The debate concerning the educational level for entry into nursing practice has been ongoing since the American Nurses Association’s (1965) position paper. In 1996, the National Advisory Council on Nurse Education and Practice recommended that at least two thirds of the nursing workforce hold a baccalaureate (BS) or higher nursing degree by 2010. As of 2005, only 43% of the nursing workforce possessed degrees at those levels (American Association of Colleges of Nursing, 2005). In recent months, a resurgence of the importance of academic progression in nursing has become paramount, as research data (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Aiken et al., 2008; Estabrooks, Midodzi, Cummings, Ricker, & Giovanetti, 2005) continue to substantiate the link between the level of nursing education and patient outcomes.

The Institute of Medicine’s (2011) report, The Future of Nursing: Leading Change, Advancing Health, provides the framework for uniting the profession around shared priorities and goals. Working collaboratively, the profession could facilitate the redesign of the nation’s health care system. Advancing nursing education requires attention from all members of the profession. Creative programs that provide attainable goals in a timely manner and meet the rigors of advanced education will play an important role in preparing a more highly educated nursing workforce that will ensure that accessible, high-quality care is available to the nation’s diverse patient population.

Background

The Accelerated Bachelor of Science (ABS) RN completion program is a cohort-based, “career ladder” program that targets associate degree (AD) RNs. This innovative program’s primary goal is creating a better prepared nursing workforce by increasing the number of BS-prepared RNs who can address today’s complex health care needs. The cornerstone of the ABS program is a BS-completion model that maintains the pedagogy of BS education, is time efficient, and is easily implemented.

The ABS nursing program allows AD RNs to obtain a BS in 1 calendar year. The curriculum requires a maximum student commitment of 1 day per week in-class, which is accomplished through a compressed curriculum design. This methodology allows the student to continue with employment during these currently difficult economic times. Although the compressed curriculum is rigorous, the 1-year completion time is appealing because many AD RNs report they actually completed their AD degree over 3 years, not 2.
With 3-year grant funding, the ABS program was implemented in 2008 and has graduated 101 students as of August 2011. The program’s evaluation data indicate that success has been attributed to the curriculum flexibility, retention strategies, and addressing challenges quickly and effectively.

Curriculum

The compressed curriculum (Table) was designed to span three semesters (equivalent to 1 calendar year), with each semester divided into two 7-week sessions. Course sequencing included required general education (18 credits) and nursing courses (34 credits), with two courses taught during each session. Nursing electives were available online, with the option for completion in 15 weeks or less. Cohort preference was considered in determining the in-class day. The curriculum content was compressed by using a combination of in-class, Web-enhanced (face-to-face and Web instruction), and Web-delivered (instruction delivered via the Web only) courses. The courses progressed from the major bridge courses to the clinical capstone course. The university credit acquisition mechanisms provided an additional means to acquire credits and to support the student.

Bridge Courses

Two nursing bridge courses were delivered during the first semester. The first bridge course (Nursing Transitions) facilitated educational mobility by providing the framework for transition to BS education and emphasized leadership, management, issues influencing nursing education and practice, and current trends in health care policy and research. The second bridge course (Informatics) provided an introduction to computing and nursing informatics, with a focus on applications in the nursing profession. In addition, the course enhanced students’ computer skills, which are necessary to be successful in the program.

Additional Credit Acquisition

Students could obtain additional credits via two university mechanisms and one mechanism specific to RNs. University mechanisms include Challenge Examinations, which are comprehensive examinations that substitute for the requirements of the course, and Credit by Experience, which is a process of documentation of expertise. Specific to returning RNs is the Credit by Portfolio, which provides 33 credits by portfolio, based on a valid and current RN license. This credit acquisition recognizes the previous learning experiences associated with educational programs, promotes educational mobility, and is applicable to graduates of all institutions.

During the development of the curriculum, attrition was identified as a potential barrier to a timely completion due to the rigors of the program and multiple responsibilities of the returning adult student. Faculty and advisers worked collaboratively to develop mentoring and retention initiatives to ensure student success.

Retention Strategies

All activities in the community and on campus that could provide student support were identified. A retention and resource manual was developed, which included information pertaining to financial aid, advising, instructional support, the computer center, computer tutorials, computer technical support, mentoring opportunities, library services, online opportunities, and advising and instructor office hours.

Formal and informal initiatives were created for networking and supporting students’ needs. The first initiative was a family night prior to the start of classes, which provided a meet-and-greet opportunity for faculty, students, and their families and promoted an intracohort support system. The second initiative was a “Gab Session” with faculty at the beginning of each 7-week session, which provided a forum for informal discussion of any issues or concerns. Students were given the option to submit concerns or issues anonymously prior to the sessions, and a summary was posted in the online chat room. The third initiative was the development of a mentoring program, which included volunteer BS RNs and graduates of the ABS program. This mentoring opportunity provided student support by a non-faculty professional. The fourth initiative was the development of a Web site specific for the ABS students. This site housed readily available program information, course requirements and sequencing, access to all support services, access to the course.

### Table

<table>
<thead>
<tr>
<th>Semester</th>
<th>7-Week Session 1 (Credits)</th>
<th>7-Week Session 2 (Credits)</th>
<th>Semester Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester one</td>
<td>English 202 (3)</td>
<td>Speech (3)</td>
<td>12 credits + nursing elective (6) = 18 credits</td>
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<tr>
<td></td>
<td>Informatics N357 (3)</td>
<td>Transitions N390 (3)</td>
<td></td>
</tr>
<tr>
<td>Semester two</td>
<td>Nutrition 251 (3)</td>
<td>Med/Surg N465 (3)</td>
<td>12 credits + nursing elective (3) = 15 credits</td>
</tr>
<tr>
<td></td>
<td>Assessment N251 (3)</td>
<td>Statistics 200 (3)</td>
<td></td>
</tr>
<tr>
<td>Semester three</td>
<td>Art (3)</td>
<td>Humanity (3)</td>
<td>16 credits + nursing elective (3) = 19 credits</td>
</tr>
<tr>
<td></td>
<td>Community N417 (3)</td>
<td>Research N200W (3)</td>
<td></td>
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<tr>
<td></td>
<td>Capstone N475 (3)</td>
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Note. BS = Bachelor of Science degree.

a Associate degree program = 68 credits + 52 for accelerated BS = 120 total credits for BS; BS nursing courses = 34 credits; BS general education courses = 18 credits. Nursing course delivery may vary at individual campuses.
faculty member and mentors, and an area for student chatting and posting of questions. The site was reviewed and maintained by the academic adviser to provide timely responses to any questions.

Individual counseling and advisement was available, with referrals to tutoring services as needed. The faculty, who taught in the traditional RN-to-BS completion program, committed to providing any tutoring needed. The overall goal of the ABS program was to ensure that all students felt included within the campus community and were successful in the program.

Challenges
As with any new and creative program, there are challenges. Anticipating the challenges and developing a plan to address them early have contributed to the ABS program’s success. Major challenges identified through formative evaluations included recruitment, course delivery, scheduling of courses, and student financial support.

Recruitment
Recruitment efforts focused on increasing the awareness of the pedagogy of BS education and the career opportunities associated with educational advancement. Topics such as the use of evidence-based clinical knowledge enhancing quality and safety, developing effective communication and leadership, and embracing lifelong learning were discussed, as were career opportunities that required a BS, all of which demonstrated the importance of a highly educated workforce. A recruitment plan was designed that reached all surrounding clinical institutions and agencies and targeted AD RNs and AD senior nursing students in our multicampus program. Major recruitment events included participation in numerous outreach activities (e.g., career fairs), open houses on campus, one-on-one advisement, showcasing of Web information in university and local newspapers, billboard advertisements, and mass mailings.

One of our most successful marketing ventures was developing a logo that was used on everything from billboards to business cards. The development of recruitment materials provided explicit information about the career bridge of the ABS program and the advantages of a BS education, which include enhancing professional development; preparing for a broader scope of practice, as well as public and community health roles; and providing a better understanding of the cultural, political, economic, and social issues that affect patients and influence care delivery. In addition, recruitment materials provided general information about the campus, program requirements, curriculum, financial aid, and the application process.

One of our strongest recruitment tools was meeting with the hospital and nursing administration staff of the clinical agencies, who encouraged their nurses to return to school, provided tuition reimbursement, and facilitated work schedules that accommodated the RNs’ 1-day-per-week class attendance.

Another recruitment success was the creation of a simple candy bar wrapper that carried the program’s logo and concisely described the program. The logo became a recognizable trademark of the program.

Meeting our yearly admission and graduation targets suggests that our recruitment and retention strategies are sound.

Curriculum
Curriculum delivery required preplanning and ongoing formative evaluation. The compressed course design was integral to the sequencing and time frame of the curriculum. Initially, meetings with the various departments (e.g., the computer department) and faculty focused on discussing implementation, which included course compression, delivery modes, student and faculty support needs, and evaluation.

Nursing faculty who had previously taught the RN-to-BS nursing courses converted the courses to the compressed format and piloted them prior to implementing the program. Both the compressed general education and nursing course pilots provided excellent feedback from students and faculty with only minor course adjustments.

Because familiarity with the delivery methods was integral to the success of implementation, orientation sessions were planned and faculty who had not taught previously using the compressed format were required to attend. Face-to-face orientation sessions were available prior to each semester (3 times per year) for new faculty and others who were already teaching. In addition, all session information was available in hard copy and on the course management system (Blackboard Learn™-ANGEL edition). At the end of each semester, an opportunity to share best practices was provided and resulted in a naturally developing mentorship and faculty support system. Ongoing course evaluation by students and faculty were reviewed at the end of each session, as well as annually, and revisions were made if needed.

The students needed to be familiar with the various delivery methods to obtain course information, to meet the course objectives, and to ultimately be successful. All students were required to either attend an orientation class or complete a learning module prior to the first course. All learner-based orientation materials and resources were also available for review in hard copy in the adviser’s office and on ANGEL. The first two bridge courses reinforced the materials and skills needed to be successful in the ABS program.

Course scheduling was a logistical challenge because schedules are often planned years in advance in a large university. Initially, the courses were delivered through the Continuing Education Department, which provided more flexibility and the ability to change courses each semester. However, because non-nursing students in the general education courses asked for additional blended 7-week courses, other departments began to request information about the methodology, and additional 7-week courses were offered, which decreased scheduling issues.

Currently, courses are scheduled through either the Continuing Education Department or the regular university scheduling office. To promote a student-centered atmosphere, the first cohort provided their preference regarding which day of the week would be assigned as the in-class day for the semester. However, formative evaluative data and experience led us to establish a specific day, which remained the same for the entirety of the program. Evaluative comments suggest that this consistency allowed better work and home scheduling by the RN student.
Student Financial Support

Student financial support was an ongoing challenge. The retention and resource manual provided all the university’s financial aid information and contacts and listed the clinical institutions that provided tuition reimbursement. During our meetings with the administrators of the clinical institutions, we stressed the importance of their support of tuition reimbursement and flexible work schedules. The majority (90%) of students obtained some form of education tuition reimbursement following successful completion of the courses, and overall, 95% of students had either tuition reimbursement or personal loans. In addition, all scholarship grants obtained by the School of Nursing gave priority funding to the ABS students, which provided an average of $2500 to each student during their final semester. Students who obtained financial support from any source shared that information with others in the chat room specifically designated for the ABS students. Student evaluation feedback indicated that finances were the number one issue.

Conclusion

Evaluation of the ABS nursing program included both ongoing formative and summative data. The formative evaluation data supported refinement of the program as discussed above. The ABS program has graduated 101 students (10% attrition) over the 3 years of grant funding (an additional 46 students have graduated since funding has ended). The program’s summative evaluation data (76% response rate) indicates that 95% of students were very satisfied or satisfied with the ABS nursing program and would refer someone else to the program; 83% were planning to pursue graduate degrees; and 95% were advancing their career by obtaining a BS degree. Currently, the traditional RN-to-BS completion program at two Penn State sites (Altoona and Fayette campuses) have totally transitioned to the accelerated program. Dissemination of the summative evaluation data has been widespread, resulting in a projected expansion to additional campus sites, which could have an effect on the number of RN-to-BS graduates.

Ongoing formative evaluation has refined the ABS nursing program, and the summative evaluation data suggest that the program is creative in its delivery methodology, is of high quality and timely, and potentially may affect the educational level of the RN workforce.

References