EXECUTIVE SUMMARY

The practice of school nursing is beset with a multitude of growing challenges as children with chronic health issues populate our nation’s schools. Over the past decade rates of diabetes, anaphylactic food allergies, seizure disorders, asthma, obesity, mental health problems, and other health conditions have substantially increased. The complexity of the political, and economic arena; and the state race for student academic achievement have put constraints on our public education system and have added threats to health service delivery by certified school nurses. These health services are delivered by highly qualified certified school nurses who bring a caring ethic, clinical skills and professional judgment to school settings. They are the gatekeepers of children’s health throughout our nations’ schools and are seen as the chief experts at identifying and prioritizing issues to promote child and public health, as well as identifying ways in which health status impacts student learning (Washington State Nurses Association (WSNA), 2011).

This paper is a response to proposed changes to the educational preparation for New Jersey Certified School Nurses at a time when their professional services in schools are urgently needed to bridge the gap between health and educational disparities. These proposed changes would reduce the number of college curricular courses, specific to school nursing and school health and would also eliminate the practicum/internship that student school nurses are required to take.
HISTORY

It is a national imperative that the most vulnerable of our society are cared for and protected. Approximately 55,000 school nurses serve nearly 50 million students in approximately 97,000 elementary and secondary schools; according to the United States Department of Education (USDE) 2008. (Proskurowski, M., Newell, M., & Vandriel, M., 2011). New Jersey has almost 1.4 million children in our public schools; each and every one of these children deserves our thoughtful advocacy and actionable policies as it pertains to safety, health; wellness and psycho-social facilitation (Education Bug New Jersey Public School Statistics, 2012).

Historically, New Jersey has been a leader in the country in establishing a place in education for the certified school nurse. It is the certified school nurses in our state who support the educational process to keep children in schools and learning. In 1999 the New Jersey legislature passed an Act concerning the provision of public school nursing services declaring school nursing as a separate and distinct specialty within the nursing and educational professions and that competence in specified areas of health and education is needed in order for school nurses to act as health advocates for school aged children (New Jersey Statutes Annotated 18A: 40-3.3-3.6. P.L. Chapter 153, 1999).

SCHOOL NURSE EDUCATION

It is the position of the National Association of School Nurses (NASN) that every school-age child deserves a school nurse who is minimally educated at the baccalaureate level from an accredited college or university and is licensed as a registered nurse through the State Board of Nursing. NASN supports state school nurse certification; and promotes national certification of school nurses through the National Board for Certification of School Nurses (NBCSN). They further posit that registered nursing licensure documents a minimal level of knowledge to safely practice basic nursing while certification documents a higher level of competence and expertise in a focused area of practice (NASN, 2012).

School nursing requires advanced skills which allow the nurse to practice independently in the community without the support of peers as it would in the hospital, clinic or acute care setting. Not only does this specialty practice demand that the school nurse work and care for students, staff and the community independently; she may also supervise others and delegate care in the school(s) where her actions must be built on long-standing school nursing theory and assessments (NASN, 2011).
The American Academy of Pediatrics (AAP, 2008) states that school nursing standards of practice, and the competencies used to fulfill them, create a unique and specialized role for school nurses that make school nurses critical partners in advancing comprehensive school health programs (WSNA, 2011).

There are 11 New Jersey colleges and universities that educate the baccalaureate prepared registered nurse to qualify for New Jersey Department of Education standard educational services certificate with a school nurse endorsement. The registered nurse currently takes a program of 30 semester hour credits culminating in a practicum/internship with a qualified, certified school nurse in her health office.

The areas of study include: human growth and development; health assessment; fundamentals of substance abuse and dependency; guidance and counseling; special education and/or learning disabilities; methods of teaching health in grades preschool through grade 12, including curriculum development; and human and intercultural relations. Additionally, studies designed to develop understanding of social interaction and culture change, such as: urban sociology, history of minority groups, inter-group relations, and urban, suburban and rural problems are included. The program of study concludes with a minimum of six semester-hour credits in school nursing, including school health services, physical assessments, organization and administration of the school health program and clinical experience in a school nurse office (practicum/internship) (New Jersey States School Nurses Association (NJSSNA) 2012).

These rigorous course requirements, including the school nurse practicum prepare New Jersey certified school nurses to practice with clinical expertise from the first day of hire. The post baccalaureate courses solidify and enhance the school nurses’ expertise in pediatric and adolescent health assessment, community health, and adult and child mental health nursing. The practicum/internship experience allows school nurses to strengthen their skills in health promotion, assessment and referral, communication, leadership, organization and time management by working side-by-side with an experienced school nurse mentor in a school health office (NJSSNA, 2012).

School nurses are often physically isolated from other nursing and medical professionals; therefore, it is critical that New Jersey school nurses are dually versed and outwardly confident in their professional responsibilities and practice within the Scope and Standards of School Nursing Practices promulgated by the American Nurses Association, (ANA) and the National Association of School Nurses, (NASN). Likewise, it is essential that school nurses understand and have knowledge of health and education laws that affect students, staff and the community (NJSSNA, 2012).
School nurses are seen as the health care experts in the school setting and work collaboratively to meet the immediate and continuing needs of all students and staff by working with local health departments, hospitals, medical and specialty practices, public health entities and state immunization and disease control programs. The strong, post baccalaureate curricular studies enforce the public health principals of anticipatory preparedness, which is vital in school nursing and integral to all school health programs (NJSSNA, 2012).

**SCHOOL HEALTH**

New Jersey Department of Education has incorporated the Coordinated School Health Model promulgated by the Center for Disease Control (CDC) into the state’s health education programs. This national model directly links health and wellness to fidelity in learning and student achievement and certified school nurses play an important and integral role in sustaining this all inclusive health model (NJSSNA, 2012).

NASN endorses the coordinated school health model and posits that the school nurse is closely aligned with student academic performance with a focus on three components: educational outcomes, student behaviors measured by improved school attendance, and lowered drop-out rates, and student attitudes affecting self-esteem and self-control (NASN, 2011). School nurses are facing greater demands for intricate medical procedures and care in the school setting, as barrier-free and inclusive education is the mainstay. Hands-on management of students with chronic conditions such as asthma, diabetes, food allergies, psycho-social stressors and cancer are part of the modern school paradigm (Capparelli, 2003).

Research findings have found that connecting health with student achievement is inextricably linked. The burgeoning research suggests that incorporating health services in schools improves educational outcomes (National Governor’s Association (NGA), 2000). Highly qualified school nurses have historically provided that healthy link; which has benefited New Jersey public schools in keeping a top national standing for educational excellence.

**SUMMARY**

Education leaders and policymakers must recognize that the “nurse training” of 100 years ago is no longer a reality. The school nurses of today are seen as interdisciplinary nursing specialists whose goal is to bridge health care and education in the school setting; with equal commitment to both (Capparelli, 2003). The certification and credential process protects the public while meeting the needs of the
school stakeholders and assures the school community that school nursing professionals practice with high standards (American Nurses Credentialing Center, 2010).

With the expansion of school based health clinics/centers in schools the role of the school nurse has expanded even further as school nurses triage students with physical and behavioral health problems to immediate care within the school based health centers; while also collaborating with community medical, mental health and dental providers to treat students and staff within real time and need parameters (Institute of Medicine (IOM), 2010).

The growing demands for increasingly complex care in schools needs to be delivered by the highly qualified certified school nurses whose background in post baccalaureate school nursing course studies and internship have given them the ability to work with immigrant students, to deliver safe care to the students with chronic health conditions; to understand and render empathetic care to students with sexual identity and exploration issues; to identify and refer the suicidal, depressed and substance abuser students and to give attentive care to special needs students (IOM, 2010). Eliminating specific school nursing content course requirements and academic preparation for New Jersey certified school nurses will impact the quality of health practice and service delivery in our public schools, taking a step back and away from the sweeping changes in health reform (Praeger & Zimmerman, 2009).

Rather than reducing school nursing preparation, focus should be on expanding the reach, quality and coordination of existing certified school nursing in New Jersey with the placement of a School Nurse Consultant in the Department of Education to lend oversight and health management to the 1.4 million students in New Jersey and the approximately 2000 certified school nurses who care for them. Finally, building dialogue between the Department of Education and nursing professors from New Jersey colleges and universities would ensure quality continuing education for certified school nurses who practice with a high degree of independence; who use critical thinking, and draw from a multitude of clinical and public health competencies- all of which were acquired in their comprehensive course of study. This type of movement is a forward step in advancing the health and wellness of the children in New Jersey Public Schools while recognizing the professional stature of the New Jersey certified school nurses who serve and advocate for those very same children.
REFERENCES


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