Title: Accelerated but Effective: The Clinical Competency of Second-Degree Accelerated Bachelor of Science in Nursing Students

Susan Etheridge Kidd, PhD, RN¹
Jeanne E. Martin, MSN, RN, CNE¹
Alison D. Swift, MSN, RN, CNE²

(1) College of Nursing, Department of Baccalaureate Education, East Carolina University, Greenville, NC, USA
(2) College of Nursing, Department of Advanced Nursing Practice and Education, East Carolina University, Greenville, NC, USA

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Abstract Summary:
Using a non-descriptive comparative approach, the authors investigated the clinical competence between Second-Degree ABSN and BSN students. The Creighton Competency Evaluation Instrument was used to measure clinical competence between the groups during a simulated clinical experience.

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**Purpose:** There is demonstrated need for increasing bachelor prepared nurses into clinical practice (AACN, 2019; IOM, 2010). Second degree accelerated BSN (ABSN) programs seek to address this need. There is a lack of research in this area comparing the clinical competency of ABSN students to traditional BSN students (Payne & Mullen, 2014; Payne, Glaspie, & Rosser, 2014). Simulation is well supported as an effective teaching strategy in advancing students clinical performance to prepare them for entry into practice (Lee & Oh, 2015; Moughrabi & Wallace, 2015). The purpose of this study is to compare the clinical competency of the ABSN prepared student to the traditional BSN prepared student during a simulated experience.

**Methods:** A non-experimental descriptive comparative approach was used to compare the clinical competency between 11 ABSN and 11 BSN students. Students were recruited during the semester preceding their final or Capstone semester. The Creighton Competency Evaluation Instrument (CCEI), which includes 24 items in 4 subcategories (assessment, communication, clinical judgment, and patient safety), was used to score student performance on predetermined critical actions during an interprofessional education (IPE) simulation. Students were video recorded during the simulation per ECU College of Nursing protocol. Each student was evaluated during the simulation by one of the three investigators who had been trained on using the CCEI tool. After the simulation, at least two investigators reviewed the video recordings to validate the findings. Statistical analysis included descriptive statistics and independent t test with eta squared to compare the groups.

**Results:** There were no significant differences found in the assessment competency, and many items in the communication, clinical judgement, and patient safety competencies. In the communication competency, there was no statistically significant difference in reporting abnormal and pertinent findings appropriately, however the magnitude of the difference of means was large (eta squared=.234). There was a statistically significant difference and a very large effect size in therapeutic communication with the patient and/or family member (ABSN M=0.91, SD = .30; BSN M = .36, SD = .50, p = .006, eta squared = .567). There was no significant difference between groups in clinical judgement, however there were several moderate and large effect sizes in prioritizing airway, breathing and circulation measures (eta squared = .077), performing evidenced based interventions (eta squared =.311), providing evidenced base rationale for interventions (eta squared =.204), and evaluating interventions (eta squared = .316). Administering medications safely (ABSN M=.89, SD=.33, BSN M=.64, SD=.50) and managing technology and equipment (ABSN
M=1.00, SD=.00, BSN M=.70, SD=.48) were not statistically significant but had large effect sizes (eta squared = .29 and .42, respectively).

**Conclusion:** There was no significant difference in the overall clinical competency for ABSN versus traditional BSN students, which shows strength in the ABSN program. ABSN students demonstrated the ability to communicate more effectively than BSN students with the patient and family member. Future studies should further explore these findings to determine if results can be replicated with a large sample size and investigate reasons for the differences in findings.