Thank you for the opportunity to respond to your questions regarding the proposal to advance registered nurses (RN’s) to the master’s degree level. I am pleased that you appreciate the strong demand in our state for more nurses and are open to further consideration of this proposal. We are excited about this innovative program that will admit academically qualified experienced registered nurses to a program that will allow them to progress into the master’s clinical nurse leader (CNL) program. Graduates of this ADRN-MN program will be qualified to sit for the national certification exam for clinical nurse leaders. As we developed this program we noted that precedent has been established for innovation at MSU as evidenced by the Industrial Engineering seamless master’s degree program [http://www.coe.montana.edu/ie/gradprog/seamlessMS/default.htm](http://www.coe.montana.edu/ie/gradprog/seamlessMS/default.htm). Prior to responding to questions the working group has proposed, I have included some additional information that Dr. Babbitt thought might be helpful to the committee as you consider this proposal.

A. Licensure:

It is important to understand that nursing students enrolled in any program whether it be a BSN program or an associate degree program (3 year program in MT) that prepares them for professional practice write the same licensure exam upon graduation called the National Council Licensure Exam – RN (NCLEX-RN). No nursing graduate can practice as an RN without this licensure. Both associate degree programs and baccalaureate programs prepare students to enter practice as a generalist. A bragging point for the MSU College of Nursing is that the percent of our students who pass the NCLEX-RN on their first try is consistently above the national average ranging from 90% - 95%; the national average ranges from about 83 – 88%. The other schools that you have requested vet our proposal have scores generally below ours. That is public data.

The NCLEX-RN is the same exam that all graduates take throughout the country; once they pass the exam they have reciprocity to practice in any state. It is also important to note that generally the job description and salary is identical for nurses whether they are prepared at the associate degree or baccalaureate level. So why do we chose to prepare nurses at the baccalaureate level? We believe they are better prepared to provide safe, quality care, to think critically, and to become leaders especially as health care becomes more complex; that belief has now been substantiated with several landmark outcome studies published in rigorous medical and nursing journals. This has been an issue of debate within the profession for over 50 years and far beyond the scope of this communication. But – it is relevant to say that there is a strong commitment in the profession now to educate nurses at higher levels (baccalaureate and master’s) and hospitals and schools are responding to that mandate. The issue becomes – how do we advance practicing nurses to a higher level without making them repeat content that they already know. We believe strongly this proposal is one avenue to answering that question.

A question arose I as met with Dr. Babbitt regarding those students who have an associate degree and go on to an RN completion program such as the ones offered at MSU-Northern, Salish Kootenai College, and Montana Tech where they also earn a baccalaureate in nursing. Those RN-BSN students do not take a licensing exam when they graduate with the baccalaureate degree as they are already licensed when they enter the program after completion of the associate degree RN program.

B. Length of Proposed ADRN-MN Program:

- 3 (6 semesters) to earn Associate Degree in Nursing (BOR Curriculum for 72 Credit ASN Program - attached)
• **2 years of work experience** as a registered nurse (minimum) required for admission (see Resume Template – p. 18 of ADRN–MN proposal that will be used to evaluate applicants’ work experience). As is evident on the template, we are not looking for just any nurse who has worked for two years, rather an academically qualified exemplary nurse who has demonstrated, for example, leadership, continued learning, and innovation in practice. I am fairly confident that most of the students entering this program will have far more than 2 years of experience as we will need to be selective. The most we can possibly admit annually is 24 students but I suspect we will actually decide to limit our admissions to 16 due to clinical capacity issues and the faculty shortage. I am confident there will be many more applicants than we can accommodate as evidenced by the results of the interest survey we did (see p. 5 of the ADRN-MN proposal)

• **1 year (2 semesters)** of 12 credits of transition nursing courses and completion of Core 2.0; the content in the 12 credits of nursing transition courses is content not included in the associate degree curriculum (see pp. 8-10 of the ADRN-MN proposal “Program Details” that outlines the curriculum)

• **2.5 years (5 semesters)** – Clinical Nursing Leader program; see curriculum at: [http://www.montana.edu/nursing/documents/pdf/grad/Masters%20of%20Nursing%20CNL.pdf](http://www.montana.edu/nursing/documents/pdf/grad/Masters%20of%20Nursing%20CNL.pdf)

• **Total years to master’s degree = 8.5 years**

C. **Accreditation:**

The College of Nursing remains accredited by the Commission on Collegiate Nursing Education (CCNE) through 2018. Nursing programs are required to notify CCNE of any “substantive change” which includes a new program offering such as the proposed ADRN-MN program. Notification must be submitted “no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change” (CCNE; 2009; Procedures for Accreditation of Baccalaureate and Graduate Degree Programs). Thus, if approved at the university, regental, and NW accreditation level, the College will notify CCNE of this proposal in summer 2015 (p. 14 of ADRN-MN proposal). Accreditation will be sought for this program but initial accreditation cannot be applied for until students have been enrolled in a new program for at least one year so the soonest we could seek accreditation for the ADRN-MN program is fall 2016.

D. **Presence in Montana:**

The MSU College of Nursing is the only state supported baccalaureate entry program in MT; there is also one private entry program at Carroll College. There are actually 7 associate degree nursing programs in the state and 4 “completion” programs designed to allow students to progress from the associate degree after becoming licensed to the baccalaureate degree level. We offer the only graduate program in MT.

Montana is one of only nine states chosen by the Robert Wood Johnson Foundation (RWJF) to develop exemplary programs of academic progression. The College of Nursing maintains close ties with the Montana Center to Advance Health through Nursing (MT CAHN) to help meet the first objective of the RWJF Academic Progression in Nursing (APIN) grant: “Work with nursing leaders from education and practice to create a model of nursing education that will enable academic progression . . .” In particular, subobjective 1.6 states: “Support development of an associate degree to master’s program at MSU.”

Below are responses to committee questions and/or thoughts (bolded and paraphrased):
APWG Question # 2. The APWG likes the plan for MSU-Northern, Salish, and Montana Tech to analyze the proposal...

As dean of the College of Nursing at MSU I do not feel it is relevant or appropriate to request those schools that do not offer a baccalaureate entry program (BSN) or a graduate program to analyze this request. I have attached letters of support from both Salish Kootenai and Montana Tech along with many others including a letter of support from the Executive Director of the MT Board of Nursing, the MT Hospital Association, practice partners around the state, and nursing program directors. MSU-Northern has a new program director and she has not responded to this request.

This proposal does not jeopardize or diminish any RN-BSN program in the state since the target population for the ADRN-MN program is different. The directors of all the associated degree programs in the state are committed to providing avenues for higher education for their students as they respond to the recommendations of the 2010 Institute of Medicine report (see p. 4 of the ADRN-MN proposal) and are impacted by the faculty shortage.

APWG Question # 3: The APWG appreciates the concept of considering an applicant’s 2 years’ of professional experience....However, the APWG recommends that this potential equivalency needs to be spelled out more clearly.....

The practice of didactic, lab, and clinical education is fairly standard throughout the country in nursing education whether it be in BSN programs such as is offered at MSU or associate degree programs. Courses are either designated didactic, laboratory, or clinical or a combination of those learning methods.

- **Didactic:** Didactic courses are similar to other courses offered on campus. A 2 credit course meets 2 hours/week. Faculty teach students in the classroom or using distance technology.

- **Lab:** Lab courses occur on the campus setting in some type of skills lab or simulation lab where students learn basic skills or participate in simulated nursing care experiences using high fidelity simulation manikins. The conversion of credits to lab hours is 1:2 meaning a 1 credit lab course meets 2 hours/week. A given course may have a didactic and lab component (e.g. 3 credit course; 2 credits didactic and 1 credit lab).

- **Clinical:** A significant portion of the students’ education is what is called clinical learning where students apply what they have learned in class and college lab in a clinical setting (e.g. hospital, community health agency, school) caring for real clients or patients. The conversion of credits to clinical hours is 1:3 meaning a one credit clinical course would require 3 hours of clinical/week. A given course may have a didactic and clinical component (e.g. 4 credit course; 2 credits didactic and 2 credits clinical).

These experiences are supervised by faculty on site and the number of students a given faculty can supervise or teach in the clinical setting is generally dictated by the Board of Nursing in each state and also influenced by the acuity of the patients the students are caring for. Generally, 6-8 students are supervised by one faculty at a given time. If, for example, a cohort has 40 students such as on our Billings campus, when those students go to clinical, there are five groups of 8 students each with a different faculty supervising the group of 8 students. Students are guided by clinical objectives when in clinical that correlate to classroom learning. A student’s performance in his/her clinical experiences is evaluated on an on-going basis by the supervising faculty (formative evaluation) and at the end of the semester (summative evaluation). If a student does not pass the clinical portion of a course, this constitutes a failure of the course even if the grade for the didactic portion of the class is strong.

There have been questions about the discrepancy between the credits that may be earned by a student enrolled in the traditional MSU BSN program and students who are enrolled in the proposed ADRN-MN program. As noted on pp. 8-10 of the ADRN-MN proposal, the students enrolled in this program will earn 96 undergraduate credits (72 ADRN credits, 12 CORE 2.0 credits, and 12 nursing
transition course credits). The student progressing through our traditional baccalaureate curriculum earns 120 credits so that is a difference of 24 credits. The following comparison demonstrates that in actuality, 15 credits of that difference of 24 credits can be accounted for in the fewer number of lab and clinical learning experiences the ADRN student has.

- The ADRN curriculum includes 450 clinical hours; MSU baccalaureate curriculum includes 1080; the excess of clinical hours in the MSU program is 630 which equates to 14 credits (630 hours/3 hrs per credit per week/15 weeks per semester = 14 credits).
- The ADRN curriculum includes 120 lab hours and the MSU Baccalaureate curriculum has 150 lab hours. The excess of 30 hours, equates to 1 credit (30/2hrs per credit/15 weeks per semester = 1 credit).
- **We strongly believe that the 24 fewer undergraduate credits that the students earns is more than accounted for when considering the minimum of two or more years of work experience (4,160+ hours) the students enrolled in the program will be required to have.**

Another question raised is whether an applicant will need to have worked in all the areas that are taught. I assume the committee was thinking areas such as pediatrics, obstetrics, emergency care etc. Absolutely not. We do not require that of an applicant admitted to any of our graduate programs. These nurses will have demonstrated a knowledge base as a generalist consistent with the national standard of passing the licensure exam (NCLEX-RN). Beyond that, no nurse is ever required to work in all areas to advance educationally. We believe that even as one works in a specialty area, critical thinking skills are honed and a deeper understanding of ethical standards and holistic care emerge that are transferrable. Furthermore, because health care is so complex, any nurse transferring to a new area of practice is now provided with an extensive period of orientation or internship, ranging in some cases up to one year.

**APWG Question #4: The APWY is willing to consider an overlap of 9 credits…..**

There is no overlap of credits in that all credits in the proposed ADRN-MN program are designated as either undergraduate or graduate. There is no dual credit allocation.

There is content that is not evident in the associate degree program but is evident in the BSN curriculum. Some of that content is integrated in the associate degree program such as health assessment. Even though there is not such a course in the associate degree curriculum, all nurses entering professional practice must have physical assessment competencies. A portion of questions on the licensing exam focus on that area of knowledge and that competency is integral to professional practice in any setting. Rather than requiring a physical assessment course, the BOR approved nursing model curriculum (attached) allows for integration of that concept into various courses. It is not a particularly unusual model in nursing education to integrate concepts rather than have a stand-alone course that covers certain areas of content. Students admitted to the ADRN-MN curriculum will have adequate knowledge in physical assessment from their ADRN education and from their practice experience to be successful in the required 3 credit Advanced Health Assessment Course in the CNL master’s curriculum.

As was stated earlier, the content areas that are not covered at all in the associate degree curriculum will be taught in the 12 credits of the undergraduate nursing transition courses. This content relates to population health, leadership and management, evidence based practice, statistics, and health care policy. Each of those areas of content will then be covered in greater depth in the master’s CNL curriculum.

**APWG Question #5:…..consequences of creating a precedent….**

I have spoken with both Dr. Hoo and Dr. Potvin and anticipate the Academic Program Working Group will receive a response from them shortly.

**APWG Question #6: APWG strongly recommends that the proposal contains a favorable comparison with a few other ADRN to MN**
Two programs were cited in the ADRN-MN proposal as examples of similar programs - the University of North Carolina Chapel Hill [http://nursing.unc.edu/academics/options-for-rns/rn-to-msn/](http://nursing.unc.edu/academics/options-for-rns/rn-to-msn/) and University of San Francisco [http://www.usfca.edu/nursing/ba_bs_msn_cnl/](http://www.usfca.edu/nursing/ba_bs_msn_cnl/).

The University of North Carolina at Chapel Hill has chosen a model that has been used for years by some nursing programs. As stated on their web page: “A total of 35 advanced placement credits will be granted to registered nurse students by the School of Nursing following successful completion of NURS 491 and 492.” Even though that has been a fairly common model, we have chosen not to do that. Students in the UNC program complete 12 nursing credits similar to the 12 transition credits in the proposed ADRN-MN program. The University of North Carolina at Chapel Hill graduate nursing program was ranked #4 in the country for 2011 according to US News & World report and the University of San Francisco was ranked #50. [http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-health-schools/nursing-rankings/page+18](http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-health-schools/nursing-rankings/page+18). Both programs are accredited by the Commission on Collegiate Nursing Education.