

**Report of Innovative Pilot Project
Conducted by Victoria College in Victoria, Texas
Associate Degree Nursing Educational Program**

Historical Perspective:

On December 14, 2007, Victoria College Associate Degree Nursing Educational Program in Victoria, Texas, submitted an Application for an Innovative Professional Nursing Education Pilot Program. Victoria College had also submitted a successful grant proposal to the Texas Higher Education Coordinating Board for funding for the project. At the January 17-18, 2008 meeting, the Board of Nursing approved the pilot program with requirements for two status reports and a final report due May 31, 2010.

One other nursing program, Midwestern State University Baccalaureate Degree Program, had implemented an approved Innovative Pilot Program and had utilized BSN nurse mentors as “faculty extenders” in the clinical simulation lab. Preliminary research findings from this project allowed for a successful education rule change that now allows BSN faculty to be utilized in clinical simulation labs.

Description of the Innovative Pilot Program:

The pilot program was designed to utilize BSN-prepared nurses with 7 credit hours in graduate nursing education as Certified Clinical Instructors (CCIs). The use of BSN-prepared registered nurses constituted an exception to Rule 215.7 requiring faculty to hold at least a Master’s degree. Victoria College required the CCIs to have a minimum of three years clinical experience and the CCIs would be mentored by experienced MSN faculty.

The University of Houston at Victoria has collaborated with Victoria College in providing the specified post-baccalaureate nursing education courses for the CCIs.

Changes in Rules Related to Nursing Accreditation and Implications for Innovative Applications:

After the changes to education rules in 2008 accepting selected accreditation standards as equivalent to matching rules, nursing programs holding nursing accreditation are not required to receive approval for faculty in their programs. The accreditation agencies allow for programs to submit rationales for the use of faculty who do not meet the requirements in their standards. They require that the program demonstrate a balance in faculty qualifications and understand the value of “growing” faculty to meet present and future needs. Other programs are interested in adopting this model and with enough positive evidence, the Board may consider a future rule change based upon these practices. Programs which do not hold national nursing accreditation will be required to submit an Application for an Innovative Professional Nursing Education Pilot Program.

Final Report from Victoria College:

See Attachment #1

Staff Recommendation: Move to accept the report from Victoria College on the Innovative Pilot Program and issue the commendation in the attached letter (See Attachment #2).

**Final Report of Nursing Innovative Grant Project
The Victoria College
Certified Clinical Instructors**

Beginning Jan. 2008, with the approval of the BON and a grant from the Coordinating Board, Victoria College set forth to address the nursing shortage at its most problematic core: the shortage of clinical faculty. With the help of our partners, four BSN's with at least 3 years of clinical experience were identified and undertook the job of taking 7 credit hours of graduate level nursing courses in Nursing Education. One 3 hr. course, Principles of Teaching and Learning in Nursing, presented an overview of education and theories and principles of teaching and learning related to nursing education. The 4 hr. course, Practicum in Teaching in Nursing, included practice in the use and evaluation of communication techniques and technology in various nursing educational settings. For this course the Certified Clinical Instructor (CCI) was paired with an experienced MSN Victoria College ADN Professor in the clinical setting. This provided content but also a method for direct mentoring from the ADN clinical faculty member. The interchange of ideas on the uniqueness of nursing education was explored in a clinical setting with ADN students.

During the Summer of 2008, thirty LVNs entered the ADN Program in our Bridge program. All thirty received the same theory instruction. Twenty were assigned a clinical course with a CCI (the experimental group), and ten (the control group) were assigned a clinical with a MSN clinical instructor. The CCIs did have a MSN faculty member serve as a mentor to both groups.

In the fall of 2008 all summer Bridge (LVN) students entered RNSG 2514 & 2462 (Level III). They were randomly assigned clinical groups with generic Level III students but continued with either CCI or MSN instruction. These groups of both generic and bridge students continued through Level IV until graduation with all clinical instruction being given by either CCIs (experimental group) or MSNs (control group).

At the completion of each semester, comparisons were made between course grades, clinical grades, and ATI (Assessment Technologies Incorporated) scores. During each level two ATI tests are given. The scores of the two groups were compared every semester and no significant differences were seen. More statistical data on ATI scores will be available later. Ultimately, the two groups were compared on their first time NCLEX-RN pass rate. All in both groups passed on their first attempt.

At the end of each semester, course theory and clinical grades were compared. This ultimately led to the graduation rate of the groups which we compared. All graduation percentages were based on completion in the minimum amount of time. The CCI group had a 74% graduation rate and the MSN group had an 84% graduation rate in the exact time on the degree plan. The CCIs had more LVNs in their groups than the MSNs. No significant difference in passing grades and subsequent on time graduation rates were seen with generic students. Of the MSN and CCI generic groups, 94% of CCI group and 95% of MSN group graduated in the exact time designated on the degree plan. The CCIs had a larger number (19) of Bridge (LVN) students than the MSNs (10). Traditionally our Bridge students do not have as high of "on time" graduation rate as our generic students. They tend to enter with slightly lower GPAs and work too many hours as LVNs. The on time graduation rate for LVNs with CCIs was 58% and the graduation rate for LVNs with MSNs was 60%. See chart.

<u>Type of Student</u>	<u>Students in the Study</u>	<u>Students who Graduated</u>	<u>% of Students who Graduated On Time by Group</u>	<u>Total</u>
EXPERIMENTAL				
CCI- Bridge (LVN)	19	11	58%	74%
- Generic	16	15	94%	
CONTROL				
MSN-Bridge (LVN)	10	6	60%	84%
- Generic	22	21	95%	
TOTALS	<u>67</u>	<u>53</u>		<u>79%</u>

Side benefits of this grant have been that all four CCIs have continued pursuing their MSN degree. The academic environment and encouragement has assisted with this. The CCIs and MSN instructors were evaluated by the students at the end of each semester. The evaluations of clinical instruction were favorable for both the CCIs and MSN clinical instructors. We received no complaints, verbal or written, from any students in the control or experimental group, clinical facilities, or other ADN instructors.

Currently, a Master's Degree in nursing or a master's in a related field with at least six graduate nursing credits is required of RNs who are clinical instructors. The number of RNs in Texas with a Masters Degree or above is 18,346 and the number of RNs with a Bachelors Degree or above is 90,071. This concept, if implemented on a state wide basis, would have the ability to increase the capacities in nursing schools by increasing the pool of clinical instructors. This can have a very positive effect on increasing the number of RNs in Texas while maintaining high patient care standards.

The graduate courses the BSNs completed were vital to this project. Preceptors are currently being used for clinical instruction in other colleges. These CCIs had all preceptor level qualifications with additional nursing education knowledge and MSN mentoring. The CCIs were in clinical agencies where Victoria College MSN faculty were also present and available for collaboration. The CCIs attended weekly level meetings, participated in interrater reliability grading of varied clinical assignments, etc.

All 53 students in both the experimental and control group passed on their first attempt on the NCLEX-RN. All 53 are currently employed and many are continuing with their education. Twenty-six of the 53 were given their clinical instruction by CCIs. Using CCIs assisted in relieving the nursing shortage.

DRAFT LETTER

Marilyn Hamilton, BSN, MEd, RN
ADN Division Chair
Associate Degree Nursing Educational Program
Victoria College
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Victoria, Texas 77901

Dear Ms. Hamilton:

The Board of Nursing wishes to thank you and for providing a final report at the July Board meeting of the Innovative Project Conducted by Victoria College to address the nursing faculty shortage and to encourage future nursing educators in the state. It was the decision of the Board to accept the report and to commend the program for this innovation. Best wishes as you move forward in the collaborative approach with the University of Houston-Victoria in efforts to encourage BSN-prepared nurses to become fully qualified nursing faculty.

Sincerely,

Linda R. Rounds, PhD, RN, FNP
President

Janice I. Hooper, PhD, RN
Nursing Consultant for Education