Accelerated Education in Nursing
Challenges, Strategies, and Future Directions

Lin Zhan

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Accelerated Education in Nursing
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Lin Zhan, PhD, RN, FAAN
Linda P. Finch, PhD, RN, APN

Editors
This book is dedicated to our families for their continuing love and support.

Lin Zhan and Linda P. Finch
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Nurse educators have a long tradition of creative development in nursing education programs. The vast array of program types for individuals with various levels of nursing education have been a direct response of the awareness by nurse educators that multiple streams of learning can result in very high-quality educational outcomes. Thus, deans of nursing in baccalaureate and higher-degree programs have designed programs that take into account the education previously acquired by learners. Review of reports from schools of nursing provide evidence of these non-traditional educational pathways with multiple institutions offering programs such as LPN to BSN, ADN to MSN, and/or fast track to the PhD.

These innovative programs are also a direct result of clear indications that a pool of potential students, interested in advancing their education in nursing, will enroll and take advantage of their creative programs to improve their capacity to deliver high-quality nursing care. In the last two decades, a different pool of potential students have shaped nursing education in a markedly different and creative way. These students, termed as second-degree or second-career students, are stimulated to seek a career in nursing as a result of policy makers’ and health care organizations’ clear message to the public that professional nurses are paramount to the delivery of high quality health care to diverse populations. Another positive impetus for these students to pursue a nursing degree is the rewards associated with a career as a professional nurse. Consequently, the response of second-career/-degree students is overwhelmingly positive as they seek out programs that will prepare them for a career in nursing.
As will be described in this important book—*Accelerated Education in Nursing: Challenges, Strategies, and Future Directions*—the result has been the development of programs that are designed to recognize the previous academic experiences of the second-career/second-degree students and assure as rapid completion of the nursing curriculum as possible while sustaining quality and integrity of accelerated nursing programming. While accelerated degree programs vary in length, all focus on an intensification and compression of the nursing course work that facilitates rapid completion. Student learners experience the nursing curriculum with full-time study and daily experiences complete with intense clinical exposures to the practice of professional nursing. A sign of these programs’ success is the strong employer acceptance for the graduates who are committed nursing professionals with a wealth of experience to bring to their nursing practice.

Accelerated degree programs provide evidence that creativity in nursing program design can facilitate learning experiences that assure competence in the profession while also taking advantage of the knowledge, skills, and experiences the learner brings to our profession. Lessons learned from accelerated nursing programs can be applied in all our programs and enrich the education of professional nurses, who are essential in meeting the health care needs of the public.

_Geraldine Polly Bednash, PhD, RN, FAAN_

CEO, AACN
Preface

Accelerated programs in nursing have gained popularity over the last 10 years in responding to a shortage of baccalaureate-prepared nurses, accommodating learning needs of a special pool of learners with prior university/college education, and meeting the need for advanced practice nurses and educators. A handful of accelerated nursing programs directly enroll high-school graduates and provide the baccalaureate degree within a 32-month college educational framework. Concomitantly, there is a growing concern in the public about the safety and quality of patients seeking health care services, thus, increasing an oversight for readiness and competencies of new nursing graduates for contemporary practice.

Does accelerated nursing education prepare graduates with essential knowledge and critical skills for contemporary practice? Does the accelerated nursing education model provide a substantive, sustained, and innovative approach to nursing in curriculum reform? What challenges do faculty, students, and administrators face in accelerated nursing education? What strategies are used to sustain and improve quality and integrity of accelerated nursing education? To date, a paucity of literature exists that explores, describes, and examines critical issues in accelerated nursing education. It is with this intent, therefore, that this book, *Accelerated Nursing Education: Challenges, Strategies, and Future Directions* (hereafter, the book), is written by and for nursing faculty, health professionals, researchers, and academic leaders.

The book is organized into three sections. Section I: Achieving Excellence in Accelerated Nursing Education is composed of six chapters that focus on description and examination of curriculum innovation, student learning, faculty teaching, and workable strategies to achieve excellence.
in accelerated nursing education. In Chapter 1: Accelerated Nursing Education: An Overview, Dr. Finch examines accelerated nursing education from historical, social, and higher-education perspectives. Although the current literature on accelerated nursing education is limited, this chapter provides an overview of students’ demographic characteristics, program retention and outcome issues, and effective faculty teaching. Issues and challenges for accelerated nursing program faculty and students are presented, along with the need to continue research that examines effectiveness of accelerated nursing programs.

Dr. Kaddoura and associates present Chapter 2: Curriculum Innovation. This chapter provides a review of current literature in curriculum innovation and models of using knowledge to create new ways (contents, pedagogy, and experience) of teaching. The authors describe challenges faced and strategies used to design and implement innovative curriculum in accelerated nursing programs, and share their experiences about how to manage essential contents, understand student diversity and learning patterns, and integrate active learning methods in classroom and clinical settings. The authors suggest that clinical partnerships, integrated curriculum, coaching, and student-centered, active-learning strategies be used to promote students' learning.

What is an innovative approach to accelerated students’ clinical learning? In Chapter 3: Clinical Immersion as an Innovative Pedagogical Approach in Accelerated BSN Programs, Dr. Kaddoura and associates discuss a Clinical Immersion Model (CIM) used in the accelerated BSN program. The CIM allows accelerated students to be immersed in clinical experience after extensive exposure to the theoretical component of nursing courses, which changes the traditional clinical rotation model. The CIM shows promise in making more meaningful connections between didactic and clinical education, and promoting students’ clinical thinking and reasoning. Faculty partner with clinical nurses and rethink their roles and expectations.

What constitutes effectiveness of teaching in accelerated nursing education? In Chapter 4: Achieving Excellence in Teaching, Dr. Huckstadt explores issues, strategies, and successes of using evidence-based teaching practice in accelerated nursing education. Teaching effectiveness is a complex and multifactorial concept that involves the teaching–learning dynamics between faculty and students and assessment of students' learning outcomes. The majority of current nursing baccalaureate students are considered “millennial learners,” born between 1980 and 2000, technologically adept, and multitaskers. Workable teaching strategies enhance learning outcomes of accelerated students, such as incorporating their previous college experiences and using a wide variety of teaching and learning methods. To achieve excellence in teaching, faculty analyze
feedback from a variety of resources to improve effectiveness, adjust
teaching methods according to diverse needs of learners, evaluate teach-
ing effectiveness using valid and reliable instruments, and mentor novice
educators to the academic role.

Moreover, higher education is held accountable for students’ learning
outcomes: retention, graduation, and achievement. In Chapter 5: Recruitment,
Retention, and Success in Accelerated Baccalaureate Nursing Programs, Drs. Sharp and Sharp analyze a multifaceted phenomenon of
accelerated students and discuss challenges and strategies to achieve
student retention, progression, and success. Marketing, admission proto-
col, interviews, cohort viability, and students’ motivation are considered
factors for recruitment. Accelerated students respond well to a learner-
centered teaching approach, where they take the initiative in their learn-
ing experience through strategies such as reflective journals, group work,
and problem-focused learning. An accelerated program of study does not
equal an abbreviated program, and thus, special efforts are made to under-
stand accelerated students, help them to manage stress, and transition
them into an accelerated program and ultimately into the nursing pro-
fession. Drs. Sharp and Sharp assert that tailored interventions are
needed to help disadvantaged students in the accelerated program.

What are the experiences of nursing faculty in accelerated nursing
programs? Dr. Brandt and associates share their stories in Chapter 6:
The Faculty Experience: Thriving in the Midst of Intensity While Pursuing
Excellence. As faculty members teaching accelerated students, their lived
experiences reflect their dedication and determination to shape one mind
at a time and to cultivate students’ critical reasoning in dynamic and
complex clinical settings. Faculty stories show their commitment to prac-
ticing core values of caring, compassion, and humanity in the dynamic
processes of teaching and learning. “Ah-ha moments” experienced by
accelerated students, in the authors’ own words, are “the beauty and
the beast of the nursing profession” in which nurse educators make
meaningful connections between “ideal” and “real” health care settings.
These faculty stories are telling, and in the midst of the fast-paced
accelerated program, we discover the essence of faculty excellence.

Section 2: Leadership in Accelerated Nursing Education focuses on
the need for leadership to achieve academic excellence and discusses lea-
dership challenges in accelerated nursing programs. What are the leader-
ship challenges? How do academic leaders face these challenges? These
questions are addressed in this section, comprising four chapters. In
Chapter 7: Leading and Inspiring a Shared Vision, Drs. Lee and Dapremont
discuss how academic leaders lead and inspire a shared vision to achieve
excellence in accelerated nursing education. Transformative leadership is
advocated as it engages, empowers, and enables faculty. It is essential for faculty involvement in decision making related to designing and implementing an accelerated nursing program. Leading requires open communication, transparency, honesty, and integrity. Leaders prepare for challenges that may arise during or after development of the vision, and a shared vision energizes, motivates, and inspires collective processes toward successful outcomes.

As accelerated nursing programs are growing, a critical question is asked, “How do we ensure high quality and integrity of these programs?” Nursing education is held accountable and responsible to prepare graduates for competently entering the nursing profession and/or effectively assuming leadership roles in health care settings. In Chapter 8: Continuous Quality Improvement: Achieving Excellence, Dr. Zhan asserts a practice of continuous quality improvement (CQI) to facilitate changes and innovations and to improve outcomes. Historical perspectives of CQI in the business world and health care sectors are examined. Quality improvement is defined and major principles are examined. Using CQI to achieve excellence is discussed in the context of accelerated nursing students, faculty, and curriculum. The author suggests that academic leaders be committed to creating a culture that embraces quality improvement, building a team that shares common understanding of systems and processes for quality improvement, using a strategic plan that serves as a roadmap for actions, and managing by facts that use data to aid decision making.

Nursing is experiencing an unprecedented shortage of faculty with a terminal degree. Academic leaders are challenged to develop mechanisms and strategies for successful recruitment, retention, and development of nursing faculty. In Chapter 9: Current and Future Needs of Accelerated Nursing Programs: Faculty Recruitment, Retention, and Development, Dr. Rideout examines strategies in faculty recruitment (e.g., collaborative affiliations), faculty retention (e.g., mentoring), and faculty development (e.g., tailored interventions). Development of faculty from a novice to an expert is a continuous process. As faculty are supported and developed, they bring the best practices to teaching future nurses, leaders, and nurse scientists.

Creating and sustaining an accelerated nursing program involves making critical decisions about necessary educational resources needed to support teaching, learning, and fulfilling the institution’s mission. The current economic downturn has taken a toll on higher education, resulting in increased student tuition and fees, budget cuts, and/or layoffs of staff. Nurse educators and leaders must be business savvy to meet educational demands for preparing the needed nursing workforce while finding cost-effective ways to sustain the nursing program. Consideration must also be given to professional program accreditation requirements and adequate resources in support of nursing educational programs.
Drs. Caldwell and LaRocco, in Chapter 10: Educational Resources for Accelerated Nursing Programs: Challenges, Strategies, and Future Directions, suggest ways to maximize education resources, including academic and practice-setting collaborations, efficient staffing and scheduling, and use of technology. Essentially, well-thought-out assessment and planning help in balancing demands and supplies, and ultimately, ensure effective allocation and use of resources.

Accelerated programs are developed in response to the demands of the health care workforce. In addition to nursing, there is a shortage of allied health professionals, and as a result, accelerated educational programs in allied health are also growing. Are there differences and/or similarities between allied health and nursing accelerated programs? What are the challenges that allied health accelerated programs face? What strategies are used to achieve program excellence? Which strategies from allied health accelerated programs may be useful to enhance nursing accelerated education? Section 3: Accelerated Nursing Education: Interprofessional Approach, begins with Chapter 11: Accelerated Education in Radiologic Sciences: A Broader Perspective. Professor Fanning et al. discuss how to design an accelerated curriculum and share learning experiences, and teach interventions that support student and program success. Differences in European, Australian, and the United States accelerated bachelor degree programs in radiological sciences are examined. Faculty and staff roles and responsibilities are discussed, as the burden of the successful accelerated educational programs rests heavily on the faculty, with support from administrators and institutions, to meet the workforce needs of radiological professionals.

Crossing the Quality Chasm by the Institute of Medicine (2001) documents disturbing shortfalls in the quality of health care in the United States, and recommends that health professionals deliver patient-centered care as members of an interdisciplinary team. In Chapter 12: Interprofessional Education: The Role of Accelerated Nursing Programs in Preparing the Nurse of the Future, Drs. Seymour-Route and Hale examine models of interprofessional education and its significant implications for preparing nurses in an environment where interprofessional teamwork, communication, and collaboration are valued and taught. Evidence shows that team-based and coordinated care provides the best approach to providing safe, high-quality, patient care. Authors analyze challenges to interprofessional education: disciplinary silos, reward and recognition processes, students, resources, and promotion and tenure. Exemplars of current and future interprofessional initiatives are presented. The authors call for embracing changes to prepare contemporary practitioners who ultimately bring the best outcome for promoting health for patients and diverse populations.
While the first accelerated baccalaureate program for nonnursing college graduates was introduced at St. Louis University in 1971, the American Association of Colleges of Nursing first reported data on numbers and types of accelerated nursing programs in 1990 and 1994. Even to date there are no published data that provide for in-depth analysis of accelerated programs over time. In Chapter 13: The Growth of Accelerated BSN and MSN programs in the United States: A National Perspective, Drs. Fang, Bednash, and DeWitty document the historical growth of the accelerated program, growth variations, demographic characteristics of students in the second-degree programs, and projected future growth of second-degree BSN programs. Continuing expansion of accelerated nursing education needs further research that generates knowledge and strategies to bring the best learning outcomes to nursing students.

The book reflects the collective wisdom and insights borne from the rich experiences of faculty, researchers, and academic administrators who design, implement, research, and evaluate accelerated programs. The central themes of the book are: innovative curriculum; student-centered teaching and clinical learning; faculty experiences in achieving excellence; leadership commitment to quality and integrity of accelerated education; and innovative educational models that are necessary to help prepare future health care practitioners who are caring, compassionate, and competent to promote health and improve patient care outcomes. Still, questions remain to be answered: “What, in the long run, are the pros and cons for moving through nursing education and into the workforce at such a brisk pace?” “Does the fast-paced program deprive students of their time to roam intellectually, grow up, and engage in extracurricular activities?” It may be more palatable to conduct rigorous research that provides evidence to aid decision making and that informs higher-education policy. Nevertheless, accelerated nursing education shows promising outcomes as described in this book.

Accelerated education, like colleges and universities, is seen as an engine of economic and social development. Indeed, accelerated education is a forum for academic freedom, innovation, and rigor that sustains intellectual diversity and vitality in response to changing societal needs. Accelerated nursing education allows faculty, students, and leaders to collaboratively build a vision and face challenges in higher education.

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REFERENCE
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Section

I

Achieving Excellence in Accelerated Nursing Education
Chapter 1

Accelerated Nursing Education: An Overview

Linda P. Finch

OVERVIEW: A HISTORICAL PERSPECTIVE

Nursing education historically changes to meet the demands of the public. Specifically over the last 40 years and in recent decades, the nation's increasing elderly population and nursing shortage have created a rising call for more nurses, forcing academic communities to act quickly to create solutions (Ouellet & MacIntosh, 2007). Currently, the Bureau of Labor Statistics (2010) projects that there will be a need for 1 million new and replacement registered nurses by the year 2012 and the need for more than 580,000 new and replacement registered nurses by the year 2018. The challenge is to quickly produce competent nurses while maintaining the academic integrity and reputations of the nursing programs (AACN, 2010).

Owing to the recent economic downturn, there is unprecedented rise in persons experiencing long-term unemployment (Bureau of Labor Statistics, 2011). Many college graduates are unable to find jobs in their fields, making educational opportunities, such as accelerated nursing programs, a viable way to retool for entering a profession that is able to compete in today's job market. While the traditional baccalaureate degree is the entry-to-practice standard for professional nursing, there is a new innovative nursing educational model that offers an accelerated degree for nonnursing graduates (AACN, 2010).
baccalaureate and master’s degree levels, these programs build on previous learning experiences and transition individuals with undergraduate degrees in other disciplines into nursing” (AACN, 2010, para. 2).

For students with a previously earned degree, accelerated baccalaureate programs offer the fastest way to become a registered nurse with most programs 12–18 months in length. Generic master’s degree programs can also be accelerated and are geared to nonnursing graduates. These programs generally take 3 years to finish by completing baccalaureate-level nursing courses the first year and graduate courses during the next 2 years of study (AACN, 2010).

Accelerated nursing programs are mostly geared toward the “no nonsense” student and tap into a previously untapped pool of learners to respond to the unique educational demands of nontraditional students (Ouellet & MacIntosh, 2007). The accelerated programs recruit mature students in search of a second career, who already have a baccalaureate or higher degree in a field other than nursing (Cangelosi & Whitt, 2005). These nontraditional students bring an increased level of maturity and previous life experiences that assist with developing essential critical-thinking and professional decision-making skills (Cangelosi & Whitt, 2005) necessary to acquire the educational competencies, complete the second degree quicker, and be ready to enter the nursing workforce (AACN, 2010).

While the first accelerated baccalaureate nursing program in the United States was instituted in 1971 at Saint Louis University and still exists (Saint Louis University School of Nursing Accelerated One-Year BSN: Introduction, n.d., para. 2), these programs have reproduced at a very rapid pace. In 1988 there were 10 programs, and by 1990, 31 accelerated baccalaureate programs (BSN) and 12 generic master’s programs (MSN) were offered around the country (AACN, 2010). By 2008, the AACN reported 205 active accelerated programs in the United States, with 37 in the planning stages (Lindsey, 2009). Currently, there are 250 accelerated BSN programs in operation, with 33 new programs in the planning stages (AACN, 2010).

**REVIEW OF LITERATURE**

Despite dramatic increases in the number of accelerated programs currently in the United States, there is a paucity of published research on accelerated programs. A majority of studies on accelerated nursing programs report findings related to student demographics, effective teaching strategies, and program retention and outcomes.
Student Demographics and Characteristics

Cangelosi and Whitt (2005) conducted a literature review of accelerated nursing programs and found that accelerated students tend to be older, married, and more often male when compared with traditional students. Seldomridge and DiBartolo (2005) profiled second-degree nursing students to determine how they differ from traditional nursing students. They reported that the majority of students were European-American, non-Hispanic women, less than 30 years of age, and returning to college to pursue a second bachelor’s degree within 5 years of completing their first degree. The educational backgrounds of second-degree students vary, but biology and psychology degrees are the most prevalent (Seldomridge & DiBartolo, 2005).

Accelerated students are motivated to choose second-degree nursing programs because of perceived enhanced financial stability and more employment opportunities, short program lengths, flexible work hours, and previous positive experiences with nurses (Seldomridge & DiBartolo, 2005). Accelerated students also tend to have higher grade point averages (GPAs) than traditional nursing program students (AACN, 2010).

Penprase and Koczara (2009) describe the type of accelerated nursing students who are successful and explore the implications that these programs have on the nursing community as a whole. Their findings support the AACN descriptions that the typical second-degree nursing student “is motivated, older, and has higher academic expectations than high school-entry baccalaureate students” (AACN, 2010, Changing Gears: Second-Degree Students, para. 1). Furthermore, the accelerated second-degree nursing students are “competitive, maintain high GPAs, and almost always pass the NCLEX-RN on the first attempt” (AACN, 2010, para. 4).

Penprase and Koczara (2009) maintain that it is essential to know the typical student demographics and characteristics of accelerated second-degree students to effectively recruit students for programs. An additional recommendation is to interview applicants prior to admission to identify those who are best suited for an accelerated program.

Effective Teaching Strategies

The study by Walker et al. (2007) highlights the importance of faculty–student relationships and the teaching–learning methodologies preferred by second-degree students compared to traditional students. Their findings indicate second-degree BSN students have stronger predilections in the areas of self-directed learning and motivation, trust that faculty will
tell them what they need to know, and greater preference for web-based instruction, case studies, and handouts in comparison with traditional students. In addition, the second-degree BSN students have higher expectations for guidance from faculty, classroom structure, and a desire for faculty to know them by name (Walker et al., 2007). A key expectation of an accelerated program is identifying practices that “help build on previous learning experiences” (Tanner, 2006, p. 99). Teaching strategies like simulations, contemporary topics, interactive technology, and case-based problem-solving benefit an accelerated students’ ability to learn (Cangelosi & Whitt, 2005). Therefore, increasing the use of online instruction as well as completing the theory portion of the course the first half of the term and the clinical component the last portion of the term are effective curricular approaches (Lindsey, 2009).

Collaborative teaching models promote communication between and among students and faculty. This model identifies nursing faculty to be specifically assigned to teach only accelerated students in classroom and clinical settings. The collaborative teaching model results indicate increased student and faculty program satisfaction, increased student knowledge in evidence-based practice (EBP), and achievement of more efficient learning experiences, a critical element in accelerated nursing programs (Kruszewski, Brough, & Killeen, 2009).

Program Retention and Outcomes

Accelerated programs provide the opportunity for quick entry into the workforce and provide health care facilities with the opportunity to help ease their nursing shortage (Lindsey, 2009). However, program retention issues for second-degree students include increased attrition for several reasons, including the rapid curriculum pace and intensity, personal issues, financial hardships, and employment during the nursing program (Lindsey). Furthermore, Seldomridge and DiBartolo (2005) note that students withdrew from accelerated second-degree nursing programs because of the rapid pace and program intensity that led to poor academic performance, while other students simply determined that nursing was not what they expected. While Seldomridge and DiBartolo (2005) report that nursing academic performance strongly correlates with success on the NCLEX-RN, there are no significant differences between NCLEX-RN pass rates of traditional versus accelerated students.

In general, accelerated second-degree students are older, mature, highly independent, and motivated learners who benefit from more autonomy and flexibility as well as creative learning within educational programs.
Therefore, it is often the experienced faculty who can implement creative teaching methodologies and offer support to accelerated students essential for meeting their educational demands and expectations.

**ISSUES AND CHALLENGES**

The growth and development of accelerated nursing programs have been rapid in recent years, making it difficult for reliable research to keep up with the pace (Tanner, 2006). From 10 programs in 1988 to the 230 accelerated BSN programs currently in operation (AACN, 2010), Wassem and Sheil's 1994 survey (as cited in Cangelosi & Whitt, 2005) identify accelerated program development issues that include “competition for clinical sites, heavy faculty workloads, program marketing, and poor screening of potential students” (p. 115). While accelerated nursing students are more mature learners who excel in class and are heavily praised by their employers (AACN, 2010), more research is needed on graduate outcomes and effectiveness of these programs beyond NCLEX-RN pass rates (Tanner, 2006). There is growing interest in the learning styles and preferences of second-degree students, along with recommendations for curriculum and program length (AACN, 2011; Cangelosi & Whitt, 2005; Tanner, 2006; Walker et al., 2007).

**Issues and Challenges for Faculty**

Faculty experience a variety of challenges with accelerated programming. Accelerated students typically demand more structure and guidance from faculty, often question relevance of and need for assignments, and are intolerant of busy work (Lindsey, 2009). For these reasons, experienced faculty may be better able to challenge students and meet the demands of teaching in this fast-paced program. Program administrators must address faculty workload and scheduling issues. For example, many accelerated programs run 12 months rather than the typical 9 months (Lindsey, 2009). Therefore, accelerated programming can present workload issues along with realistic budgetary concerns.

Teaching accelerated students can be challenging because of their maturity based on age, previous college experiences while earning a previous degree, and their ability to critically think and ask questions. Therefore, competent, resourceful faculty who are comfortable teaching diverse learners are integral in promoting these students’ success (AACN, 2011).

Because accelerated programs are short in length, faculty challenges involve meeting both program and student demands (Supplee & Glasgow,
Certainly teaching high volume, high quality, versus low volume, high quality makes teaching in accelerated programs demanding on faculty (Suplee & Glasgow, 2008).

Thus, teaching accelerated students requires faculty to enhance the learning environments and to develop teaching methodologies that fit with accelerated students’ expectations and needs. In Rico, Beal, and Davies (2010), interviews of accelerated students reveal six themes that describe best faculty practices: “[faculty] . . . appreciate accelerated students as adult learners, communicate passion for the profession, challenge and motivate, practice while teaching and share their experiences, support accelerated students, and use varied teaching styles” (p. 150).

The Institute of Medicine’s (2003) report, *Health Professions Education: A Bridge to Quality*, emphasizes EBP as an essential competency for all health care providers. Coupled with the Quality and Safety Education for Nurses (QSEN) initiative, nurse educators are mandated to prepare graduates who have the knowledge, skills, and attitudes to meet current clinical demands that reflect EBP (Cronenwett et al., 2007). Thus, the challenges to nurse educators are greater given the compressed curricular formats of accelerated, second-degree nursing programs.

Cangelosi (2007b) identified students’ perceptions of the importance of clinical faculty during their accelerated program, noting that students “… admired and remembered the clinical instructors who sought out meaningful experiences for them as well. Capturing the pedagogical moment in routine and not-so-routine activities provided participants with the greatest links with their current nursing practice” (p. 403). This finding is significant since clinical faculty sometimes do not feel a part of the academic team or part of the clinical agencies where they teach (Brennan & Hutt, 2001).

Clinical instructors are often part-time faculty, which adds to the stress of the teaching role that may require orientation to multiple clinical agencies. In addition, the need to clarify course syllabi and multiple student requirements can add to the stress, making it increasingly difficult to effectively implement the clinical faculty role. Therefore, support from colleagues is essential to retain and promote quality clinical faculty and prevent them from feeling at a lower status than tenured or tenure-track faculty (Brennan & Hutt, 2001; Kelly, 2006; Owen, 1993). Communication is the key element to facilitate positive faculty roles. Course orientations and course meetings to discuss concerns and issues allow clinical faculty input and promote ongoing, essential communication in accelerated program curricula.

Another challenge is the major shortage of nursing faculty nationwide. The AACN (2011) reports that nursing schools turned away
67,563 qualified applicants from both baccalaureate and graduate nursing programs in 2010 as a result of inadequate amounts of faculty, classroom space, clinical sites, preceptors, and budgetary constraints. Nearly two-thirds of schools pointed exclusively to faculty shortages as the main reason for not accepting every qualified applicant into their baccalaureate programs.

In 2008, the average age of nursing faculty in baccalaureate programs was 51.5 years, with typical retirement around age 62.5 (Allen, 2008). Today, with the average age of retirement for nurse faculty still at 62.5 years but the average age of doctorally prepared faculty at 53.5 years (AACN, 2011), a wave of faculty retirements is expected within the next 10 years.

According to AACN (2011) data, there is “… a national nurse faculty vacancy rate of 6.9%. Most of the vacancies (90.6%) were faculty positions requiring or preferring a doctoral degree. The top reasons cited by schools having difficulty finding faculty were non-competitive salaries compared to positions in the practice arena (30.2%) and a limited pool of doctorally-prepared faculty (30.4%)” (Scope of the Nursing Faculty Shortage, para. 2.)

The major reasons that prevent schools of nursing from hiring more full-time faculty include insufficient funds, lack of college commitment for more full-time positions, competitive recruitment of faculty from other job markets, and unavailable qualified applicants in their geographic region (AACN, 2011). As the popularity of second-degree programs increase and faculty resources remain limited, schools of nursing will face difficult choices (Seldomridge & DiBartolo, 2005). Accelerated nursing programs require competent and willing faculty to teach second-degree students. Thus, maintaining faculty resources for traditional and accelerated programming presents a huge challenge for the future of nursing.

**Issues and Challenges for Students**

There are many issues and challenges for students entering an accelerated nursing program. The cost of an accelerated program can be unaffordable, and in a downward economy with limited funding resources, the inability to pay for school is a huge deterrent for many students wanting to enter an accelerated program (AACN, 2011). In 2005, Seldomridge and DiBartolo reported an average attrition rate of 10%, with an interesting 25% “no show” rate for accelerated students. Follow-up contact with the “no show” students revealed that their
biggest reasons for not attending were financial considerations (Seldomridge & DiBartolo, 2005). In a subsequent study in 2007, the same authors found rising attrition rates to 23% of accelerated students, with one of the reasons for leaving including the need to work and make money (Seldomridge & DiBartolo, 2007).

Rouse and Rooda (2010) report that the majority of accelerated students work 20–40 hours per week to support themselves and their family. In an exit survey, one student commented, “... many people in the second-degree program also hold jobs. They are older, and many have children and need to work in order to scrape by” (Rouse & Rooda, 2010; p. 360). With continued economic uncertainty, there may be dramatic shifts in the demographics of students seeking admission to accelerated second-degree programs (Seldomridge & DiBartolo, 2005).

There are many other challenges for accelerated students in such fast-paced programs other than just costs. Other challenges include amount of commitment, time management, intense synthesis and application of knowledge, and the need to balance classroom, clinical, and life at home (Supplee & Glasgow, 2008). With accelerated programs ranging from 12 to 18 months versus the 3 years in traditional undergraduate nursing programs, the intensity is great and often contributes heavily to attrition (Cangelosi & Whitt, 2005). Nonacademic reasons for leaving the accelerated programs include the need for employment to help support the family, other family responsibilities, long commute times, and English as a second language (Rouse & Rooda, 2010).

Thus, the retention and attrition of accelerated second-degree students are vital issues that need to be addressed in research to better understand student populations and predict future enrollment management (Seldomridge & DiBartolo, 2005). According to the AACN (2011), some accelerated students struggle with the transition from being sophisticated, mature adults working in the real world to returning to life as a student in an undergraduate program. It is a tough transition that, according to Seldomridge and DiBartolo (2007), is in part due to the pace and intensity of the programs.

Specific ways to promote student retention include having an orientation program that provides realistic information about program demands and intensity, including schedules, allowing currently enrolled students or new graduates the opportunity to provide testimonials on how to prepare for program rigor, providing academic and psychological support services resources, creating focus group opportunities to foster communication, providing one-on-one faculty mentoring and advising, and providing avenues for financial assistance (Rouse & Rooda, 2010). Helping prospective students understand that these programs are
Accelerated, and not abbreviated, is crucial to helping decrease attrition rates (Meyer et al., 2006).

**FUTURE DIRECTIONS**

The success of accelerated nursing programs is dependent upon reliable research and qualified nursing faculty who understand the characteristics of diverse group of students that make up accelerated programs and teach well-designed courses (Supplee & Glasgow, 2008). With an increase in accelerated second-degree programs, it is crucial that new research continues to examine these programs. Specifically, answers to questions such as these are needed: Are accelerated programs improving the focus of nursing education? Are quicker programs still able to meet the learning needs of students? Should a different approach be used in the classroom or clinical setting? Are there long-term differences in traditional and accelerated graduates? How are quality indicators relative to patient outcomes affected by accelerated graduates? Are current second-degree accelerated nursing students significantly more diverse than their traditional counterparts? What are the factors that promote diversity in accelerated programs? How are accelerated students recruited and retained in accelerated programs? How do teachers and students experience accelerated nursing programs? What works and what does not work in current accelerated programs (Cangelosi & Whitt, 2005)? By failing to address these questions, the profession may be missing opportunities to make a career in nursing more accessible and move nurses into the workforce at a quicker pace (Ouellet & MacIntosh, 2007). The success of accelerated nursing programs is based upon well-designed and well-taught courses and programs (Supplee & Glasgow, 2008) that require continued research in order to move forward.

With regard to academics and the immense faculty shortage, there is a need for baccalaureate graduates who can quickly move into master’s or doctoral degree programs and eventually into faculty roles (Lindsey, 2009). Since teaching accelerated students requires a high level of expertise from faculty, it is imperative that schools of nursing express the importance of quality teaching and clinical instruction. If clinical education is to remain strong, further research is needed that identifies strategies to recruit and retain nurse educators who can effectively blend the practice of teaching with the process of teaching (Cangelosi, 2007b).

Proven strategies to help make a smoother transition for new faculty should include mentoring programs and orientation sessions (Cangelosi, 2007a). It is also important to retain current faculty as a way to lessen
the faculty shortage. Since many faculty are getting close to retirement, some feel overworked, and others leave education (AACN, 2011; Cangelosi, 2007b). Thus, an intervention such as providing monetary rewards for clinical expertise may be an effective way to retain faculty (Cangelosi, 2007b). Overall, it is essential that nurse educators adapt specific curricula and teaching strategies to meet the demands of second-degree nursing students, as they will comprise a good part of the clinical and academic leaders of tomorrow (Lindsey, 2009).

Second-degree nursing students are unique in many ways that include being motivated, academically gifted, and diverse (Seldomridge & DiBartolo, 2005). Over time, as the population changes, educational programs must be able to respond and adapt by considering alternative class and clinical schedules (Seldomridge & DiBartolo, 2005) and other types of programming. Therefore, knowing the characteristics of the accelerated student is very important for identifying the best recruitment strategies, along with dealing with retention and attrition issues. As the body of nursing knowledge grows around accelerated degree students, implementing specific retention interventions and evaluating their effectiveness will help aid in nursing student retention (Rouse & Rooda, 2010).

Many other variables that affect a second-degree student, such as employment during school, family and home responsibilities, and postgraduation employer satisfaction (Seldomridge & DiBartolo, 2005) should be considered when designing programs and addressing retention interventions. Through evidence-based practice, accelerated nursing programs will be able to meet the special needs of second-degree students who “bring a wealth of knowledge, experience, and energy to the nursing workforce and are highly skilled clinicians” (AACN, 2010, Supporting Accelerated Nursing, para. 1).

**REFERENCES**


