TO: The Faculty Senate

Date: April 18, 2014

From: The Executive Committee

RE: AAC RN BSN Variance Residency Requirements

The Academic Affairs Committee recommends that a 30 hour university residency requirement variance be approved for the TAMU Nursing RN-BSN, and that it would follow current exceptions in existence at TAMU.
**Description:**

Please examine the TAMU residency requirements for the RN-BSN program and if a variance is needed for this program. Please look at comparable RN-BSN programs from universities equivalent to TAMU to assist in determining if a variance in the residency requirements is necessary.

**Source:** Attachment

**Letter**

**Additional Information:**
TO: Dale Rice  
Co-Chair, Core Curriculum Council  

THROUGH: Ann Kenimer, Associate Provost  

FROM: Susan Yarbrough, College of Nursing  

SUBJECT: Variance for Residency Hours  

With the merger of the Texas A&M University System Health Science program and Texas A&M University, the College of Nursing requests a variance of graduation requirement of 36 semester credit hours of upper-division coursework taken in residence for students enrolled in the RN-BSN undergraduate curriculum. The College of Nursing proposes that this group of students receive credit for 6 credit hours of Texas A&M residency based on completion of rigorous, high-impact clinical studies completed as part of the RN associate degree/diploma. The remaining 30 credit hours would consist of upper-division coursework completed at Texas A&M. Primary arguments for this variance request include:

- The clinical experience completed as part of the RN associate degree/diploma is common across all degree programs and is substantially equivalent to upper-division clinical courses offered in the traditional BSN program (NURS 320 Adult Nursing I and NURS 420 Adult Nursing II).
- The clinical experience suggested as a substitute for 6 credit hours upper-division in-residence coursework meets Texas A&M's goals of increasing high-impact educational experiences in the undergraduate curricula and preparing students to learn for a lifetime.
- These clinical experiences plus the additional practicums and projects completed while a student provide a significant benefit to the community and are congruent with the attributes of residency requirements. Service opportunities span multiple areas such as hospital and community settings including underserved individuals, families, and populations.
- The RN-BSN program benefits not just the graduate, but the communities they serve during their professional career—numerous studies document that nurses with BSN degrees provide better patient care than their less-educated counterparts.
Texas A&M University  
Texas A&M Health Science Center  
College of Nursing

PROPOSAL FOR ACCEPTANCE OF OFF-CAMPUS CLINICAL HOURS TO MEET RESIDENCY REQUIREMENT:

Specific Program for which this applies: RN to BSN Program

The RN-BSN Program is one of three tracks leading to the Bachelor of Science in Nursing (BSN) degree. Designed for graduates of associate degree or diploma nursing curricula, the program facilitates the completion of the BSN degree requirements for licensed nurses, many of whom are employed full or part-time in the health care workforce.

Rationale:
Associate degree and diploma nursing students engage in an average of 750 clinical hours in addition to the didactic course work to gain the knowledge and skills necessary to successfully sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) to become a registered nurse (RN). Some of this clinical training is substantially equivalent to that in the upper-division of traditional BSN nursing program. Yet, associate degree/diploma nursing graduates are better prepared for the profession if they continue their education and complete a BSN degree. Texas A&M College of Nursing is poised to make a significant contribution in bettering the nursing care of Texans by attracting more students into this innovative and rigorous program.

The RN-BSN program supports the recommendations published in the 2010 landmark report, The Future of Nursing: Leading Change, Advancing Health from the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF). Key Message #2 relates to the need to transform education: “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” The report emphasizes the importance of nurses can moving seamlessly through the education system to higher levels of education. Texas A&M College of Nursing’s RN-to-BSN program offers a seamless pathway for educational progression facilitating the production of a greater number of baccalaureate prepared nurses to deliver high quality health care for Texans.

A primary goal cited by the IOM committee is to increase the proportion of the nursing workforce with a BSN from the current 50% to 80% by 2020. To achieve these results, innovative strategies will need to be employed. The application of six hours of off-campus clinical training completed as part of the associate degree or diploma toward meeting the University residency is one mechanism that will facilitate meeting this goal. Without the variance Texas A&M College of Nursing RN-to-BSN program loses its competitive edge.

High Impact Learning:
The clinical education proposed for use toward the Texas A&M residency requirement meets the University’s goals of increasing the number of high-impact educational experiences in the undergraduate curriculum and preparing students to continue learning and professional development throughout their career. Clinical experiences in prelicensure nursing educational programs exemplify high impact learning as they support student learning that covers patients across the lifespan, are conducted with actual patients, include innovative teaching strategies, are supervised by clinical expert
qualified faculty who provide feedback and facilitate reflection. Nursing programs, including both didactic and essential clinical experience, prepare lifelong learners who practice in complex and dynamic environments. Not only does completion of a BSN support the long-term success of the graduate, those graduates go on to make a difference in the lives of others and serve society in many ways.

A case in point is a 2012 RN-BSN graduate, Jerry Webb. A 2003 graduate of Blinn College’s associate degree nursing program, Jerry entered the RN-BSN program. However his college goals were interrupted when he was deployed to Afghanistan. Jerry provided service to our country by leading a team of five medics in the Afghan National Army’s 209th Corps to increase medical readiness throughout northern Afghanistan. Jerry describes this Army leadership experience as the spark that led to a more profound passion to continue his education. He said, “I was no longer just going through the motions of education but actually seeking the advanced knowledge that, through my experiences in Afghanistan, I knew was so pertinent.” Jerry also shared that as an associate degree nurse, he felt like he was a good nurse-good at caring for individual people. According to Jerry, “What I didn’t see until I started working on my BSN is how my job as a registered nurse impacts people outside of my immediate circle. The quality of care provided makes a difference in patients, their families and even other staff” (personal communication).

Rickie Williams’ story is also illustrative of the value of the RN-BSN track. When other opportunities were closed to him, Rickie chose to continue his education through the online RN-BSN program. Though challenging, Rickie was able to remain actively involved with his three small children, work full-time to support his family and complete his degree. Rickie believes the program changed the way he thinks about health care and gave him insight to the health issues facing our country. He also stated, “The program opened up doors for me. It has given me the confidence to continue my education in advanced practice nursing” (personal communication).

DaRhonda Swallow is another RN-BSN student who successfully moved through the local educational system while working full time and raising a family, first as a Licensed Vocational Nurse, then an Associate Degree Nurse, and finally the RN-BSN program. DaRhonda related how the program helped to broaden her thinking and has encouraged her to focus more on long term goals for her individual patients as well as health related issues in the community. She too plans to further her education.

The thirty versus thirty-six hour residency requirement impacts these and all RN-BSN students in a very direct way. Not only does it increase cost but also extends the educational process, delays career progression, and deceases likelihood of program completion. Most importantly, it negatively impacts care to Texas citizens if the pathway to a BSN is prolonged.

Significance:
The health of the nation can be improved by increasing the numbers of baccalaureate prepared nurses. The IOM found that nurses will need more refined skills to care for a patient population that is living longer and to help patients manage more chronic conditions like diabetes, hypertension, arthritis, cardiovascular disease, and mental health conditions. In addition, millions of new patients will be entering the health care system as a result of the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA). As a result, nurses will have greater primary care responsibilities in the near future. In its report on The Future of Nursing, the IOM states "an increase in the percentage of nurses with a BSN is imperative as the scope of what the public needs from nurses grows, expectations surrounding quality heighten, and the settings where nurses are needed proliferate and become more complex."
A growing body of research supports the link between the level of nursing education and patient outcomes. In a seminal study, Aiken and colleagues (2003) identified a clear link between higher levels of nursing education and better patient outcomes. This study found that surgical patients have a “substantial survival advantage” if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. Friese and colleagues (2008) also found that nurses prepared at the baccalaureate level were linked with lower mortality and failure-to-rescue rates in cancer patients undergoing surgery. Others have confirmed the findings from Aiken’s landmark study (Estabrooks, Midodzi, Cummings, Ricker, & Giovanetti, 2005; Aiken, Clarke, Sloane, Lake, & Cheney, 2008; McHugh, Kelly, Smith, Wu, Vanak, & Aiken, 2012; Tourangeau, Doran, McGillis Hall, O’Brien Pallas, Pringle, Tu, & Cranley, 2007; Van den Heede, Lesaffre, Diya, Vieugels, Clarke, Aiken, & Sermeus, 2009).

We recognize that there are those that believe that 36 hours of residency is not adequate. As a professional and practice discipline, nursing is required to supplement didactic hours with clinical learning experiences in multiple health care settings. As an example, a six credit hour course may require up to 135 clinical hours in addition to 45 didactic hours. This supports a minimum 30 hour residency.

Variance of Residence Hours:
As noted earlier, associate degree/diploma nursing students complete a significant number of faculty supervised clinical hours, on average 750 hours. Some of these clinical hours are significantly equivalent to upper-division courses in the traditional BSN program. Students enter the RN-BSN program as graduates from an assortment of associate degree and diploma programs. However, a commonality across all programs is the completion of essential clinical nursing courses including Adult Health, Gerontology, Obstetrics, Pediatrics, Acute Care, and Community Health, to name a few.

The College of Nursing requests a variance to the Texas A&M residency requirement. Because the clinical course work completed as part of the associate degree/diploma is equivalent to the College of Nursing’s Adult Health I and II courses, we request that the student be allowed to apply 6 upper division credits earned in their clinical courses toward the residence requirement. NURS 320 Adult Nursing I and NURS 420 Adult Nursing II each represent 6 semester hours of credit (45 hours didactic and 135 hours clinical). The syllabi for these two courses are attached. The remaining residency requirement would be met by completion of 30 credit hours of upper-division coursework at Texas A&M.


