Accelerated Masters-Entry Programs: Structuring a Program Built for Success

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Objectives

- 1. Differentiate a student-centered approach to establish/sustain accelerated graduate entry programs for second career students;
- 2. Generate strategies that shift the challenges second-career students create to opportunities for faculty to innovate their pedagogic practices;
- 3. Design strategies to dispel skeptisms about nontraditional graduates that build strong community partnerships.

History In the beginning (1960 or 1923)...

New York College of Medicine -MSN Yale University School of Nursing - MSN CWRU, Frances Payne Bolton School of Nursing - ND Creighton University, School of Nursing -BSN

Courageous acts by the leadership of these SONs, faculty and students

The Graduate-Entry Movement...

Skepticism and uncertainty were the prevailing

initial themes...

Solid Programs Begin with Grounded Reasons for Starting the Programs...

- Nursing shortage and the opportunity to bring in a unique pool of applicants who would bring value to the profession
- Essentials emphasis on liberal arts preparation
- Testing innovative approaches to teaching

Ziehm, S.R., Uibel, I.C., Fontaine, D.K, and Scherzer, T. (2011). Success indicators for an accelerated masters entry nursing program: Staff RN performance, Journal of Nursing Education, 50(7), 395-403. <u>https://doi.org/10.3928/01484834-20110429-</u>02

Kooken, W.C. & Kerr, N. (2018). Blending the liberal arts and nursing: Creating a portrait for the 21st century. Journal of Professional Nursing 34, 60–64.

Trends in Accelerated Programs

Accelerated BSN or Graduate-entry

Programs that span 11 month vs 15 or 18 months

AACN reports:

- Available in 46 states plus the District of Columbia and Puerto Rico
- 2013: 293 accelerated entry-level BSN; 62 entry-level master's programs

Graduate Entry: APRN, CNL, Administration, Education

BSN and MS programs that separate non-traditional students and others that mix these student populations

Dedicated faculty who teach in the prelicensure segment of the program

Future directions - DEPN Doctoral Entry Program in Nursing

1. Differentiate a student-centered approach to establish/sustain accelerated graduate entry programs for second career students

Important from the beginning...

Value all Academic backgrounds & life experience as the foundation for Nursing

In part this requires we understand other disciplines (e.g. accounting) – feedback from students will validate or provide useful insights

Application screening process values the range of academic and life experience this pool brings to Nursing

Support to Students

Cohort model-pros/cons, requires support and guidance

Discourage competition & encourage team work

Importance of a faculty advisor (career, STT, job hunting, debrief clinical experiences, peers are valuable but faculty are nurses)

Social at beginning of the year with faculty

Team building

Buddy system

Talent bank

Being responsive to students' worries/anxieties (maybe questioning career choice)

Student involvement with the interview process and welcoming new students

Devise meaningful ways for students to critique & shape the program

End of year celebration

Teambuilding – At the Onset of the Program

Adult Learning Theory

Characteristics of Adult Learners

Find a Model Faculty Want to Engage With Deeply

Cross, K. Patricia (1978). The adult learner. San Francisco, Jossey-Bass.

Knowles, Malcolm. (1978) The adult learner: A neglected species. Houston: Gulf Publishing Co.

Curriculum Sample

 $1^{\mbox{st}}\,6$ months of a 12 month plan - prelicensure

1ST QUARTER

Pharmacology (3T)

Fundamentals (3T, 8C)

Pathophysiology (5T)

Total units: 19

*Clock hours per week: 35

Developmental Milestone: Deep introduction to nursing

2ND QUARTER

Communication (3T)

Medical Surgical Geriatric Nursing (4T, 9.5C)

Total units: 16.5

*Clock hours per week: 35.5

Developmental Milestone: Foundational Depth

Curriculum Sample (continued)

Last 6 months

3RD QUARTER

Pediatric Nursing (4T, 3.5C) Sociocultural (2T) Psychiatric Mental Health Nursing (3T, 3C)

Total units: 15.5

*Clock hours per week: 28.5

Developmental Milestone: Adding specialty knowledge that builds on foundation

4TH QUARTER

Perinatal Nursing (4T, 3.5C) Community Health Nursing (3T, 5.5C) Issues in Nursing (3T)

Total units:19

*Clock hours per week: 37

Developmental Milestone: Putting it all together

2. Generate strategies that shift the challenges secondcareer students create to opportunities for faculty to innovate their pedagogic practices

Support to Faculty

~Accelerated program are equally accelerated for students as they are for faculty~

Orientation to teaching – a process not an event

Social time to strengthen faculty working relationships

Recognize what occurs in one course impacts other courses

Share course evaluations, learn from each other (who does well, who is struggling and how to support each faculty)

Value creative/ innovative teaching strategies

Be open to attending each other's lectures & sharing best practices and mistakes

Safe space to decompress and share concerns/struggles related to teaching/advising

Specific support for faculty when reviewing students feedback

Faculty development time

Support and ongoing guidance for clinical faculty

Socialization ~Climate of the Classroom~

Ensuring all voices are heard

Creating and maintaining an environment of mutual respect

Learn what is means to organize (course/program) by asking for specific student feedback

Sample Strategies

Few prerequisites supports applicants from Humanities background to apply Curriculum constructed as a deep immersion into nursing with sub-immersions (pediatrics/psyche MH) Rich clinical environments that drives classroom/didactic content Use student feedback to authentically revise teaching approach; organization of content and depth Dedicated faculty teaching prelicensure segment of the program Being responsive to bright highly motivated students who are leadership bound Intentional effort that demonstrates respect for adult learner

Lessons Learned - What did not work!

Timing off for some courses e.g. Communication (placement of courses e.g. Issues in Nursing)

Failing to socialize to professional behavior in the classroom

Stranding essential content that instead needed one course dedicated e.g. pharmacology

Failing to construct theory courses that fully supported students' clinical learning needs

Hiring faculty poorly equipped to be responsive to this student population

Over communicating how competitive it is to be admitted

Instilling competition among students

For SONs with a long-standing history of a successful BSN program, it can be challenging to construct a graduate-entry program

What to avoid...

Relationship

Students resist parental actions/relationship with faculty

Being hesitant to say "No" to students and not providing rationale for decisions made by the faculty and administration

Allowing students to give feedback on every and anything and without guiding student about professionalism with criticisms

Academic Program

Non-challenging educational experience (feeling of being disrespected surface-interpreted that nursing is not an intellectual profession)

Teaching content only and failing to socialize to professional conduct (clinical and classroom settings) Overemphasis on NCLEX preparation

Organization (courses, curriculum, program)

A sense of disorganization (at the course and or program level) – what does being organized mean?

Failing to give students advanced notice of changes to key elements of the program (e.g. policies, class and clinical schedules)

Program Outcomes-Entry into Practice Focus

RN-NCLEX:97.5% pass rate (range 94-100%; 100% pass on 2nd attempt)Attrition rate: 0-3%

Jobs in advanced practice roles consistent with specialty and programmatic goals Successful in staff RN roles and bring unique value added abilities to their practice

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3. Design strategies to dispel skeptisms about nontraditional graduates that build strong community partnerships

Community Partners (CP)

Welcome CP concerns-its still an issue in 2018

Problem solve current nursing issues, what they value from others schools/what is not working? – What would better meet their current needs?

Invite CPs to participate in curriculum development (expert clinicians e.g. APRNs, clinical leadership, admin)

Invite CP to assist with admission decision making - Interview the applicant pool with the faculty

Regular contact with community partners-provide program outcome updates

Include Alumni network

Recommendations-Future Knowledge Needs

More publications about graduate-entry graduates:

- What are the characteristics of successful graduate-entry students
- Performance in employments (APRN, CNL, other)
 - Graduates
- Employer
- Compare and contrast certification pass rates for traditional/nontraditional graduates

Relook at AACN Essentials for Graduate Entry Programs-confusion/redundancy with being required to meet both BSN and Masters Essentials

Thank you! Questions

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