable student outcomes?**





Organizational/Systems Knowledge.

Table 1. Desirable Student Outcomes



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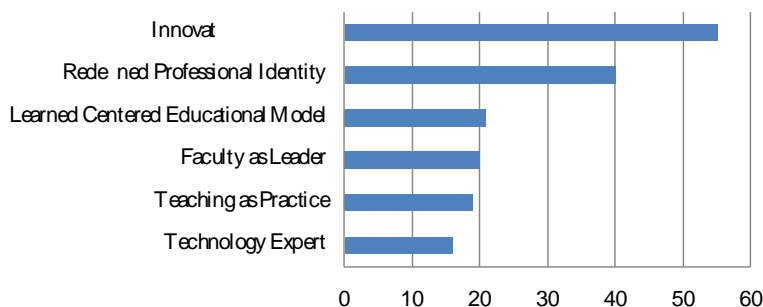


evolving health care system, an understanding and incorporation of local, regional, national and international health care environmental issues into teaching practice is necessary.

**Teaching as Practice** The outcome of teaching as practice, expertise in evidence-based practice and in data driven decision making was considered significant. Participants identified knowledge of assessment and evaluation as necessary to teaching, as well as having a clear understanding of regulation and accreditation standards. Faculty and administrators also need to clearly define expectations for students. Finally, being current in nursing practice and being clinically competent were also identified, along with increasing involvement with research.

**Technology Expert** Adapting to emerging technologies was a component of technology expert. Technical diversity with emphasis on health care informatics was identified as necessary for the faculty role. Some examples of these were social media, simulation and electronic health records (EHR).

Table 2. Different Faculty Roles

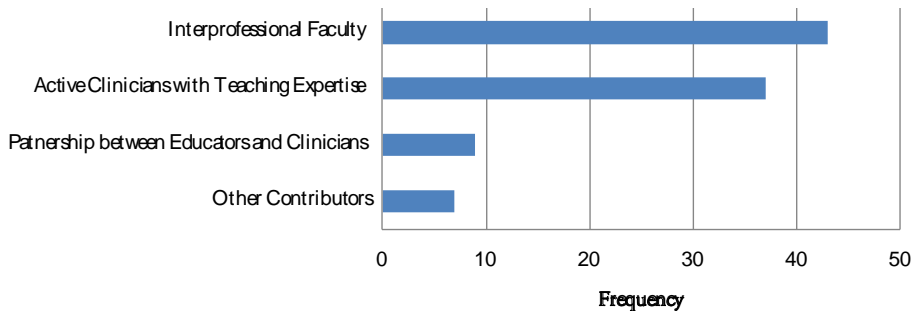


generational differences in student populations, and would bring some business acumen to the classroom and clinical area. Competency in the educational arena, such as curriculum development, curriculum evaluation, assessment of students and clinical teaching, would be vital to this role. Participants identified master's prepared nurses as faculty members and would represent the population being served (i.e., culture, ethnicity and gender). The faculty would be student advocates.

**Partnership between Educators and Clinicians** Participants identified partnerships between educators and clinicians as potential team members in teaching and education. These might be staff nurses who are expert clinicians, such as those seen in the Dedicated Education Unit (DEU) models. Joint appointments with academia, health care facilities and hospital leadership teams were identified as potential partners with faculty members in leadership development for students.

**Other Contributors** Other contributors who could act as enhancements to the education of students were identified as peers, community members, families and patients. Student teaching and mentoring across different levels was also suggested.

Table 3. Who would be Faculty?



## What implications are there for how nursing programs are structured?

**Graduates from Nursing Programs** While the participants did not directly address structure, the outcomes of nursing programs would include meeting workplace needs that take into account data on employer satisfaction. It was expected that students would provide higher quality of care for the public. Seamless transition to practice with residency program completion in a clinically supported environment would be a part of this. Common expectations of nursing competence at entry level, use of emerging technologies for teaching, and patient care were considered essential.

**Nursing Curriculum** An interdisciplinary (interprofessional) focus was identified for the nursing curriculum, along with flexible course planning with innovation and creativity for new models. Several participants suggested a standardized curriculum based on national core requirements. Incentives for faculty to accomplish work on curriculum should be built into curriculum planning, along with an increased focus on content, such as cultural competence, business, technology, informatics, and delivery methods to include hybrid online learning and simulation.

**Educational Progression** Participants identified educational progression as an important component, specifically related to seamless transition and articulation from one degree to another. ADN to BSN was identified as an important element of this progression given the IOM goal of one degree

## What constitutes a clinical experience?

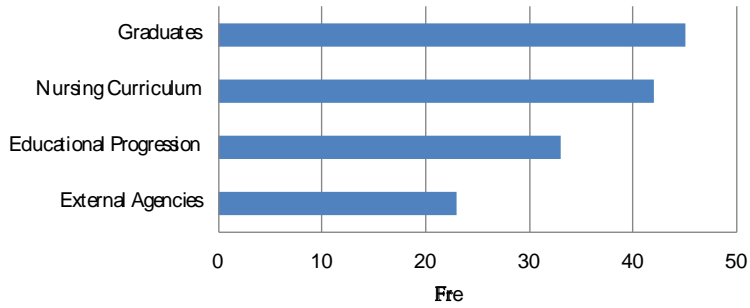
**Characteristics of Clinical Experiences** Participants identified several characteristics of clinical experiences and recommended the following: the systems organizational perspective approach for students; immersion in the health insurance and economics of the health care experience; integration of theory and clinical; engaging in clinical reasoning and critical thinking while in the clinical area; focusing on the IOM competencies; and influencing the health of an individual or group whether chronic, acute or episodic care (i.e. service learning).

**Activities Associated with Clinical Experiences** Participants identified specific activities associated with clinical experiences, including reflective journals, case studies, role playing interaction with human and simulated patients, and meaningful pre- and post-conferences. The clinical experiences should also provide experiences in prioritization, delegation and teamwork. Incorporation of the legal scope of practice and identification of professional boundaries were also elements of these activities. Several participants suggested alternate models of care other than the total patient care for one to two patients.

**Sites for Clinical Experiences by Frequency** Participants provided several suggestions. See Table 6 for a complete list.



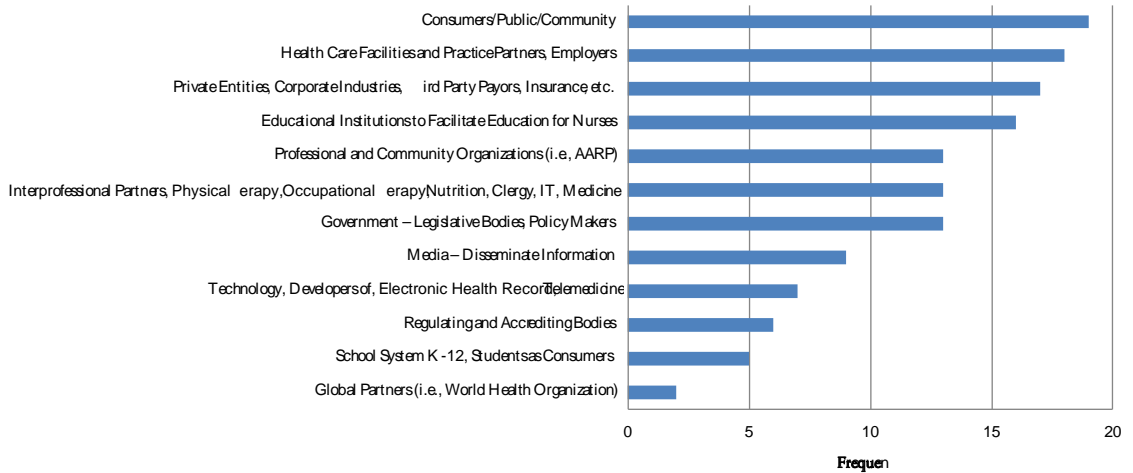
Table 4. Implications for Nursing Program Structure



## Who would be new partners?

Participants identified several new partners for nursing education. See Table 7 for a complete list.

Table 7. New Partners



and positive feedback about how much better the dialogue was rather than how we usually run meetings.” Several comments were made about sharing the dialogue with their BONs, state action coalitions, and with deans, directors, and educators throughout the state/jurisdiction. A comment was made about plans to use the World Café format to guide an in-depth discussion during a summer board retreat and with a possible state-wide education conference.

## **State-wide/Regional Robert Wood Johnson Foundation Action Coalitions Work to Implement the IOM Recommendations**

Comments were made that reflect the ties of the World Café dialogue with the IOM *Future of Nursing: Leading Change, Advancing Health* (2011) recommendations and the creation of regional action coalitions in the states. For example, a comment was made that “the information from the World Café is being taken into consideration as part of the action plan.” Other comments were made regarding the role of the action coalitions in implementing the IOM recommendations. It was noted that the IOM report and its initiative has been a driving force in states and jurisdictions, and in creation of the regional action coalitions for implementation.

## **Seamless Articulation in Achieving 80 Percent of Registered Nurses (RNs) with a BSN by 2020**

The IOM recommendation that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression was frequently referred to in the narrative comments. Activities included the introduction of legislation to require a BSN in 10 years; formation of a taskforce as part of the action coalition to study the RN to BSN transition process; plans to move forward with a statewide curriculum for full articulation of associate degree programs with BSN completion programs; and refining the dual degree option to enable students in associate degree programs to fast-track to completion of their BSN. Others suggested expanding the RN to BSN programs, with some programs offering the RN to BSN program fully online.

## **Recommended Requirement for National Accreditation for All Nursing Programs**

Several comments were made that agreed with the need for accreditation for all levels of nursing programs. Comments indicated the need for continued dialogue with BONs, nursing educators and national nursing accreditors. The dialogue appears to have opened the door for further conversation about the role of BONs and national accrediting bodies, the need to examine similarities and differences related to accreditation and BON approval criteria, as well as the issue of optimizing the resources required for these processes. A comment was



## Outcomes from the World Café™ Meeting

What messages did the attendees of the World Café meeting take with them? It did not happen by coincidence that the six illustrative themes that emerged from the World Café discussions corresponded to several key messages in the IOM **Future of Nursing: Leading Change, Advancing Health** report (2011). Nursing leaders and others around the country are using this valuable report as a plan for action. One of the key messages in the report notes that “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” (IOM, 2011). World Café participants echoed the need for seamless academic progression. They used terms such as “unity,” “common goals” and “collaboration” when describing this area of focus. Achieving seamless academic progression would contribute to increasing the proportion of nurses with a baccalaureate degree as stated in the IOM recommendations. In discussions about mutual goals for the three bodies (accreditation, education and regulation) participants also discussed national accreditation of nursing programs. This too would enhance the educational mobility of nurses.

Another key message in the IOM report is stated as “Effective workforce planning and policy making require better data collection and an improved information infrastructure” (2011, p. 29). World Café participants confirmed this key message in discussions related to a need for consistent, transparent, shared communication between accreditors, educators and regulators. Participants discussed a national database of education data and best practices. A transparent, improved system of data collection advises decision makers about the current and future nursing workforce needs.

The IOM report also states in a key message that “Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States” (2011, p. 29). World Café participants noted that when accreditation, education and regulation are aligned, the result is powerful and influential. Nurses have the potential to influence health care delivery. Through the World Café, collaborative efforts and partnerships have just begun. The challenge is to continue this effort within nursing and beyond.



## Considerations for the Future

To achieve seamless nursing education, improved communication, and ultimately more influence over health care, BONs, accreditors, and educators should collaborate in developing articulated nursing program models (licensed practical/vocational nurse to ADN; ADN to BSN). Achieving national nursing accreditation of all nursing programs will provide a baseline standard to build articulated models. Common prerequisites and agreed-upon course equivalency will be necessary.

As educators go forward with needed innovations in nursing education, collaborating with BONs and national nursing accreditors, they should review the themes that were derived from the six questions under the larger question of “What are indicators of successful nursing programs?” While the purpose of this meeting was to begin a dialogue among educators, accreditors and regulators, and not to develop consensus on various strategies or issues, these indicators would be an excellent beginning for those who are contemplating transforming nursing education.

## Conclusion

NCSBN hosted a successful World Café Education Meeting on Chicago on Dec. 8-9, 2011, bringing together nursing educators, regulators and national accreditors to:

- f* Learn from national thought leaders, both on the stage and among us;
- f* Engage in meaningful conversations about important issues; and
- f* Shape the future of nursing education.

Approximately 200 leaders gathered for the event, “Shaping the Future of Nursing Education: A New Vision for Approval and Accreditation.” Numerous outcomes have already been reported. Several key themes were identified which will serve as the foundation for ongoing work, including mutual goals for nursing education, regulation and accreditation; power and influence for the profession; unity, trust and collaboration; economy of time and money; transparent communication; safety and protection of patients and students; and indicators of successful nursing education programs. The use of the innovative World Café format enabled participants to safely and creatively imagine new possibilities. The foundation has been laid; now the responsibility for the outcomes rests with the participants.

## References

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Institute of Medicine (IOM). (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.





"The World Café is based on the assumption that people already have within them the wisdom and creativity to confront even the most difficult challenges."

— Juanita Brown, *The World Café: A Resource Guide for Hosting Conversations That Matter* (p. 3, 2002)

**Join Us**

- f* To learn from national thought leaders, both on stage and among us;
- f* To engage in meaningful conversations about important issues; and
- f* To help shape the future of nursing education.

Registration must be submitted online by Thursday, Dec. 1, 2011.

This conference is ideal for:

- f* Nursing educators;
- f* National nursing accreditors;
- f* NCSBN members; and
- f* Other interested stakeholders (such as practice).

#### ACCOMMODATIONS

Hyatt Regency Chicago  
151 E. Wacker Drive  
Chicago, IL 60601  
Phone: 312.565.1234

Check in time: 3:00 pm

Check out time: 12:00 pm

Room rate: \$180 Single/Double

Rate is subject to a 15.4% state and 20.485 0.355 0.2 scn /T1\_3 1 Tf 0.5n20cbo



## Appendix C. Letter to Participants

November 28, 2011

Dear Colleagues:

Welcome to the World Café Education Meeting!

The Nursing Education Committee of the National Council of State Boards of Nursing is pleased that you have registered for this special learning experience a World Café– on December 8, 2011 in Chicago.

We are intentionally using a very different format for this experience to capture the wisdom and creativity of the participants at this event as we explore important issues. I am writing this letter to elaborate on what we hope to accomplish, and just what a World Café is.

The World Café is a well

But this conference is more than the World Café. That's to get us started communicating and connecting, listening in new ways and sharing new ideas and possibilities. We are very pleased to have Michael Bleich, PhD, RN, FAAN, Carol A. Lindeman Distinguished Professor of Nursing and Director, Health Services and Organizational Leadership Program, Oregon Health & Science Uni

## Appendix D. Themes from the World Café™ Discussions

World Cafe Education Meeting  
Dec. 8-9, 2011 | Chicago, IL

Shaping the Future of Nursing Education  
A new Vision for Approval & Accreditation

# THE BUTCHER PAPERS

## When Education, Regulation, & Accreditation are aligned in Nursing Education

# THEMES

Mutual Goals for Nursing Education, Practice, & Regulation (146)

Power & Influence for the Profession (97)

Unity & Collaboration (63)

Economy of Time & Money (58)

Transparent Communication (53)

Safety and Protection of Patients & Students (29)

Themes arranged by frequency.

Theme analysis by Smyer & Gutierrez  
(2012) UNLV School of Nursing

200 Nurse Leaders  
from Regulation, Education, & Accreditation  
answered the question,  
“What could nursing be when education,  
approval and accreditation are fully aligned?”

## Appendix E. Indicators of Successful Nursing Programs

emes	Indicators (Listed by Frequency of Comments)
Desirable Outcomes	<p>Nursing Competence</p> <p>Patient Safety</p> <p>Communication/Interpersonal Skills</p> <p>Organizational/System Knowledge</p> <p>Application of Clinical Reasoning in Practice</p> <p>Professionalism</p> <p>Life-long Learner</p> <p>Student Satisfaction with Academic Program</p> <p>Student Employment</p> <p>Student Leaders</p>
Faculty Role	<p>Innovative Pedagogy</p> <p>Rede ned Professional Identity</p> <p>Learner Centered Educational Model</p> <p>Faculty as Leader</p> <p>Teaching as Practice</p> <p>Technology Expert</p>
Who Should Faculty Be?	





