RESPONSES TO GRADUATE COUNCIL QUESTIONS
COLLEGE of NURSING ADRN to MN Proposal
10-2-14

1. In the study by Benner, Sutphen, Leonard, and Day (2010) on Page 1 they state that “To practice safely and effectively, today’s nurses must understand a range of nursing knowledge and science, from normal and pathological physiology to genomics, pharmacology, biochemical implications of laboratory medicine for the patient’s therapies, the physics of gas exchange in the lunch, cell-level transport of oxygen for the acutely ill patient, as well as the human experiences of illness and normal growth and development— and much more.” How are the findings consistent with the proposal to produce MN’s without most of the 300 levels nursing courses we require of our BSNs?

The content identified above is included in the AD nursing curriculum. Refer to MUS model curriculum for 72 credit ASN programs which is attached separately. The nursing prerequisites that students are required to take provide students with a solid foundation in the natural and social sciences.

The 300 level courses in the BSN curriculum include courses AD nurses also take — e.g. NRSG 336 Nursing Pharmacotherapeutics; NRSG 341 Psychosocial Nursing Concepts; NRSG 352 Acute and Chronic Illness (MedSurg I); NRSG 346 Nursing Care of the Childbearing Family; NRSG 348 Nursing Care of Children and Families. The leveling of courses is not necessarily related to depth of content but rather placement in the curriculum. These courses in one form or another are a part of every AD and BSN curriculum and are necessary in order to pass NCLEX- RN, the national licensing exam that graduates of both AD and BSN programs must take.

2. The main message of the book by Benner, Sutphen, Leonard, and Day (2010) is for improvement in baccalaureate nursing education programs, not circumventing them. They make the case for more education, not just awarding higher degrees. For example, on page 4 they make the point that “simply requiring more education will not be sufficient; the quality of nursing education must be uniformly higher.” How is this consistent with the proposed ADN to BSN proposal?

The last statement in the paragraph in the question above is in error. This is not an ADN to BSN proposal – rather an ADRN to MN proposal. The quality of nursing education at MSU has always been and remains high as evidenced by our systematic assessment of learning outcomes for both undergraduate and graduate students, our ongoing accreditation, our high licensure and certification rates (above the national average), and the fact that graduates from both our undergraduate and graduate programs are consistently sought after for employment throughout Montana and beyond. As is true of all good programs, we are always looking for ways to improve as evidenced by our systematic evaluation plan (included in the proposal). This proposal has been studied for many years and has been in the CON’s strategic plan since 2012.

We are not “simply requiring more education” rather this program is designed to allow highly qualified professional nurses who have an associate degree
to complete a curriculum that will prepare them as clinical nurse leaders making them eligible to sit for the national CNL certification exam.

As indicated in the question, the purpose of the Benner, et al monograph was to call for improvements and changes to baccalaureate nursing education, which we agree is important. Improving baccalaureate education, however, does not preclude creating additional avenues to educational advancement in nursing. In fact, one of the recommendations provided by Benner et al, to improve nursing education at the program level is “Develop more ADN-to-MSN programs” (p. 217). Further, they state that: “We believe that ADN-to-MSN programs would appeal to practicing ADNs and give them a realistic incentive to return to school for better job opportunities and salaries.” They also point out that this would result in growth of the applicant pool for doctoral study and potential future faculty positions.

Studies by Orsolini-Hain (2008) and Kovner et al. (2012) point to minimizing the barriers to returning to school, often a one-time decision, by “developing educational policy that makes returning to school more efficient in terms of articulation . . . accepting prior credits may also minimize barriers, as well as costs, by reducing repetition . . .” p. 341).

3. The proposal states that “there will be no changes required in the existing baccalaureate, master’s, or doctoral programs in the College of Nursing.” Why does MSU not develop “a seamless transition from the ADRN program to the BSN”, as called for in Benner, Sutphen, Leonard, and Day (2010) page 217?

We have discussed this at length. There are currently four RN-BSN programs in MT (MSU-Northern, MT Tech, the University of Great Falls, and Salish Kootenai College). We would be duplicating state resources by offering another RN-BSN program. The College of Nursing at MSU is the only program that can develop an ADRN-MN program as we offer the only graduate program in nursing in the state. Our resources are limited in terms of clinical capacity and the number of faculty available to teach. We are committed to providing this option for those RN’s who have experience and have demonstrated leadership and high potential to matriculate directly into our master’s clinical nurse leader (CNL) program.

4. The MSU-Northern ASN program and the Missoula College ASN programs require 72 credits for the ASN, however none of these credits are at a level higher the 200s. The MSU BSN requires 55 credits of nursing courses at the 300 or higher level. How is two years’ of experience and 12 credits going to make up for 55 credits of 300 or higher level courses? How can you guarantee that nurse with an MN from this program will have the same knowledge and skills as a MN that earns a BSN first? If 12 credits of NRSG 479 and NRSG 489 can really provide the equivalent of the current 55 credits of 300 or higher required of a BSN, why do we not eliminate the 55 credits of courses and only require NRSG 479 and NRSG 489 for a BSN? How is skipping the training and knowledge contained in these 55 credits to our ADRN to MN students not a disservice to them and the community?

The student who enters our traditional BSN program is not a licensed nurse, and
thus has no foundational nursing education or professional nursing experience. The foundational nursing courses are essential to the education of the nurse whether it be in an AD or BSN program. The successful ADRN-MN applicant will have earned their RN license thus having validated in-depth nursing knowledge plus significant professional nursing experience, continuing education, and demonstrated leadership and aptitude for graduate education. The two transition course build on the foundation of the 72 nursing credits that the registered nurse student who enters this program will have already completed. Related to 200 and 300 level courses—see question #1.

5. The proposal states that “there will be no changes required in the existing baccalaureate, master’s, or doctoral programs in the College of Nursing.” Thus, MSU College of Nursing will still offer a MN degree that requires a BSN to enter. Is there a concern of high dropout of our ADRN to NM, given that the ADRN to MN nurses will only have 12 credits of 300 level and higher coursework in nursing, while the BSN to MN students in the same graduate courses will have 55 credits of 300 level or higher coursework in nursing.

We are not concerned. We actually believe the ADRN prepared nurse entering the master’s CNL program will very possibly do better than for instance, a new bachelor’s graduate entering the master’s program. The AD nurses will have at least two years of professional nursing experience and have demonstrated leadership, innovation, commitment to professional practice (e.g. continuing education, presentations, membership in professional organizations) and other significant accomplishments as outlined in Appendix C of the proposal. The application process consisting of transcript review, interview, and a written resume’/application will glean the cream of the crop, those most likely to succeed. The high level of interest already demonstrated by the survey points to a potential large pool of applicants. The new baccalaureate graduate will not have that professional experience and thus may actually face greater challenges at being successful. Both will have been enrolled in higher education for four years; the student enrolled in the ADRN-MN program will also have had two years of experience as a registered nurse.

Again, the 300 level courses are mentioned as a “standard” of accomplishment. As stated in question #1, the level of the course does not necessarily reflect depth. A 200 level course in the AD curriculum (for instance Med-Surg II) is actually a 300 level BSN course in our curriculum. For instance, the Missoula College AD curriculum is 6 semesters long but the third year coursework (semesters 5 and 6) are given 200 level numbers.

6. The proposal only requires completion of the transition year coursework at a 3.0 GPA or better. Why not require a high GPA (3.0 or higher) in all the ADRN courses before entering the program? The MSU MN requires a minimum undergraduate GPA of 3.0. The entering ADRN-MN students will have to be top level performer to handle master’s level courses with minimal nursing background at the 300 level and higher.
The GPA will be weighed along with the interview, resume’, and written application. Applicant academic abilities will also be assessed as they complete the transition courses where they must attain a 3.00 or higher GPA in order to progress into the master’s curriculum.

7. The proposal quotes Aiken et al (2011) as saying “Research has shown that lower mortality rates, fewer medication errors and higher quality outcomes are linked to care provided by nurses who are prepared at the baccalaureate and higher degree levels” The nurses in the ADRN to MN will not be prepared with comparable baccalaureate level courses as a BSN graduate. How is this going to affect mortality rates, medication errors, and quality outcomes?

Upon completion of the AD RN to MN program, the candidate will have a master’s degree in nursing and the qualifications of a Clinical Nurse Leader. This supersedes a BSN degree. The CNL curriculum prepares nurses to be advocates, leaders, outcomes managers, systems analysts, risk anticipators, educators – all roles that will serve to improve mortality rates and outcomes, and decrease errors [http://www.montana.edu/nursing/graduate/cnl.html](http://www.montana.edu/nursing/graduate/cnl.html). As is shown in the Appendix B of the proposal, the ADRN-MN graduates will have met the AACN baccalaureate competencies. They will have the foundation courses that they successfully completed in the three years of their AD education, at least two years of experience as registered nurses, one year of courses taken at MSU where they completed courses with content NOT covered in their AD education plus courses that allowed them to meet CORE 2.0 requirements, and a five semester master’s clinical nurse leader curriculum.

8. The proposal quotes from IOM (2011) “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” Is the ADRN to MN really seamless if there is such a large hole in their education by skipping the BSN and its associated coursework?

There is not a “large hole” in their education or the College would not be bringing forth this proposal. Students in the ADRN-MN curriculum will have met the AACN competencies of baccalaureate nurses by virtue of the three years of the AD education and completion of the transition courses that includes the content not included in their AD education plus 2.0 CORE requirements by the end of the transition year. They will have met the AACN Master’s Essentials and CNL competencies by the end of the CNL program.

9. The study by Benner, Sutphen Leonard, and Day (2010) on page 217 states that “Orsolini-Hain (2008) found that few ADRN (nurses) felt motivated to return to school for a baccalaureate degree because the degree would not significantly influence their job capacities and functions.” Does the Nursing College concur that the coursework required at MSU for a BSN is not teaching skills that are significantly relevant to Montana nurses? If so, should we instead be concentrating our efforts on restructuring our BSN to make it relevant to Montana nurses?
This question is a misrepresentation of the Orsolini-Hain (2008) quote. The quote has nothing to do with “relevance”—the quote indicates that nurses are not incentivized to return to school possibly related to the lack of pay differentials more than any other single reason. This is exactly why we see this program as vital. For many years, most practice opportunities across MT were open to ADRNs and BSNs without an expressed preference for the BSN. For this reason, many ADRNs did not see the need for the baccalaureate degree. While this practice is changing, and some MT clinical facilities express a preference for the BSN prepared nurse, this change is not widespread. Because four ADRN-BSN programs exist in MT, the College of Nursing does not see the need to offer this option and instead, proposed the ADRN to MN option, which only MSU can do, given that it is the only institution in MT offering a graduate degree in nursing. The MN degree opens new career doors to nurses that include clinical teaching, clinical leadership, and administration; positions where a graduate degree is preferred or required. The survey has demonstrated significant interest from Montana nurses who are currently AD prepared.

10. The proposal states that “nurses with a master’s degree are in high demand as expert clinicians, nurse executives, health policy consultants, research assistants, and clinical educators (AACN, 2014).” Will this demand be sustained if our nurses with MN no longer have the knowledge gained in the BSN degree behind them? Will the employers recognize the deficiency? Have the Billings Clinic, St. Patrick’s Hospital, Bozeman Deaconess Hospital, and Kalispell Regional Medical Center been contacted and informed of this program, including the expected gap in knowledge our graduates of the ADRN-MN program will have? If so informed, will our nurses be in demand at this facilities?

As said in the proposal, these nurses will have the competencies of the baccalaureate prepared nurse plus additional competencies of the clinical nurse leader. There is no deficiency as evidenced in Appendix B in the proposal that demonstrates these students have met the baccalaureate competencies. By virtue of completion of the Master’s in Nursing Clinical Nurse Leader Option, they will be prepared as highly skilled care providers and leaders able to function across a wide range of settings. Employers at each of the facilities mentioned above are enthusiastically behind this proposal (See attachments to be sent separately).

11. How many of the ADRN-MN programs elsewhere in the U.S. do not require a BSN along the way? How many of the ADRN-MN programs elsewhere in the U.S require that 12 credits or less of 300 or higher BSN courses? Which programs are these? Have similar ADRN-MN programs been tried elsewhere in the U.S. and been discontinued? If so, why?

There are 166 RN-MN programs listed on the American Association of Colleges of Nursing (AACN) website and other programs nationally that are accredited by a different accrediting organization. It would take hours to review all those
programs. Two programs were cited in the proposal. It is reasonable to assume that there have been ADRN-MN programs that have been discontinued in the U.S. due to a variety of factors related to resources, student interest, clinical capacity, and availability of faculty. It is not unusual in nursing education for programs to come and go based on a variety of factors.

12. The proposal states that the NRSG 479 and NRSG 489 courses “have been designed by College of Nursing faculty and assure that when combined with professional practice experience, each student will have met the essential competencies of a baccalaureate prepared nurse.” If the essential competencies of a baccalaureate degree can be achieved in 12 credits and some professional practice, why does nursing require 55 credits of 300 level or above coursework for a BSN? Could we not give our nurses 12 credits of 300 level or above coursework and send them out for 2 years and grant a BSN based on that?

Essential competencies for any level of nurses cannot be attained in 12 credits. Students would not be able to be successful in the 12 credits of transition courses without the necessary pre-requisite knowledge from previous nursing courses. Part of this question is a repeat of a question above and fails to recognize the “300 level course” explanation; see question #1.

13. The proposal states that “The didactic courses of the proposed program will be offered using distance technology as is the current practice for all didactic courses offered in the College of Nursing graduate program.” Which specific courses are these? Which transition and graduate courses in the ADRN-MN program require the student to the resident on campus?

The existing graduate program is entirely distance delivered using a hybrid approach, that is, didactic course work is delivered asynchronously using D2L, with optional “intensives” where students and faculty meet once per month either face to face or via videoconference. This has been the practice in the College of Nursing for way more than a decade. Clinical activities are completed near the student’s home whenever possible, making the graduate program accessible to nurses living at a distance from the College of Nursing.

Please refer to the following web site which lists the Master Resource Outlines (MRO’s) for all College of Nursing courses: http://www.montana.edu/nursing/facstaff/mro.html. All courses that are not clinical courses (39 of them) are taught using distance technology. The reader may wish to click on any one of those courses to get a sense of the quality of courses offered by the College.

14. The proposal states that additional faculty and staff resources will be needed to implement this program.” An additional 29 credits of instruction (2FTE), 2 GTAs, and 0.5 FTE admin assistant will need to be supported. How are the costs of these additional FTEs going to be covered? Has upper administration signed off on these required commitments?
The dean has been advised by the Provost that consideration of resources needed for this proposal are not the responsibility of the Graduate Council. She will consult with the Vice-President for Finance as the proposal moves forward. Anticipated new tuition revenue must exceed anticipated expenses with 20% beyond to go to the general fund. These will be new students so if the budget is as described, tuition can be used to cover expenses.

15. The board states that the Executive Director of the Board of Nursing has been informed of the proposal to initiate an ADRN-MN degree program as a courtesy. Has the Board of Nursing said they would approve the proposal as is?

As stated in the proposal, “Montana State Board of Nursing approval is not required for this proposal as they do not regulate post-licensure nursing education.” [http://www.mtrules.org/gateway/RuleNo.asp?RN=24.159.601](http://www.mtrules.org/gateway/RuleNo.asp?RN=24.159.601). These students will already be licensed registered nurses, thus it is a post-licensure program. Similarly, the Board does not regulate graduate programs as those students must also be licensed. A letter from Dr. Cynthia Gustafson, Executive Director of the Board of Nursing will be sent separately with other letters of support.

16. The proposal states that letters of support from the directors of the Associate Degree programs in Montana will be forthcoming. Please provide these letters.

Will be sent separately.

17. The American Association of Colleges of Nursing Fact sheet states that “The baccalaureate level content missing from diploma and ADRN programs is built into the front-end of the RN to MS programs” and that “Mastery of this upper level basic nursing content is necessary for students to move on to graduate study. Upon completion, many programs award both the baccalaureate and master's degree. Why is the MSU proposal counter to most RN to MS programs?

It says “many” award both; it does not state “most”. We see this as a unique, needed program that only the MSU College of Nursing can offer in Montana. Other Montana programs already meet the need for AD-BSN. Since we will likely have limited slots, we would want to ensure and screen for those students who are motivated and have the background and aptitude to proceed directly to MN degree.