 **NURSING EDUCATION
AND THE DECADE
OF CHANGE**

Strategies to Meet
America's Health Needs

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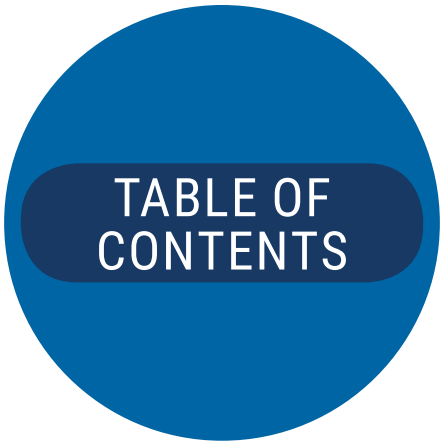
FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA


Robert Wood Johnson Foundation
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An online version of this handbook can be found at www.campaignforaction.org/nursing-education

INTRODUCTION

If change is the only constant, the only constant in nursing education until recently was that there was little agreement among universities, educators, researchers, government entities, funders, and others in health and education on how much schooling nurses need and why. But real change is finally coming.

A growing consensus in viewpoints and priorities over the past 10 years reflects the actions of many and the leadership of several national programs, particularly the Robert Wood Johnson Foundation (RWJF) and its initiatives, including AARP's Center to Champion Nursing in America (CCNA), the Academic Progression in Nursing (APIN) program, and the State Implementation Program (SIP).

Nurses are by far the largest proportion of the health care workforce, so this sea change in attitudes and actions affects every American as health needs grow and technology becomes more complex. This handbook highlights the significant changes in nursing education driven by these programs and provides the information needed for others to continue the work.

THE CASE FOR HIGHER EDUCATION

Research has linked higher levels of education for nurses with safer, high-quality care. The bachelor's degree is key: A nurse with a baccalaureate degree or higher typically has greater understanding of cultural and economic issues that affect people, and with that context can assume more responsibility in making decisions and forging new approaches in health. But with so many ways to enter nursing, including community colleges and universities, the levels of training and licensing vary, as do expectations from schools and employers.

For decades, many nurses started their careers with associate degrees from community colleges, which take less time and cost less. But those then seeking higher degrees hit snags, for example, when courses they had completed did not fit the requirements of other schools.

Leading nursing organizations sought more streamlined ways for nurses with associate degrees to apply their knowledge and experience to obtain higher degrees. Some schools and regions were meeting with some success—but there was no concerted effort to promote these models or explore how the ideas could be tailored from state to state.



●●● CONSENSUS-BUILDING

In 2007, CCNA, an initiative of AARP Foundation, AARP, and RWJF, took an aggressive approach to resolve the nursing shortage and the nurse faculty shortage. CCNA was the catalyst behind complex conversations among nurse educators, nursing organizations, hospitals and other employers, policymakers, and others trying to understand how best to increase the number of nurses with higher education.

In meetings held across the country, CCNA worked with national, regional, and state leaders to analyze ongoing efforts to improve the quality and streamline the process of nursing education, ultimately identifying four successful models of academic progression. A fifth model emerged later.

●●● THE FUTURE OF NURSING

In 2010, a report from the then-Institute of Medicine (IOM) propelled events. *The Future of Nursing: Leading Change, Advancing Health* said in part, “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression”—this meant removing hurdles that added time and cost to nurses’ efforts to further their education.

Helping further this goal was the Future of Nursing: *Campaign for Action*, an initiative of AARP Foundation, AARP, and RWJF, created to carry out the IOM’s recommendations. The *Campaign* is coordinated by CCNA.

The IOM experts set an audacious goal, urging the proportion of nurses with a bachelor’s degree to be at 80 percent by 2020—at the time, the figure stood at approximately 50 percent.

Equally impressive would be the massive changes required: employers stepping up, schools preparing for more students, and shifts in coursework.



CHRONOLOGY

In its first position paper on the broad topic of education for nurses, in 1965, the American Nurses Association (ANA) referred to a lack of consensus going back many years.

That piece itself “divided the health and nursing community,” as the ANA wrote nearly 40 years later, in part by taking a stand on the level of education a nurse should attain before entering practice. Decades of discord led to inconsistencies among schools on coursework and requirements.

This lack of agreement on how best to educate America’s nurses is no small matter, given that nurses comprise by far the largest proportion of America’s health care workforce. Here are significant moments in the movement to streamline nursing education.

MAY
1923



The Goldmark Report [bit.ly/2ydH8mv](https://www.aanp.org/2018/05/23/goldmark-report-recommends-higher-education-standards-for-nurses/) recommends higher education standards for nurses and says they should study at universities, not hospitals, which had been training nurses for nearly 60 years.

DECEMBER
1948

The Brown Report reinforces the idea that **nurses should be educated at universities.**

NOVEMBER
1949

The Ginzberg Report suggests hospitals eliminate diploma programs and begin a **two-year course of study in colleges.**

DECEMBER
1959



Mildred Montag publishes *Community College Education for Nursing*, stating a two-year associate degree from community college is **adequate preparation for nursing practice.**



DECEMBER
1965

The ANA issues its position paper emphasizing the **need for education to include science and research and take place in institutions of higher education**. At the time, 72 percent of students still studied in hospital schools.



JANUARY
1983

The IOM, prompted by concerns of a nursing shortage, publishes ***Nursing and Nursing Education: Public Policies and Private Actions***, urging state education agencies, nursing education programs, and employers of nurses to **share responsibility in lowering “unwarranted barriers” to nurses who want to upgrade their education**.



DECEMBER
2007



CCNA, an initiative of AARP Foundation, AARP, and the RWJF, is established at AARP’s Public Policy Institute, with an **initial focus on the shortage of nursing faculty**.



APRIL
2008

The New Careers in Nursing program, a national scholarship program of RWJF and the American Association of Colleges of Nursing, addresses the nursing shortage by **awarding grants to 130 schools of nursing** that have accelerated baccalaureate and master’s programs. As of the program’s conclusion in 2016, **3,517 students had received scholarships**, all of them embarking on nursing as a second career.



2008–
2011

DECEMBER
2009

MAY
2010

CCNA starts a multiyear education effort with the **first of three summits to encourage partnerships among nurse educators, government, philanthropy, and businesses**. The 2008 gathering is hosted with the Department of Labor and the Health Resources and Services Administration; 18 states with existing partnerships attend. In 2009, those 18 states go on to mentor two dozen other states at CCNA’s second summit. The third summit, in 2010, allows states to focus on obstacles specific to their regions.

CCNA’s regional meetings in 2010 and 2011 bring together hundreds of nurse educators to **identify and explore the most promising education models** and group them into four broad categories—the beginning of models for improved academic progression. Participants hone the emerging models by further considering regional differences and starting to standardize language.

Starting with a meeting in 2009 in Oregon to consider that state’s pioneering work with universities, community colleges, and practice partners, nursing educators brought together by CCNA **establish the Advancing Nursing Education Transformation Learning Collaborative**, a state- and national-level network of community colleges, universities, health care providers, and the business community to share resources.

The Carnegie Foundation releases *Educating Nurses: A Call for Radical Transformation*, arguing that **schools and the profession must take drastic steps to keep pace with rapid changes in health care**.

The Tri-Council for Nursing—the American Association of Colleges of Nursing, the ANA, the American Organization of Nurse Executives (AONE), and the National League for Nursing—issues a statement (bit.ly/2hgiBdv) encouraging “**all nurses, regardless of entry-point into the profession, to continue their education in programs that grant baccalaureate, master’s, and doctoral degrees.**”



DECEMBER
2010

The IOM releases *The Future of Nursing: Leading Change, Advancing Health*, funded by RWJF. This report adds impetus to the multiple efforts already underway, especially by **recommending that 80 percent of nurses have at least a bachelor's degree by 2020.**

DECEMBER
2010

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The Future of Nursing: Campaign for Action is created to carry out the **recommendations** in the IOM report. It is an initiative of AARP Foundation, AARP, and RWJF, and is coordinated by CCNA.



SEPTEMBER
2012

The American Association of Community Colleges, the Association of Community College Trustees, the American Association of Colleges of Nursing, the National League for Nursing, and the National Organization for Associate Degree Nursing (bit.ly/2frunh2) announce in a statement **they will work together toward a “well educated, diverse nursing workforce to advance the nation’s health.”**

APIN
(2012–2016)
SIP
(2013–2017)

APIN and SIP infuse structure and funding into efforts in various states, encouraging partnerships and other ways states can tailor nursing education models to their needs.

2012

APIN
2012–
2016

The Tri-Council) begins APIN, a four-year project (bit.ly/2xRdd70) funded by RWJF and administered by AONE. **APIN chose nine states in which to test the education models most likely to increase the proportion of nurses with baccalaureate degrees to 80 percent by 2020.** For more on APIN, see page 12.

SIP
2013–
2017

Through SIP, administered by CCNA through its Future of Nursing: *Campaign for Action*, RWJF grants **funds to 21 states for two-year periods to begin or further projects that strengthen nursing education.** For more on SIP, see page 14.



For the first time, the number of nurses graduating with a **Bachelor of Science in Nursing (BSN)** surpasses the number of those earning an associate degree.



APRIL
2014

RWJF and APIN bring together representatives from accreditation, academia, and practice to solve the problem of inconsistency in requirements for entering nursing programs. From this, **foundational courses that are needed to earn a BSN are established**, replacing the language and concepts that had kept schools from being able to align their offerings. See page 24.

2015

The percentage of employed nurses with a baccalaureate degree or higher in nursing reaches **53 percent, up from 49 percent** in 2010.

2016



The number of registered nurses obtaining a bachelor's in nursing increases to **more than 60,000—up 170 percent** since 2010.

AUGUST
2017

ONGOING



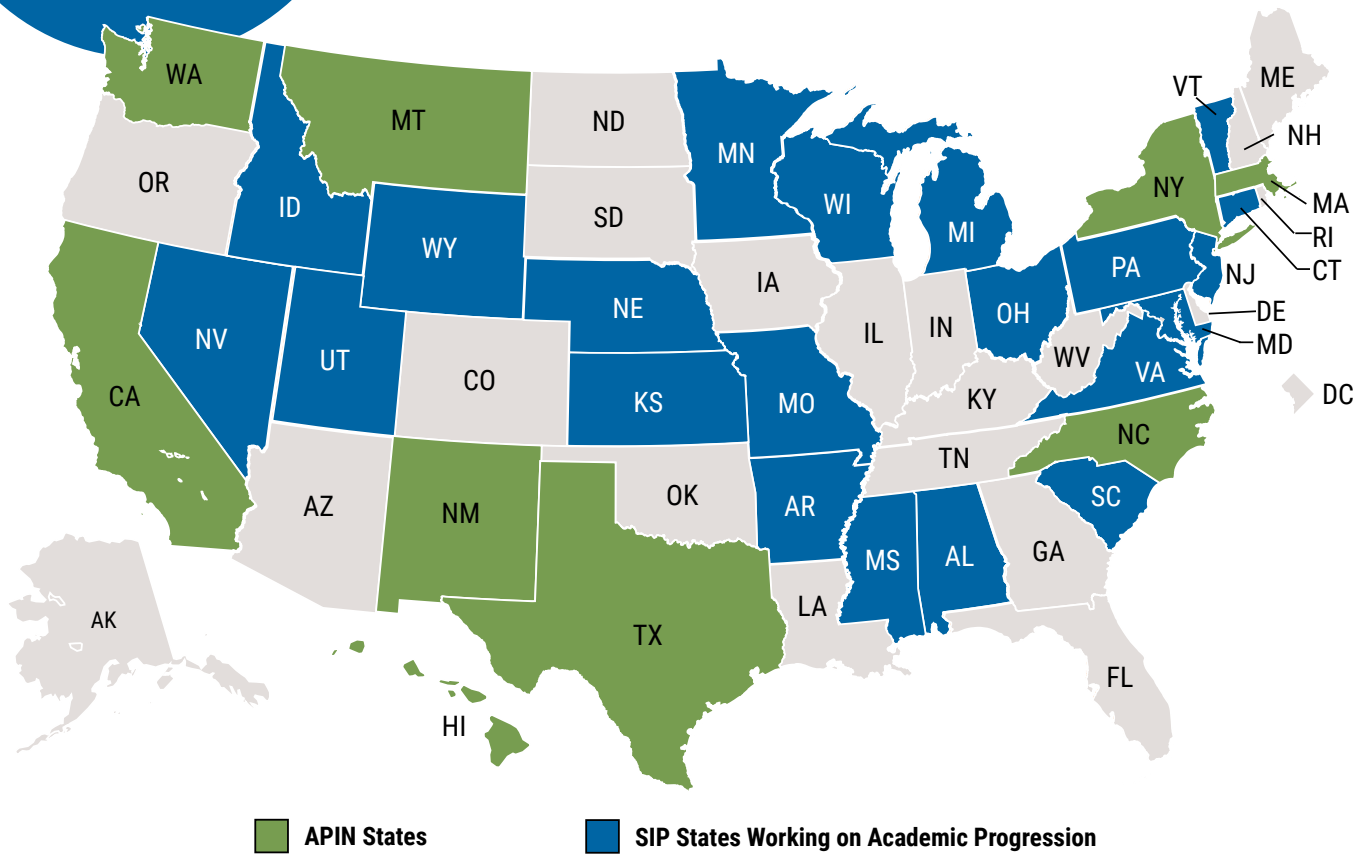
With transitional support from RWJF, APIN and other national efforts **seek to further streamline models of academic progression** by shifting to the National Education Progression in Nursing Collaborative, which is led by the Organization for Associate Degree Nursing and the National Forum of State Nursing Workforce Centers.

Others contributing to the broad mission of improving nursing education include The John A. Hartford Foundation, whose Legacy Nursing Initiative (bit.ly/2fb75vS) has **supported efforts to increase the number of highly educated geriatric nurses** since 1996; the Jonas Nurse Leaders Scholar Program, created in 2008 to **support development of new nursing faculty and stimulate faculty partnerships** between schools and clinics; the Josiah Macy Jr. Foundation Faculty Scholars program (bit.ly/MV8er8) that since 2010 **has funded nurse educators pursuing education reform projects** at their institutions; and the Gordon and Betty Moore Foundation, which has boosted academic progression in a number of ways, notably the Betty Irene Moore Nursing Initiative that at its conclusion in 2015 looked back (bit.ly/2faqtc6) at its 12-year effort to **develop a larger and better prepared RN workforce** in the San Francisco Bay area. RWJF programs include the New Jersey Nursing Initiative (bit.ly/2xw43fK), now focused on **faculty development and supporting efforts to reshape curricula**; the Nurse Faculty Scholars program, (bit.ly/2hj5Via) which since 2008 has awarded outstanding young faculty members **opportunities for career growth**; and the Future of Nursing Scholars program (bit.ly/2liC0v0), which is **helping meet the demand for a larger, more diverse cadre of PhD-prepared nurses** to become tomorrow's researchers, educators, and leaders.

APIN and SIP:

Cross-Country Achievements in Academic Progression

Two programs coordinated efforts across the country to remove obstacles that slow nurses in obtaining baccalaureate degrees in nursing. Academic Progression in Nursing (APIN) worked in nine states, shown in green. The State Implementation Program (SIP), shown in blue, included 21 states working on aspects of academic progression. Read more about these programs on the following pages.



THE ACADEMIC PROGRESSION IN NURSING PROGRAM STORY

The Academic Progression in Nursing (APIN) program was the continuation of an intensive push by the Robert Wood Johnson Foundation (RWJF) to identify and support successful efforts to increase the number of nurses with bachelor's degrees in nursing.

RWJF provided a total of \$10 million to the Tri-Council for Nursing, whose four groups—the American Association of Colleges of Nursing, the American Nurses Association, the American Organization of Nurse Executives (AONE), and the National League for Nursing—together represent practice, education, policy, research, and leadership, all critical aspects of nursing. In particular, AONE's management of the project spurred the involvement of employers—those practice partners that are an integral part of nursing education and who are tied in with every project.

For four years beginning in 2012, APIN worked closely with the Center to Champion Nursing in America (CCNA) and another RWJF-funded initiative, the State Implementation Program (SIP), to develop and test education models in nine states and then evaluate which elements seemed best at streamlining academic progression.

Through APIN, the states—California, Hawaii, Montana, Massachusetts, New Mexico, New York, North Carolina, Texas, and Washington—were able to build on each other's work. Each site received \$300,000 for each of two two-year phases. The status of academic progression within each state varied: those with strong partnerships among schools focused on strengthening their programs, and those with weaker partnerships were best able to expand.

APIN also collaborated with leaders in academic progression programs outside of the APIN and SIP projects, including in Arizona, Colorado, and Kansas, as well as with the Oregon Consortium for Nursing Education, an early innovator.





Virtually all APIN states gravitated toward one model—a shared curriculum, which requires a strong partnership among employers, community colleges, and universities—as they sought ways to align their coursework so that students do not need to repeat classes and can easily move from an associate degree to obtaining a bachelor’s degree. So popular was this that APIN came to call it simply The Partnership Model.

APIN continues its work by promoting its findings through a website that offers resources for those who want to pursue its goal: increase the number of nurses who have a Bachelor of Science in Nursing by decreasing the systemic obstacles that make it more time-consuming and costly.

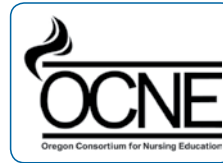
In 2017, with transitional support from RWJF, the National Education Progression in Nursing Collaborative assumed management of the program, under the leadership of the Organization for Associate Degree Nursing and the National Forum of State Nursing Workforce Centers.

Details of APIN projects can be found on pages 27–28.

●●● TRAILBLAZER: ●●● FOCUS ON OREGON

One of the achievements of the national effort led by the Center to Champion Nursing in America (CCNA) beginning in 2007 has been to shine a spotlight on states whose innovations stand out, so that others can learn from them.

Oregon Consortium for Nursing Education (OCNE)



OCNE was the originator of the shared curriculum model, which has community colleges and universities coordinating their curricula to allow students to shift from an associate to a

bachelor’s degree without the need to repeat coursework. So singular was Oregon’s accomplishment that CCNA brought leaders from across the country to study OCNE’s work on academic progression.

Among OCNE’s successes are strong clinical partnerships, including novel teaching approaches, and standardized academic advising, student support services, and academic policies. OCNE’s resources are now online. Through the Academic Progression in Nursing (APIN) program and the State Implementation Program (SIP), many states were able to tap into the wisdom and practices Oregon had pioneered with the program it launched in 2006.

Oregon paved the way in showing how this model excels by breaking down the silos in which universities and community colleges had operated, sparking new discussion of the role nurses play in health and health care, surfacing the many ways in which all nursing programs contribute to the improved education and delivery of high-quality care, and expanding the expectations of nursing to emphasize the need for a Bachelor of Science in Nursing.

THE STATE IMPLEMENTATION PROGRAM STORY

Action Coalitions in 50 states plus the District of Columbia are the heart of the Future of Nursing: *Campaign for Action*. It was for their work that the Robert Wood Johnson Foundation (RWJF) created the four-year State Implementation Program (SIP) in 2013.

and teleconferences—collaborations that allowed states to learn from each other and match the academic models to their regional needs.

SIP states furthered their goals through a variety of approaches tailored to their needs. Some Action Coalitions focused on educating others about the concept of academic progression by giving talks at community colleges to both students and faculty as well as presentations at conferences. Promotional efforts included bringing together educators from

The mission of the *Campaign*, an initiative of AARP Foundation, AARP, and RWJF and which is coordinated by the Center to Champion Nursing in America (CCNA), is to implement recommendations by the then-Institute of Medicine (IOM); Action Coalitions do the hands-on work at the state and local level. SIP was designed to spur Action Coalitions to focus on one or two IOM recommendations.

Of the 51 Action Coalitions, 21 chose to concentrate on efforts to streamline the path for nurses seeking to earn a bachelor's degree or higher. Successful SIP applicants earned \$150,000 for a funding period of two years. With the funds came the requirement that they bring in \$75,000 to match—a request that led to improved community ties as they partnered with schools, colleges, and health organizations.

CCNA staff administered SIP projects, guiding states individually to meet their goals and bringing them together to build on each other's work. The meetings from 2013 through 2017 among the 21 states were devoted to education and included in-person meetings, webinars,





across the state and at different schools to encourage partnerships. Other states created repositories of resources that served as statewide online hubs.

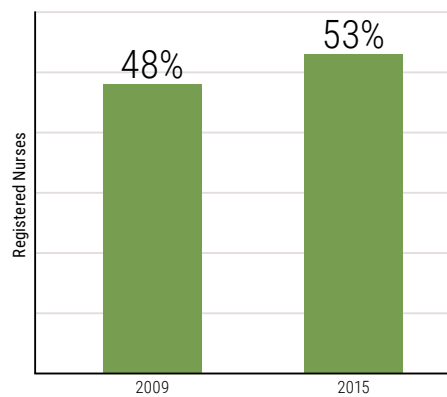
SIP funds also fueled efforts by some states that had academic progression plans already in place, allowing them to expand their efforts. For example, the Minnesota Alliance for Nursing Education (MANE), a strategic partner of the state's Action Coalition, had established a regional program of shared curriculum for universities and community colleges. MANE developed and shared with other SIP states its student manual, sample curriculum, program description, and core evaluation—information that others could use as starting points or to tailor to their own efforts.

Some states earned additional two-year grants as their programs grew, allowing them to extend their goals and impact during the life of the four-year program. Details of SIP projects are on the Future of Nursing: *Campaign for Action* website.

Details of SIP projects can be found on pages 29–32.

●●● OUTCOME ●●●

The percentage of registered nurses with a bachelor's degree or higher in any field rose 5 percentage points from 2009 to 2015—48 to 53 percent. (American Community Survey)



THE FIVE EDUCATION MODELS

Nursing education needs to become both more complex to handle increasingly complex health situations using new approaches and technologies, and simpler so that students do not encounter unnecessary obstacles as they seek higher degrees.

In response, nursing is employing five models of academic progression, as described on the following pages:

- Outcomes- or competency-based curriculum
- Curriculum shared at the state or regional level
- RN-to-BSN degree from a community college
- Dual admission/dual enrollment
- Accelerated options for RN-to-MSN

Reflecting the flexible nature of these models (and the challenge in refining them), regions and states employing similar concepts might differ in terminology. For example, the terms dual enrollment, concurrent enrollment, co-enrollment, or dual admission indicate partnership between universities and community colleges but does not necessarily describe the exact same arrangement.

All models are based on the American Association of Colleges of Nursing's *Essentials of Baccalaureate Education for Professional Nursing Practice*, the core of instruction for nurses.

THE BIG PICTURE: LESSONS LEARNED

Most of these models of academic progression rely on strong partnerships between community colleges and universities. Here are some combined features from successful collaborations:

- They cover a broad geographical area, including and especially rural areas, to reach the greatest number of people.
- All programs should seek and maintain national professional accreditation as well as institutional accreditation.
- Every department—including financial aid and the registrar—needs to work together closely. Otherwise, students may face remaining barriers, as requirements that apply to one school might not be accepted at another.
- They hold the promise of increasing the diversity of the nursing workforce.
- They allow more nurses to serve in rural areas.

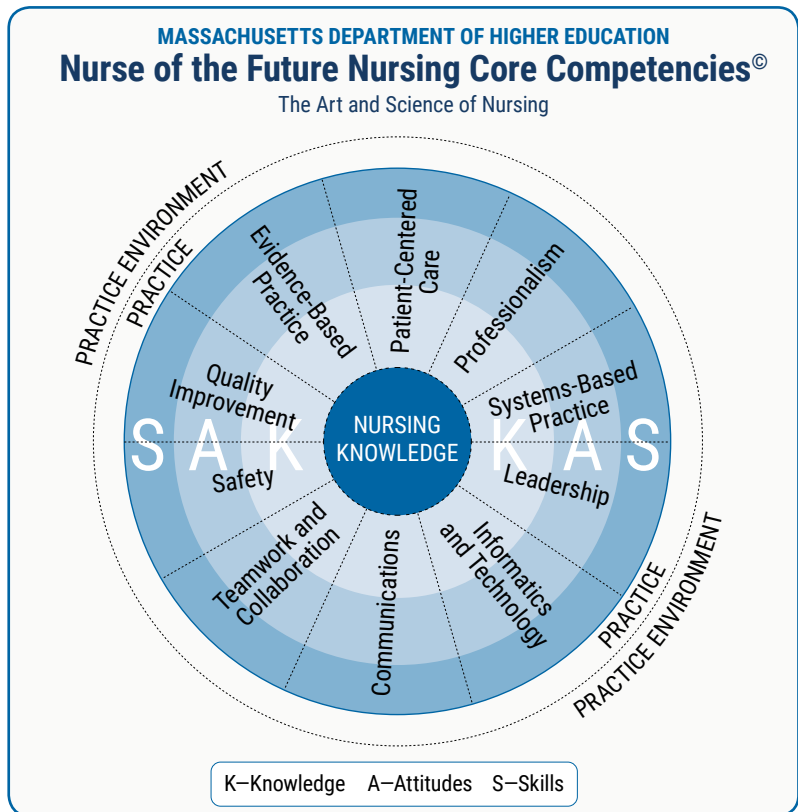
Ultimately, education and practice partners that embark on these partnerships find themselves in broader discussions that inspire deep reflection on nursing's expanded role in health care. And these conversations help students, whose choices in coursework are more clear, leading to better decisions in their academics.

OUTCOMES- OR COMPETENCY-BASED CURRICULUM

The competency-based model lays out expectations of what is required for a bachelor’s degree, but does not specify the path by which students reach this unified set of competencies. Setting that goal requires consensus among nursing education programs, including practice partners, on what nurses need in knowledge, abilities, and skills. This model is not an end in itself—these performance expectations, once determined, would extend across community colleges’ Associate Degree in Nursing (ADN) programs and lead to a baccalaureate degree at the university level—but can be part of developing a shared curriculum model.

Spotlight on: Massachusetts

Ten competencies form the core of the successful model in Massachusetts, created by nursing practice and education leaders. Arriving at these 10 required an extensive consensus process that included three years of studying other states’ competencies, practice standards, accrediting standards, and national and international initiatives, as well as rounds of in-depth discussions. The result: “The Nurse of the Future Nursing Core Competencies,” an agreement on what constitutes “nursing knowledge.” Based on the 10 competencies, the public nursing programs, both ADN and BSN, developed a process that aligned the schools’ coursework and allowed students to coordinate their schooling to obtain a BSN.



Lessons Learned

- This model can be applied regionally, as happened in New England.
- A gap analysis—an assessment comparing the curricula with the agreed-upon competencies—at the start is needed to best understand what is redundant and what can be cut. (It also taught the schools that bestow BSNs as well as ADNs the differences in their understandings of competencies and how they are met.)
- Massachusetts has created a blueprint that other states can use as a model—with time and effort—for their own curricula and practices.

Useful Reading

- “Continuing the Creativity and Connections: The Massachusetts Initiative to Update the Nurse of the Future Nursing Core Competencies” (bit.ly/2grr0KG), *Nursing Education Perspectives*, September/October 2017
- “The Competency/Outcomes Model: Advancing Academic Progression” (bit.ly/2xf5T5d), *Nursing Education Perspectives*, September/October 2017
- “Pathways to BSN Education: Teamwork in Ohio” (bit.ly/2xvVAct), *Nursing Education Perspectives*, September/October 2017



Examples of Where Else This Is Happening

- Arizona—Maricopa Community College partners with seven university programs and clinical settings
- Connecticut—Gateway Community College, Southern Connecticut State University, and Yale-New Haven Hospital; Three Rivers Community College, the University of Connecticut, William W. Backus Hospital, and Lawrence Memorial Hospital
- New York—City University of New York
- New Hampshire—Franklin Pierce University and Manchester Community College
- Rhode Island—Salve Regina University and St. Joseph’s School of Nursing

CURRICULUM SHARED AT THE STATE OR REGIONAL LEVEL

Collaborations between universities and community colleges to synchronize their curricula allow students to transition from an associate degree to a BSN program without the need to repeat coursework. Faculty members must examine

the associate and bachelor's degree coursework when it comes to prerequisites, co-requisites, general education, and graduation requirements. Adjusting the coursework to allow transferability and avoid duplication has also helped the schools strengthen aspects of the coursework, and provided students with specific requirements for each degree.

Spotlight on: California

Sonoma State University and its five community college partners are spread over 8,000 square miles. They welcomed the flexibility provided by the California Collaborative Model for Nursing Education, which uses five elements critical for success:

- Dual admissions or enrollment
- An integrated curriculum
- Shared faculty
- A bachelor's degree achievable within one year of receiving an associate degree
- Stability—the program is legislated and permanent, so students can enroll with confidence

Because much of the area is rural, Sonoma State University relied heavily on online coursework to provide its students with upper division nursing courses.

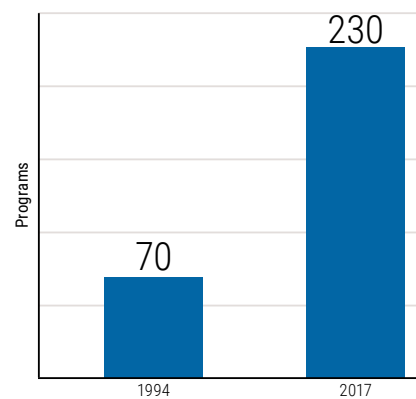
Lessons Learned

- This model offers a variety of approaches for local, state, and regional collaboration.
- Dual enrollment in community college and university is a successful strategy, but it is not required.
- It is important to provide a centralized location for students to obtain accurate information and knowledgeable advice across the spectrum.



●●● OUTCOME ●●●

The number of RN-to-MSN programs has more than tripled in the past 20 years, from 70 programs in 1994 to 230 programs today.



Useful Reading

“Regionally Increasing Baccalaureate Nurses in North Carolina (RIBN) Program,” a report from RIBN (<https://goo.gl/3Y62i8>)

“Shared Curriculum Model: A Promising Practice for Education Transformation” (bit.ly/2jJzeiG), *Journal of Nursing Education*, December 2015

Examples of Where Else This Is Happening

- Minnesota—Minnesota Alliance for Nursing Education includes seven community colleges and Metropolitan State University.
- North Carolina—Community colleges partner with universities in eight regions through RIBN.

RN-TO-BSN DEGREE FROM A COMMUNITY COLLEGE

Traditionally, students at community colleges have received an associate degree in nursing in two years and have been encouraged to then attend a university to obtain a BSN. This model makes it possible for students to complete all coursework and have their BSN conferred by the community college.

Spotlight on: Florida

St. Petersburg College, formerly a community college, began adding four-year BSN programs. It has been newly designated as a state college—no easy feat, as it required legislative support and organizational changes within the school. The Florida Department of Education granted this designation and the Southern Association of Colleges and Schools provided regional accreditation. Obtaining the accreditation standards were a top priority so students could move to graduate-level programs at universities. (National nursing accreditation was needed as well as regional.)





The other community colleges that are, like St. Petersburg, now state schools with additional national nursing accreditation, reevaluated their internal organizations and made changes as needed to keep operations streamlined. For example, new faculty members were needed, as well as new assignments and titles—along with additional librarians—along with an adjustment of curriculum to fit in new coursework.

Lessons Learned

- Commitment within all levels of the community college is needed early on, including administration, financial aid, registrars, advisers, and faculty.
- Great legislative support is required, as community colleges may require state consent to proceed.
- Some community colleges will need to bring on doctorate-level faculty for upper-division coursework.

●●● HOW EMPLOYERS ●●● BENEFIT FROM BETTER-PREPARED NURSES

Is the proportion of nurses with bachelor's degrees employed by a hospital associated with better outcomes? Yes, say a number of studies. For example, a review of more than 230,000 surgery patients from 168 Pennsylvania hospitals showed lower mortality rates in facilities with higher proportions of nurses educated at the baccalaureate level or higher. A 2003 study (bit.ly/2xfmQw7) published in the *Journal of the American Medical Association* also found that a 10 percent increase in the number BSN-prepared nurses reduced the likelihood of patient death by 5 percent. It was the first of several linking higher education among nurses to better health.

Evidence also suggests that organizations that employ more BSN-prepared nurses enjoy:

- Lower turnover costs—nurses with BSNs stay longer
- A more stable workforce
- Lower rates of mortality and some hospital-acquired conditions
- A safer practice environment
- A ready pipeline of nurses to fill leadership and management roles

Sources:

Journal of the American Medical Association, "Educational levels of hospital nurses and surgical patient mortality," Aiken et al., 2003

Charting Nursing's Future: "The Case for Academic Progression" September 2013

"Investing in Nursing Education: Is There a Business Case for Health Care Employers?," The George Washington University, 2012

Useful Reading

- “RN to BSN at the Community College: A Promising Practice for Nursing Education Transformation” (<https://goo.gl/YpdDwf>), *Teaching and Learning in Nursing*, 2017

Examples of Where Else This Is Happening

- Colorado—Colorado Mountain College
- Georgia—South Georgia College in New Douglas
- Indiana—Vincennes University
- Nevada—Great Basin College
- Vermont—Vermont Technical College
- Washington—Bellevue Community College, Olympic College, Wenatchee Valley College

DUAL ADMISSION/DUAL ENROLLMENT

The dual admission/dual enrollment model emerged from collaboration between community colleges and universities. Students can choose this pathway and be enrolled simultaneously in a community college and a university, taking courses at both. One key difference is that students may take the licensure examination to become an RN *only* after receiving their bachelor’s degree. Community college courses can be applied toward obtaining a nursing degree from the college or university, or the student may complete their bachelor’s degree at a community college, depending on what the state allows.

Spotlight on: Kansas

The University of Kansas School of Nursing partnered with Kansas community colleges in what was originally called the Kansas University-Community College Partnership program. Students can complete their bachelor’s degree while at community college without leaving their home communities. To participate, students must complete the prerequisites to be admitted to the university’s nursing school and be accepted into the community college nursing program.





Lessons Learned

- The model can be launched from three other models: the outcomes-based curriculum model, the state or regional level shared curriculum model, and the RN-to-BSN at community college model.
- Graduates enter the workforce as an RN only after receiving a BSN—reinforcing the idea that health care delivery is better when nurses have BSNs.
- Some states might need buy-in from legislative bodies and institutions.

Useful Reading

- “Answering the Call for a Bachelors-Prepared Nursing Workforce: An Innovative Model for Academic Progression” (<https://googl/28k7FF>), *Journal of Professional Nursing*, November-December 2015

Examples of Where Else This Is Happening

- New Mexico—The New Mexico Nursing Education Consortium is a collaborative of all 18 state-funded, prelicensure nursing programs at the community college and university level.

●●● COLLABORATION ●●● IS KEY TO SUCCESS

Partnerships among schools and practice partners are vital in creating strong models of academic progression, but they are only as good as the planning that goes into them. The Academic Progression in Nursing website offers a number of resources detailing how to begin that work.



- *Conducting a Preliminary Environmental Scan*
(bit.ly/2vPguDK)
- *Developing the Initial Action Plan*
(bit.ly/2j7xmjh)
- *Establishing a Leadership Structure to Guide the Work*
(bit.ly/2eKoPhb)
- *Conducting a Stakeholder Analysis*
(bit.ly/2f7RQnu)
- *Planning the First Stakeholder Meeting*
(bit.ly/2xRhXqC)

●●● THE ABCs OF NURSING PROGRAMS: ●●● FOUNDATIONAL COURSES

Like countries, nursing programs have historically had their own culture, language, and expectations, with little reason to change. In 2014, the Future of Nursing: *Campaign for Action* and Academic Progression in Nursing (APIN) held a two-day meeting to review how the inconsistencies in credits or content areas among schools hurt students trying to enter these programs. The nurse leaders and educators saw this as the crux of the problem that had students repeating coursework when transitioning to new programs.

The result was a set of standardized requirements, known as the foundational courses leading to a Bachelor of Science in Nursing (BSN).

The success in smoothing the way for students to go from their associate degree to a BSN came from the willingness of those at the meeting—representatives from accreditation, academia, and practice—to question every assumption. For example, “prerequisites” implied an order that was not always necessary, so the very language was changed. Thus was born “foundational” courses, whereby some distinctions formerly emphasized were banished and the focus put on content. Offering broad categories of coursework with a range of credits, educators were able to agree on the knowledge needed by a student to transfer into a nursing program.

As more nursing programs adopt these foundational findings, which recognize a universal set of knowledge, skills, and values, needless barriers will fall and more students can move up in their education.

Sources:

“New Set of Foundational Courses Is Designed to Standardize Requirements for Bachelor of Science in Nursing Degrees” (bit.ly/2xnEAFa)

“Foundational Courses for the Baccalaureate Nursing Degree: Enhancing Efficiency for Academic Progression” (<https://goo.gl/CujSph>), *Journal of Nursing Education*, 2016

“Putting Strategy Into Action for Seamless Academic Progression” (*Campaign* webinar), (bit.ly/2hht9ct)



Photo credit: Carolina Kroon



●●● ACCELERATED OPTIONS: RN-TO-MSN

Unlike the others, this model did not require a push to create new partnerships among schools. It is fueled by rising demand from those with associate degrees returning to school to get a master's degree. Designed for registered nurses who have associate degrees, this model lets people apply their experience toward obtaining a master's degree. By incorporating baccalaureate work early in the RN-to-MSN program, it offers a shorter timeline than traditional bachelor's or master's programs.

The American Association of Colleges of Nursing has a list of the more than 230 RN-to-MSN programs.

●●● MAKING THE MOST ●●● OF TECHNOLOGY: THE INTERNET AND BSNs

Before the internet, institutes of higher learning had few options in offering coursework. The costs of living near or on campus were high, which added a barrier, especially for would-be students living in rural areas. The effect on nursing and community health was direct, as those attending universities were less likely to return and work in their communities after graduation.

Today, as universities, community colleges, and practice partners collaborate to reduce the obstacles that keep students from obtaining higher degrees, online learning has become an integral part of every education model, making coursework available to students no matter where they live. Most RN-to-BSN programs are at least partly online, allowing students to gain their higher education degrees in their communities—which dovetails with the call for higher education for all nurses.

The American Association of Colleges of Nursing shows what the internet has wrought—in 2017, the number of nurses who have earned bachelor's degrees since 2010 has gone up 170 percent, due in large part to online RN-to-BSN programs.



ACKNOWLEDGMENTS

As the then-Institute of Medicine wrote in its *Future of Nursing* report, “The committee could have devoted this entire report to the topic of nursing education—the subject is rich and widely debated.” We pay tribute to the countless individuals and organizations who have contributed to that rich debate, pushed it forward, and made it possible for thousands of more nurses to obtain higher degrees, including:

The Tri-Council for Nursing, an alliance among the American Association of Colleges of Nursing, the American Nurses Association, the American Organization of Nurse Executives (AONE), and the National League for Nursing. AONE led the Academic Progression in Nursing program (APIN). Thanks also to the National Organization for Associate Degree Nursing.

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This handbook was written by Jamie Gold, senior writer and editor at the Center to Champion Nursing in America.

Questions or comments? Please write to
CampaignforAction@aarp.org.



APPENDIX 1

Academic Progression in Nursing Project Descriptions

Nine states were awarded funding under the Academic Progression in Nursing (APIN) program to concentrate their efforts on testing and help students earn a Bachelor of Science in Nursing (BSN). Over time, the states gravitated toward the shared curriculum model, meaning

community colleges and universities accepted coursework from each other or allowed dual enrollment. Here is how each state used the funding to boost the number of nurses with BSNs:



California: California State University, Los Angeles partnered with 12 community colleges so students obtaining an associate degree could obtain a BSN within four years by taking baccalaureate coursework during the summer. More than 50 community colleges partnered with 19 university campuses. The schools are supported by five core elements: dual enrollment; shared faculty; an integrated curriculum; earning a BSN within one year after earning an associate degree; and permanence (the program is legislated).

Hawai'i: The University of Hawai'i at Manoa and three community colleges share curriculum, which allows students who obtain their associate degree to get full credit for all coursework when accepted to the university after year three.

Massachusetts: The Nursing Education Transfer Policy (NETP) simplifies the transfer of credits from an associate degree to a RN-to-BSN program. Prerequisites, general education, and core curriculum credits are accepted by participating programs statewide. Students automatically are part of NETP once they earn their associate degree and pass the National Council Licensure Examination (NCLEX).

●●● TIP ●●●

“Start where you are.”

Advice APIN staff gave to states early on, encouraging them to move forward even while seeking data, personnel, or well-staffed and structured organizations.

Montana: The Montana Center to Advance Health Through Nursing created a model that allows students to progress unimpeded from the licensed practical nurse level to an Associate of Science in Nursing degree to a BSN degree and beyond. State universities and community colleges have transitioned to this model with the new, approved curriculum.

New Mexico: The New Mexico Nursing Education Consortium created a curriculum consistent throughout the state at both the associate and baccalaureate levels, so that credits are recognized by all programs. State-funded programs have implemented concurrent enrollment partnerships so that students can complete an associate degree and baccalaureate coursework simultaneously in their home community.

New York: This partnership model between associate degree and BSN programs is designed so students can obtain their bachelor's degree in a prescribed way, with foundational courses completed in their first year at the university, and nursing core content completed during years two and three at the community college and during year four at the university. This model has been adopted by 14 institutions.

North Carolina: In participating regions of the state, the Regionally Increasing Baccalaureate Nurses project provides a shared four-year curriculum that allows students to enroll in a community college and university simultaneously. Baccalaureate courses are included in the coursework from the beginning; students complete the first three years at a community college along with one online university course each semester.



●●● TIP ●●●

In North Carolina, the Regionally Increasing Baccalaureate



Nurses project found that community college campuses with full-time student success advocates helped students make it through the program to earn their BSN.

Texas: The Texas Team created and tailored strategies for the Consortium for Advancing Baccalaureate Nursing Education in Texas, which led to an agreement in which community colleges and universities can form partnerships. As APIN was winding down in 2016, 12 universities and 24 community colleges had joined the statewide program to align articulation agreements among the schools.

Washington: A direct transfer agreement allows students who earn an associate degree at participating community colleges to be eligible to attend participating RN-to-BSN institutions after passing the NCLEX. Participating schools have standardized credits, including 30 upper-division credits earned by those who pass the NCLEX.

APPENDIX 2

State Implementation Program Project Descriptions

To increase the number of nurses with a Bachelor of Science in Nursing (BSN) degree, 21 Action Coalitions were awarded funds from the Robert Wood Johnson Foundation State Implementation Program (SIP) to try various approaches specific to their states. SIP provided four rounds of two-year grants, and many states received two grants.

- SIP 1 was from February 1, 2013, to January 31, 2015.
- SIP 2 was from November 1, 2013, to October 31, 2015.
- SIP 3 was from February 1, 2015, to January 31, 2017.
- SIP 4 was from November 1, 2015, to October 31, 2017.

Here are some of the ways state Action Coalitions used the funding to boost the number of nurses with BSNs:

Alabama bit.ly/2hjdky7 (SIP 2 and 4) brought together nurse educators from two- and four-year programs to refine a RN-to-BSN pre-nursing curriculum, an agreement then adopted by both private and public nursing programs; visited associate degree and licensed practical nurse programs to encourage those students to continue further to earn a BSN.

Arkansas (SIP 3) assessed the status of the state's nursing programs and their requirements with the goal of promoting the importance of higher degrees in nursing and easing the pathway for students to earn a BSN. Leaders from schools of nursing approved an updated academic progression model—a credit-transfer articulation guide for schools to use for accepting graduates from one state program into another. Colleges and universities together increased their offerings to include a total of four Doctor of Nursing Practice programs and nine online RN-to-BSN

programs. Arkansas hosted an all-day education workshop with 21 deans, directors, chairs, and 40 faculty members from all levels as well as others from practice settings, the state health department, the state board of nursing, and the state nurses association. During the grant period, there was an increase in the percentage of nurses with a BSN degree or a higher nursing degree.





Connecticut (SIP 1 and 3) partnered to create the Connecticut Nursing Guide online portal, which provides potential and current students with advice on academics, financial aid, and application procedures; partnered with educators and employers to examine and adjust curricula, which led to the adoption of Nurse of the Future core competencies in multiple programs and the creation of dual enrollment programs.

Idaho (SIP 1 and 3) support and promotion led to two pairs of nursing schools developing partnership models; assessed the nursing programs, including conducting in-person interviews and reviewing resources that could support nursing education, such as a list of the programs, how they are structured, the number and diversity of students, and their agreements with other programs; expanded dual enrollment of associate degree students in BSN programs. From 2012 to 2017, saw a growth of more than 10 percentage points in the number of ADN-prepared nurses to BSN-prepared.

Kansas (SIP 1 and 3) produced an online repository of information to promote academic progression for the state's licensed and student nurses; partnered with the Kansas Collaborative Council on Nursing—which represents licensed practical nurses and RN prelicensure, RN-to-BSN, and graduate nursing programs—to distribute materials promoting the value of higher education for nurses at all levels.

Maryland bit.ly/2wHoUc6 (SIP 1 and 4) encouraged schools of nursing to review the RN-to-BSN practices that had been legislated years earlier and co-led efforts to revise the state's articulation model. Several schools in the state have formed partnerships to develop dual admission and dual enrollment nursing programs.

Michigan (SIP 1 and 3) developed professional advancement resources for nursing—including online materials such as a database describing nursing programs statewide bit.ly/2fxh6qG links to each program, and a rich level of detail—including program length and costs. A career planning toolkit and career coaching content bit.ly/2hxHKQT include material in support of academic progression.

●●● OUTCOME ●●●

According to the American Association of Colleges of Nursing's 2016 survey of nursing schools, 36 new RN-to-MSN programs are in the planning stages.



Minnesota bit.ly/2ypRKzP (SIP 2) enhanced its well-established Minnesota Alliance for Nursing Education to increase the number of baccalaureate-prepared nurses through dual admission between member community colleges and universities, both urban and rural. Enhancements included developing a plan to evaluate program and student outcomes and disseminate those findings. Adjustments based on early outcomes included creating an admission and advising manual and a dual admission manual, and conducting information sessions and orientation sessions on member community college campuses.

Mississippi (SIP 1 and 3) promoted the value of baccalaureate-trained nurses and RN-to-BSN programs with employers to increase the demand. Also, there also was increased enrollment in BSN programs by approximately 50 students each year, leading to an annual increase in number of nurses with BSNs in the state.

Missouri (SIP 1 and 3) evaluated articulation agreements between community colleges and universities and created a more standardized version; supported research to draft a proposal for a military medic-to-BSN program, which was subsequently funded.

Nebraska (SIP 1 and 3) nurse educators worked together to align undergraduate curricula at all 20 nursing programs into five core competencies identified as necessary for RN-to-BSN progression. They then developed a portfolio process by which RNs could show they have met the competency, and thus earn credit, in three of the competency areas: community health, leadership, and evidence-based spirit of inquiry.

Nevada (SIP 2 and 4) formed the first statewide RN-to-BSN committee (which includes students); evaluated the ways in which associate degree students learn of the potential for growth through academic progression as well as the support that employers offer for such academic advancement; and created a data dashboard on nursing education levels in the state.

New Jersey (SIP 1 and 3) supported development of new academic progression pathways using a competency-based model to align curricula.

Ohio bit.ly/2xvVAct (SIP 2 and 4), using the state's nursing competency model, assessed ADN and BSN curricula. To do so, it assisted faculty and practice partners in identifying strengths and weaknesses. The resulting consensus led to several new models that are being strategically promoted.





Pennsylvania (SIP 1 and 3) used a four-pronged approach to promote the value of a BSN; raised funds for nursing scholarships; identified and encouraged employer strategies to support RN employees in getting their BSN; and raised awareness of the education models that remove barriers for those seeking higher degrees. It also identified and highlighted best practices from employers in the state.

South Carolina (SIP 2 and 4) worked with multiple ADN and BSN programs to compare curricula and alter as needed to allow students to progress without repeating coursework, and supported efforts among schools and practice partners to create a dual enrollment model.

Utah (SIP 3) developed an interagency agreement for accepting ADN students into BSN programs and a dual admissions program between Salt Lake Community College and the University of Utah College of Nursing; produced videos to support the value of bachelor's degrees for newly graduated associate degree nurses and those in the workforce; and worked with high schools to interest students in a nursing career.

Vermont (SIP 2 and 4) created a marketing campaign to promote the value of academic progression, including a web-based repository for resources.

Virginia (SIP 2) created a web-based repository of information about academic progression and issued a call for proposals from schools to collaborate to streamline education for students. A dual enrollment program is now in effect.

Wisconsin (SIP 1 and 3) created and applied multiple resources and tools, including a report on the status of nursing education based on a faculty survey it conducted; a recognition program for nursing employers who take creative approaches to support staff members who seek higher degrees; and a survey of students on their awareness and use of financial aid.

Wyoming bit.ly/2jNiFm2 (SIP 1 and 3) furthered the development of a statewide BSN curriculum that was shared among the state's seven community colleges and the University of Wyoming (UW). The curriculum, called ReNEW, allows a student to start at any of the community colleges but earn a BSN through UW.

Five states—Alabama, Maryland, Minnesota, Ohio, and Wisconsin—wrote about their successes in academic progression in the fall 2017 issue of *Nursing Education Perspectives*. Read more about them here: bit.ly/2k769xx



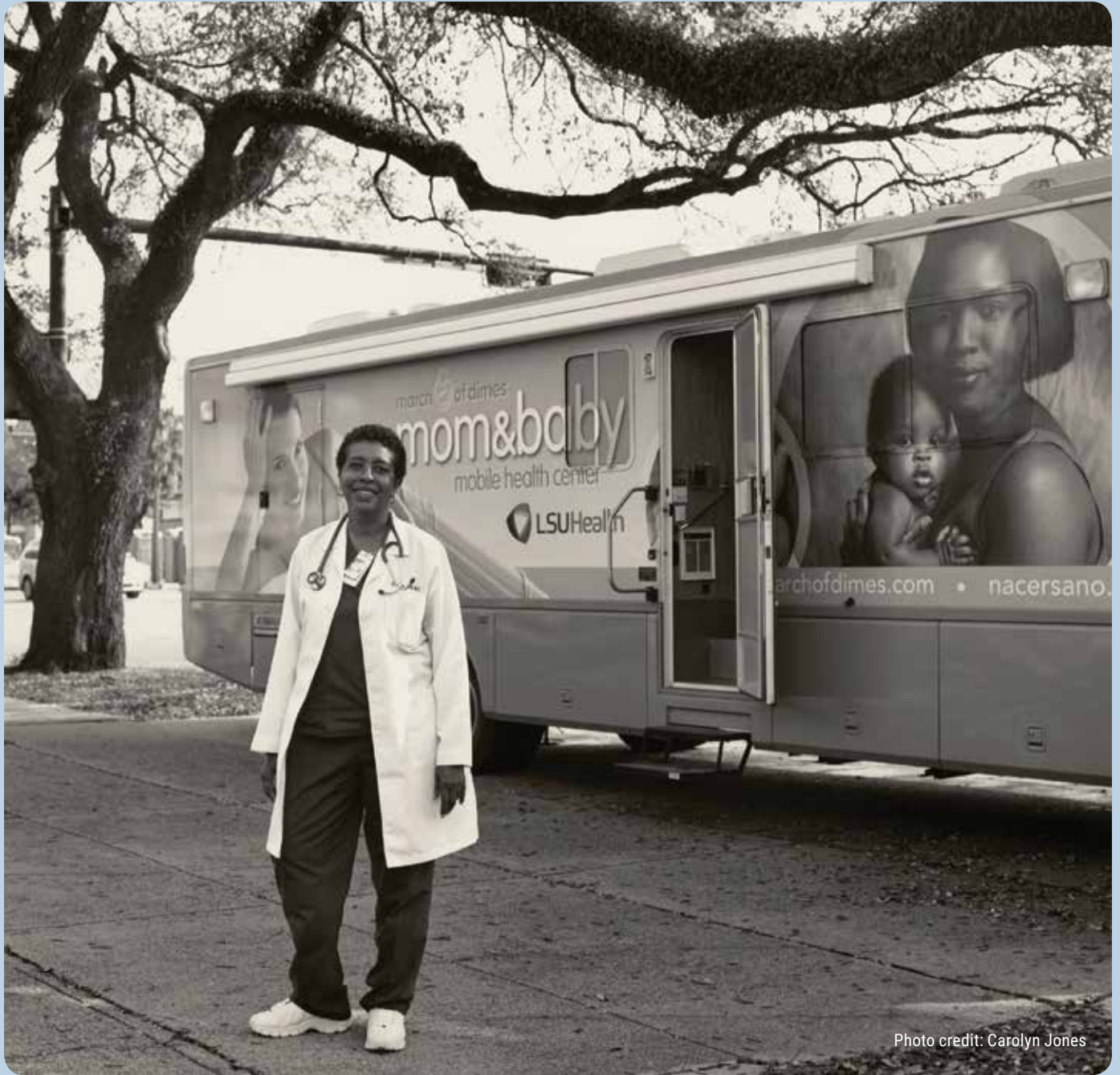


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