

Traditional, Accelerated, and RN-BSN: Once Size Does Not Fit All

Marilyn Cooksey, RN, MSN, PhD, CNE

Dean & Professor, School of Nursing, Louisiana College

Connie S Miller, DNP, RNC-OB, CNE

Chair, General Nursing and Health Education Division, University of Arizona College of Nursing

F. Patrick Robinson, PhD, RN, ACRN, CNE, FAAN

Provost & Vice President of Academic Affairs, Arizona College

Traditional

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Are More Baccalaureate Prepared Registered Nurses Really Needed?

- ...Yes!
 - IOM recommendation for 80% of the nursing workforce to be baccalaureate prepared by 2020
 - Affordable Care Act is increasing access to health care
 - Retirement of “Baby-Boomers”
 - Increase in provision of community-based care
 - Need for RNs in specialty areas (gerontology, informatics, case management, etc.)
 - <https://www.nursingworld.org/practice-policy/workforce/>

Why Is There a Need for More Than One Type of Nursing Education Program?

- Hopefully, that question will be answered by the end of this panel discussion.

What Is a “Traditional” Baccalaureate Nursing Program

- Also called “generic” or entry-level” program
- Admits students with no previous nursing education
- Typically requires 4-5 years of college level education
 - Enrollment and graduations in baccalaureate and graduate programs in nursing. (2015-2016). Washington D.C: American Association of Colleges of Nursing.

Overview of Traditional Nursing Program Students

- 195,704 students enrolled into fall 2015 term
- 65,958 students graduated during August 1, 2014-July 31, 2015 period
- 30.7% of enrollees were from racially and ethnically diverse populations
- 12.5% of graduates were male
- Despite and increase in traditional program enrollees, 47,341 qualified applicants were not offered admission
 - Enrollment and graduations in baccalaureate and graduate programs in nursing. (2015-2016). Washington D.C: American Association of Colleges of Nursing.

Generation What???

- Generation Z
 - Mid-1990s to early 2000s (14-23 y.o.)
 - ~25% of the population
 - Expected to be 1/3 of population by 2020
 - Cohort larger than Baby Boomers or Millennials
 - Self-identify as loyal, compassionate, thoughtful, openminded
 - Perceive peers as competitive, spontaneous, risk-takers, curious
 - Driven

Generation What???

- Generation Z
 - Decrease in risk-taking behaviors
 - % of teen pregnancies
 - % of substance abuse
 - % who have tried alcohol
 - % who do not wear seat belts

Generation What???

- Generation Z
 - Although more conservative in many ways...higher percent attend church than Millennials
 - Are more open-minded on sexual preference issues
 - Many view pornography
 - Many have or do sext

Generation What???

- Generation Z
 - Known as digital natives
 - Have grown up with not just technology but a variety of technologies
 - Like to multi-task with multiple apps
 - But...
 - Have short attention spans so there is decreased use of Facebook and increased use of Instagram and Snapchat
 - Prefer face-to-face interaction over texting, etc.

Generation What???

- Generation Z
 - Education???
 - Higher high school graduation rate
 - Value college but many join the workforce directly after high school graduation
 - Money oriented but pragmatic about money
 - Less optimistic about the economy
 - Tough value college education, concerned over taking on debt

Generation What???

- Generation Z
 - Education???
 - Independent learners
 - Want to be judged on their own merit
 - Expect education to conform to their needs
 - Less likely than other generations to tolerate technical glitches

Generation What???

- <https://factsandtrends.net/2017/09/29/10-traits-of-generation-z/>
- <https://aleteia.org/2018/05/09/15-ways-generation-z-could-change-the-world/>
- <https://www.forbes.com/sites/deeppatel/2017/09/21/8-ways-generation-z-will-differ-from-millennials-in-the-workplace/#7b0acf1e76e5>

Challenges for Traditional Nursing Education

- Providing education for multiple generations
- Coming from high school
 - Have not learned referring to the syllabus
 - Nursing books have gotten bigger and bigger
 - No child left behind
 - Short-attention span
 - Dual enrollment
 - Not conceptual learners
 - Increase in Accommodations

Accelerated

Connie S. Miller, DNP, RNC-OB, CNE

Clinical Assistant Professor and Chair,
General Nursing and Health Education Division
The University of Arizona College of Nursing

Accelerated Program Options

- BSN
- Second Degree BSN
- Direct Entry MSN

Direct Entry MSN Programs

- Generalist nursing masters degree
 - Not advanced practice
- Advantages
 - Provides direct path to MSN
 - Accelerated path to healthcare leadership or nurse educator positions
 - Saves time and expense
 - Helps increase nursing workforce of MS-prepared nurses
- Typical admission requirements

Example: Masters Entry to the Profession of Nursing (MEPN) Program

- 15-Month program
- 56 graduate-level credits
- Accelerated immersion design
- 2 campuses – managed as 1 cohort
- Students Progress sequentially through four levels:
 - Level 1: Summer
 - Level 2: Fall
 - Level 3: Spring
 - Level 4: Summer

Challenges and Solutions

Challenges and Solutions

Changing from Accelerated BSN to MS

- Overcoming faculty and community expectations/mindset related to nurses with Masters degrees
 - Involve all faculty in designing/developing/marketing to increase buy-in
 - Need to think differently in designing courses
 - Adult, advanced learners
 - Online courses started with MEPN
- Follow graduate college policies

Challenges and Solutions

Promoting Student Success in Highly Accelerated Program

- Discourage students from working full time
- Orientation pre-course available 1 month prior to starting program
 - Requirements due during first course
- Ensure consistency between courses
 - Quality Matters standards
 - Grading rubrics
- Intensive student support and mentoring program
 - Student/student mentor assignments
 - Resiliency and integrative nursing content

Challenges and Solutions

Curriculum Challenges

- Courses taught only once a year
 - Course pre-level planning meetings and wrap-up/debriefing
 - Require all course revisions completed by mid semester following when taught
 - Keep faculty thinking one year in advance – must revise while still fresh
 - Date PPTs every year when revised
 - Faculty
 - Must be flexible and able to teach across 2-3 nursing specialties

Challenges and Solutions

Managing Multiple Campuses as 1 Cohort

- Adding new sites
 - Make sure to have at least 2 clinical groups at each site for faculty support
- Faculty teamwork and mentoring
 - Team charter
- Course co-chairs - one at each site
 - Course and level debriefing
- Teleconferencing meetings
 - Monthly meetings
- Hybrid or online non-clinical courses

Challenges and Solutions

Resourcing Multiple Campuses

- Overlapping Level 1 and 4 cohorts in summer
 - Double faculty needs – requires pool of faculty, supplemented by fiscal faculty
- Resources in place prior to launch
 - Classrooms with reliable web conferencing and IT support
 - Simulation space at both locations
 - Easily accessibly and scheduled

Other Lessons Learned

- Consider courses with credits that transfer into DNP or PhD programs
 - Design courses that can be taken by students in doctoral programs (Informatics, Research)
- Tuition and financial aid considerations

RN-BSN

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RN-to-BSN Programs: A Commodity?

- 2016 AACN Data
 - 747 RN-to-BSN programs
 - 60,842 RN-to-BSN conferrals (up from 19,606 in 2009)
 - The number of RNs earning a BSN increased 170% since 2010 (600% since 2003)
 - 54% of employers require BSN for newly hired RNs (+24% since 2011)
 - 98% of employers prefer BSN
 - More 54% of RN-to-BSN programs are completely online (+>24% since 2011)
 - Almost all RN-to-BSN programs have significant online components (20% had no online components in 2011)

RN-to-BSN Programs: A Commodity?

- There is no shortage of available RN-to-BSN programs or available slots
- Large and virtually undifferentiated market
- Student sensitivity to brand differentiation?
- Potential students are sensitive to:
 - Cost
 - Major quality players competing in \$8,000 – 9,000 range
 - Average cost of a UG credit hour is \$594 at approximately 30 cr. = \$17,820
 - Time to completion (transfer credits, required nursing credits, electives, gen education, CBE, etc.)
- Value is not all always perceived by applicant (although there is abundant evidence as to the value!)
- Innovation under these circumstances is challenging

RN-to-BSN Programs: Transfer Credits

- Bachelor degree completion programs are an anomaly at many colleges
 - Credit creep in ADN programs (75+ semester credits)
 - Getting to 120 semester credits
 - ADN nursing course transfer can cause challenges (block credit?, proficiency credit?, prior learning assessment?)
 - General education requirements
 - Institution-specific requirements (service learning, theology, etc.)
 - Electives
 - Need to be mindful of competitors
 - Make friends with your registrar

RN-to-BSN Programs: Seamless Progression

- History of barriers to progression
- Seamless progression is called for in every workforce analysis (including *The Future of Nursing Report*, IOM 2010)
- Critical
 - Transfer credit policies (26 states that have a rule or reg related to ADN to BSN credit transfer)
 - Thoughtful articulation agreements
 - Non-duplication of content/outcomes
 - High quality, engaging “bridge” courses
- Dual enrollment

RN-to-BSN Programs: Heterogeneity of Professional Experience

- Dually enrolled → Highly experienced
- Teaching/Learning conundrum (example: interprofessional collaboration)
 - Tailor strategies to individuals, groups, or cohorts (pre-licensure vs RN-to-BSN)
- Consider time variable competency-based education models
 - Direct assessment
 - Credit-bearing
 - Josiah Macy Foundation report: *Conference Summary: Achieving Competency-Based, Time-Variable Health Professions Education*

<http://macyfoundation.org/publications/publication/conference-summary-achieving-competency-based-time-variable-education>

RN-to-BSN Programs: Clinical Practice Experiences

- 2018 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (effective January 1, 2019)
 - Standard III-H
 - *Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.*
 - *Clinical practice experiences include opportunities for interprofessional collaboration.*
 - *Clinical practice experiences are provided for students in all programs, including those with distance education offerings.*

RN-to-BSN Programs: Clinical Practice Experiences

- Standard group clinical experiences
 - Are these realistic for working RNs?
- Individual preceptor clinical experiences
 - Can these be scaled?
- Self-directed, project based
 - Can these rigorously meet the standard?

Questions/Discussion

Thank you!