The impacts of IOM on the education of nurses

Posted on September 21, 2018

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Introduction

The Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health, is an extensive study on the roles of nurses, education, and responsibilities should have dynamics to satisfy the demands of the progressively diverse populations, aging population and react to complicated, changing healthcare framework (Smeltzer, 2016). However, the primary aim of this paper is to discuss the impacts of IOM on the education of nurses, their practice, and leadership.

For a wider healthcare perspective, see the broader implications of the IOM report.

IOM report on nursing education

Most nursing education is focused on acute care instead of community settings, which incorporate elements of public health, long-term care, and primary care. Nursing education often does not involve the intricacies of not only care transitions but also coordination. Moreover, it does not enhance the skills essential to discuss with the healthcare team and steer regulatory and access provisions, which control the patients' eligibility for enrollment in not only social but also health service programs. Additionally, I need to comprehend how these projects and health policies influence patients, including their health results. IOM committee then thought that nursing curricula should be restudied and updated and should be sufficiently adaptive to alter the patients' dynamic improvements and needs in science and technology (Smeltzer, 2016).

Most nursing schools kept pace with the rapid development of health studies and insights by compressing the present information into the coursework and adding more knowledge to the content, which needs more education. New educational models and approaches are brought on board to react to the burgeoning information in the area of study. For instance, central concepts, which can be used in every setting and in various situations, are taught instead of advocating for rote memorization. In addition, competencies equally move to higher-level competencies from task-based proficiencies, which give a foundation for care decision-making skills and management knowledge in an array of clinical circumstances and care settings. Moreover, future competencies when it comes to team leadership, decision-making, systems thinking, and quality improvement are part of the professional

nurse’s formation.

IOM Impact on Nursing Practice

Over the years, there has been a shortage of primary caregivers in the United States of America. The committee paid attention to the APRNs in this part. Since the inception of the report, the number of primary care staff has grown, and this has led to better services in the field. Moreover, the number of primary caregivers present in the United States and their places of work is noticeable, and this type of care is being given by all of the primary caregiver groups. In addition, the degree of difference in primary care providers is negligible. The primary care practice, – whether serviced by NPS, Physicians, Physician Assistants, and certified mid-wives-is of low complexity.

APRNs include CNMs (certified nurse midwives), NPs (nurse practitioners), CNS (clinical nurse specialists), and CRNAs (certified registered nurse anesthetists). When the committee mentions NPs, the word represents merely NPs (Olds et al. 2017). In 2010, Stanger and Sampson gave a picture of the proportion and the size of NPs in America. They computed the percentage of the aggregate number of the NPS with licensure to the aggregate primary care MDs’ numbers, NPs, and physician assistants in a particular area. The physician assistant part was calculated similarly. These calculations were for the percentage of growth evaluation purposes; they were not to recommend that all physician assistants or NPs provide primary care.

IOM Impact on Leadership

IOM reports call for each healthcare provider to play their interdependent functions, and issues do not have simple solutions. In this surrounding, the old-school leadership- whether pioneers want their subjects to follow their orders is not relevant (Olds et al. 2017). Rather, the IOM advocates for a style of leadership that incorporates working together with colleagues as full associates from the perspective of collaboration and mutual respect. The IOM cites studies that display that this kind of leadership is affiliated with improved patient outcomes, greater staff satisfaction, and fewer medical errors (National Academies of Sciences, Engineering, and Medicine, 2016).

Moreover, when it comes to leadership training, the IOM advocates for mentorship projects to achieve this transformation. In addition, the report says that Nursing education programs, Nurses, and nursing associations ought to train the nursing staff to assume leadership roles at each level, while private, public, and governmental decision-makers in the field should make sure that leadership spots are available for the nurses to fill (Olds et al. 2017).

Conclusion

The IOM had the nursing curriculum restudied and brought in more detailed work into the coursework. Subsequently, this has led to better healthcare providers, especially in nursing in the country. The IOM has also led to snowballing numbers when it comes to healthcare givers. Moreover, it has drawn a thin line among NPS, physician assistants, CRNAs, and CNMs. Lastly, the IOM advocates for leadership, where everyone takes responsibility for the role they are taking. It advocates for teamwork and not the traditional way of a leader giving instructions while the rest follow.

References

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