

Innovation in Academic Progression: Progress of the New Mexico Nursing Education Consortium Model

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Abstract

AIM The Institute of Medicine (IOM) challenged nursing education programs to increase the proportion of nurses with a baccalaureate degree in nursing to 80 percent by 2020.

BACKGROUND All 18 state-funded prelicensure nursing programs in New Mexico joined forces to create the New Mexico Nursing Education Consortium (NMNEC).

METHOD NMNEC is a model of collaboration with a statewide common curriculum that provides seamless transferability for students between schools while offering the BSN on community college campuses.

RESULTS Over three years, university partnerships with community colleges increased prelicensure BSN seats by 77 percent.

CONCLUSION This article describes the NMNEC model, challenges and opportunities associated with implementation, current program outcomes, and factors that have contributed to NMNEC's success. Also discussed are future steps for sustainability and growth as NMNEC continues in its commitment to meeting the IOM challenge.

KEY WORDS Academic Progression in Nursing – New Mexico Nursing Education Consortium – Prelicensure Integrated BSN Model

In 2012, the Robert Wood Johnson Foundation (RWJF) awarded Academic Progression in Nursing (APIN) grants to nine states.

The purpose of these grants was to provide financial support and consultation to Action Coalitions that showed promise in meeting the Institute of Medicine's (IOM, 2011) challenge to increase the proportion of nurses with the bachelor of science in nursing (BSN) to 80 percent by 2020 (Gerardi, 2013; Institute of Medicine, 2011). The New Mexico Nursing Education Consortium (NMNEC), established in 2009, was one of the beneficiaries of an APIN grant, awarded to and managed by the University of New Mexico. Seven years later, the result of these efforts is the Prelicensure Integrated BSN Model.

NMNEC is a collaborative of all 18 state-funded prelicensure nursing programs at both the community college and university level. The APIN grant significantly supplemented funding received from the New Mexico Board of Nursing (NMBON), providing the infrastructure to support NMNEC through its development and implementation. Each of the participating schools provided substantial in-kind donations of faculty time as well as the commitment to implement the NMNEC curriculum at their institutions. Currently, 11 of the 18 state-funded nursing schools have implemented the common curriculum. Of these 11 schools, 10 offer the BSN degree option.

At the time of the initial APIN grant award, NMNEC had already made progress in designing a model to streamline nursing education in the state. Before NMNEC's early efforts, the only way a student in a rural community could attain a public, prelicensure BSN was to relocate to either central or southern New Mexico. Anecdotal observations by NMNEC members suggested that many of these nurses were not returning to their home communities after graduation. Another persistent issue, discussed in early conversations, was the fact that students who did transfer had to either retake prerequisite coursework or complete additional classes in order to move from program to program. NMNEC members, along with the state governor, agreed that increasing the attainment of BSN degrees and seamless transfer were high priorities.

This article describes the NMNEC Prelicensure Integrated Model and the progress the initiative has made to date in improving the number of prelicensure baccalaureate nursing students in New Mexico. Also discussed are opportunities and challenges that NMNEC members have embraced and surmounted over the past seven years. Finally, the next steps for NMNEC are explored as the next wave of schools implement the curriculum.

THE NMNEC MODEL

The development of the NMNEC model has been previously described by Giddens, Keller, and Liesveld (2015). In 2009, nursing education

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leaders from prelicensure programs across New Mexico began meeting regularly to discuss a shared, statewide, prelicensure curriculum. At the same time these discussions were taking place, the College of Nursing at the University of New Mexico had begun to initiate a new concept-based curriculum at the prelicensure level (Giddens & Morton, 2010).

The rationale for the change in curriculum was content saturation in the nursing curriculum, which had been brought about by multiple factors, such as the shift from the industrial age to the information age, changes in health care delivery and technology, the academic-practice gap (the need for better prepared nursing graduates), and the need to move away from a teacher-centered pedagogy (Giddens & Brady, 2007). As one of the initial education leaders involved in the development of the NMNEC model, Giddens worked with other nursing education leaders to develop a statewide concept-based curriculum similar to the model initiated at the University of New Mexico.

A subcommittee of NMNEC faculty from across the state worked diligently to develop a similar concept-based curriculum that could be agreed upon and implemented by BSN and associate degree (ADN) programs. The resulting curriculum is made up of 57 concepts in two groups: health and illness and professional nursing (Giddens et al., 2008). Exemplars of concepts were selected across the curriculum based on health incidence and prevalence in population groups throughout the lifespan according to local, regional, and national health care utilization data.

The concept-based approach, with its emphasis on critical thinking, care across the lifespan, and the health and illness continuum, has required a shift in thinking and teaching for faculty. After much collaboration, research, and negotiation, the NMNEC concept-based curriculum was finalized and approved by NMNEC member schools in 2012.

The Approach to Implementation

The approach for implementing the NMNEC curriculum has been threefold. First, all NMNEC schools agreed to adopt common program prerequisites to establish a foundation for seamless transfer and articulation. The ADN prerequisites are a fully encapsulated subset of BSN requirements. Some schools maintain college-specific requirements with the expectation that students will meet the requirements for the school to which they plan to apply. If students do transfer, the accepting schools have committed to substitute or waive college-specific credits. If this is not possible, the student is provided the opportunity to take the additional course concurrently with nursing coursework, rather than meeting that requirement prior to resuming nursing studies.

Second, the partners agreed to implement a standardized nursing program curriculum that includes common course naming, descriptions and objectives, credit hours, progression, and evaluations. This approach to a statewide curriculum has allowed students to move from program to program without a break in enrollment or loss of credits. It has also served as a platform for the sharing of best classroom and clinical practices. Although the curriculum is strictly prescribed, there is flexibility within courses for faculty to exercise academic freedom; faculty are encouraged to be creative and approach objectives in a way that meets the needs of the individual programs and communities they serve.

Third, the curriculum allows for additional baccalaureate coursework to be administered concurrently at the community college so students can earn the ADN and BSN degrees simultaneously. This is not a 2 + 2 approach, where the ADN degree is awarded before

the student completes the BSN requirements. Instead, students are at the community college and the university, and both degrees are awarded at the same time after completion of the fifth semester of the nursing program. In order for this to be successful, close relationships and formal partnership agreements have been developed between the community colleges and the universities.

An illustration of how the differing degree tracks flow through the NMNEC model is provided in the Supplemental Digital Content, available at <http://links.lww.com/NEP/A31>. The NMNEC model has been recognized by the National Academies of Sciences, Engineering, and Medicine (2016) as one of the emerging models for increasing prelicensure BSN degree attainment.

Anticipating Challenges

Providing BSN education at the community college is not without its challenges. Many logistical issues arose during the planning stages, whereas others became apparent during implementation. Fortunately, the early NMNEC members anticipated issues and laid the groundwork for the management of most problems with relative ease.

Written policies were developed together by community colleges and universities to ensure that students receive appropriate academic and financial advisement. Memoranda of agreement also addressed issues such as exchange of student information between institutions, faculty compensation, facilities use, program evaluation, graduate counting for state funding, and credit transfer.

Maintaining national accreditation is critical to nursing schools in New Mexico. The NMBON mandated that all nursing programs achieve national accreditation by January 1, 2018 (NMBON, 2016). Currently, all NMNEC schools are nationally accredited, but not necessarily by the same accreditation body. Each school that adopted the NMNEC curriculum submitted substantive change reports to the NMBON as well as to its national accrediting agency.

Measurement of program effectiveness for students enrolled at two institutions can be challenging. Community college and university nurse administrators are encouraged to make their needs known as faculty assignments are made. Conversations occur frequently regarding student outcomes measurement, and the memoranda of understanding between schools include provisions for the sharing of student data.

One of the most significant logistical issues was how to report graduate outcomes with regard to National Council Licensure Exam for nurses (NCLEX-RN[®]) success. Since co-enrolled students were counted as graduates of both the community college and the university, the question arose as to which institution could claim those outcomes. Although national accrediting agencies reassured NMNEC that NCLEX-RN success could be counted at both institutions, the NMBON had concerns that students would be counted twice as first-time test takers, skewing the total number of graduates in New Mexico. With the assistance of the NMBON, NMNEC leadership met with the National Council of State Boards of Nursing (NCSBN), which created a second testing code for each community college that partnered with a university, eliminating redundancy and allowing for aggregated and disaggregated reporting as appropriate.

BSN GROWTH: OUTCOMES

Significant progress has been made since the NMNEC model was implemented (Giddens et al., 2015). Before the spring semester of 2014, only two state-funded universities offered the prelicensure BSN degree in New Mexico. Today, three years later, the NMNEC statewide BSN curriculum is offered in 10 schools across the

state, and one additional community college has implemented the ADN curriculum.

University partnerships with community colleges have increased prelicensure BSN seats in New Mexico by 77 percent (see Table 1). The number of BSN seats at community colleges in New Mexico will continue to grow as the next wave of community colleges undertakes the process of submitting the statewide common curriculum through college curriculum committees, the NMBON, and national accrediting agencies.

Currently, BSN-enrolled students outnumber ADN-enrolled students by at least 34 percent in the 10 NMNEC schools teaching the common BSN curriculum. In some programs, the shift has been dramatic. One community college that began offering the co-enrollment BSN option in 2014 anticipates that its ADN-only track will be phased by 2018 due to interest in the BSN-ADN co-enrolled track. In the two-year period following implementation in community colleges in 2014, New Mexico has seen a steady increase in the percentage of registered BSN nurses, from 39 percent (2014) to 51 percent (2016; NMBON, 2015).

FACTORS CONTRIBUTING TO SUCCESS

The greatest factor contributing to the success of the NMNEC implementation lies directly with the nursing faculty. Their enthusiasm for the project kept the momentum going through challenging times. During the adoption and implementation phases, at a time when there were no budgetary increases to hire additional full-time faculty, faculty attrition was minimal. Most programs either shared faculty or utilized additional adjuncts. Faculty were also given additional support, such as opportunities to come together to solve problems and share best practices.

The New Mexico Center for Nursing Excellence sponsors an annual statewide nursing education conference in the central part of the state. The conference theme has mirrored the implementation phases of the NMNEC curriculum over the years, providing faculty the professional development needed to deliver the concept-based curriculum effectively in classroom, lab, and clinical settings. Faculty have also been encouraged to participate in regular telephone conferences to discuss level-specific issues.

Statewide meetings, held in varying locations across the state, have also helped increase faculty participation and support. In the early development and implementation of the NMNEC curriculum, meetings were held every other month and then quarterly. In addition, faculty from consortium schools volunteered for various committees that met regularly via teleconference. The curriculum and evaluation committees remain active as the curriculum is being continuously assessed.

Table 1: Increases in Enrolled BSN Seats at Colleges and Universities in New Mexico

Prelicensure BSN Seats	AY 12/13	AY 13/14	AY 14/15	AY 15/16
University	232	232	248	240
Community College	0	11	128	171
Totals	232	243	376	411

The funding provided by the APIN grant and the NMBON played a significant role in the success of the NMNEC implementation (Giddens et al., 2015). Although many committee meetings were facilitated using electronic means, a large number of meetings (especially early in the development and implementation of the curriculum) were conducted face-to-face. Grant funds were used to offer quarterly statewide consortium meetings that were attended by 50 to 100 nursing faculty, advisers, clinical partners, and nursing organizations or health care professionals. Approximately 10 to 15 different institutions were regularly represented, and attendance helped faculty network and develop lines of support. The meetings, held in various locations throughout the state, focused primarily on curriculum implementation and faculty development. Grant funds provided free continuing education credits for the workshops and curriculum-specific training.

The substantial grant funding from the RWJF and the NMBON provided support for hiring a program manager, program administrator, and an outreach program manager. These roles have been critical in maintaining momentum and providing consistency and structure throughout the program development and implementation. Having these key players at a centralized location enables them to be available to all participating programs.

Appropriate division of work also contributed to the success of NMNEC. Committees, built with specific mission statements and responsibilities, reported directly to the Leadership Council. Council members were elected by the statewide institutional membership and were responsible for oversight of the consortium efforts. The council currently has representation from two prelicensure BSN programs, one RN-to-BSN program, four prelicensure ADN programs, one rural clinical partner, and one urban clinical partner.

Collaboration involving community college and university nursing education administrators, faculty, and support staff resulted in effective work accomplished through the following committees: Curriculum, Program Evaluation, Faculty Development, Diversity, Student Services, and Sustainability. The progress made toward the statewide common curriculum could also not have been accomplished without countless numbers of volunteer hours by nursing education administrators and faculty. Additional support has been provided by external partners. The New Mexico Action Coalition, the New Mexico Center for Nursing Excellence, the NCSBN, the New Mexico Higher Education Department, and the state governor all played significant roles in achieving milestones and disseminating information to the public. Having high profile and vocal champions helped garner support and remove barriers at the institution, state, and national levels.

Looking to the immediate future, NMNEC's focus is on further implementation and program evaluation. Now that a substantial number of NMNEC graduates exist, more reliable outcome data will be collected and evaluated. Early adopters are in the third year of implementation and are overcoming many of the issues surrounding any new curriculum. They are also functioning as resources for future adopters, making the transition to the NMNEC curriculum smoother for students and faculty alike. NMNEC is also pursuing avenues for continued and sustainable income. With state dollars limited, discussions are under way to pursue alternative sources of funding.

CONCLUSION

The impact of the NMNEC Prelicensure Integrated Model has been substantial. Every state-funded prelicensure nursing program has committed to implementing the statewide curriculum. The growth of the BSN degree option now affords students in rural areas the

opportunity to obtain the BSN without leaving their communities, and prelicensure BSN enrollment has nearly doubled. Students may now apply to 10 different state-funded institutions for the BSN degree.

Students also have the security of knowing that, should they need to relocate to another part of the state, their nursing education can continue without interruption. In the next few years, additional state-funded community college nursing programs will implement the common curriculum and partner with one of three universities to offer the BSN degree option.

The success of the statewide curriculum in New Mexico was greatly enhanced by the support of the APIN initiative through the RWJF over the past four years. The relationship between NMNEC and the RWJF proves that national and local support is vital for academic progression to occur in a timely fashion. Although this project in New Mexico has met the IOM challenge, the next steps for long-term evaluation and fiscal sustainability continue. With successful development and implementation of the Prelicensure Integrated BSN Model, New Mexico is on track to deliver the IOM's recommendation to increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020 (National Academies of Sciences, Engineering, and Medicine, 2016).

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