The purpose of this presentation is to highlight the importance of breaking down the barrier of fear that some associate degree nurses have regarding a baccalaureate education. Each year it is estimated that 400,000 people die as a result of medical errors in the United States (James, 2013). Hundreds of patients die every day from potentially preventable caregiver mistakes or system errors making patient safety a responsibility of every healthcare professional. The nursing profession is in a key position to influence patient outcomes since registered nurses (RN) spend the most time at the patient's bedside compared to any other care provider (Institutes of Medicine [IOM], 2010). Studies showed significant evidence that patients cared for by bachelor-prepared nurses experienced better outcomes and lower mortality rates when compared to patients cared for by associate degree nurses (Aiken, Clarke, Cheung, Sloane & Silber, 2003; American Association of Colleges of Nursing [AACN], 2008). Evidence supporting a baccalaureate nursing workforce has resulted in a nationwide call for associate-degree registered nurses to return to the academic setting to obtain a Bachelor of Science degree in nursing (AACN, 2008).

Currently associate degree (AD) nurses make up 60 percent of the nursing workforce despite awareness that having a bachelor of science in nursing is a key ingredient to improve patient outcomes (Aiken, 2011). The Institute of Medicine (IOM) has made strong recommendation that 80 percent of the United States nursing workforce be made up of baccalaureate prepared nurses (BSN or RN-B.S.) by the year 2020 thus fueling a concerted effort to increase the amount of RNs with a baccalaureate degree (IOM, 2010). Furthermore, patient outcomes and mortality rates are under the scrutiny of the federal government. In 1998 the Joint Commission launched the first nationwide program to measure the quality of care provided by hospitals (Chassin, Loeb, Schmaltz & Wachter, 2010).

Federal reimbursement to hospitals is tied to readmission rates for patient with conditions such as congestive heart failure, pneumonia and acute myocardial infarction; all of which are heavily reliant upon the care of bedside nurses (Axon & Williams, 2011). Medicare’s model of value-based purchasing reimburses hospitals based on various facets of patient outcomes which includes the quality of the clinical care patients receive for the previously mentioned conditions (Medicare.gov, n.d.). Technological advancements over the last twenty years have resulted in an exponential increase in efforts to improve how patient care is delivered, measured, reported, evaluated and improved upon by nurses (McGonigle & Mastrian, 2018). The healthcare industry faces economic competition since consumers have the ability to shop for healthcare much like they would any other service. ANCC Magnet designation includes standards that the organization work towards increasing the number of BSNs to align with the IOM recommendation. The perfect storm of evidence of a link between patient outcomes and nursing education, federal reimbursement based on patient outcomes, and healthcare transparency through technology and prestige have put nursing practice and education into an accelerated state of transformation.

One way to increase the number of baccalaureate nurses and accelerate the process is to strengthen the partnerships between community colleges and universities to create dual-enrollment (DE) paths for qualified students (Giddens, Keller & Liesveld, 2015). DE of nursing students in both AD nursing and RN to Bachelor of Science in nursing degree-completion (RN-B.S.) programs have been increasing but have not yet been routinely adopted throughout the country. It is important to note that a common reason students avoid the university setting is fear of not succeeding in baccalaureate level coursework (Meggison, 2008; Sabio, 2018).
Innovative nursing curricula such as AD/RN-B.S. dual enrollment may help alleviate this fear by allowing students to experience RN-B.S. coursework early in their nursing education in order to eliminate the fear of the unknown. For these partnerships to be successful intentional efforts to create a seamless education for nurses to move from the community college setting to a university setting must be firmly established (Allen & Armstrong, 2013). For example, a DE partnership discussed by Bopp and Einhellig reported that students felt overwhelmed by the amount of coursework required in the AD and RN-BS program which prompted the faculty to evaluate the quantity of assignments, timing of exams and schedule hybrid meetings with remote and on-campus students (2017). It is vital to use lessons learned from previous DE partnerships when creating new relationships between nursing programs.

One example of successful implementation comes from California where a statewide program allowed students to be dual-enrolled in AD and RN-B.S. programs and finish their B.S. within one year of completing the AD (Close & Orloski, 2015). A DE partnership in New York showed successful retention and high pass rates for the National Council Licensure Examination (NCLEX) along with a 175% increase in student enrollment in the DE partnership six years after the initial cohort (Bastable & Markowitz, 2012).

A qualitative phenomenological study on the viewpoints of purposely selected DE students and their traditional AD counterparts at a public university in a Midwestern community in the United States will attempt to discover if DE programs help to alleviate the baccalaureate fear factor that many students have. Exploring the experiences of DE and traditional AD students will provide rich information on whether or not innovative nursing program partnerships are successful in removing this barrier.

Title:
Dual Enrollment: Utilizing Innovative Nursing Curricula to Increase the Baccalaureate Nursing Workforce

Keywords:
Barrier breakdown, Dual-enrollment and Nursing education

References:


**Abstract Summary:**

Collaboration between universities and community colleges can help increase the amount of baccalaureate prepared nurses at the bedside. Implementation of dual-enrollment partnerships between associate programs and baccalaureate programs can help alleviate the fear many nurses have of returning to the academic setting after completing their foundational nursing education.

**Content Outline:**

I. Introduction
A. Patient mortality rates

B. Nurses spend the most time with patients

II. Background of Nursing Education

A. Percentages of workforce education

B. Pressure from multiple sources to increase number of bachelor prepared nurses

III. Identified Barriers for RNs to Return to School

A. Seamless transitions between community college and university

B. Address fear and success for nurses in school

IV. Innovative Partnerships to Alleviate Fear

A. Dual-enrollment

B. Future study

V. References

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Author Summary: Amber Davis MSN, RN has 16 years of nursing experience and recognizes that providing evidence-based care requires that the future nursing workforce has the necessary tools. Areas of research interest are best-practices in online RN-B.S. education and increasing the number of baccalaureate prepared nurses through dual-enrollment. Amber is currently a student at Northern Illinois University in the PhD in Interdisciplinary Health Sciences program with Dr. Kari Hickey, Associate Professor, as advisor.