Academic Progression for Associate Degree Nursing Students: Evolution, Not Revolution

As I finish my 37th year as an associate degree nurse educator, I am very proud to see associate (ADN), baccalaureate (BSN), and master’s (MSN) degree programs collaborating to ensure that the health care system has the right nurse in the right role. The last time this collaboration occurred was during the Colleagues in Caring initiative, sponsored by the Robert Wood Johnson Foundation (RWJF, 2009), which ran from 1994 to 2003. For those of you unfamiliar with this collaboration between practice and academic settings, one of the purposes of this program was to “Give nurses greater educational and career mobility” (RWJF, 2009, para. 2). During that period, many states developed articulation agreements and models of differentiated practice. However, the momentum and collaboration achieved during Colleagues in Caring dwindled after the grant ended, and plans for articulation were shelved in many places. Some states did continue articulation initiatives, and these efforts were rekindled by the Institute of Medicine’s (IOM) Future of Nursing: Leading Change, Advancing Health initiative, funded by RWJF, and subsequent report (IOM, 2010).

A focus on lifelong learning is nothing new for ADN programs, as anyone would be hard-pressed to say that more education is a bad thing. Why then did graduates of ADN programs not take advantage of the education facilitated by articulation agreements? In many cases, this was due to a lack of incentives in the service setting. That has now changed, largely as a result of the momentum created by the IOM report and continued investment by RWJF. Practice settings have embraced the goal of 80% BSN-prepared nurses by 2020 and are now actively promoting and supporting academic progression. This has resulted in what I call “Colleagues in Caring With Teeth,” especially as practice settings are looking at much shorter time frames than the “BSN in 10” initiatives proposed by some state legislatures. Leaders of BSN programs have recognized that they do not have the capacity in their initial licensure programs to prepare enough graduates to achieve this goal. That has opened the doors to collaborative efforts to develop innovative programs to support seamless academic progression to a baccalaureate degree and, in many cases, a master’s degree for ADN graduates.

When the IOM report was published, I heard many dire predictions that this would be the end of ADN programs. Far from it—the report has led to the proliferation of innovative systems promoting academic progression (see Future of Nursing: Campaign for Action at http://campaignforaction.org). Many states have adopted and adapted the model of partnerships among nursing programs, first implemented in Oregon through the Oregon Consortium for Nursing Education. Some states are adding baccalaureate degree-granting capability at the 2-year college level, expanding the mission of these institutions, to meet local demands by students and employers for BSN-prepared nurses. Other states are responding by reducing the number of credits required for the ADN degree and clearly articulating competencies for each degree level.

One caution in relation to the reduction in credits is to look closely at where credits are being cut. Many programs are reducing general education courses that would apply to the 4-year degree, rather than nursing credits, which are sometimes lost in progression. RN-to-BSN and RN-to-MSN programs are often online programs, which provides flexibility for working nurses, who can then attend school and work full time or part time as necessary. ADN programs can help graduates to transition to online learning by offering courses either online or in a blended/hybrid format.

Another option that offers flexibility for ADN graduates who are already balancing family and employment commitments is competency-based RN-to-BSN programs, such as those offered by Western Governors University and the University of Wisconsin. These programs focus on well-articulated student learning outcomes and competencies, rather than the traditional contact- or credit-hour formula. Motivated students can move more quickly through these programs. Faculty in these programs move further from the traditional “sage on the stage” approach to teaching toward the “guide on the side” facilitation of learning. These programs may be of particular interest to ADN graduates who have been in the workforce for a longer period of time, as they have likely developed many competencies through experience in the clinical setting.

As ADN programs adjust curricula to support academic progression, it is essential that faculty members keep accreditation standards and criteria in mind. In attempts to ensure that the curriculum is “current,” faculty often add new concepts on top of those that are already included in the curriculum. This results in what I call “con-
cept creep” and can lead to an extremely unwieldy curriculum. Instead, ADN educators need to have critical conversations regarding the concepts that are essential for contemporary and future nursing practice. While designing programs for academic progression, ADN educators must also know how their program fits into the community. Where are graduates finding employment? If they are finding initial employment in long-term care facilities but clinical experiences remain in acute care settings, there is a disconnect.

Overall, for those beginning their nursing education in an ADN program, it is essential to shape the story of these programs. ADN programs remain an accessible place for many students to begin their nursing education. Graduates of ADN programs are grounded in and value the care of the patient at the bedside. This perspective provides the foundation for additional education and, ultimately, an excellent nurse.

References


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