



# **OPENing Doors: Ohio Pathways for Education in Nursing**

**A Toolkit for Developing Nursing Education  
Progression Models through a Competency Based Curriculum**

**October 2015**

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# INTRODUCTION

This toolkit is designed to provide guidance and resources for nursing academic institutions and practice environments in developing seamless progression models for nursing education. It was developed by the Ohio Action Coalition (OAC) as part of the State Implementation Program (SIP) funded by the Robert Wood Johnson Foundation in accordance with the 2011 Institute of Medicine (IOM) Report, *The Future of Nursing: Leading Change, Advancing Health*.

The OPENing Doors: Ohio Pathways for Education in Nursing project supports the IOM Report key message; **Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.** The project addresses the IOM recommendation to increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. The objectives in the OAC work plan include:

- Adopt a statewide competency based model.
- Determine the presence of model competencies in existing curricula.
- Identify diploma, ADN & BSN program partners in each region willing to create seamless pathways using the competency model.
- Extend the competency model and methods for seamless progression to all nursing programs across the state.

The purpose of this toolkit is to offer a framework for navigating the process of developing seamless academic pathways for nursing through partnerships. Background information explaining the rationale for creating seamless academic progression models and how the Ohio Nurse Competency Model was established provides the basis for understanding. The importance of team structure and composition is discussed and ideas for promoting strong work teams are shared. Suggestions for communicating effectively within the team and with others including accrediting and regulatory bodies, educational and practice administrative personnel, financial aid and the state action coalition are provided.

Partnerships between diploma, AD and BSN education programs and nursing practice were established in regions throughout the state with the goal of using statewide competencies to develop seamless educational processes for RN to BSN academic progression. A two-step approach was utilized. The first step was to complete a gap analysis to identify the gaps and overlaps between diploma/AD and BSN curricula and education and practice. Using the results of the gap analysis, seamless educational pathways were developed.

In addition to the action steps presented in this toolkit, other resources are available through links on the OAC and Campaign for Action websites, such as schematics of the Ohio models are included as examples and gap analysis tools. A toolkit for education and practice site advisors, recruiters and human resources personnel is being created and will be available as a supplement to this toolkit

# OHIO TEAMS FOR ACADEMIC PROGRESSION

Central Ohio Team	Northeast Ohio Team	Northwest Ohio Team
<ul style="list-style-type: none"> <li>• The Ohio State University (RN to BSN) - Wendy Bowles, Team Leader</li> <li>• Central Ohio Technical College (ADN)</li> <li>• Clark State Community College (ADN)</li> <li>• Columbus State Community College (ADN)</li> <li>• Edison Community College (ADN)</li> <li>• Marion Technical College (ADN)</li> <li>• Rhodes State College (ADN)</li> <li>• The Ohio State University Wexner Medical Center (Practice)</li> </ul>	<ul style="list-style-type: none"> <li>• Ursuline College (RN to BSN) -Patricia Sharpnack, Team Leader</li> <li>• University of Akron (RN to BSN)</li> <li>• A-Tech School of Nursing (Diploma)</li> <li>• Cuyahoga Community College (ADN)</li> <li>• Lakeland Community College (ADN)</li> <li>• Lorain County Community College (ADN)</li> <li>• Cleveland Clinic (Practice)</li> </ul>	<ul style="list-style-type: none"> <li>• Lourdes University (RN to BSN) - Judy Didion, Team Leader</li> <li>• The University of Toledo (RN to BSN)</li> <li>• Owens Community College (ADN)</li> <li>• ProMedica Health System (Practice)</li> </ul>

Project Director SIP 2 Program – Carol Drennen  
 Consultant - Maureen Sroczynski, President/CEO Farley Associates, Inc.

## WHY DEVELOP SEAMLESS ACADEMIC PROGRESSION MODELS

With more than 3 million members, the nursing profession is the largest segment of the nation's health care workforce (2011 IOM Report). Nurses have varying levels of education and competence from the licensed practical nurse to the doctoral prepared nurse researcher. Nursing is the only health profession with multiple pathways to entry-level practice.

A key message proposed by the 2011 Institute of Medicine (IOM) Report, *The Future of Nursing: Leading Change, Advancing Health* is that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The goal of Recommendation #4 of the IOM Report is to increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. The rationale for this recommendation was based on multiple factors related to the future of nursing workforce. These factors included: associations between patient outcomes and level of education, advancing complexity of patients, and the need to address the shortages associated with advanced roles of nurses, specifically educators (IOM, 2011). Higher levels of education for RNs is also supported by major nursing organizations and health care institutions. Partnerships between community colleges and universities to create seamless academic progression models will address the need for a highly educated nursing workforce of the future.

### **Higher Levels of Education Mean Better Patient Outcomes**

According to Aiken and colleagues (2003, 2011, 2013), evidence supports the correlation between higher nursing education levels and positive patient outcomes. Her research has shown that a 10 percent increase in the proportion of BSN-prepared nurses reduced the risk of death by 5 to 7 percent. Yakusheva et al (2014) found that a 10% increase in the proportion of baccalaureate-prepared nurses on hospital units was associated with lowering the odds of patient mortality by 10.9%. The study also found that increasing the amount of care provided by BSNs to 80% as recommended by the IOM Report would result in significantly lower readmission rates and shorter lengths of stay.

### **Advancing Complexity of Patient Population**

Experts recognize the tremendous contributions made by registered nurses prepared at the associate-degree and diploma levels but say more highly educated nurses are needed to navigate an increasingly complex health care system and ensure that patients—who are living longer, and sicker, often with multiple chronic conditions—have access to highly skilled, patient-centered care across the entire care continuum (2011 IOM Report). To meet the demands of the changing health care environment, more advanced nursing skills are needed to meet the challenges of the 21<sup>st</sup> century health care system. Nationally, our patient population is shifting from acute care to community delivered care that calls for a reformation in the education of today's nurse. Nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system (2011 IOM Report).

### **Shortages of Nursing Faculty and Other Advanced Practice Nurses**

The benefits  
of a BSN

prepared nurse allows for more opportunities for BSN prepared nurses to pursue higher education into those advanced roles of the nurse, to include nursing education faculty positions. Nationally, 20 percent of BSN prepared graduates continue their education to obtain advanced nursing degrees while only 6% of ADN graduates do so (Aiken et al, 2009). Ohio's percentages are slightly lower than the national statistics with 16% of BSN prepared nurses obtaining a MSN and only 5% of ADN graduates (The RN & APRN Workforce in Ohio 2013). Through increasing the BSN prepared workforce, the path is open for advanced degrees in nursing, which in turn will create opportunities to address the shortage of nursing faculty if students pursue further education. The BSN prepared nurse is positioned in a way to pursue that advanced degree in nursing.

### **Tri-Council for Nursing Policy Statement**

The Tri-Council, an alliance of the  
American Association of Colleges of

Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE) and the National League for Nursing (NLN) issued a consensus policy statement in May 2010 supporting educational advancement for registered nurses. The organizations state "Current healthcare reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. At this tipping point for the nursing profession, action is needed now to put in place strategies to build a stronger nursing workforce. Without a more educated nursing workforce, the nation's health will be further at risk."

### **Magnet Status Designation**

The Magnet Recognition Program® recognizes health  
care organizations for quality patient care, nursing

excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing (American Nurses Credentialing Center 2015). Magnet hospitals will require all nurse managers and nurse leaders to hold a baccalaureate or graduate degree in nursing by 2013. Applicants for Magnet designation must also show plans in place to reach the IOM recommendation of a 80% baccalaureate prepared RN workforce by 2020.

### **Community College and University Partnerships Promote Student Diversity**

The Associate  
Degree in  
Nursing

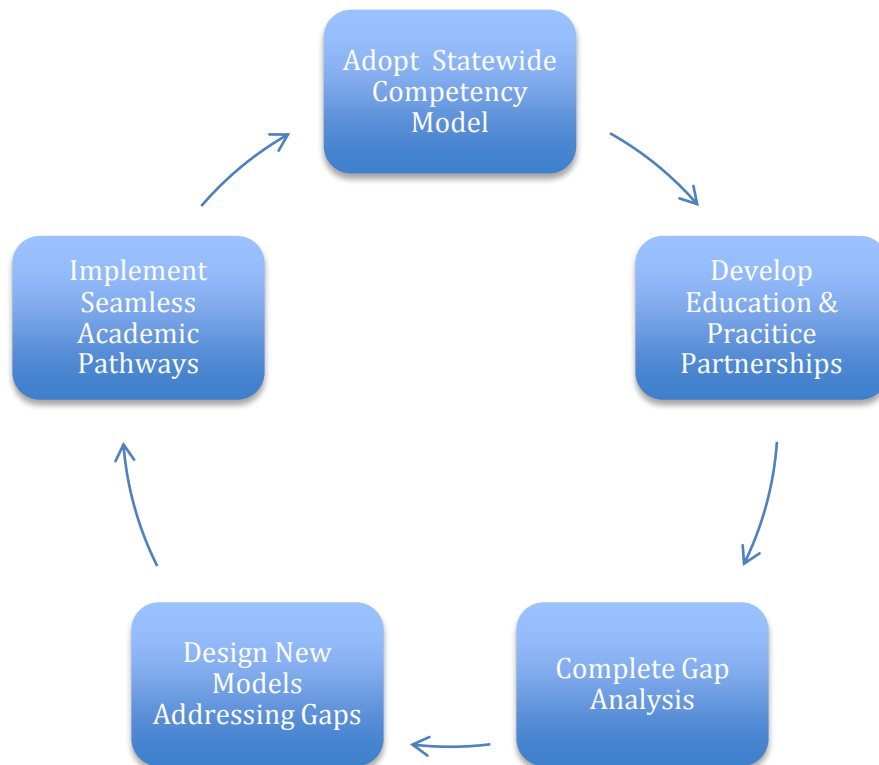
(ADN) serves as a critical entry point into nursing for a diverse group of individuals. Community colleges are a more affordable and accessible option that is attractive to underrepresented populations. Partnerships between community colleges that offer the ADN and universities with RN to BSN program options provide the mechanism for this group of individuals to obtain advanced education at a reasonable cost close to home. By creating seamless academic pathways, students can complete their BSN in an expedient cost effective manner.

**Projected Nursing Shortage** A shortage of nurses is anticipated in the United States due to an increasing aging population in addition to nursing schools not capable of meeting the demands of an expanding capacity of students ("Nursing Shortage," 2015). A survey by the United States Bureau of Labor (2013) anticipates over a 19% increase in the need for nurses by 2022. In the United States, over 75,000 students were turned away in 2012 and one of the contributing factors to this concern was the lack of faculty at these institutions ("Nursing Shortage," 2015). This concern will continue to rise, but one way to address the problem is to increase opportunities for student enrollment into BSN programs.

## AN OVERVIEW OF THE PROCESS

The Center to Champion Nursing in America (CCNA) has identified four models that have emerged across the country as the most promising approaches for achieving seamless academic progression ([www.championnursing.org/education](http://www.championnursing.org/education)). A competency based curriculum model is an excellent option to address that message of the IOM report that nurses achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The competency based curriculum approach connects the various education levels in nursing and clinical practice in a unique way.

The development of the nursing education progression models through a competency based curriculum involves a five step process which starts with adopting a statewide competency model and ends with the implementation of seamless academic pathways ([adapted from the six step competency model implementation process by M. Sroczyński](#)).





### **Adopt a Statewide Competency Model**

The first step in the process is to reach consensus on a set of core competencies that can be adopted statewide. Discussions between the various levels of nursing education including ADN, Diploma, and BSN programs and clinical practice are critical to developing a set of competencies that meets the needs of the health care community. The use of competencies creates a smooth articulation between ADN, Diploma and BSN programs, thereby increasing the probability that a nurse will continue his or her education. The integration of the competencies into practice facilitates a smooth transition for a new graduate into practice and allows education and practice to better coordinate learning activities (Sroczynski, 2013). The competencies help to create a common language between academic and practice settings that is essential for clear communication.

### **Develop Education and Practice Partnerships**

Partnerships between nursing education and practice provide the platform for developing seamless academic progression models through competency-based curricula. Including representatives from ADN/Diploma programs, RN to BSN programs and clinical practice assures that all stakeholders thoughts and issues are considered. The perspective of each partner contributes to the understanding of the expectations for nursing practice. Transparency throughout the process is a key element for success.

### **Completing the Gap Analysis**

The gap analysis is a process used to identify the gaps between ADN/Diploma and BSN program curricula and between education and practice. Redundancy between the levels of nursing education programs should also be identified and eliminated. The results of the gap analysis provide the foundation for creating the new models for seamless progression.

### **Design New Models for Addressing the Gaps**

The next step is for nursing education and nursing practice partners to work collaboratively to develop academic pathways that promote seamless educational progression in nursing. A well-articulated model will offer students a more affordable efficient roadmap to obtaining a BSN degree. Key factors to be considered for inclusion in the development of the new models are:

1) Dual Admission/Dual Enrollment Options
2) 1+2+1 or 3+1 Curricular Pathways.
3) Easy Transfer and Acceptance of Earned Credits
4) Ability to Complete BSN Requirements in 4 years
5) Standardized Foundational/General Education Courses
6) Opportunity for More Cost Effective Tuition Through Community Colleges
7) Intentional Strategies to Increase Student Diversity
8) Offer General Education and Select BSN Courses During ADN Program
9) New Approaches to Clinical Education
10) Coordination of BSN Courses and Clinical Residency Requirements

To assist with the development of the new models, build upon the work that has already been done by others. Research the literature to identify progression models that have been successful in other states and between other programs. An excellent resource is the Campaign for Action website, [www.campaignforaction.org](http://www.campaignforaction.org). The models below were helpful to the work of the Ohio teams.

PROGRAM NAME	WEBSITE
California Collaborative Model for Nursing Education (CCMNE)	<a href="http://www.healthimpact.org/programs">www.healthimpact.org/programs</a>
California State University BSN Transfer Roadmaps	<a href="http://www.calstate.edu/adn-bsn/roadmaps.shtml">http://www.calstate.edu/adn-bsn/roadmaps.shtml</a>
Minnesota Alliance for Nursing Education (MANE) Program	<a href="http://www.manemn.org">www.manemn.org</a>
North Carolina's Regionally Increasing Baccalaureate Nurses (RIBN)	<a href="http://www.ribn.org">www.ribn.org</a>
New Mexico Nursing Education Consortium	<a href="http://www.nmnec.org">www.nmnec.org</a>
Oregon Consortium for Nursing Education (OCNE)	<a href="http://www.ocne.org">www.ocne.org</a>

### **Implement Seamless Academic Pathways**

To complete the process, an action plan for implementation of the new educational pathways needs to be developed. Both academic and practice partners should be active participants in creating the plan to assure that it is realistic and feasible. An evaluation component that has measurable outcomes is necessary to determine the success of the project.

## **THE OHIO NURSE COMPETENCY MODEL**

### **Creating the Vision**

On June 24, 2012, approximately 138 attendees interested in promoting educational advancement for nurses in Ohio came together in Columbus. Meeting attendees included representatives from nursing practice, associate degree nursing programs, baccalaureate nursing programs, the Ohio Board of Nursing, and nursing and other organizations. The purpose of meeting was to focus on nursing education and the goal of increasing the number of BSN nurses in Ohio's nursing workforce.

Patricia A. Farmer, DNP, FNP-BC, RN, nursing education expert from the Center to Champion Nursing in America (CCNA) presented an overview of four (4) emerging models that have been used and proven to be successful in other states in advancing and transforming education progression. The four models presented were:

- 1) RN to BSN Degree Offered by Community College,
- 2) Common/Shared Curriculum (Regional or Statewide),
- 3) Accelerated RN to MSN Options,
- 4) Competency Based Curriculum.

Of the four models, the priority model identified by the majority of participants was the competency-based curriculum. This model is a process of integrating common core competencies into the nursing curriculum throughout the state. It is based on common goals, a shared education framework and standardized outcomes. New clinical learning opportunities can be created through partnerships between ADN and BSN programs and practice partners.

From the vision of nursing professionals, the Ohio Competency Model was born.

### **Oversight by an Ohio Action Coalition Workgroup**

The Ohio Nurse Competency Model was adopted through the work of the Increasing BSNs in the Nursing Workforce workgroup whose membership is from nursing education both ADN and BSN nursing programs and representatives from Nursing Practice. This workgroup provided guidance and support to the regional Ohio SIP teams as they completed their work on the gap analysis and seamless academic progression models.

### **Development of the Model**

The Ohio Competency Model is a blending of the behaviors from QSEN and the Nurse of the Future Model developed in Massachusetts (NOF-MA). Competencies include:

- ❖ Patient-Centered Care (QSEN)
- ❖ Evidence-Based Practice (QSEN)
- ❖ Quality Improvement & Safety (QSEN)
- ❖ Informatics & Technology (QSEN)
- ❖ Communication, Teamwork & Collaboration (NOF-MA & QSEN)
- ❖ Leadership & Professionalism (NOF-MA)
- ❖ System-Based Practice (NOF-MA)

Each competency was defined and the requisite knowledge, skills and attitudes for each competency were identified. A document of the Ohio competencies, their definitions and knowledge, skills and attitudes is [available here](#).

## OHIO NURSE COMPETENCY MODEL

Based on the QSEN & NOF Models



### Spreading the Word

Five regional meetings were held in spring 2014 to share the competency model. The GAP Analysis process was presented so that education and practice could determine the gaps between ADN and BSN programs as well as the gaps between education and practice throughout Ohio. An OAC Co-Lead and a CCNA consultant lead the process at all five meetings.

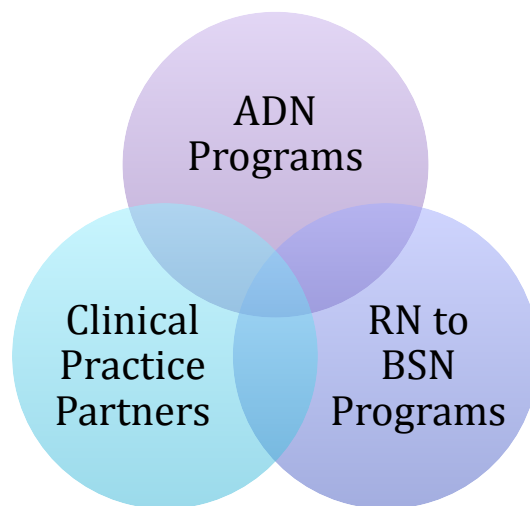
## FORMING AND BUILDING EFFECTIVE TEAMS

Creating an effective team is the most critical element in the process of developing seamless academic progression models. The structure and function of the team will determine the success of the project. Careful consideration must be given to the composition of the team and the principles for conducting the group's work. Consider these key factors before you begin your work on seamless academic progression.

### **Assure All Parties Are Included**

For completing a gap analysis and developing seamless academic pathways, it is important to have representatives from associate degree in nursing (ADN) programs, RN to BSN completion programs and clinical practice involved. Active participation from all partners from the beginning and throughout the entire process is essential.

In Ohio, each team was required to have at least one ADN partner, one BSN partner, and one practice partner.



### **Get the Right Partners at the Table**

Knowing the nursing community in the designated area is helpful in selecting the appropriate partners to include on the team. All possible partners need to be considered and their current affiliations identified. Discussions with potential partners will ascertain those who are interested and willing to become involved in the project.

OHIO SIP TEAMS WERE COMPOSED OF A MIX OF PARTNERSHIPS:		
Central Ohio Team	NE Ohio Team	NW Ohio Team
1 RN to BSN Program	2 RN to BSN Programs	2 RN to BSN Programs
6 ADN Programs	3 ADN Programs	1 ADN Program
1 Practice Partner	1 Diploma Program	1 Practice Partner
	1 Practice Partner	

### **Choose a Strong Team Leader**

To assure that the team functions efficiently, a team leader needs to be identified from the onset. The task of the team leader is to keep the group moving forward at the right pace. The team leader must serve as the champion for the project and motivate all team members to be invested in reaching the desired goal.

In Ohio, the team leaders were all deans or directors from schools representing the RN to BSN programs.

### **Provide Guidance from the Action Coalition**

Active involvement from the state Action Coalition helps to keep the team focused on the mission and goal of the project. The role of representatives from the Action Coalition is to provide support and direction to the team and maintain the recommendations of the IOM report at the forefront.

In Ohio, the Project Director for the SIP 2 grant attended all team meetings and corresponded through frequent emails.

### **Level the Playing Field**

Develop an environment that nurtures open conversations, trust, transparency and a common vision and goals. All partners need to value and respect each other's opinions and perspectives. Personal agendas need to be left at the door along with titles. Whatever the position held at the employing institution, all members of the teams are equally valued in this process.

The Ohio teams agreed that this was the most rewarding part of the process.

### **Make the Commitment to Meet Together**

Face to face meetings provide the opportunity for team members to get to know each other as individuals. Meeting in person is essential in building the trust that is needed to have truly open dialogue. Live discussions are important for the open sharing of ideas and sometimes opposing views. Early in the process, consensus on the frequency and location of meetings needs to be established. Virtual meetings can be a valuable communication mechanism between face-to-face meetings for teams whose members are widely dispersed.

In Ohio, each team met at a minimum of once a month over the 6 months period needed to complete the gap analysis and develop their seamless academic progression model.

### **Take the Time to Attend All Meetings**

The team is only as strong as the individual members. Each team participant must make the commitment to attend all team meetings. Personal engagement in the process will assure the success of the group.

For the Ohio teams, participation by team members exceeded expectations with all partners invested in reaching the team's goal.

### **Practice is a Key Partner in Building Academic Pathways**

Understanding the expectations of new nursing graduates from the clinical practice partners is a valuable piece of completing the gap analysis. Their insights into the barriers for practicing nurses to continuing their education provide essential information for identifying strategies to encourage RNs to pursue their BSN.

The Ohio practice partners were committed and valued partners to the process.

Cleveland Clinic Foundation

ProMedica Health System

The Ohio State University Wexner Medical Center

### **Collaboration is Vital**

During the process, all competition between partners must be put aside. The need to improve the educational level of nurses must be the driving force behind the team's work. Together this will help to strengthen each program and nursing practice.

The Ohio teams created collaborative relationships that will last well beyond the period of the project.

### **Keep the Goal Always at the Forefront**

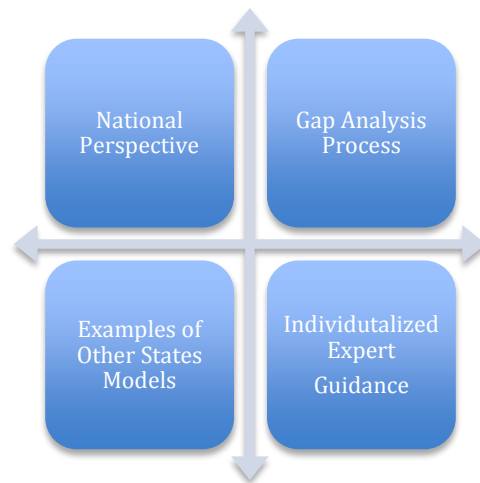
The ultimate purpose of the seamless academic pathway is to reach the IOM recommendation to increase the number of BSN prepared nurses to 80% by 2020. Teams must stay committed to reaching this goal throughout the process.

Ohio is dedicated to achieving the recommendations of the IOM Report.

## BENEFITS OF USING A CONSULTANT

In addition to assuring that the state Action Coalition supports the work of the teams created to develop seamless academic progression models, the use of a consultant from the Campaign for Action can help provide guidance and direction. Sharing information from the national office is beneficial to understanding the magnitude of the work being done throughout the country.

### SERVICES PROVIDED BY CONSULTANT



Ohio utilized the consultant to present the gap analysis process at regional meetings throughout the state. Once the Ohio SIP teams were formed, the consultant met with each individual team to review the gap analysis process and provide specific guidance based on regional perspectives. Seamless academic pathways were presented including examples from other states.





Models from the following states were shared:

Model	State
<a href="#">Franklin Pierce University</a> & <a href="#">Manchester Community College</a>	New Hampshire
<a href="#">University of Kansas - Community College Nursing Partnership</a>	Kansas
<a href="#">Springfield Technical Community College</a> & <a href="#">University of Massachusetts</a>	Massachusetts
<a href="#">St. Joseph's College of Nursing</a> & LeMoyne College	New York
St. Joseph School of Nursing & <a href="#">Salve Regina University</a>	Rhode Island

## THE GAP ANALYSIS PROCESS

### **Purpose of the Gap Analysis**

The purpose of the gap analysis is to identify gaps between what is currently being taught and what nursing programs and their clinical partners believe should be taught in order for RN students to learn the identified competencies by graduation.

In addition, the gap analysis provides:

- An approach to identify areas for improvement in curriculum needed to fully capture the competencies.
- An opportunity for ADN and BSN and clinical partners to share and learn about each other's educational process and;
- A mechanism to link curricula in a seamless progression model building on the strengths of each program

### **Overview of the Gap Analysis Process**

To begin the gap analysis, a team should be formed to provide oversight and guidance to the process. This team needs to be composed of ADN programs, RN to BSN program and clinical practice representatives. The initial step in the process involves having each education partner measures the number of opportunities that students have to be exposed to the competencies within the curriculum. Clinical partners contributions provide insight into the current health care practice environment, the expectations of new graduates and clinical learning opportunities. Through analysis of the results for the gap analysis and open discussion, opportunities for closing the gaps and eliminating duplication are identified.

### **The Gap Analysis Tools**

A worksheet adapted from the Massachusetts Department of Higher Education Nurse of the Future Competency Committee was made available to the Ohio regional teams to complete the gap analysis ([PDF Link Here](#)). Directions for completing the Ohio Nurse Competency Model Gap Analysis were provided to promote consistency in the completion of the gap analysis. Each education partner completed the gap analysis tool based on the program's current curriculum. Practice partners used a similar process to identify the gaps between education and practice based on the competencies.

As the teams worked through the gap analysis, they discovered deficiencies with the tool that made it difficult to collect consistent data. Identified problems that teams need to be aware of when collecting data are:

- Difficulty in accurately counting the number of opportunities available within the curricula for students to learn the competencies.
- Inconsistency in definition of a learning opportunity for students.
- Counting number of occurrences does not address the quality of the educational opportunity.
- Providing specific evidence to support the score provided was cumbersome.
- Lacks mechanism for identifying areas of duplication and overlap in curricula.

In addition, the teams identified the need and created an additional document to summarize the data collected by each partner to compare results between education programs and clinical practice. Color coding the document is helpful in clearly identify where the gaps exist. ([Central Team Tool](#) / [NW Team Tool](#))

To complete the documentation process for the gap analysis, a third form was created to provide a generalized summary of findings and the actions needed to correct the gaps. ([Northeast Team Tool](#))

### **Open Honest Dialogue Essential**

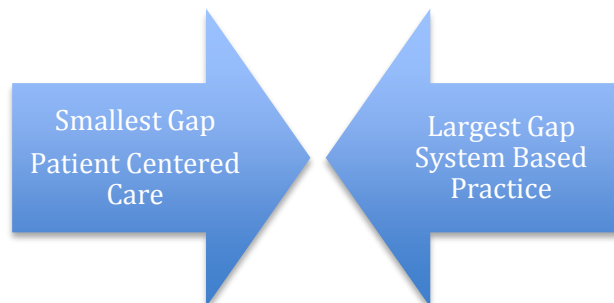
The gap analysis tools provide a structured method for collecting baseline data. However, this data should be used as a catalyst to stimulate dialogue among the team members. Through discussions, teams develop a clearer picture of the expectations for the ADN, BSN and practice levels. Open communication is important to clarify the deficiencies noted with the gap analysis data collection tools. During these conversations, the quality of the educational encounters in the classroom and clinical setting can be ascertained.

### **Narrative Summary**

As a supplement to the gap analysis tools, a narrative summary helps bring clarity to understanding the results. The narrative report should include a description of the gap analysis process, key to interpreting the gap analysis tools, general findings of the gap analysis, next steps and any other information that the team feels would be beneficial to the reader.

### **Findings from the Ohio Analysis**

Although each regional team completed their individual gap analysis, the findings throughout the state were consistent.



Other gaps noted by all Ohio teams were the competencies of Leadership & Professionalism and Informatics & Technology.

### **Only the Beginning**

Completing the gap analysis is the first step toward developing seamless academic progression models through a competency-based curriculum. Once the gaps and overlaps are identified, the team can begin to create meaningful academic pathways that meet the needs of the nurse of the future.

## **COMMUNICATION FOR SUCCESS**

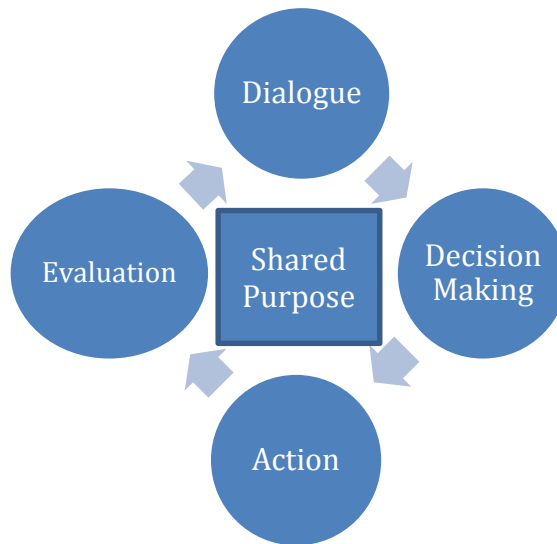
Internal and external communication is the most important element of the development process. Members of the team must be able to work together effectively in order to accomplish the work successfully. Communication with others within and outside the team members' organizations is necessary to address all the issues prior to implementing the new models.

### **Among the Team Members**

#### **Interpersonal Collaboration as a Cycle of Inquiry**

According to Gajda and Koliba (2007), a collaborative relationship is required by the teams to reach mutually desired outcomes. The process of collaboration is a purposeful cycle of continuous inquiry that focuses on a shared purpose. For this project the shared purpose is to increase the number of BSN prepared nurses in the workforce through seamless academic pathways. Team members must engage in open dialogue in order to make sound decisions leading to viable actions that achieve this common goal.

## Interpersonal Collaboration as a Cycle of Inquiry The “DDAE”



Gajda, R. & Koliba, C. (2007). Evaluating the Imperative of Interorganizational Collaboration. *American Journal of Evaluation*, (28)1, 26-44.

### **Face-to-Face Meetings**

Engaging in face-to-face interaction through regularly scheduled meetings is important to the team building process. All team participants' opinions must be valued however diverse they may be. In-person meetings stimulate creativity and help to create trust between members of the group.

### **Electronic Media as a Form of Communication**

In between the face-to-face meetings, it is important for the team members to maintain ongoing communication through a variety of electronic media sources. Timely follow-up assures that ideas are developed and feedback is shared while still fresh in the team members' minds. Draft documents can be shared and revised electronically through learning management systems. Video conferencing provides an alternate to face-to-face meetings if attendance is virtually impossible. Other types of communication used by the Ohio Teams included emails and conference calls.

### **Recording of Meeting Proceedings**

Notes of the key points and agreed upon next steps should be taken at each face-to-face meeting and conference call and forward to all team participants. These notes provide a mechanism for those who cannot attend the meeting or conference call to keep updated

on the team's progress. A written summary of the proceedings also allows for review of previous decision so that the team can progress according to their established plan.

### **The Role of the Practice Partner(s)**

Although the goal of the process is to create educational pathways, the role of the practice partner(s) on the team is crucial. To complete the gap analysis, clinical partners are essential in identifying the gaps between education and practice. The clinical partners contribute to understanding of the barriers that prevent RNs from returning to further their education. An assessment of these barriers can generate ideas for methods to coordinate the requirements of BSN coursework and practice residency programs. The urgency of completing a BSN is most often driven by the expectations set by the practice settings.

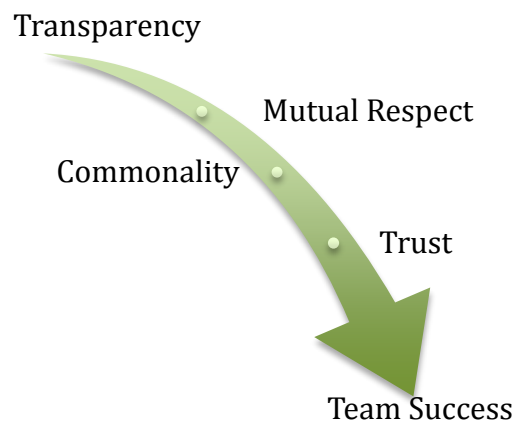
### **Brainstorming as a Tool for Generating Ideas**

Each of the Ohio teams found that utilizing brainstorming techniques at the beginning of the process was beneficial. Brainstorming was useful in stimulating discussions that helped the teams in building sound collaborative relationships. Through this process, team members learned to know and trust each other as colleagues.

### **Communication Points from Ohio Teams**

As they worked through the process, the Ohio teams identified several aspects of communication that led to their success in reaching their goal of creating seamless academic progression models. Creating an atmosphere that fosters transparency and mutual respect leads to trust between all partners that is the key component to successful teams. Having a common vision and goal brings the team together in a meaningful way.

## **Ohio Model for Effective Team Communication**



Within the Partnering Organizations

### **Nursing Faculty Involvement**

Involving the nursing faculty early in the process assures that they develop an understanding of the rationale for seamless progression and commitment to the goal. Being involved helps to alleviate any fears that they may have regarding the models affect upon their job responsibilities. Input from the faculty must be solicited and valued throughout the development process. Faculty should be updated on the team's progress on an ongoing basis. Ultimately, faculty would become champions for the new model and assist with its implementation.

In Ohio, meetings with the entire nursing faculty were held prior to completion of the gap analysis and model development. Key faculty members are members of the SIP teams and remain actively engaged in the process.

### **Keep Administration Informed**

Communication with administrative personnel at the partnering institutions during the entire development process helps to eliminate any surprises at the end. Barriers that may be encountered with the partnering organizations can be identified early and either minimized or eliminated. By engaging in frequent conversations with management, the chances of their support of the project both financially and organizationally are increased.

### **Talk with Financial Aid**

The ability to successfully implement the new model is subject to rules related to financial aid within the state and the educational institution. It is important to invite financial aid personnel to attend a team meeting and then follow with ongoing dialogue to address any issues identified. As the partnering schools need to determine the tuition payment structure for students enrolled in the new model, discussions between educational partners are necessary.

With Outside Parties

### **Accrediting and Regulatory Agencies**

Discussion with accrediting and regulatory bodies should be conducted as one voice to assure a consistent message and eliminate multiple contacts to the agencies. Agencies that should be consulted include:

- State Board of Nursing
- Accreditation Commission for Education in Nursing (ACEN)
- Commission on Collegiate Nursing Education (CCNE)
- State Department of Higher Education
- Regional or National Institutional Accrediting Agencies

Prior to contacting the agency, the teams should formulate questions that will clarify steps that need to be taken to receive approval. Contacting the Campaign for Action office can provide information on discussions that have taken place on the national level hence also preventing repeating the work that has already been done.

Information obtained from Ohio team discussion with accrediting and regulatory agencies is included in the next section.

### **Other Teams Within the State**

For the three Ohio teams, the sharing of information between the teams was extremely beneficial. The project director and consultant who interfaced with all teams were able to share the work being done throughout the state. Often the teams modified their approach based on information gleaned from others.

An all day meeting to share the results of the gap analysis and draft models was held in central Ohio approximately midway through the process. Tasks that were common to all groups were assigned to individual teams to prevent duplication of efforts.

### **Other State Seamless Progression Models**

As noted above, the consultant provided valuable information on academic progression models already developed by other states. Teams benefitted from reaching out to the contacts of these partnerships to obtain more specific details. Internet searches of work done by other states were also helpful in model development.

### **State Nursing Organizations**

Keep nursing organizations within the state updated throughout the process of the important work being done by the teams to increase the number of BSN prepared nurses in the workforce. Being informed will help to strengthen their support of the project that can be beneficial in disseminating the message later.

Nursing organizations in Ohio that received information included Ohio Nurses Association, Ohio League for Nursing, Ohio Organization of Nurse Executives, Northeast Ohio Nursing Initiative, Ohio Council Associate Degree Nursing Education Administrators, Ohio Council of Deans & Directors, Greater Cincinnati Health Council, and Nursing Institute of West Central Ohio.

### **Create a Consistent Message**

#### **Talking Points**

To assure that the message delivered is consistent, talking points should be written and shared with all team members. In the beginning, talking points can assist those who are unsure of the message to feel comfortable in talking with others about their work. The key messages included in the Ohio talking points are:

*The Campaign for Action* is working to prepare nurses to address our nation's most pressing health care challenges – access, quality and cost.

The Ohio Action Coalition (OAC) is the organization in Ohio committed to implementing the IOM recommendation to ensure Ohioans have access to high quality patient care.

One of the key recommendations of the IOM report is to increase the proportion of nursing with a baccalaureate degree to 80% by 2020.

The Ohio Action Coalition recognizes the benefits of partnerships between nursing education in community colleges and universities and nursing practice.

The OAC SIP grant funds are being utilized to increase Ohio's BSN-prepared workforce through the elimination of course and content duplication and seamless progression in nursing education.

The Ohio Talking Points document may be accessed [here](#)

### **Power Point Presentations**

For discussion with faculty, administration and financial aid, power point presentations were developed for all partners' use. Utilizing the same power point presentation with each academic and practice partner site assures that the key message remains the same. It also provides structure to the discussion with these important stakeholders.

Access to the power point presentation for administration and financial aid can be found [here](#). Examples of a presentation for faculty is available here: [NE Link](#) / [NW Link](#)

### **Toolkit for Advisors and Recruiters**

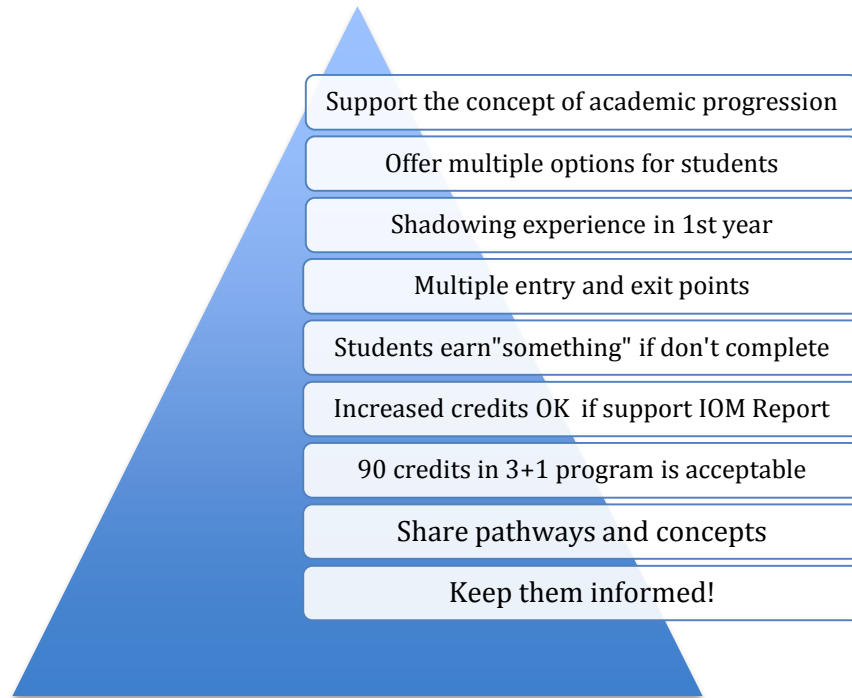
With the multiple entry levels into nursing practice that are currently available, the teams were concerned that creating additional academic options may contribute to further confusion for potential students and their families. To address this concern, the teams decided to create a toolkit for high school guidance counselors, college academic advisors and clinical setting human resources personnel. This toolkit will include brochures and other materials that will help these individuals to explain the new pathways and the benefits of a BSN education.

Once developed, the Advisor and Recruiter Toolkit will be shared with others through the Campaign for Action website.

## **ACCREDITING AND REGULATORY AGENCIES**

In creating new academic pathways for Ohio, conversations have been held with the Ohio Board of Nursing (OBN), Accreditation Commission for Education in Nursing (ACEN), Commission on Collegiate Nursing Education (CCNE), and the Ohio Department of Higher Education (ODHE). As the agencies that need to be contacted and the rules, regulations and standards vary by state, a summary of the key issues identified in Ohio only will be provided in this toolkit.





All the accrediting and regulatory agencies overwhelmingly expressed support for the recommendations of the IOM Report that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. Assuring the students have a choice was a universal recommendation. The suggestion was to continue with established programs and add the new pathway as option.

Concern was voiced regarding assuring that if nursing was not a fit for the student, that there be options for completion of another degree, certificate or licensure. Shadowing while completing general education courses during the first year was offered as a solution for introducing students to the profession of nursing early.

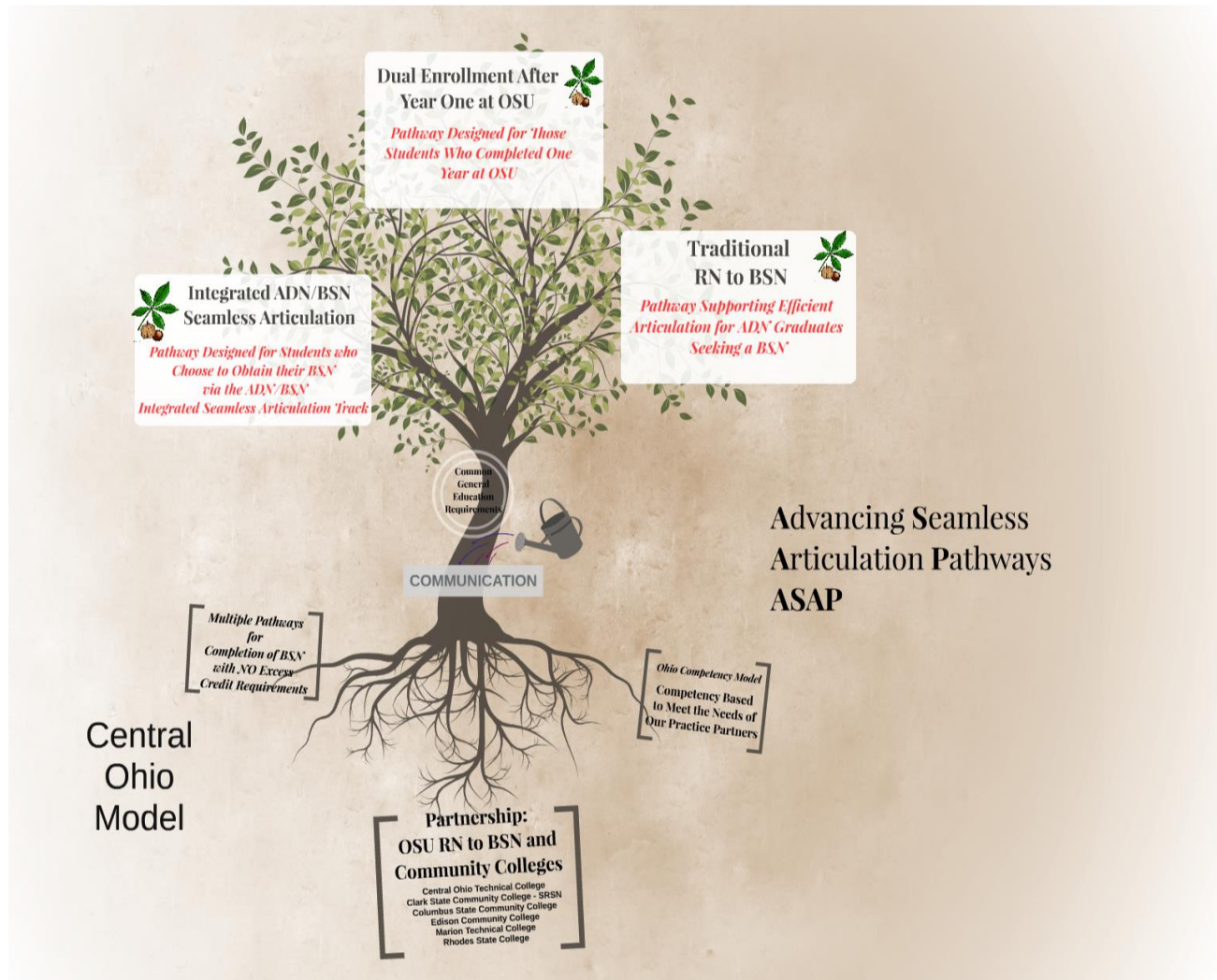
The proposed pathway and mapping of course sequence should be submitted to the agencies as soon as feasible. Key concepts need to be clearly communicated and explained in detail. As each agency has a different set of standards, meetings need to begin early so that conflicts can be worked through.

## NEW MODELS FOR OHIO

Three seamless academic progression pathways were created as models for Ohio through the SIP Teams. All models included partnerships between ADN/Diploma and RN to BSN programs, trajectory of 3 pathways, dual admission option, 1+2+1 or 3+1 academic pathway, competency based curriculum, and core general education requirements. Although the models had common elements in their design, each model had unique

components to address the needs of their community and student population. A diagram of each model and links to supporting documents are provided below.

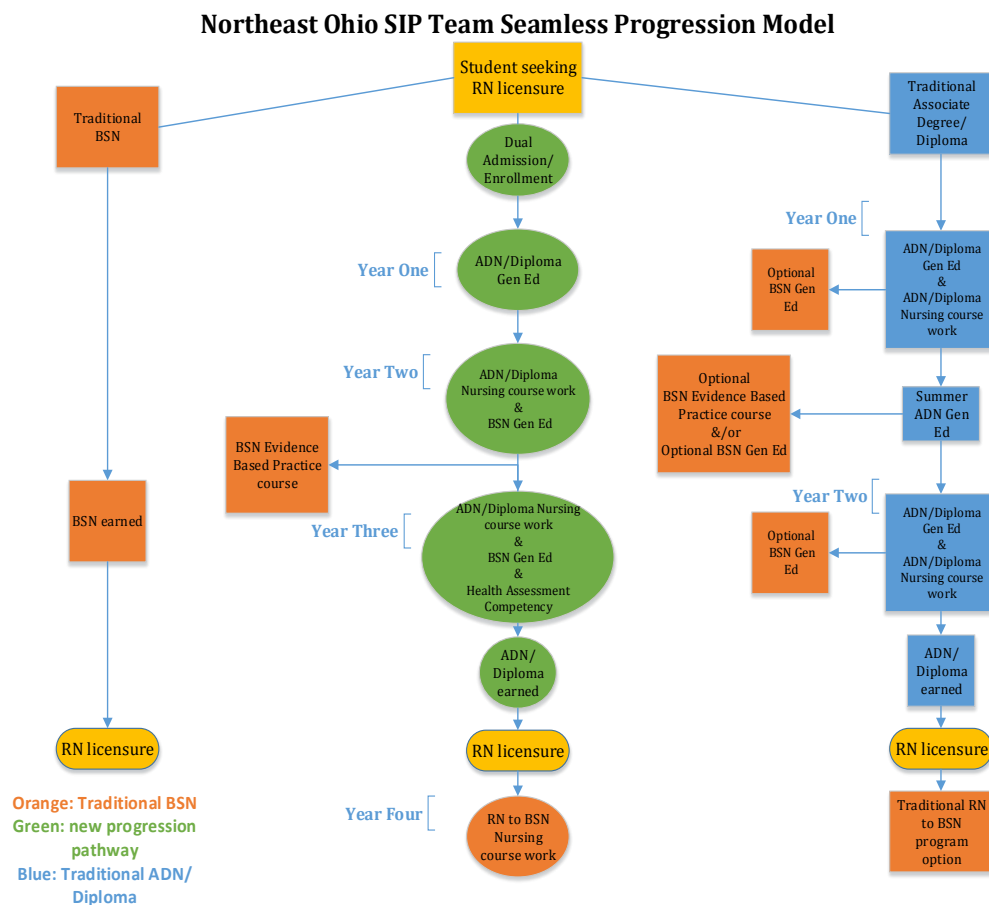
## THE CENTRAL OHIO MODEL



A unique characteristic of the Central Ohio Team Model is the pathway for students who have already completed one year of coursework at a university setting, such as OSU. Over 200 students attend OSU declaring a pre-nursing career path. Due to the competitive nature of the program, many applicants are not selected for admission while others chose not to even apply. Often these students are highly qualified, but with the competition for admission to OSU's nursing program, they need to seek other avenues for nursing. The OSU BSN Pathway will help address the needs of those students wanting to: 1) continue as an OSU student and 2) continue to pursue a career in nursing. The option for the students in the OSU BSN Pathway would encompass a dual enrollment option between one of the ADN programs while continuing enrollment into OSU. These

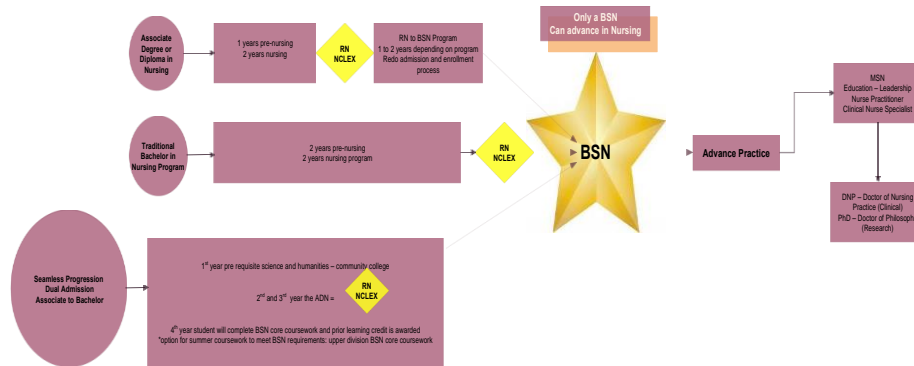
students can opt to live either in their home community, at an OSU regional campus or on the main campus of OSU. Links to the ASAP Model Explanation and ASAP Summary are included here. ([Schematic Diagram of ASAP Model](#) / [ASAP Model Explanation](#) / [ASAP Summary](#))

## THE NORTHEAST OHIO MODEL



The Northeast Ohio Team Model provides the opportunity for students to complete a BSN level evidenced based practice course during the summer between the first and second year of the ADN/Diploma program. The course will be easily transferable between RN to BSN programs. Another unique feature of the model is that the students must demonstrate competency in health assessment prior to graduating from their ADN/Diploma program and will then be given credit for the health assessment course required for the RN to BSN program. Supporting documents for the NE Ohio pathway include Summary of the Model, Audit Plans for both RN to BSN programs, General Education Requirement Summary, and Action Plan. ([Schematic Diagram of NE Ohio Model](#) / [Model Summary](#) / [Audit Plan University of Akron](#) / [Audit Plan Ursuline College](#) / [General Education Requirements Summary](#) / [Action Plan](#))

# THE NORTHWEST OHIO MODEL



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The current culture in the Northeast Ohio area does not differentiate nor encourage the BSN as the preferred degree for nursing. This presents a challenge for addressing the goal of increasing the number of baccalaureate degree nurses to 80% by 2020. To meet this challenge, the team is committed to developing a toolkit for high school guidance counselors, academic advisors, human resource personnel and families to understand the pathways for nursing education and to make a choice that considers the student's academic, financial and personal goals. The tool kit would be expanded to include information for practicing RN's to complete their BSN degree, and information for BSN prepared RN's to complete their advanced practice degree. In addition, the team will incorporate a structure with the Practice Partners to devise a mechanism for these students to utilize their nurse residency experiences to meet the clinical objectives of their BSN core courses. Additional documents for the NW Ohio Model include an Overview of the Model, Plans of Study for both RN to BSN programs, and Action Plan. Links to the documents are provided here. ([Schematic Diagram of NW Ohio Model](#) / [Overview of Model](#) / [Plans of Study University of Toledo](#) / [Plans of Study Lourdes University](#))

## ACTION PLANS FOR IMPLEMENTATION

The final component of developing a seamless academic progression model is to design a well-written plan for implementation with specific action steps. The plan must be individualized to address the areas particular to the participating organizations and encompassing health care community. However there are actions that were common to all the Ohio teams and therefore, should be considered whenever developing a plan for implementing new academic pathways.



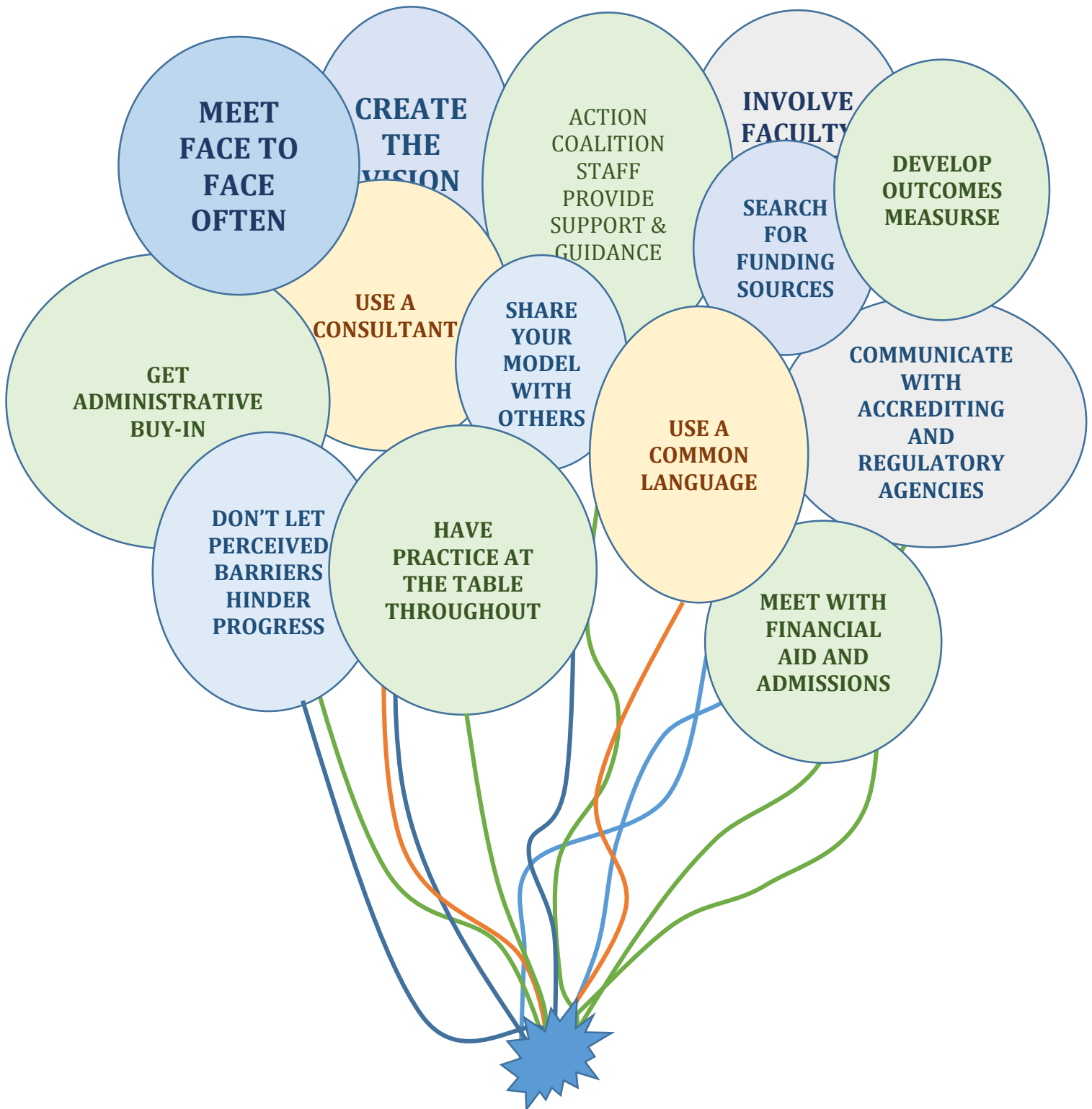
### **BE SURE TO SHARE YOUR GOOD WORK WITH OTHERS!**

Just as your team learned from researching currently existing academic progression models, allow others the opportunity to benefit from your accomplishments. Take every opportunity available to present your model within your state and with other states through the Campaign For Action.

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## LESSONS LEARNED

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