

## HISTORY AND RATIONALE FOR RN-to-BSN DTA/MRP

### History

Working together, the public and private two and four-year colleges and universities in Washington have been collaborating to develop specific Major Related Programs (MRPs) for transfer students for over a decade. To support efforts underway at the time in education, engineering, and nursing, and to encourage the development of additional MRPs, the Washington State Legislature passed House Bill 2382 in 2004. Its intent was *“to build clearer pathways to baccalaureate degrees, improve statewide coordination of transfer and articulation, and insure long-term capacity in the state’s higher education system for transfer students.”*

Staffed by the Higher Education Coordinating Board (HECB) (now Washington Student Achievement Council [WSAC]), the State Board for Community and Technical Colleges (SBCTC), and the Council of Presidents (COP) office, a Nursing Work Group was co-chaired by Mary Baroni (UW Bothell) and Stu Barger (Everett CC). All of the public universities and most independent colleges and universities offering the BSN degree at the time participated. Initial steps included data collection and summaries of admission/graduation requirements for both pre-licensure BSN and RN-to-BSN programs. It was decided that a 2+2 transfer pathway for pre-licensure BSN majors was a pressing need. The Pre-Nursing Direct Transfer Agreement pathway (DTA/MRP) was completed in 2005.

The Council on Nursing Education in Washington State (CNEWS) has supported seamless academic progression across nursing career pathways since first publishing the Washington State Articulation and Competencies Project (1999). Since then, the Master Plan for Nursing Education in Washington State (MPNE, 2008), the Institute of Medicine’s (2010) *Future of Nursing* recommendations, and increased employer preference for BSN prepared nurses have resulted in increased numbers of applicants to RN-to-BSN programs. The complexity and length of time for completion of both an associate and subsequent RN-to-BSN degree programs highlighted the need for a well-articulated transfer pathway that efficiently addressed both nursing and university graduation requirements across the institutions. This would better serve students and the profession.

During the fall 2011 CNEWS meeting, the membership discussed this issue and unanimously endorsed a recommendation to explore the feasibility of developing an RN to BSN DTA/MRP modeled after the work that was completed in 2005 for the Pre-Nursing DTA/MRP. CNEWS members presented the recommendation to the multi-sector Joint Transfer Council (JTC) in November 2011 for support and advice about how best to proceed.

After receiving JTC support and recommendation, the RN-to-BSN DTA/MRP Work Group convened in early 2012. Mary Baroni (UWB/WWU), Marca Davies (Peninsula College), Renee Hoeksel (WSU-V), and Sarah Bear (SPU) served as co-leaders of this group. This summer, Louise Kaplan (Saint Martin’s University) has replaced Sarah Bear as co-lead representing private

universities that offer the RN-to-BSN programs. Representatives from 16 community/technical colleges, and four public, and four private baccalaureate institutions constitute the group. Convened by the WSAC (Jim West), ongoing advice and collaborative support has been provided by the Council of Presidents (Jane Sherman), State Board of Community and Technical Colleges (Michelle Andreas), Independent Colleges of Washington (Vi Boyer), the Nursing Care Quality Assurance Commission (NCQAC) (Mindy Schaffner) and Workforce Training and Technical Education Board (WTECB) (Sonja Hallum/Nova Gattman). Additional support and momentum for this initiative came in August 2012 when the Washington Nursing Action Coalition (WNAC) was awarded one of nine two-year grants from the Robert Wood Johnson Foundation (RWJF) to promote academic progression in nursing (Co-PI's: Linda Tieman, Washington Center for Nursing (WCN) and Mary Baroni (UW Bothell).

The overarching goal has been to address the need for seamless, efficient academic progression for nurses on a career trajectory, beginning with an Associate Degree in Nursing through RN-to-BSN completion at any of the current and/or anticipated colleges and universities offering this degree: UW Bothell, UW Tacoma, Washington State University, Western Governor's University Washington, Seattle Pacific University, Olympic College, St. Martin's University (2012), Western Washington University (2013), Bellevue College (2013) and Wenatchee Valley College (2014).

Specifically, the group was asked to consider the feasibility of a direct transfer agreement (DTA) or major related program (MRP) that could minimize the variations in both prerequisites to the ADN programs at the CTCs and in general education requirements among the RN-to-BSN institutions. The goal was to propose an academic nursing pathway of 180 quarter credits (120 semester credits). This does not imply that all students would complete their studies in four years, but it would assure that this pathway does not significantly exceed overall credits required for a baccalaureate degree in Washington State. The resulting proposal is consistent with the requirements of a DTA/MRP agreement and also incorporates the long-standing state-wide agreement to award upper division credits for passage of the national NCLEX-RN exam. The proposed pathway thus reflects a model for BSN completion as an RN-to-BSN Major Related Program (DTA/MRP).

## **Rationale**

The IOM Report, *The Future of Nursing: Leading Change, Advancing Health* (2010), set out an ambitious recommendation to increase the percentage of registered nurses who hold a baccalaureate degree or higher to at least 80% by 2020. Since only 50% of registered nurses across the country meet this target, achieving this recommendation in less than 10 years requires a shared focus and collaborative strategies across multiple national and state-specific stakeholders. The educational profile of the nursing workforce in Washington State as of 2007 reflects a similar challenge. With an estimated 53.5% of Washington nurses having attained a BSN or higher education, our state is just slightly above the national average of nurses meeting the IOM proposed level. Significant regional variations exist, ranging from less than 30% BSN prepared nurses in some rural regions to a high of 63% in Seattle/King County.

The Pathway workgroup identified factors that impede efficient academic progression for nursing students, including:

1. Variations in credit hour determinations between community colleges and technical colleges.
2. Variations in credits required for the nursing major ranging from 63 to 132, but with an average of 75-76 credits. Programs that required the highest number of credits tended to be those at technical colleges that provide LPN education followed by an RN bridge program. It should be noted that the Accreditation Commission for Education in Nursing (ACEN) has a strong interest in decreasing credit loads in ADN programs and current CTC nursing programs are being more closely scrutinized ACEN.
3. Limitations on the number of lower division credits towards a degree that can transfer into some baccalaureate institutions results in significant lower division credit not being transferrable for these nursing students.
4. Questions regarding providing upper division credit (credit by exam) for the National Council Licensure Exam (NCLEX). The current policy in place at all current RN-to-BSN programs in the state was agreed to in the early 1990s in response to SB 6252 (1989) that mandated the HECB and the institutions to develop a state plan for nursing education that facilitated optimal transfer of credits.
5. Variations in time to graduation that can be influenced by a number of other factors including:
  - Bottle neck delays in getting access to required nursing pre-requisites.
  - Less than transparent “pre-requisites to nursing pre-requisite” courses
  - Limited academic advising of pre-nursing students which can result in students taking courses that do not contribute to their academic progression.

The RN-to-BSN DTA/MRP will address several of these barriers. Current work facilitated by CNEWS addresses barriers #1 and #2. Evaluation of pre-requisite and nursing core content to be included in this DTA/MRP will help identify the general education requirements to be fulfilled in this new MRP/DTA making it comparable to other existing DTAs.

Approximately 10-15 credits of humanities and social science course work (social and political context of health care, legal and ethical issues, psychosocial, communication, and cultural diversity) content is integrated within the nursing core courses in the Associate Degree curriculum, and can be identified as separate courses for ease of transcripting. An additional 15 nursing core credits would transfer as “general electives”. ADN programs will validate transfer content and outcomes within the integrated nursing core, and selected exemplars have been

developed for review. The SBCTC will review and define transcripting for the integrated course work through their regular approval process for academic transfer courses.

The proposed RN-to-BSN DTA/MRP permits 90 lower division quarter credits for transfer which would include all of the general education requirements in the areas of communication, quantitative, social science, natural science, and arts/humanities, many of which are already pre-requisites for the CTC nursing programs. Forty-five upper division quarter (30 semester credits) "in residence" credits at the baccalaureate-awarding institution would include 35 credits of RN-to-BSN core curriculum and 10 credits of upper division courses, either as electives or - just as an example - as completion of an independent college's additional requirements in philosophy or religion. With the continued allocation of 45 upper division quarter (30 semester) credits awarded for passage of the national NCLEX-RN exam, the pathway would meet the 180 required quarter (120 semester) credits for a baccalaureate degree.

The proposed DTA/MRP pathway has been developed over 18 months of collaborative effort by statewide CTC and university nursing education leaders. It recognizes that the associate degree in nursing requires a minimum of three years of academic coursework at the CTC. It also recognizes the similarity of the content and learning outcomes in the nursing core courses at the CTCs and the universities. This proposed RN-to-BSN DTA will facilitate timely completion of BSN education for registered nurses.

The DTA/MRP pathway could be modified in the future to allow the CTC/University partnerships that support the option of simultaneous dual admission/dual enrollment to a CTC nursing program and RN-to-BSN program. This could provide an option for university students interested in nursing enrolled at universities not offering a pre-licensure BSN major to complete their general education requirements in year 1; apply for dual admission to a partnering pre-licensure Associate Degree program for years 2 and 3 and then return to the university for a final year of RN-BSN education (1+2+1). This variation is currently being considered by selected universities in Washington State and elsewhere across the country.

Listening to the painful stories that students share as they try to figure out the maze of requirements and navigate the significant roadblocks to obtain a BSN degree compels us to work together for change. Through the history documented in this proposal, it is clear that the State of Washington has been a leader in providing a vision for excellence in nursing education. Our vision has grown as the current needs of our students have become apparent and now is the time for implementation of a new DTA/MRP pathway that will assist students to progress, assist universities to be able to easily accept students from a variety of pathways into nursing, and to assist our profession in reaching the IOM recommendation of 80% BSN by 2020.