The Changing Nurse Education Environment

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With support from The Robert Wood Johnson Foundation

CCBA • Dallas, TX • March 9, 2013
Background on the issue

• Premise: Fragmentation of nursing education has inhibited student progression
  – by reducing financial, geographic and academic access
  – exacerbated faculty and clinical training site shortages

• IOM Future of Nursing: Keep multiple entry points, but develop a system of seamless transitions.

• Goal: from 40 to 80% BS-prepared nurse workforce by 2020.

• Dearth of research on what strategies work best to (a) increase student access, and (b) to use scarce resources more efficiently.
  – Confirms student-reported interest and obstacles

• Study objective: to identify decisions nurses educators must make in designing programs, identify promising practices, and propose future research.

• Interviews with 31 community colleges and universities leaders.
Findings: A Changing Environment

- Widespread knowledge of and support for IOM recommendation.
- Employers’ preference for BSNs (Magnet & absence of nursing shortage) driving changes.
- All CCs were developing programs to facilitate RNs’ continued education.
- Idea that new programs must fit local conditions, but frustrated by lack of guidance on how best to structure RN to BSN programs.
Program design decisions faced by nurse educators

1. What degrees they will offer
2. Where to set the bar in terms of admission criteria
3. When they will accept enrollment
4. Whether the curriculum be coordinated
5. How many additional credits should be required
6. Where to offer classes

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7. Whether to coordinate clinical practice sites
8. Whether to share faculty
8. Whether the community college can confer a BSN (controversy about mission, burdensome for some)
10. What role on-line learning should play (percent, with whom)
11. Whether to provide a tuition discount to transfer students (tension over rates)
12. What other new financial arrangements are needed (classroom rental in off-site teaching)
Emerging Practices

• For RN to Master of Science in Nursing (MSN) programs, growing consensus that **BSN should be conferred at midpoint**, in case students to not complete the program.

• For ADNs and Diploma nurses with significant experience, important to have some **flexibility in admission criteria**, including the use of GPAs in conjunction with other criteria.

• Both **dual and automatic enrollment** in BSN programs helps raise student expectations of completion, and encourages students to continue directly into a RN to BSN program, even if they also begin to practice after passing their licensure exams.

• **Regional coordination of curricula** is an important way to streamline educational progression and reduce duplication of course work. It also eliminates the uncertainties about the number of additional credits required for a BSN degree.

• Conversion of nursing curriculum in a regionally agreed-upon **competency goals** also helps achieve better coordination and reduces duplication of coursework.

• **Regional coordination among employers and educators of clinical practice** sites makes better use of scarce resources and helps ensure student access.
Emerging (cont.)

• **Co-location of community college and university classes, and the sharing of faculty** increase the efficient use of educational resources.

• For community colleges in States seeking a more educated workforce, but limited public university capacity, **the conferral of BSNs by community colleges** is likely to dramatically increase student access to BSN.

• The use of **on-line and blended learning** expands student access to BSN completion programs and is especially useful for nurses with families, and those who have difficulties traveling to a university.

• **Partnership between educational institutions and employers** are particularly promising. They ensure maximum tuition reimbursement, and employers can provide information and coaching sessions, facilitate peer support groups, and offer flexible schedules to encourage students to continue their education.

• **Group rates** allow for greater student access, and are increasingly used with large employers. Community colleges could also use this approach in their agreements with four year colleges.
Logic Framework

**Strategies**
- Institutional variables (e.g., location, history, finances)
- Program design decisions
- General context (e.g., health reform, economic climate, market incentives etc.)

**Objectives**
- Increase student access (financial, geographic and academic)
- Increase efficiency of education system (shared resources and curriculum coordination)

**Purpose**
- More ADN graduates complete BSN

**Goal**
- Increase proportion of BSNs to 80% by 2020

Additional strategies:
- more graduates of four year programs.
- more graduates of BA to BSN programs

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## Potential evaluation domains for Community Colleges

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<tr>
<th>Design elements</th>
<th>Intermediate Results</th>
<th>Outcomes</th>
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| • Community college confers or partners on a BSN | 1. BSN offered by college or university  
• Dual enrollment offered  
• Guaranteed admission program  
2. BSN opportunity with college/university  
• Dual enrollment offered  
3. Program has online component  
• <40%, 40-60%, >60%  
4. Financial contract for:  
• Split of tuition dollars  
• Shared cost of faculty  
• Tuition discounts  
• Use of online Learning Management System  
5. Cost and price per student  
6. Availability of scholarships and loans  
7. Student reported:  
  ▪ Online or on work site program reduced barriers to access  
  ▪ Application process easy.  
  ▪ Adequate support systems provided to assist students  
  ▪ Faculty demonstrate support to attain BSN.  
  ▪ Amount of debt at completion of program  
  ▪ Reasons for failure to complete | • Percentage of each associate degree class that continues directly into a BSN or MSN program within a year; within 3 years  
• Number of applicants to BSN program  
• Number and percent of applicants admitted to program  
• Number and percent matriculated  
• Average length of time to completion  
• Completion rate |
| • Program structure in relation to BSN |  |  |
| • Role of online learning |  |  |
| • Financial arrangements |  |  |