

Jobs to Careers

*Transforming the Front Lines
of Health Care*

Practice Brief

Part of a series of reports
and practice briefs on
advancing and rewarding the
skill and career development
of incumbent workers
providing care and services
on the front lines of our
health and health
care systems



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The Intersection of State Regulations and Work-Based Learning: *A Case Study on Addressing Regulatory Barriers to an Innovative Strategy for Worker Advancement*

By Danielle Head and Rebecca Starr



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JOBS FOR THE FUTURE

Jobs to Careers

*Transforming the Front Lines
of Health Care*

Jobs to Careers explores new ways to help frontline health care workers get the skills they need to provide quality care and build a sustainable career. It helps health care providers improve the quality of patient care and health services by building the skills and careers of their frontline employees.

Through *Jobs to Careers*, health care employers build strong partnerships with education institutions and other organizations to change the way frontline employees are trained, rewarded, and advanced. Career paths are developed and made readily available to frontline employees. Employer and education partners make systematic changes that better recognize the needs of working adults and that improve access to and success in skill-building programs.

A hallmark of *Jobs to Careers* is work-based learning: frontline employees master occupational and academic skills in the course of completing their jobs tasks and fulfilling their day-to-day responsibilities. While working full time, frontline employees enter college and earn academic credit for workplace training. Other learning approaches in *Jobs to Careers* include technology-enabled, experience-based, and traditional worksite and off-site learning.

To realize the unique *Jobs to Careers* approach to learning, employers and educators implement systems changes, such as:

- At the workplace: Developing new job positions and responsibilities; deeply involving supervisors in employee training and career development; and offering paid release time, pre-paid tuition assistance, job coaching, and mentoring.

- At the educational institution: Providing college credit for work-based learning, prior learning, and entry-level health care credentials; offering accelerated and part-time degree and certificate programs; contextualizing college preparatory math and English courses to health care concepts and job tasks; and appointing professional staff from health care employers to be adjunct college faculty.

Jobs to Careers moves everyone forward to a healthier future. Frontline employees receive rewards for building skills and expanding knowledge necessary for their current jobs and qualifying them to advance to new positions. Employers build and retain talented and committed employees, while bolstering a workplace culture that supports professional development, mentorship, and collaboration across the entire health care team. And health care consumers receive high-quality care and services, delivered by a high-quality workforce.

Jobs to Careers is a \$15.8 million initiative of the Robert Wood Johnson Foundation and the Hitachi Foundation, with additional support from the U.S. Department of Labor. Jobs for the Future manages the initiative. Seventeen partnerships representing hospitals, community health centers, long-term care, and behavioral health received multiyear Jobs to Career grants.

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Executive Summary

States establish and enforce regulations to protect the public interest. Yet state rule-making can impose unintended barriers to innovation because regulators cannot anticipate all the changes to an industry. *Jobs to Careers*, a national initiative that is developing the skills and career paths of workers on the front lines of health care, has encountered such hurdles as it seeks to implement its innovative work-based learning approach. This case study explores how a *Jobs to Careers* program in Kentucky has addressed significant regulatory barriers to advancing the careers of frontline employees.

Known as OCTC@OMHS, the program is a collaboration among Owensboro Community & Technical College, Owensboro Medical Health System, and economic development leaders in western Kentucky. The program prepares nursing assistants, pharmacy technicians, and other entry-level hospital workers at OMHS to become registered nurses. Flexible, accelerated training helps OMHS employees to earn Associate's Degrees in Nursing while continuing to work full time. The program is successful because of work-based learning—a novel approach to meeting labor force needs in health care. The program augments traditional, classroom-based instruction with learning based on job tasks and responsibilities.

Despite its promise, OCTC@OMHS encountered several regulatory obstacles from the Kentucky Board of Nursing, including admission restrictions and faculty credential requirements. The root of the problem in both cases was that health care regulations in Kentucky, as in other states, were not established with work-based learning in mind.

The lessons that OCTC and OMHS learned can be applied by others faced with regulatory barriers to advancing the health care careers of frontline workers. For instance, program staff carefully reviewed state regulations to determine whether restrictions that OCTC had placed on entering its nursing program were in fact imposed by the state. They discovered that OCTC faculty was using a more restrictive admission standard for its nursing program than required under state rules. As a result, the college lowered its cut-off scores on the ACT entrance exam to align with state regulation.

OCTC and OMHS program staff also sought to minimize the impact of state restrictions. To their dismay, the Kentucky nursing board ultimately adopted OCTC's original customary cut score as the state's admission standard. Faced with the tougher state measure, program staff began reviewing students' ACT scores and offering remedial classes for prospective students unable to achieve the minimum ACT score. While the program devised an effective, short-term response to the increased ACT score regulation, industry-wide changes in nursing program admissions will require long-term strategies.

OCTC@OMHS is also notable for the creative way in which the college addressed its faculty shortage, while respecting the state's requirements for faculty credentials. OCTC harnessed the talent and experience of older nurses as adjunct instructors. As a result, OCTC improved the quality of its educational program and the strength of its relationships with members of the local health care community. Faculty standards were

maintained not only by rethinking the different responsibilities of faculty but also by instituting an intensive “boot camp approach” to professional development for new faculty members.

Like courts of law, regulators can move slowly. Depending on the complexity or severity of an issue, they can take weeks, months, or even years to issue a decision resulting from a complaint, appeal, or petition. A universal formula or procedure to change regulations does not exist; it can change from state to state, and from board to board through various lobbying efforts. For these reasons, it is essential that “change agents”—including programs like *Jobs to Careers*:

- Have a long-term plan that both allows time for regulatory adjustments to take place and minimizes the short-term impact of any delay; and
- Understand how to navigate their respective boards, based on their procedures, dates, and timelines.

Every student, employee, employer, educational institution, and regulatory body has a role to play in achieving the overall success of work-based learning programs. The achievements of OCTC@OMHS illustrate that even daunting regulatory hurdles can be overcome.

The Intersection of State Regulations and Work-Based Learning:

A Case Study on Addressing Regulatory Barriers to an Innovative Strategy for Worker Advancement

Introduction

States establish and enforce regulations to protect the public interest, yet regulations can impose unintended barriers to innovative programs. In writing rules, state regulators cannot anticipate all of the changes that will occur to an industry. *Jobs to Careers*, a national initiative that is developing the skills and career paths of workers on the front lines of health care, has encountered such hurdles as it seeks to implement its innovative work-based learning. This case study explores how a *Jobs to Careers* program in Kentucky has addressed significant regulatory challenges that were barriers not only to advancing the careers of frontline employees but also to improving the quality of health care services.

Known as OCTC@OMHS, the program is a collaboration among Owensboro Community & Technical College, Owensboro Medical Health System, and economic development leaders in western Kentucky. It prepares nursing assistants, pharmacy technicians, and other entry-level hospital workers at OMHS to become registered nurses. Flexible, training helps OMHS employees to earn Associate's Degrees in Nursing while continuing to work full time. The fast pace to credentials is possible because OCTC@OMHS augments traditional, classroom-based instruction with work-based learning. This novel approach to meeting labor force needs—in health care and other fields—allows employees to demonstrate new skills and earn academic credit while doing their jobs.

In blending traditional and innovative approaches to learning, OCTC@OMHS encountered several regulatory obstacles from the Kentucky Board of Nursing. In particular, frontline workers faced rising standards for admission to nursing training. Recruiting enough faculty was made more difficult by the board's standards for teaching nurses. The root of the problem in both cases was that health care regulations in Kentucky, as in other states, were not established with work-based learning in mind. The challenges that OCTC@OMHS faced and what it did to overcome the regulatory hurdles provide lessons for others seeking to advance frontline workers in their health care careers.

WORK-BASED LEARNING

By using job tasks and responsibilities in clinical and academic training, work-based learning harnesses the untapped potential for instruction and skill development on the job. In the *Jobs to Careers* model of work-based learning, education institutions and health care employers collaborate to identify the competencies needed for particular occupations. Together the partners structure ways to teach those competencies in a work setting. Once students demonstrate mastery of these skills, they receive academic credit toward a degree or an industry-recognized credential. (See box, “Core Principles of Work-Based Learning in *Jobs to Careers*,” on page 2.)

“The challenges that OCTC@OMHS faced and what it did to overcome the regulatory hurdles provide lessons for others seeking to advance frontline workers in their health care careers.”

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Work-based learning can be particularly effective for frontline health care employers who want to advance their careers. These women and men tend to earn low wages and, in some cases, they are the sole wage earners for their families. Rarely can they afford college tuition or take time away from work to attend traditional college classes.

THE ROLE OF REGULATION

State regulatory bodies intersect with work-based learning programs, primarily by setting the minimum qualifications for particular jobs. By requiring a license or certification to undertake specific activities, state boards, commissions, departments, and other administrative units control entry into various professional fields. In health care, regulations ensure that professionals are competent to practice and that they operate within a strict ethical and professional framework. The importance of regulators

is clear: unlicensed or poorly trained workers could produce harmful or even fatal consequences for patients.

Regulatory bodies also may establish standards for professional training, adjudicate violations, and impose penalties. In addition, they may influence conduct through a wide variety of formal and informal methods, such as dispensing grants, subsidies, or other incentives for professional development.

The general functions of regulation are the same throughout the nation, although each state determines the level of administrative oversight.

Core Principles of Work-Based Learning in *Jobs to Careers*

While many details of work-based learning are customized to each workplace, all *Jobs to Careers* programs rest upon the same core principles.

Three basic principles specify why and how work-based learning is central to *Jobs to Careers*:

- Work-based learning helps frontline workers build the essential skills and knowledge they need to perform their current job responsibilities more effectively, take on new responsibilities, and advance their careers.
- Training and assessment occur primarily on the job and augment classroom instruction.
- Employers partner with education institutions to develop and run the programs.

Other core principles detail the implementation of work-based learning:

- The program is learner centered. Learning is co-created by the individual employee and the person responsible for facilitating the learning.
- Employers and their education partners share in the delivery of the curriculum and facilitation of learning.
- The curriculum, learning, and assessment are embedded in the work process.
- Coworkers and supervisors are active participants in the program.
- Employees receive rewards—including raises, promotions, and work credentials—for participating in the program and demonstrating new skills and knowledge.
- Both employers and education partners make organizational changes to support work-based learning.
- Organizational leaders at both the employer and the education institution actively engage in the project and help sustain it.

OCTC@OMHS

In the 2000s, the Owensboro region was facing a rising demand for health care, a severe shortage of trained nursing staff, and a lack of training programs to fill those vacancies. Without swift action, the region's health care workforce crisis could have turned into a "perfect storm," according to Vicki Stogsdill, vice president of nursing and chief nursing officer at Owensboro Medical Health System. Adding to the workforce challenge, OMHS planned to build a comprehensive facility for which it anticipated needing 600 new registered nurses, as well as nurses with bachelor's degrees. OMHS would not have been able to fill those positions without changing how it developed its workforce.

In 2006, in collaboration with Owensboro Community & Technical College, OMHS used a three-year grant from the *Jobs to Careers* initiative to develop and launch OCTC@OMHS, a program designed to help address workforce challenges. Frontline health care workers at OMHS, including certified nursing assistants, pharmacy technicians, unit clerks, monitor technicians, and environmental technicians, were all eligible to participate in the program and receive free training toward a degree in nursing. The goals of OCTC@OMHS were to help individual employees advance in their careers and increase their incomes, as well as to help the hospital build a skilled, stable workforce.

OCTC@OMHS presents significant income opportunities in a community where the annual per capita income is \$26,580. In 2009, the average income for entering OCTC@OMHS students was \$18,275, and the average annual salary of OCTC@OMHS degree earners was \$38,420. The opportunity to become registered nurses promised even higher salaries—generally \$40,000 or more.

In addition, research studies suggest that 75 percent of nursing students will elect to

stay in the community where they do their training, according to Stogsdill. "OCTC is doing a yeoman's job of growing their nursing programs," she says.

OCTC@OMHS customized its curriculum to accommodate employees from diverse shifts, job classifications, and locations. Instruction was delivered in various formats, including traditional classes, virtual classes, and video-streamed lectures. Students could elect to attend an in-person class, but if they were working during class time, they could watch it on a video stream. Students could review course content at any time and as frequently as they wanted.

Owensboro Medical Health System made a substantial investment in the program:

- It paid an employee to serve as a tuition deferment coordinator. The college does not charge the students tuition for the program.
- Financial assistance was available for books and medical accessories, such as uniforms. Under a contract negotiated with two local uniform vendors, students could spend up to \$200 for uniforms, shoes, watches, etc.
- Every student received a \$50 Walmart gift card every year to purchase school supplies.
- Classroom space was available at the hospital for on-site classes and a computer lab was available for online classes.
- OCTC@OMHS participants received eight hours of time off per pay period, scheduled by the student's supervisor, to attend classes or to study.
- Employees participating in OCTC@OMHS continued to receive a salary and full fringe benefits throughout the training period.

OMHS's support accumulated to more than \$350,000. This does not include staff hours

“A Perfect Fit for My Life”

Christy L. Bratcher, a surgery scheduler at OMHS since 2001, always wanted to pursue a career in nursing because of the opportunity to directly care for patients and because she would be better able to support herself and her five children. Bratcher began taking prerequisite classes at Owensboro Community & Technical College on weekends, hoping eventually to enroll in the school’s nursing program. However, she lacked the support at home to continue and had to take a break from her education.

With the support and encouragement of her parents and children, Bratcher leapt at the opportunity when a coworker told Bratcher about OCTC@OMHS. Says Bratcher, “I could not think of a better way to go through a nursing program than with coworkers who each had a different area of knowledge from being employed at the hospital. The OCTC@OMHS program is a perfect fit in my life. Not only have I been able to pursue a career in nursing, but also I have been able to maintain my full-time employment.”

Bratcher and six other students graduated from the program with an Associate’s Degree in Nursing in May 2009, and she now works as a registered nurse (though she switched facilities after moving to a different city). And her success is shared: in all, OMHS has gained eight RNs who have committed to the position for three years. Thirteen additional nurses are in training and will soon become RNs. Because they all worked at OMHS before being certified as nurses, they know the culture and practices of the hospital, which makes them more productive immediately. Additionally, the hospital has added 56 CNAs who are benefiting from OCTC efforts to “backfill” the jobs vacated by OCTC@OMHS participants as they advance their careers.

allocated to support and administer the project.

The college, led by its Center for Community and Economic Development, also made a large investment in OCTC@OMHS. It provided counseling on careers in health care and delivered remedial instruction in various core subjects to help students prepare for college-level work. These activities took place at the hospital, where OCTC also assessed each participants’ academic levels, assisted them in preparing for tests, and provided remedial

skill instruction. All of this was available to participating students at no charge.

The partnership’s investment provided the foundation for student success. In May 2009, seven frontline workers became the first graduates of the program. (*See box, “A Perfect Fit for My Life.”*) “Without this program, these students would not have had this opportunity,” says Tonya Mann-Howard, director of internal strategic initiatives at the Center for Community and Economic Development.

Addressing Issues in State Regulations

For OCTC@OMHS to achieve its success, the partners had to address two types of regulatory issues: admissions requirements for nursing programs and the need to recruit qualified faculty for the nursing training.

ADMISSIONS REQUIREMENTS

In creating a program that would give entry-level employees every reasonable

opportunity to succeed, the partners in OCTC@OHMS challenged a prevailing practice concerning admissions standards.

OCTC faculty had determined that an ACT score of 21 was a reasonable requirement for entry into its nursing program, and they assumed that to be a state-established requirement. However, Cindy Fiorella, the college’s vice president of workforce

The Baltimore Alliance for Careers in Healthcare: An End-Run Approach to Regulatory Barriers

The Baltimore Alliance for Careers in Healthcare offers another example of a Jobs to Careers site wrestling with state regulation. BACH is dedicated to eliminating the city's critical shortage of qualified health care workers by training entry-level hospital employees to pursue higher-level positions. In collaboration with Good Samaritan Hospital and University Specialty Hospital, BACH's 1st Span Training Program used a work-based learning model to help advance housekeepers, transporters, unit clerks, dietary aides, and other frontline workers into jobs as "nurse extenders" (sometimes called patient care technicians).

Under the work-based program, frontline workers complete six months of work experience before sitting for the exam to become a certified nurse assistant. Once certified, CNAs received an additional 14 months of training to become nurse extenders. The average salary of participants rose from \$9 to \$13 per hour.

State Regulation of a Nursing Assistant Training Program

BACH's 1st Span program faced significant challenges based on the Maryland Board of Nursing's authority over curricula, clinical facilities, and faculty. In Maryland, any individual who wishes to practice as a certified nursing assistant must provide evidence that he or she has completed an approved nursing assistant training program. The Maryland Board of Nursing has vast discretion in its authority to approve these programs and adopt regulations governing them.

Curriculum: Nursing assistant training programs must include at least 100 hours of college instruction, including 60 hours of course instruction and 40 hours of clinical training. Both components must conform to the board's content standards and receive the board's approval.¹ In the early stages of 1st Span, BACH adopted a preexisting 100-hour curriculum developed by Good Samaritan Hospital and the Community College of Baltimore County. Thus, 1st Span met the requirement, plus it included a work-based learning component that involved hands-on instruction with the students' hospital employer.

The board also approves any curricular modification that can cause delays. BACH wanted to increase instruction to 144 hours to strengthen the program and students' skills. Yet it had to wait nine months before the board approved the longer program, which delayed BACH from implementing its enhanced curriculum.

Clinical Facilities: Before placing students, all clinical facilities for CNA training must conform to nursing board standards and receive approval.² Many CNAs practice in a long-term care center, and most CNA programs use such settings for clinical training. BACH proposed an alternative: placing students in a hospital acute care setting to explore their career opportunities. Again, the board took nine months to approve the request, thereby delaying the acute care clinical opportunities for students.

Faculty: Faculty in a CNA program must be certified by the board, which includes meeting several threshold standards: work as an RN with a license to practice in Maryland; have at least two years of nursing experience, including at least one year caring for the elderly or chronically ill; and complete a course with at least 16 hours of instruction in the principles of adult education or have a minimum of two years of nursing-related teaching experience.

BACH's 1st Span considered using hospital RNs as faculty in order to expand the program to other hospitals and enrich the student experience. "This is a teachable moment for hospital RNs, which is essential to work-based learning," says BACH Executive Director Ronald Hearn. "By utilizing hospital RNs, the college and hospital share in the authority of the curriculum to make it relevant and comfortable for the students." But few nurse instructors had the required one year of experience caring for the elderly or chronically ill in the past five years.

BACH asked the board to remove the long-term care requirement because 1st Span was training CNAs to work in hospitals. Although the board was unwilling to change its faculty requirements, it did agree to change its interpretation of the regulation. In this instance, the board decided that an RN instructor did not need long-term care experience, provided that all other aspects of the regulations governing faculty credentials were met.

A Practical Approach to Success

BACH and its partners succeeded in their requests to the nursing board for two reasons. First, a seasoned program director understood what was necessary. Second, BACH leveraged the influence of key people in the partnership who knew board members and helped foster a candid discussion. The result demonstrates that robust partnerships can produce favorable outcomes with a regulatory body. And the potential for success is especially great when influential people participate.

and economic development, believed that score was not only a significant hurdle for frontline workers but also unnecessarily high. With the support of the program's partners, she researched the "requirement" and discovered that it was not a rule of the Kentucky Board of Nursing or an admissions policy of the Kentucky Community & Technical College System. It was simply a college preference. Both the college system and the nursing board required an ACT test score of only 17 for entry into nursing school and, after Fiorella's intervention, that score became acceptable for admission to the program.

Much to OCTC's dismay, the Kentucky Board of Nursing later adopted more stringent admission standards, closely in line with the OCTC's original ACT cut-off score. Since January 1, 2010, the state board has required ACT scores of 21 in reading, 19 in math, and 18 in English for admission into nursing schools.

Most members of the second and third cohort of OCTC@OHMS students would have met this new higher admission standards. Nonetheless, OCTC is now working to ensure that all prospective students are equipped to achieve an ACT score of 21. To that end, OCTC@OMHS makes ACT reviews and remedial classes available to prospective students unable to achieve the newly imposed score. While the program devised an effective, short-term response to the increased ACT score regulation, industry-wide changes in nursing program admissions will require long-term strategies.

FACULTY RECRUITMENT

As the partnership recruited numerous students, a second challenge arose, which was rooted in actual regulatory policy. More qualified students applied to OCTC@OHMS than the college could accommodate because of constraints on class size and faculty qualifications. The college found itself with too few faculty to teach all these new students. The Board of Nursing

requires faculty teaching in an RN program to hold a Master's of Science in Nursing. To expand OCTC's faculty ranks, the partnership first implemented a short-term solution. Program staff reached out to RNs, both at OHMS and in the community, to hire them as faculty for the program.

This short-term response enabled the program to move forward, but the need for long-term changes to faculty recruitment still existed. For example, although reaching out produced a significant interest from local RNs, few of those showing interest in the faculty positions held the required Master's of Science in Nursing. In the end, the college hired only five MSN nurses as full-time faculty.

To harness the skills and experience of additional applicants, and to comply with the board's regulations on faculty, the partners adopted a creative approach. The college hired experienced nurses at the hospital who did not hold the MSN degree as adjunct faculty. They could supervise nursing students in their clinical rotations, freeing up the rest of the faculty to teach the courses.

OCTC also developed the Adjunct Boot Camp Training Series for new faculty members. Two-day, sixteen-hour intensive workshops enabled nurses with decades of experience to learn about adjunct instructor opportunities and how to offer nursing students a unique on-the-job perspective. They also learned ways to pass on their proven experience and skills and ease the transition from the classroom to direct patient care.

More than a dozen adjunct instructors attended the first boot camp, with additional sessions scheduled. Each workshop attendee received continuing nursing education credits and a \$200 stipend. This has resulted in five new clinical instructors for the nursing department and provided a database of future applicants to expand the program.

Considering Short and Long-Term Solutions to Regulatory Barriers

For training in health care, regulatory bodies are an important mechanism for ensuring quality, protecting public health and safety, and taking appropriate regulatory action to bolster innovation. However, regulations rarely take into account work-based learning as a new and effective way to teach essential skills and develop a high-quality workforce. For regulatory bodies, the key is balancing the mandate to safeguard the public with the flexibility to foster promising new approaches to professional development. At the same time, innovative training programs must understand how to work with regulators in order to overcome unnecessary obstacles.

Like courts of law, regulators can move slowly. Depending on the complexity or severity of an issue, they can take weeks, months, or even years to issue a decision resulting from a complaint, appeal, or petition. A universal formula or procedure to change regulations does not exist; it can change from state to state, and from board to board through various lobbying efforts. For these reasons, it is essential that “change agents”—including programs like *Jobs to Careers*—must at a minimum:

- Have a long-term plan that both allows time for regulatory adjustments to take place and minimizes the short-term impact of any delay; and
- Understand how to navigate their respective boards, based on their procedures, dates, and timelines.

Owensboro Community & Technical College and Owensboro Medical Health System also learned the value of basic research in separating fact from myth by, for example, determining that the “requirements” faculty believed were state regulations were in fact only college custom.

Further, OCTC took a creative approach to addressing its faculty shortage by harnessing the talent and experience of older nurses as adjunct instructors. Teaching standards are maintained by rethinking the responsibilities of faculty and by instituting the boot camp approach to professional development for new faculty members. As a result, the college improved the quality of its educational program and strengthened its relationships with the local health care community.

Regulations can change and present new barriers to advancement for frontline workers. To address the more stringent admission standards imposed by the state nursing board, OCTC and OMHS developed a series of short-term solutions to help frontline workers. However, industry-wide changes in nursing program admissions will require long-term strategies.

Long-term changes at the regulatory level can occur through lobbying or as a result of an administrative hearing—wherein decisions are rendered on a case-by-case basis. Determining the proper strategy for addressing regulatory hurdles involves careful planning, time, and resources. Every student, employee, employer, educational institution, and regulatory body has a role to play in achieving the overall success of work-based learning programs. The achievements of OCTC@OMHS illustrate that even daunting regulatory hurdles can be overcome.

“Determining the proper strategy for addressing regulatory hurdles involves careful planning, time, and resources.”

Endnotes

¹ The content areas that must be included in the curriculum include the role of the CNA, infection control, safety and environment, mobility and positioning, elimination, data collection, hygiene, treatments, communication, and legal and ethical considerations.

² Standards for approval include having approval from appropriate government authorities, having a sufficient number and variety of clients to provide training experiences for all students to achieve the stated objectives, having enough RNs and other nursing personnel to ensure safe and continuous care of clients, and conforming to accepted standards of nursing care and practice.

³ The program's first cohort of students would not have qualified for admission under this rule. All needed significant remediation before they could begin core classroom instruction at the college level.



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