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Developing a Successful Online RN to BSN Program

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In 1999, the University of Arkansas for Medical Sciences College of Nursing received a
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Developing a Successful Online RN to BSN Program

Healthcare experts continue to warn of a shortage of qualified professional nurses. This emerging crisis threatens healthcare delivery in large metropolitan healthcare centers, community hospitals, ambulatory care settings, and rural community health settings. Because Registered Nurses (RNs) are the largest single segment of the healthcare workforce, a shortfall of RNs is sending shockwaves throughout the healthcare industry. Along with the nation, Arkansas is experiencing a shortage of RNs, and in particular, a deficit of baccalaureate-prepared RNs (American Association of Colleges of Nursing, 2001; Arkansas State Board of Nursing, 1998b). This workforce deficit in professional nurses is compounded by the fact that Arkansans have been described as very unhealthy. Compared to other states, Arkansas ranks 42nd in overall healthy behaviors and health status (Arkansas HealthNet News, 2001).

To address this imbalance in the professional nurse workforce in Arkansas, in 1999 the University of Arkansas for Medical Sciences College of Nursing applied for and received a grant from the Health Resources and Services Administration (HRSA) to provide online baccalaureate completion courses for RNs seeking their Bachelors of Science in Nursing (BSN) degree. A distinct advantage of online education is that it increases access to education in remote rural areas for nurses who cannot receive their degrees in a traditional learning environment because of travel concerns and time commitments.

The College of Nursing has partnered with the Arkansas Health Department to allow time for their RN employees (85% of whom do not have BSNs) to enter the program. They provide release time and financial incentives for their staff to attend school, and the college provides community-based clinical experiences suitable to meet their needs.

Using four rural Area Health Education Centers (AHECs) and the main health sciences campus in Little Rock, rural RNs and RNs employed by the State Health Department are offered the opportunity to complete their BSN degree and improve their ability to serve and care for the people there. Providing an online BSN degree not only services the workforce need for traditional hospital nursing, but also improves the professional nurse workforce in community, home health, long-term, and ambulatory care.

After meeting admission requirements, nurses seeking their BSN degree are able to enter the RN to BSN program at the senior level and are required to take the course Orientation to Advanced Placement, four clinical based courses (Community Health Nursing, Leadership and Management Nursing, Older Adult Nursing, and Ambulatory Care Nursing), Nursing Research, and Issues in Nursing. These courses provide 26 semester hours of credit, all of which are online. This RN to BSN program is designed to sharpen nurses' critical-thinking skills, provide the conceptual and theoretical basis for professional decision-making, introduce nursing research, and build a foundation for community health nursing. The program uses a flexible, online curriculum that is suited to meet the needs of the rural based RN and the public health nurse while maintaining educational excellence and building clinical expertise.

Program Background

From 1974 to 1999, the College of Nursing faculty made weekly trips to rural areas throughout the state to teach baccalaureate courses and evaluate students' clinical performance using a traditional face-to-face approach in a curriculum that was generally inflexible. This required a major commitment of faculty time for travel, which reduced their availability as an academic resource. In 1993, telecommunications (compressed video) was introduced as a means of offering courses to outreach sites in the AHEC areas. However, this required outreach students to travel to their regional AHEC site for classes on pre-scheduled days and at pre-scheduled times, similar to the traditional classroom approach. Additionally, the demanding class and practicum schedules would often force full-time employed nurses into part-time employment schedules, further compromising the already limited workforce in underserved areas.

The first online undergraduate courses were piloted in spring 1999, some as complete courses to selected RN to BSN students and some as courses partially online to all students in that course.

Current Program

Today all theory courses in the RN- to- BSN curriculum are completely online, and practicum course assignments are managed primarily online. The RN- to- BSN program has doubled its enrollment since the online program began. In the traditional face-to-face program the RN to BSN enrollment rate was approximately 35 students per year. Now the program enrolls approximately 70 students per semester, and the number continues to grow. Implementing an online curriculum has also generated more flexible entry for RNs seeking their degree. They are no longer bound to classes offered in a curriculum with rigid, time -bound, semester blocked offerings that mandate once a year enrollment. Currently, students are offered enrollment for any semester and advised into classes based on their personal degree plan. This flexibility has added to the increased enrollment for the program.

Computer fears and sense of isolation are dealt with early in the program. Computer phobia is decreased through a daylong orientation, in which students are gathered in a computer lab and are taught how to log onto the course that they are taking. The instructor reviews the online syllabus and content with students while answering any questions they may have about the course. Students become more comfortable and less fearful of the online education courses simply by being in the course for a short period of time. However, in the first two weeks, an important strategy for reducing fear is quick, frequent feedback to students. Some faculty even write a personalized letter to students entering their online course to alleviate fears. A sense of isolation is remedied by uploading student pictures to a web page as soon as they register for class. Also providing an online socialization discussion forum area for students promotes student interaction and allows for discussion of topics not directly related to course content, such as how to get books or problems sending attachments. These forums create opportunities for students to get to know each other. As time passes and students become more at ease with the use of technology, their fears dissipate rapidly.

Preparing the Curriculum

To facilitate curriculum development, participating faculty attended a weeklong Summer Institute on Online Education, sponsored by the University of Arkansas for Medical Sciences College of Nursing. This experience provided the skills needed for the development of online courses. The institute included content on models of online

education, new technologies and strategies and evaluation of learning. An experienced online educator, assisted by an instructional designer and a software expert, conducted the institute. After the weeklong institute, faculty were given three weeks paid time to develop the online courses with assistance from the institute educators.

One goal of the Institute was to acquaint or re-acquaint participants with the principles of andragogy and adult teaching/learning principles. This generated discussion and creative ideas about how to educate students outside the traditional classroom. Another goal was to teach participants to create documents, which could easily be converted to web pages. The Institute used Front Page for creating new web pages, in preparation for uploading documents into WebCT, one of the several software programs available for implementing online education and the one selected by the College to facilitate online education. Technical support was also available to facilitate facultys' development of online courses. Overall, the Institute provided the foundation for successful implementation of an online curriculum.

Online education is congruent with the framework of adult education. Malcolm Knowles addresses the needs of an adult learner in his 1973 book The Adult Learner: A Neglected Species. He states that adults will be very self-directed in their learning when given the opportunity because they feel a "need" to learn. Online education gives adult learners a chance to be self-directed in the learning process by allowing them to share experiences with other students and faculty, as they apply concepts and data to the topics being discussed. This process of sharing allows the students to go beyond the usual classroom situation where they generally listen to lectures and take notes. Some students are reluctant to speak up in the classroom for fear of saying something wrong and being ridiculed. Some students are shy and will not take the opportunity to discuss. There are also students who like to do more than their share of discussing. In any case, online education provides a means for all types of students to express themselves in a more thoughtful, equitable manner. In the online curriculum students have the time to formulate their thoughts and present content in a way that best suits them. Many digital tools enhance the flexibility of online education, including asynchronous and synchronous discussions, e-mail, web searches, case studies, chat rooms, quizzes, and exams. All of these methods have been implemented in the BSN online education program in the various courses.

Planning the practicum components for four online courses remains a challenge. Because students are already licensed, they may function in the clinical setting as RNs, but they nevertheless require oversight related to the concepts of the courses in which they are enrolled. Additionally, they need the opportunity to critically analyze their clinical application of theory concepts, participate in student conference groups, and have the opportunity to ask and answer questions. Historically, this was managed by a combination of telecommunications, preceptors, and traveling clinical faculty. Instructors made periodic site visits to specific locations throughout the state and clinical conferences were held through telecommunications for all AHECs simultaneously. Students documented clinical experiences and analysis of observations in written logs, which were reviewed at least twice each semester.

A goal for the online practicum component is to satisfy these same requirements using online educational tools. Following are solutions implemented to accomplish this goal:

* AHEC and faculty members select, or assist the students to select, appropriate preceptors in their local areas who meet course requirements as well as college and faculty requirements.
* Orientation for new preceptors to acquaint them with course requirements is delivered via videotaped sessions of the respective course coordinator providing information to the preceptor.
* Written documentation to reflect students' critical thinking and clinical experiences is submitted using WebCT. Feedback for individuals and group questions are managed using various tools within WebCT.
Concerns yet to be addressed about the online practicum include:
* Identifying sufficient numbers of qualified preceptors and clinical sites in rural areas to meet the growing numbers of RNs wishing to enroll in this program from rural areas.
* Expecting the preceptors to provide actual clinical evaluation rather than limiting their participation to input into the course coordinators' final evaluations. Using a tool based on Bondy's 1997 (Bondy, Jenkins, Seymour, Lancaster & Ishee, 1997) research, faculty is attempting to standardize an approach to clinical evaluation that may be used successfully by preceptors. For example, one faculty made a video of a student conducting a community-teaching project. One segment demonstrated the student giving a failing presentation, followed by the student giving an excellent presentation. The instructor shared this video with the other instructors; all preceptors were also sent copies and students were made aware that it was available to them for viewing.
* Clinical conferences that are not dependent on telecommunication. Many faculty are beginning to experiment with bulletin board groups or chat rooms as a solution rather than face-to-face clinical conferences.
Program Evaluation
Evaluation is fundamental to the instructional and curriculum design process. To facilitate evaluation, an instructional designer served as part of the evaluation process for courses offered. This designer assisted faculty in designing and developing their online courses. The designer evaluated each course throughout the semester and advised on revisions as needed. Additionally, an evaluation specialist oversaw data collection and analysis for each course. Formative and summative data were collected and analyzed, including student comments regarding faculty and course content.
Student evaluations have been very positive. One outcome of the evaluations indicated that students truly appreciated the opportunity to continue their education via the Internet. Most found the course content helpful and relevant to their clinical practices. Students also felt that they could give suggestions for course improvement without retribution. Faculty have used student comments to make appropriate changes in the courses.
Each semester, students evaluate each course and faculty teaching the courses. Faculty also provide peer evaluations, and consult an evaluation specialist when needed. The curriculum committee reviews the courses and the associate dean of the undergraduate program reviews all evaluations.
Successful online instruction demands frequent evaluations by experienced educators. These evaluations are considered essential for decreasing online course attrition rates. At first, biweekly meetings were held for faculty teaching online courses to discuss innovative and creative ways to enhance the courses being offered. These meetings are now being offered monthly. Effective course development and management is essential

for successful program development. Sharing of experiences, positive and not so positive, are ways of improving course delivery.

Because of intensive formal training given to faculty before teaching their first online course, the new online curriculum has been very successful. Faculty were freed from their teaching commitments for one month in the summer and were able to devote full time to development of their online course. It is essential for faculty to have instructional design support and administrative support to have effective online courses. In order to sustain the program, all new online instructors should have formal training and effective mentoring from those who have previously taught online courses. Because of the increasing investment in online teaching, it is essential that everyone involved work closely together to see that the program continues to be successful. So far every effort has been made to accomplish this through continuing education, keeping software and training up-to-date and continued support from administration. The partnership of faculty, technical support, and administration is the vital tool that will keep the program growing and user friendly.

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