

Moving the needle: What the data tell us about academic progression

By Deborah E. Trautman, PhD, RN

Although support for academic progression was once considered divisive in some nursing circles, times have changed. The need to advance the educational level of the nursing workforce—a key recommendation in the Institute of Medicine (IOM)'s 2010 report *The Future of Nursing: Leading Change, Advancing Health*—is now widely embraced by most national nursing organizations and patient advocates seeking to move the profession forward.

Why is this important? As academic nursing leaders, we understand that education matters and directly affects a nurse's ability to provide high-quality care. The evidence-based findings in the IOM report and related studies have sent a clear message to employers, practicing nurses, students, and other stakeholders:
Preparing

Preparing more highly educated nurses is in our patients' best interest.

a more highly educated nursing workforce is in the best interest of the patients and communities we serve.

Across the nation, many hospitals and other practice settings are providing funding for nurses to continue their education and are offering more flexibility for nurses who must juggle work and school demands. Employers are recognizing education makes a difference and are moving to hire more baccalaureate-prepared nurses into entry-level registered nurse (RN) positions.

Data collected by the American
Associ-

ation of Colleges of Nursing (AACN) show that 79% of employers now require or express a strong preference for nurses with bachelor's degrees.

Growth in BSN and graduate programs

Nursing schools have made achieving the IOM's nursing education goals a top priority and are working to expand capacity in their undergraduate and graduate programs to meet growing demand. Since 2010, 63 new entry-level bachelor of science in nursing (BSN) programs have opened nationwide, in addition to 46 new BSN degree-completion programs for RNs seeking baccalaureate degrees. Growth in graduate nursing programs also has been impressive, with 28 new master's programs, 10 new PhD programs, and 116 new doctor of nursing practice (DNP) programs opening in the last 5 years.

Our progress in achieving higher levels of education is beginning to show. For more than a decade, enrollment in BSN programs has increased steadily each year. After the IOM recommended an 80% increase in baccalaureate-prepared nurses in the workforce by 2020, the number of students entering those programs accelerated rapidly. Over the last 5 years, enrollment in RN-to-BSN programs increased 69%, and enrollment in entry-level BSN programs rose 17%. But despite these gains, only about 55% of RNs currently are



prepared at the baccalaureate level or higher, according to the latest statistics from the National Council of State Boards of Nursing.

In master's programs, students also are returning to school in ever-increasing numbers. Since 2010, enrollment in master of science in nursing (MSN) programs has increased by 31%, with more than 113,000 students now in the MSN pipeline. Much of this growth can be attributed to nurses interested in pursuing advanced roles, such as nurse administrator and clinical nurse leader.

Further along the educational continuum, nursing schools are making great progress in their efforts to double the number of nurses with doctorates, as the IOM recommended. Much of this new growth has been achieved through widespread adoption of and interest in the DNP. (See *Gains in DNP and PhD preparation.*)

Expanding educational options

Fortunately for nurses considering a return to nursing school, options for completing a program have expanded. Many degree-completion programs, including those for RNs seeking to complete a master's degree (RN-to-MSN), are offered completely online or in a hybrid format (a combination of classroom and online sessions). Typically, students have the option of completing programs on a full- or part-time basis, though many schools encourage applicants to enroll full-time when possible. Also, some schools are moving to offer evening and weekend classes to accommodate working nurses' needs.

Sending the right message

For nurses to meet today's employer expectations, climb higher on the career ladder, and assume leadership roles within

Gains in DNP and PhD preparation

In 2004, the American Association of Colleges of Nursing (AACN) endorsed the doctor of nursing (DNP) degree as the appropriate level of educational preparation for advanced nursing practice roles. Since then, the number of schools offering this degree has risen from 7 to 264, with enrollees now surpassing 18,000. Since 2010, 111 new DNP programs have opened and the student population has more than doubled.

The authors of a national study released in 2014 by the RAND Corporation found near universal agreement among nursing's academic leaders regarding the value of DNP education in preparing nurses to serve in one of the four advanced practice registered nurse roles—clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, and nurse practitioners. Students and nurses in the workforce have embraced this message and are enrolling in both post-baccalaureate and post-master's DNP programs to better meet evolving practice expectations.

Growth in nursing doctoral programs also has been impressive since AACN's endorsement of the DNP position statement in 2004, with enrollments growing 54% over the past decade. Since 2010, 10 new PhD programs in nursing have opened, and enrollment has increased 15%.

Many hospitals and other practice settings are providing funding for nurses to continue their education.

health care and the profession, education is the key. Research highlighted in the IOM report indicates nurses with more education are better equipped to provide higher-quality patient care.

Achieving the IOM's recommendations for education advancement will require innovative solutions and collective action by all parties engaged in developing future generations of nurses. Successfully reaching these goals requires strong academic-practice partnerships and a solid commitment among practice colleagues to encouraging and rewarding educational advancement of their nursing staff.

Now is the time for nurse educators, higher-education administrators, employers, legislators, and other stakeholders to commit to marshalling resources and providing opportunities to enable all nurses to move ahead

with their education. Together we can send a message that education is an essential element of nursing practice, while instilling a passion for lifelong learning among new and experienced nursing professionals. Our patients deserve nothing less. ■

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Selected references

- American Association of Colleges of Nursing. 2014-2015 enrollment and graduations in baccalaureate and graduate programs in nursing. Washington, DC: Author; 2015. www.aacn.nche.edu/research-data/standard-data-reports
- American Association of Colleges of Nursing. Employment of new nurse graduates and employer preferences for baccalaureate-prepared nurses. Washington, DC: Author; 2014. www.aacn.nche.edu/leading_initiatives_news/news/2014/employment14.
- Auerbach DI, Martsolf G, Pearson ML, et al. The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program. RAND Corporation; 2014. www.aacn.nche.edu/dnp/DNP-Study.pdf
- Budden JS, Zhong EH, Moulton P, Cimiotti JP. Highlights of the National Workforce Survey of Registered Nurses. *J Nurs Reg.* 2013;4(2): S1-S72.
- Institute of Medicine. The Future of Nursing: Leading Change, Advancing Health. October 5, 2010. www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx

Flipping your classroom

The flipped approach makes class time more productive and engaging for students.

By Donna Volpe, RN-BC, MSN

As a teacher, do you ever feel as if your words sound like a string of jumbled trombone notes? Instead of doing all the talking, do you wish students you would talk while you listened, moving among them as they discuss case studies, watch videos, review information, and have the chance to get prompt answers to their questions?

That's what happens in a flipped classroom. Instead of feverishly taking notes or passively absorbing content in class and doing homework later, students become familiar with assigned concepts at their own pace outside class, and then apply, analyze, or synthesize it in class with the teacher's help. Their homework is a weekly lecture via a PowerPoint® presentation with your voice on audiocast, or a podcast or an online video, which students view or listen to at their own pace and convenience. They can pause, rewind, and rewatch a video or replay specific slides or audio segments. And they can do it on the device of their choosing—even while exercising or powerwalking. This way, they come to class familiar with the assigned content and armed with observations or questions that will help them master the concepts.

The teacher assigns homework in the form of specific online videos, PowerPoint presentations, audiocasts, or podcasts. Class time is reserved for discussion and other activities that illustrate and help them master concepts, work through problems, and assimilate knowledge. Group activities rule, and the teacher's role changes from provider of didactic lectures

to facilitator. (By the way, content-related Jeopardy games and videos bring the popcorn are among my students' favorite activities. I bring the popcorn!)

Is it noisy at times? Yes. Are students learning? Yes. Do I see many yawns? Not as many as before. Plus, class attendance has improved.

Flipping the classroom isn't a new idea. Teachers have used this approach in a range of academic settings, from middle school to college.

Preparing to flip the classroom

Before implementing this novel approach, I had to educate myself about it. I joined a network that promotes the flipped class-

room, read many articles, and interviewed a staff member in my school's information technology (IT) department who'd worked with another professor in flipping her class. I scoured the web to find activities that encourage active learning. The Quality and Safety Education for Nurses website (QSEN.org) gives examples of activities that provoke critical thinking in students. Many YouTube videos provided information on the weekly topics we needed to cover in class.

When I introduced the flipped concept to my classes (first-year nursing students in maternity nursing and senior nursing students in mental health nursing), I encountered some skepticism. The idea unnerved some of the



more conscientious traditional learners who were accustomed to jotting down every word I spoke. To help ease their fears, I passed out an article on the flipped classroom along with my “flipped” syllabus.

How it's playing out

Many of my students say they like the self-paced PowerPoint presentations and the ability to replay the parts they wanted to review. They found certain videos highly entertaining; some students even memorized classic lines.

The negatives? For the rare audio glitches that arise, my IT department is helpful. And a few of my students didn't have Microsoft® Office (needed for PowerPoint) on their computers. But as Penn State students, they can get a free download.

To find out if students are viewing and learning from the assigned PowerPoint presentations, videos, audiocasts, and podcasts, I give quizzes every

other week and exams every 3 weeks or so. Their grades are quite promising. Also, I ask them to fill out an anonymous evaluation the last day of class to elicit their opinions on the flipped classroom.

- First-year students for the fall 2013 and spring 2014 semesters rated the course a 4.0 on a scale of 1 to 5 (where 5 is the highest score). Second-year students rated it a 3.68.
- First-year students for the fall 2014 semester rated the course a 6.51 on a scale of 1 to 7 (where 7 is the highest score).

Here are a few student comments:

- “I liked the games as a review.
- They helped me remember things.”
- “I loved the audiocasts. I appreciated being able to listen to lectures anywhere and as many times as I felt I needed to.”

As for me, I find myself looking forward to class instead of just trying to fill my 2-hour time slot. In

fact, in a few class sessions, we've actually run out of time. Teaching a flipped classroom is more demanding than the traditional classroom, because I have to devise and set up classroom activities. But more and more, I find myself smiling at the end of the day.

Of course, the flipped classroom approach isn't just for nursing schools. Hospitals can use it as an alternative to traditional education for new and current staff members. Why not give it a try? ■

Selected references

Flipped Classroom Model. MGH Institute of Health Professions. 2015. www.mghihp.edu/faculty/faculty-compass/teaching/Teach-Your-Course/TeachingStrategies/flipped-classroom-model.aspx

Hart D. The flipped classroom: a new teaching model turns the traditional lecture approach on its head. *Duke Nursing Magazine*. 2013;9(2):14-7. <http://today.duke.edu/2013/06/nursingflipping>

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