

WHITE PAPER

Expectations for Practice Experiences in the RN to Baccalaureate Curriculum

Background

The movement to increase the number of baccalaureate-prepared nurses in the workforce is accelerating following the release of landmark reports from the Institute of Medicine (2011) and the Carnegie Foundation for the Advancement of Teaching (2009), which clearly link nursing education level to enhanced patient outcomes. Calls for facilitating academic progression also are growing louder within the profession as evidenced by the Tri-Council for Nursing policy statement on the Educational Advancement of Registered Nurses (2010) and recent adopted Joint Statement on Academic Progression for Nursing Students and Graduates (2012), which was endorsed by national leaders representing both community college- and university-based registered nursing (RN) programs. Finally, employers, too, are showing a preference in their hiring practices with 39% of hospitals and other healthcare settings requiring new RNs to have a baccalaureate degree in nursing and 77% expressing a strong preference for nurses educated at this level (AACN, 2012).

Fortunately, an increasing number of registered nurses are recognizing the need to advance their education, and many employers are providing funding and support to facilitate academic progression. Enrollment in Bachelor of Science in Nursing (BSN) degree completion programs (RN to BSN) has increased every year for the last 9 years with enrollment growing from 31,215 students in 2003 to 89,975 students in 2011, a 288% increase (AACN, 2004; AACN, 2012). To accommodate the growing demand, the number of RN to BSN programs also has increased dramatically over the last decade with 646 programs available, including more than 400 programs that are offered at least partially online. Given the dramatic increase in the number of RN to BSN programs and enrolling students, the need to maintain academic rigor in these programs is growing in importance, including the need for quality practice experiences.

Practice Experiences in RN to BSN Programs

Nursing is a practice discipline that includes both direct and indirect care activities that impact health outcomes. Baccalaureate programs provide rich and varied opportunities for practice experiences designed to assist graduates to achieve *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). Practice experiences are embedded in baccalaureate nursing programs to prepare students to care for a variety of patients across the lifespan and across the continuum of care.

Experiential learning for this practice discipline is frequently called practice experiences, clinical experiences, clinical learning opportunities, clinical strategies, and clinical activities. The term practice experiences will be consistently used in this document to refer to experiential learning in any setting where health care is delivered or health is influenced that allow for and require the student to integrate new practice related knowledge and skills. Practice experiences may be augmented by simulation and laboratory experiences.

In May 2012, the AACN Board of Directors created the RN-BSN Task Force to develop a statement clarifying the expectations for academic clinical and practice experiences for students enrolled in RN to BSN programs. As noted in the *Essentials*, all baccalaureate nursing students, regardless of program type, are required to complete clinical training experiences as part of their work to acquire the degree. The task force was asked to delineate the specific clinical training experiences that will transition a nursing student's role behaviors from the Associate Degree or diploma to the baccalaureate level of proficiency.

Task Force Recommendations

Task Force Recommendations should be considered in their entirety.

- All baccalaureate programs, including RN to BSN programs, must provide practice experiences for all students.
- Practice experiences include activities that support health and/or provide care, interacting with a variety of providers and/or with patients and cannot be completed solely by a student in isolation. Patients throughout this document are defined as individuals, families, groups, communities, or populations.
- Practice experiences, including those completed in the student's work setting, shall include specific objectives, expected outcomes and competencies, and an evaluation provided by a faculty member.
- Practice experiences to transition the nursing student's competencies to the baccalaureate level of proficiency include organization/systems understanding, leadership development, evidence-based practice, information management and integration of technologies into practice, interprofessional collaboration and communication, clinical prevention and population health, comprehensive assessment, and quality improvement strategies. Didactic and practice experiences should be provided to all baccalaureate students, including those in RN to BSN programs, in order for the student to achieve these expected skills and knowledge and to integrate them into one's practice.
- Practice experiences should be developed to assure that students upon graduation have attained all end-of-program competencies delineated in the *Baccalaureate Essentials*. These expectations include the advancement of clinical reasoning and proficiency in performing psychomotor skills. Psychomotor skill development for the RN to BSN student must be differentiated from the expectations for the entry-level student. This should not be interpreted to mean development of the skills already acquired in an associate degree or diploma nursing program but instead references the development of higher level skills or proficiency. For example, the RN to BSN student's ability to conduct a comprehensive assessment (Essential IX, outcome 1) is an expected outcome that encompasses all three domains of learning, including psychomotor skills.
- Oversight and evaluation of the practice experience is the responsibility of faculty. Faculty oversight includes responsibility for identifying objectives for the practice experience, assessing whether the objectives are met, communicating with the student on a regular basis, and evaluating the learning experience.

- Preceptors, if used, should be oriented to the learning objectives of the practice experience, may provide input regarding faculty evaluation of students, and should consult regularly with the faculty providing oversight for the student's practice experience. Preceptors should engage the student in achieving the identified objectives and integrating the new learning into his/her practice.
- Practice experiences in the RN to BSN program involve a variety of activities that include direct care and indirect care experiences. *Direct care* refers to nursing care activities provided at the point of care to patients or working with other healthcare providers that are intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long term care, home health, community-based settings, and education settings (Suby, 2009; Upenieks, Akhavan, Kolterman, et al., 2007).

Examples of direct care experiences include provision of nursing care directly to patients, which are defined as individuals, families, groups, communities, or populations; but also may include:

- Working with other providers in any setting where health care is delivered, including the community, to identify gaps in care and implement a quality improvement strategy;
- Collaborating with nursing staff to implement a new procedure or nursing practice that is evidence-based;
- Working with an interprofessional team to evaluate the outcomes of a new practice guideline and implement recommended changes; or
- Designing and implementing a coordinated, patient-centered plan of care with an interprofessional team.

Indirect care refers to nursing decisions, actions, or interventions that are provided through or on behalf of patients. These decisions or interventions create the conditions under which nursing care or self-care may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. (Suby, 2009; Upenieks, Akhavan, Kotlerman, et al., 2007)

Examples of indirect care experiences include:

- Educating other healthcare providers regarding the safe and effective use of new technology;
- Writing a policy and working with other stakeholders to have the policy approved by the state board of nursing;
- Working with community leaders to develop a disaster/emergency preparedness plan for a specific population in a community;
- Collaborating with the facility information technology staff to design or implement an electronic health record;
- Working with staff to write an administrative policy that will improve communication among the units in the facility.

The task force does not recommend identifying a specific number of practice hours that must be included in an RN to BSN program or any baccalaureate nursing program. The task force also does not support a recommendation that every course in the curriculum must include practice experiences. The goal is to allow programs to develop meaningful practice experiences and assess student attainment of expected outcomes.

Summary

Nursing is a practice discipline that includes both direct and indirect care activities that impact health outcomes. Baccalaureate programs provide opportunities for practice experiences designed to assist graduates to achieve *The Essentials of Baccalaureate Education for Professional Nursing Practice*. All baccalaureate programs, including RN to BSN programs, must provide practice experiences for students to bridge to baccalaureate-level professional nursing practice.

Definitions

The following definitions, which are derived from current AACN position statements and *Essentials* series, have been highlighted and are used in this report:

Practice experience: Experiential learning in nursing is frequently called practice experiences, clinical experiences, clinical learning opportunities, clinical strategies, and clinical activities. The term practice experiences is used in this document to refer to experiential learning in any setting where health care is delivered or health is influenced that allow for and require the student to integrate new practice related knowledge and skills.

Patient: The recipient of nursing care or services, patients may be individuals, families, groups, communities, or populations. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may at times be termed clients, consumers, or customers of nursing services.

Nursing practice: The term *practice*, specifically *nursing practice*, refers to any form of nursing intervention that influences health care outcomes for patients, including direct and indirect care, administration of nursing and health care organizations, and the development and implementation of health policy. Practice may occur in any setting where health care is delivered or health is influenced.

Direct Care/Indirect Care:

Direct care refers to nursing care activities provided at the point of care to patients or working with other healthcare providers that are intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long term care, home health, community-based settings, and education settings (Suby, 2009; Upenieks, Akhavan, Kolterman, et al., 2007).

Indirect care refers to nursing decisions, actions, or interventions that are provided through or on behalf of patients. These decisions or interventions create the conditions under which nursing care or self-care may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. (Suby, 2009; Upenieks, Akhavan, Kotlerman, et al., 2007)

References

- American Association of Colleges of Nursing (2004). *2003-2004 enrollment and graduations in baccalaureate and graduate programs in nursing*. Washington, DC: Author.
- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- American Association of Colleges of Nursing. (2009). *The essentials of baccalaureate education for professional nursing practice. Faculty Tool Kit*. Washington, DC: Author.
- American Association of Colleges of Nursing. (2012). *Employment of new nurse graduates and employer preferences for baccalaureate-prepared nurses* (Research Brief). Available online at www.aacnnursing.org/News-Information/Research-Data-Center/Employment/2012.
- American Association of Colleges of Nursing (2012). *2011-2012 enrollment and graduations in baccalaureate and graduate programs in nursing*. Washington, DC: Author.
- American Association of Colleges of Nursing, American Association of Community Colleges, Association of Community College Trustees, National League for Nursing, National Organization for Associate Degree Nursing. (2012, September). Joint statement on academic progression for nursing students and graduates. Available online at www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Academic-Progression.
- Benner, P., Sutphen, M., Leonard, V. & Day, L. (2009). *Educating nurses: A call for radical transformation*. Carnegie Foundation for the Advancement of Teach. San Francisco: Jossey-Bass.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
- Suby, C. (2009). Indirect care: The measure of how we support our staff. *Creative Nursing*, 15(2), 98-103. DOI: 10.1891/1078-4535.15.2.98
- Tri-Council for Nursing. (2010, May). *Educational advancement of registered nurses: A consensus position*. Available online at www.aacnnursing.org/Portals/42/News/5-10-TricouncilEdStatement.pdf.
- Upenieks, V.V., Akhavan, J., Kotlerman, J., Esser, Jo, & Ngo, M.J. (2007). Value-added care: A new way of assessing staffing ratios and workload variability. *Journal of Nursing Administration*, 37(5), 243-252.

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Appendix A:

Examples of Practice Experiences in an RN to BSN Program

All RN to BSN programs must include practice experiences, which are essential for students to evolve their practice as a baccalaureate-prepared professional nurse. Simulation experiences are one type of experiential learning that may be used to augment the practice experiences described above. Examples of practice experiences that may be useful in an RN to BSN program are listed below. All Baccalaureate Essentials are not included in each of the practice experiences described here, but practice experiences often integrate multiple Essentials. Note that the following examples are not required experiences for all RN to BSN programs.

Examples from the AACN *Baccalaureate Essentials* Tool Kit

The following have been identified from the AACN *Baccalaureate Essentials* Tool Kit as examples of practice experiences that would provide opportunities for students to develop baccalaureate level competencies.

- Participate in interprofessional performance improvement team currently working on implementation/evaluation of national patient safety goals.
- Conduct a mock root cause analysis on a near miss and share results with staff or shared governance council or participate in an actual Root Cause Analysis (RCA) and/or Failure Mode Effects Analysis (FMEA).
- Teach vulnerable populations about avoiding environmental risks.
- Collaborate with institutions, such as a day care center or a homeless shelter, to develop and implement policies to minimize transmission of communicable diseases.
- Construct a genetic pedigree by collecting family history information to identify a risk profile. Develop and implement a plan of care, including patient education and appropriate referral.
- Using an actual care team in a microsystem of care, evaluate and make decisions about the organization, prioritization, and appropriate delegation of care.
- Consult with other professionals to improve transitions of elderly patients across care settings. Develop and implement a plan for an older patient to transition from one level of care to another within the same facility and from one facility to another.

Examples of Practice Experience Assignments

Evaluate Effectiveness and Efficiency of Continuity of Care

The student will evaluate the effectiveness of continuity of care by assessing the needs of an individual patient and family and then reviewing the discharge, referral, and case management processes and plans for that patient. Student will identify a patient/family in the in-patient setting; ideally the patient would be a geriatric patient and/or one with co-morbidities that will require transfer to another healthcare facility and ongoing coordination of care. The student will

follow that patient/family throughout the trajectory of care, discharge procedures, transfer to next healthcare level and setting(s), and ongoing health monitoring and coordination of services. The student should identify disease processes, treatments, and referral needs; observe and study patient needs (both for the individual and for the general population of that type of patient); identify stages and types of holistic health needs, including cultural, ethnic, gender and geographic related needs, of the patient and family; review the Continuity of Care plan and implementation of it; identify members of the interprofessional care team involved and the effectiveness of communications; review use of electronic health record (EHR), patient satisfaction, and patient health outcomes; and study health policy and financing regarding healthcare facility and community-based services. Student will report areas of concern, suggestions for solutions which show application of the problem-solving process and evaluation of evidence on the topic, and present final report to the organizations involved.

Implement a Community Health and Population-Focused Health Promotion Activity

Each student will use a community assessment model, e.g. Community as Partner, to do an abbreviated community assessment, which must include data collection and a windshield survey, of their own community. The student will analyze data looking for trends showing strengths, weaknesses, and conditions and develops one or two community health problems which identify a particular aggregate at-need or at-risk. The student will then collaborate with a community agency to plan and implement a health promotion project to address the problems and needs of the aggregate, and create or gather materials for the project. The student in collaboration with the community agency will implement the Health Promotion Activity. The student should include in the project a scheme for how the plan will be evaluated and will conduct the evaluation if the semester length permits. The entire process requires study and interpretation of Community Health course content; specific attention to review the evidence, and study of the identified aggregate; integration of knowledge and creativity in developing content and delivery of health promotion materials to the aggregate; inter-professional communication with the community agency; problem-based learning, problem solving, decision making, leadership skills, critical thinking, and policy development.

Develop a Management Proposal to Address a Quality Care or Patient Safety Issue

The student will identify a quality care or patient safety problem/issue that exists on an inpatient unit or in an outpatient setting and create a business proposal complete with goals, objectives, and strategies to address the identified issue. The student should be instructed on how to choose an issue; for example, the student might be allowed to identify any quality issue or may be required to choose one specifically connected to patient safety or included in the National Data Nursing Quality Indicators (NDNQI). The student will integrate and demonstrate management and leadership qualities by thoroughly considering the identified issue, accurately identifying the problem, and investigating the topic through on-site data collection, research review, and interprofessional communication. In developing the proposal the student will apply the functions of a nurse manager, including organizing, planning, directing, controlling, and budgeting; and must integrate each of these functions into the proposal. Thus the student will consider the identified issue and proposed solution from the perspective of how it impacts the organization and mission, how a plan/proposal is created; how that proposal affects staffing, scheduling, staff development, and staff satisfaction; what it will cost to implement the proposal; and how quality will be affected, measured, and evaluated. The student will coordinate and communicate with the

unit or agency nurse manager and other organization departments, such as, quality, finance, human resources, nursing councils, medical department, and others as determined by the identified issue. The final proposal will be presented to administration and other appropriate entities, for example, nursing councils, for consideration.

Examples of Student Practice Projects/Outcomes

Intentional Rounds:

One student worked with the quality improvement department of her hospital to implement an Intentional Rounds initiative (also known as bedside rounds, hourly rounds, etc.). She completed the initial training then served as a coach to others who were implementing this on several floors. She developed a second round of training materials including videotaped exemplary rounds. Her written paper described the need for and benefits of Intentional Rounds using evidence-based literature. She also discussed the barriers and resistance she met and how she worked to overcome these. In her professional reflections she noted the importance of coaching and mentoring in nursing.

School Health Parent Education: In one practice experience, a student developed teaching materials for parents and teachers using current national asthma guidelines, an asthma action plan, and related information to the role of the school nurse. The parent information included questions to ask the primary provider, the importance of having reliever medication at school, and a tool for parent-provider-nurse communication. For teachers the information included observations of the child and when to contact the school nurse. The information was given to parents and teachers who provided feedback on its usefulness.

Infection Prevention: A student became interested in a new evidence-based ventilator associated pneumonia (VAP) protocol being implemented. The student understood that evidence must now be gathered to verify that expected outcomes are demonstrated. The student, in collaboration with several nurse managers and the Infection Preventionist, helped develop, implement, and coordinate a process for monitoring outcomes and providing focus for revisions in the protocol.

Evidence-based Protocol: A student wished to develop a protocol for use of Kangaroo Care (placing baby skin-to-skin after birth) on a busy mother-baby unit. The evidence supported its use to maintain temperature, increase breastfeeding and bonding. In addition, studies showed the use of Kangaroo Care also decreased crying in newborns. The student worked with the nurse manager to draft the protocol, link to evidence, and develop a temperature monitoring plan to assure that the newborn did not become hypothermic. Then the student worked to get staff feedback and initiated the approval process by taking it through the hospital clinical review committee. Throughout this process she acquired both the skills and communication techniques to effectively implement change.

Community-Based Activity: In one community-based experience, a student worked with a volunteer organization to create a database for its referrals and follow up plans. This led to creation of an evaluation plan that was later used as part of a grant proposal for the agency. The student provided a key service and collaboration with the agency that furthered its mission and outreach. In addition, patient follow-up was more effective with fewer dropped referrals.

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