NEW CAREERS IN NURSING

Accelerated Nursing Degree Programs: Insights Into Teaching and Learning Experiences

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RESEARCH REPORT

Accelerated Nursing Degree Programs: Insights Into Teaching and Learning Experiences

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The Study of Teaching and Learning in Accelerated Nursing Degree Programs explores how nurse educators are adapting their teaching practices for accelerated, second-degree nursing program students. To provide findings on topics including instructional practices and the roles and attitudes of faculty, a web survey was administered to almost 100 staff members from schools of nursing that received grant and scholarship funds through the Robert Wood Johnson Foundation's New Careers in Nursing program for accelerated nursing students. The study revealed that nursing school faculty have positive perceptions of working with accelerated nursing students and that instructional approaches do not differ much between traditional and nursing students. At the same time, the factors described as most predictive of accelerated nursing student success were noncognitive attributes such as motivation and commitment to the nursing profession; prior degrees in the science or health fields were not necessarily seen as predictive of the success of second-degree students working toward an accelerated bachelor's or master's degree in nursing.

Keywords Nursing; accelerated students; teaching and learning; noncognitive; second-degree students; instructional approaches

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Learning is like rowing upstream: not to advance is to drop back.
—Chinese proverb

Historically, schools of nursing have catered to a student population characterized by young, White women fresh out of high school. Times are changing, however, as various factors have made diversity a more pressing goal for educational institutions and health care providers alike. As the demographic composition of patient groups and communities across the country has evolved, leaders in nursing education have called for greater efforts to ensure that the nursing profession reflects the patients and communities nurses serve (Sullivan Commission, 2004). Economic constraints combined with a strong health care sector have made nursing a more attractive career choice (Carnevale, Cheah, & Strohl, 2012)—one that offers a variety of roles with good salaries and job security as well as the altruistic appeal of helping others. As a result, today's nurse educators work with students of many different ages, ethnicities, and socioeconomic backgrounds (Health Resources and Services Administration, 2010). Even men, who may have grown up thinking of nursing as a "women's profession," are increasingly choosing careers in nursing.

Second-degree nursing programs have proliferated to expedite the entry of new nurses with prior degrees in nonnursing fields, introducing the additional challenge of compressing learning experiences into an accelerated time frame. While accelerated second-degree programs have been in existence for almost 40 years, it is unlikely that teaching this student population is the normative experience for most faculty. Many may need to modify their teaching approaches to teach within a compressed time frame or to work with students who differ from traditional 18- to 24-year-old undergraduates (Seldomridge & DiBartolo, 2007). As the popularity of second-degree, accelerated prelicensure programs increases, it becomes imperative that nurse educators have a clearer view of the teaching and learning strategies that best support the academic and professional success of diverse, nontraditional students in accelerated nursing degree programs.

What do these shifts in the values, student demographics, and structure of nursing education mean for nursing education in general and for the main participants in the teaching and learning enterprise—students and educators? How can nurse educators adapt their teaching and learning for the "new" nursing students—especially those who are coming from other disciplines? The Study of Teaching and Learning in Accelerated Nursing Degree Programs aimed to explore these

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questions from a variety of perspectives, including the structure of programs, roles and attitudes of faculty, strengths of and challenges faced by students, and instructional practices in learning environments. Schools of nursing that received a New Careers in Nursing (NCIN) grant from the Robert Wood Johnson Foundation (RWJF) were the focus of this research. Each school of nursing designates a program liaison (typically a faculty member) to implement the program. Their insights and experiences are the focal point of this survey.

Background and Purpose

In 2008, the RWJF selected the American Association of Colleges of Nursing (AACN) as the national program office to manage the recently created NCIN program. Schools of nursing annually request scholarship support for accelerated bachelor of science in nursing (ABSN) and/or accelerated master of science in nursing (AMSN) students. For the past 7 years, NCIN has made systematic investments in the form of $10,000 scholarships for students who are members of groups underrepresented in nursing or from economically disadvantaged backgrounds[1] and modest programmatic grants to the schools of nursing these students attend. As of August 2014, 3,517 scholarships totaling $35,170,000 have been awarded to 130 schools of nursing in 41 states and the District of Columbia. By design, the NCIN program is more heavily focused on ABSN degrees as opposed to AMSN degrees (an 80/20 distribution). As the NCIN program has matured, the dialogue has shifted from describing the activities of participating institutions to examining the broader influences that NCIN as well as accelerated nursing programs are having on the field of nursing.

With respect to teaching and learning, while research suggests that accelerated programs should be unique — not just a compressed version of the traditional nursing curriculum — few studies have looked at the specific practices associated with teaching and learning in accelerated nursing education (Meyer, Hoover, & Maposa, 2006; Raines, 2010). Among those that have, methodologies have often focused on case studies and in-depth qualitative interviews with small samples of accelerated program faculty and/or students (e.g., Brandt, Boellaard, & Zorn, 2013; Cangelosi, 2007; Cangelosi & Moss, 2010; Lockwood, Walker, & Tilley, 2009; Rico, Beal, & Davies, 2010).

This approach provides a rich description of faculty practices and student preferences at individual institutions but limits the extent to which findings may generalize to other programs at different schools of nursing. This study adds to the knowledge base on accelerated nursing programs by providing survey data from representatives of 98 NCIN-grantee schools of nursing. This report presents the initial high-level overview of our findings.

Research Questions and Methods

In developing the design for the Study of Teaching and Learning in Accelerated Nursing Programs, seven questions guided our thinking:

1. Are particular program configurations and faculty roles likely to promote quality of education in accelerated second-degree programs?
2. Are particular curriculum design features incorporated when developing teaching and learning experiences for accelerated second-degree students?
3. Are nursing schools blending traditional and accelerated students in their degree programs? If blending is occurring, what are the circumstances that dictate when to blend students?
4. Do current faculty members teaching in these programs differ from faculty teaching in more traditional programs? If so, are there implications that deserve attention?
5. How does the field of the first-degree appear to affect the student's experience in the nursing program and career plans?
6. In what ways do differences between second-degree and traditional students warrant distinctive teaching strategies? Do second-degree students have unique needs that are not effectively met by traditional didactic strategies?
7. Are academic faculty members generally prepared to adopt these strategies in teaching second-degree students?

We also sought to capture respondents' views of the ABSN programs distinct from their AMSN programs. To facilitate this data collection, respondents answered questions about their ABSN programs separately from questions about their AMSN programs.

The Teaching and Learning Study consisted of a web-based survey administered in fall 2012 to 117 NCIN program liaisons at current and former grantee schools of nursing who responded on behalf of their school of nursing (for more details about the survey, our recruitment methods, and our data analysis approach, please see Appendix A). A response rate of 84% ($n = 98$) was achieved. From an NCIN funding lens, half of the respondents represented former institutional grantees at the time of the survey administration; of these, 38% had received only 1 year of NCIN grant support (see Table B1 in Appendix B). Some respondents reported on ABSN programs as well as AMSN programs. Eighty-one respondents represented ABSN programs that received NCIN awards, whereas 22 respondents represented AMSN programs that received NCIN awards.

To gain a sense of the possible differences and similarities between these groups, we included a series of questions throughout the survey that asked program liaisons at schools or colleges of nursing with differently paced programs at the same degree level (i.e., either an ABSN and a traditional bachelor of science in nursing program or an AMSN and traditional master's program) to compare these programs directly. Often, these were open-ended follow-up questions to forced-choice response questions that explored the extent to which the educational experiences of accelerated students were unique as compared with those of students in traditional nursing programs. We report on these findings in the Respondents' Insights Into Traditional Versus Accelerated Programs sections throughout the report. In most instances, insights about accelerated nursing degree programs apply to master's-level as well as baccalaureate-level programs. Those instances in which liaison reports differed by degree level are highlighted throughout the report.

Respondent Profile

Teaching and Learning Survey respondents represented a variety of roles within their schools of nursing: 41% described themselves as administrators; 29% identified themselves as faculty members; and 31% reported filling both faculty and administrative roles in their positions (see Table B2 in Appendix B). Most respondents served or had served as the official NCIN program liaison at their institutions (90%); the remainder included alternate contacts for liaisons who were no longer available and faculty or staff delegated to complete the survey on behalf of their schools. Regardless of role or official liaison status, these respondents together held a vast wealth of experience in nursing education — almost half (48%) reported having worked in nursing education for more than 20 years. Eighty-two percent have worked at their current school of nursing for more than 5 years.

The demographic characteristics of Teaching and Learning Survey respondents are comparable to those reported by nursing faculty in national studies (see Table B2). In particular, 91% of our respondents are female, and 88% identify as White/Caucasian. AACN data from their member schools of nursing in 2012 – 2013 indicated that 95% of nursing faculty members in the United States are female and that 88% identify as White or Caucasian (Fang, Li, & Bednash, 2013). The most commonly reported age range for our survey respondents was 50 – 59 years (45%). A full three-fourths of respondents (75%) were 50 years of age or older — reinforcing the importance of NCIN's goal to enhance the pipeline of future nursing faculty before the current cadre retires.

The educational attainment of the Teaching and Learning Survey sample may reflect the levels of experience and leadership roles of program liaisons charged with overseeing the NCIN programs at their schools. When we asked respondents their highest levels of education *in nursing*, 51% selected either a doctor of philosophy (PhD) degree in nursing, a doctor of nursing practice (DNP) degree, or a doctor of nursing science (DNS) degree as their highest degree in nursing; 45% said that their highest degree in the field of nursing is the MSN (see Table B2). The proportion of our respondents with doctoral degrees, regardless of the specific field, exceeds that of nursing faculty overall. According to AACN's annual survey of nursing faculty, half (52%) of the faculty at AACN member schools do not hold a doctoral degree (Fang et al., 2013). About one-third of nursing faculty at AACN member schools (36%) earned a PhD or DNP degree, while the remaining 12% earned their doctorates in nonnursing fields.

The individuals who responded represented a range of schools of nursing and their larger home institutions (see Table B3). Thirty-five percent represented schools of nursing in the South, with another 30% representing the Midwest. Nearly half (49%) of the respondents work at research universities. Fifty-four percent are from public universities. Ten percent are from minority-serving institutions (MSIs), 74% work at institutions in city locations, and 20% work at institutions with 30,000 or more students over the year.

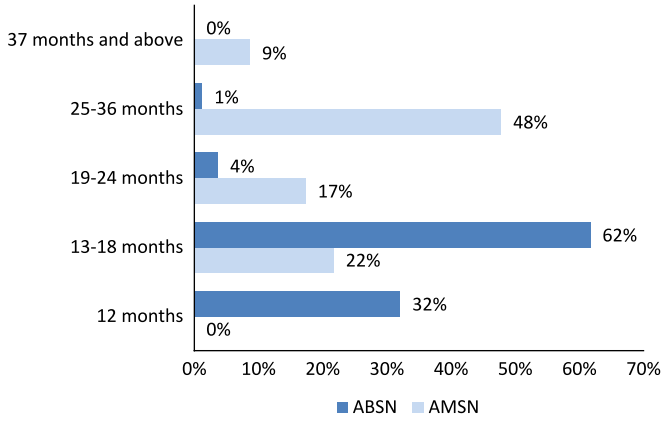

Figure 1 Length of accelerated nursing programs ($n = 81$ for accelerated bachelor of science in nursing [ABSN], $n = 23$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Program Configurations and Curriculum Design: Faster Than Flexible

The program configurations and curriculum design concepts of the Teaching and Learning Survey take a broad view of the structures that make accelerated programs possible. This profile emerges based on respondents reporting on their experiences with 81 ABSN programs and 23 AMSN programs.[2] Findings related to these questions provide a nuts-and-bolts overview of the elements and timelines of accelerated nursing education at NCIN-grantee schools of nursing.

ABSN programs reported an average enrollment of 91 students (ranging from 7 to 690); AMSN programs reported an average enrollment of 116 students (ranging from 8 to 360). The lengths of accelerated programs range from less than a year for some ABSN programs to more than 3 years at the master's level. Configurations of accelerated programs, especially at the bachelor's degree level, tend to proscribe carefully planned sequences of learning activities to ensure timely completion—this finding is reinforced by respondents' reports of the dearth of electives, especially at the ABSN level. A variety of course lengths and schedules helps to fit all learning activities into an accelerated time frame. As one respondent told us anecdotally, however, accelerated program schedules may be more aptly described as "alternate schedules" than as flexible schedules.

Program Length: A Year for a New Career

ABSN programs are designed to prepare students to sit for initial nursing licensure; master's-level programs, conversely, continue past the prelicensure component to advanced nursing content. It is not surprising, then, that ABSN programs are significantly shorter than AMSN programs. Almost all ABSN-level respondents (94%) reported that their programs can be completed in 18 months or fewer, while fewer than one-fourth of AMSN programs (22%) can be completed this quickly (see Figure 1). One-third of ABSN programs (32%) enable students to earn an accelerated degree in just 1 year, as compared with no AMSN programs (0%). The most common duration for master's-level accelerated programs was 25–36 months, with about half of respondents (48%) reporting a program length in this range. A few AMSN programs (9%) take upward of 3 years to complete.

Course Pacing: Traditional Semesters Supplemented by Accelerated Sessions

In addition to the length or duration of entire nursing programs, individual courses can be accelerated to expedite completion. Accelerated nursing programs at both degree levels, however, appear to exercise this option selectively. About half of ABSN respondents (51%) and almost two-thirds of AMSN respondents (61%) reported offering courses that last 14 weeks or longer—or about the same duration as a traditional academic semester (see Figure 2). This suggests that the majority of courses in accelerated programs coincide with the course schedule for the traditional program, perhaps to facilitate blending in certain courses. Smaller proportions of respondents indicated courses lasted 6–8 weeks

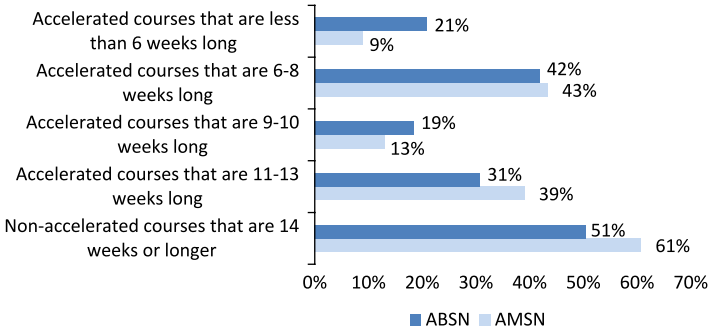

Figure 2 Course pacing in accelerated nursing programs ($n = 81$ for accelerated bachelor of science in nursing [ABSN], $n = 23$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

(ABSN, 42%; AMSN, 43%), perhaps representing summer session and half-semester courses. Only 21% of ABSN programs and 9% of AMSN programs included courses paced at fewer than 6 weeks.

Respondents' Insights Into Traditional Versus Accelerated Programs: Course Pacing

In open-ended comments, liaisons describing ABSN programs emphasized the inclusion of shorter and/or condensed courses in the accelerated program and the heavier course load or intensity for accelerated program students. In terms of shorter or condensed courses, they often mentioned abbreviated session summer courses or condensing course sequences that usually take two or more semesters to complete into a single class, while those focusing on the course load or intensity specified that students take a larger number of courses or credit hours at a time.

When describing accelerated programs at the master's level, liaisons were more likely to report that the pacing of courses in the accelerated program was not unique from the pacing of courses in the traditional master's program. AMSN program liaisons also, however, described their programs as accelerated because they were designed to be completed more quickly than a traditionally paced master's program and included shorter and/or condensed courses.

Flexible Schedules: A Challenge for Time-Strapped Programs

The rigorous schedule of accelerated programs also seems to limit opportunities for flexible scheduling of curricular activities (see Figures 3 and 4). Weekend courses were relatively rare, with fewer than one-fourth of ABSN-level respondents (23%) saying that the accelerated program offers course work on the weekend and just 13% of AMSN programs holding classes over the weekend. Evening courses were somewhat more common, especially among master's-level programs (ABSN, 36%; AMSN, 43%). The most common opportunity for flexible scheduling came from students' clinical placements, which can be conducted at sites whenever clinical instructors or preceptors are available—night and weekend shifts as well as summer nursing experiences. Over half of ABSN programs (53%) and 60% of master's-level accelerated programs make it possible for students to schedule their clinical hours flexibly.

Online and hybrid (combined online and on-site) deliveries leverage technology to provide flexibility in educational course work, from completing asynchronous online courses at students' convenience to skipping the commute and attending class in pajamas. Use of online and hybrid-delivery technology is prevalent in accelerated nursing education as compared with undergraduate education overall. Almost half of ABSN programs (47%) and 61% of accelerated programs at the master's level offer a proportion of their courses in an online format. Even higher proportions offer hybrid courses—almost two-thirds of bachelor's-level programs (64%) and three-fourths of AMSN programs (74%). The National Center for Education Statistics's (NCES, 2011, Table A-43-1) *2011 Condition of Education* report indicates that just one-fifth of undergraduates (20%) took one or more distance education courses during the 2007–2008 academic year. At the baccalaureate level, a few liaisons (6%) reported that their programs deliver all—or almost all—of their courses in a hybrid online/on-site format. Nationally, about 4% of students completed their entire baccalaureate programs via distance education in 2008 (NCES, 2011).

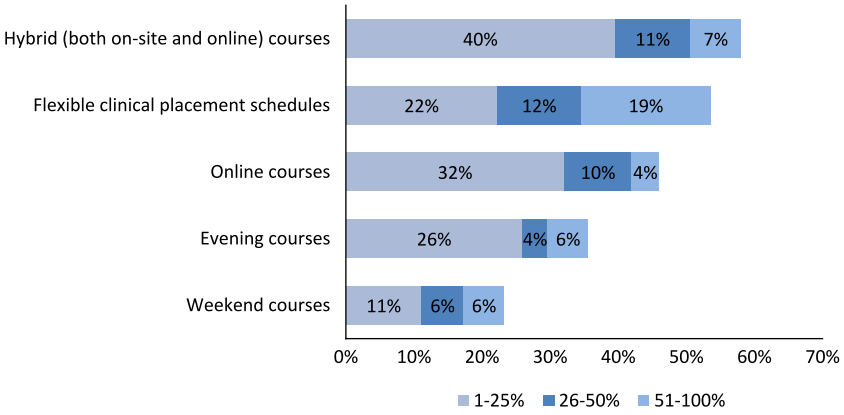

Figure 3 Percentage of schools offering flexible scheduling options in accelerated bachelor of science in nursing programs, by percentage of total nursing courses ($n = 81$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

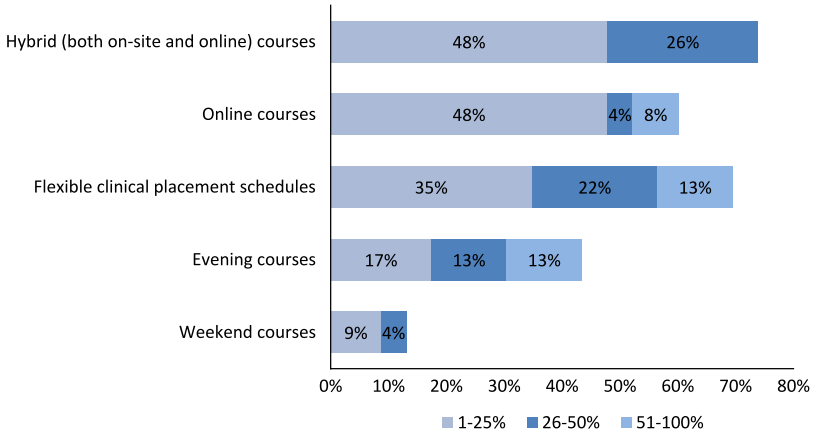

Figure 4 Percentage of schools offering flexible scheduling options in accelerated master of science in nursing programs, by percentage of total nursing courses ($n = 23$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Respondents' Insights Into Traditional Versus Accelerated Programs: Flexible Scheduling

There were two common messages in the open-ended comments provided by survey respondents. First, respondents clarified that flexible scheduling options are not unique to the accelerated program track. As one respondent noted,

> all students have the option of online sections for several courses, as well as evening and weekend clinical placement options. So, nothing special about flexible scheduling for ABSN students.

The second message conveyed by respondents was that accelerated programs can actually have less flexibility in scheduling than traditional nursing programs:

> We do not have flexible course scheduling. It is not possible in a 12-month program.
>
> There is very little flexibility available to the students in the prelicensure [ABSN] year. In Years 2 and 3, there is some flexibility, but not much.

The component of the accelerated nursing curriculum most often described as flexible was the clinical placement schedule. Other options for flexibility in program scheduling included the inclusion of online and hybrid-delivery courses, academic experiences during summer, and global health experiences.

The dearth of flexible scheduling options underscores the time limitations faced by nurse educators working in accelerated programs. Clinical placement schedules and technology appear to be key approaches for providing flexibility for second-degree students.

Program Design: Too Little Time

Similar to our other findings regarding program configuration and curriculum design, time limitations in ambitiously paced accelerated nursing programs reduce opportunities for students to pursue elective course work. By design, the time frame for core learning activities and degree completion leaves little time for supplementary activities. Especially in ABSN programs, liaisons reported that students must take a fixed series of courses (99%). There was significantly more flexibility at the master's degree level, with 13% of programs giving students the option to select from among various courses. This may reflect a greater degree of flexibility once students complete the initial, prelicensure year of their AMSN degrees.

Respondents' Insights Into Traditional Versus Accelerated Programs: Program Design

In open-ended comments, more than half of respondents who reported on master's programs emphasized the inclusion of prelicensure content (during the first year) as the primary difference between the accelerated and traditional master's programs in nursing:

> It is designed so that the prelicensure (BSN) portion is accelerated, and then the students are merged with the traditional master's students.

Respondents reporting on baccalaureate-level programs were more likely to emphasize the heavier course load of the accelerated program as the unique feature of the design of this program track. A few respondents who reported on baccalaureate-level programs described differences in the design of the accelerated program curriculum, such as the sequence, content, or pedagogical approaches used:

> The course content is largely the same. Our major difference is the order/sequence of course work.
>
> Same design for all undergraduate courses. However, traditional does not have opportunity to enroll in bridge courses.

Finally, consistent with findings across the survey, some liaisons at both degree levels reported in open-ended comments that the design of their accelerated program was not different from that of the traditionally paced program.

Credit for Prior Learning: Accelerated and Traditional Programs

Offering credit for evidence of prior learning was relatively common at schools of nursing that responded to the survey about their baccalaureate-level programs. Just over 40% of liaisons at this level reported that their schools award bachelor's-level students credit for evidence of prior learning, as compared with about one-fourth of master's-level programs (26%). A similar proportion of all postsecondary institutions nationally (27%) offered some form of credit for "learning from life experience" in 2013 (NCES, 2013).

Respondents from schools of nursing that award credit for evidence of prior learning indicated what evidence is acceptable at their school. While accelerated BSN programs are slightly more likely to offer credit for evidence of prior learning, a large proportion of traditional BSN programs also do so. Among respondents from schools that award baccalaureate-level credit for prior learning, about three-fourths (73%) indicated that the school extends this option to students in the accelerated program, and two-thirds (64%) indicated that the school extends this option to traditional nursing students. At schools of nursing with master's programs, credit for prior learning was actually *less* common in the accelerated (33%) as compared with the traditional (50%) program. At the master's degree level, seasoned nurses returning to school may have opportunities to earn credit for continuing education course work or professional experience as a nurse.

Among ABSN programs, the most common forms of evidence accepted for prior learning were tests and examinations (52%) and "other" evidence (also 52%; see Figure 5). Respondents who specified other types of evidence often cited transcript and syllabus review, suggesting that the evidence in these cases may be course work from previous degrees and/or

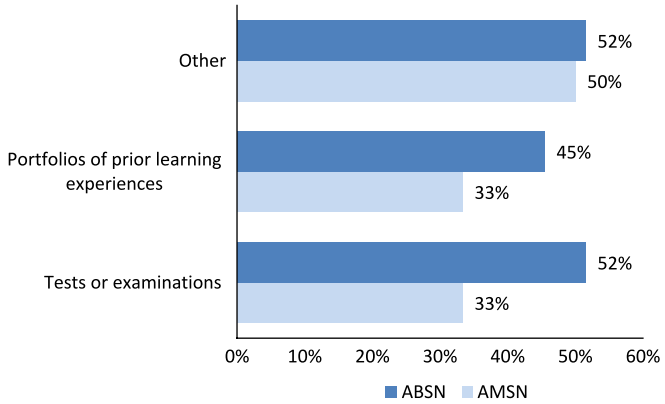

Figure 5 Percentage of programs that accept credit for evidence of prior learning by evidence type and program level ($n = 33$ for accelerated bachelor of science in nursing [ABSN], $n = 6$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

nursing program prerequisites. Test scores or examinations and portfolios of prior learning, however, were less commonly used to demonstrate prior learning at the master's level (33%), whereas half (50%) of respondents describing AMSN programs indicated that "other" evidence is used. Almost half of ABSN liaisons indicated that portfolios of prior learning are used to award credit for prior learning in their schools, compared with only one-third (33%) of AMSN liaisons.

According to the Council for Adult and Experiential Learning (CAEL, 2011), the four main approaches to prior learning assessment are (a) national standardized examinations, (b) challenge exams for specific courses, (c) participation in non-college training programs, and (d) individualized assessments such as portfolios. Overall, the evidence of prior learning accepted at NCIN schools of nursing seems to focus on the first two approaches, tests and examinations, supplemented by portfolios in bachelor's-level nursing programs. Review of transcripts and syllabi for course credits earned at other postsecondary institutions, not mentioned by the CAEL but used by some nursing programs, more closely resembles the transfer student enrollment process than an approach to prior learning assessment. Treating second-degree students as transfer students acknowledges the knowledge and skills that these students have gained from previous degrees in nonnursing disciplines and completion of prerequisite course work for the accelerated program.

Blending Accelerated With Traditional Students: A Balanced Recipe

While some scholars have expressed concern that blending, or combining accelerated with traditional nursing degree program students in courses or clinical groups, may detract from educators' abilities to provide individualized and interactive experiences for accelerated students, others emphasize the opportunity to engage different types of students in collaborative learning that more closely reflects the work of nurses (e.g., Lockwood et al., 2009; Seldomridge & DiBartolo, 2007). Survey data revealed that blending was a common practice at NCIN-grantee schools of nursing. A majority of respondent liaisons indicated that students in differently paced program options may be combined in one or more courses in the nursing program. At the BSN level, 53% of respondents reported blending accelerated with traditional students in nursing courses. Blending was even more prevalent at the master's level, with almost three-fourths of liaisons (72%) endorsing blending in one or more courses. It is possible that combining students from different program tracks in certain types of nursing courses may promote efficient use of faculty resources while focusing on providing unique experiences for accelerated students in other courses.

Despite the overall prevalence of blending, responses reveal a purposeful and balanced approach in which certain courses are less likely to be blended and support a unique educational experience for accelerated students. The most likely candidates for blending at the baccalaureate level included clinical specialty courses (70%), research courses (62%), and leadership courses (59%; see Figure 6). Introductory courses and capstone experiences were less likely to include students from both program tracks; only 35% of ABSN respondents said these courses may be blended. A similar pattern emerged among AMSN programs: Only 15% blend students in introductory courses, and just under one-third (31%) blend students in capstone courses (see Figure 7). Blending in clinical specialty courses was significantly less common at the AMSN level, perhaps driven by the subset of master's degree programs that prepare accelerated students as advanced generalists rather

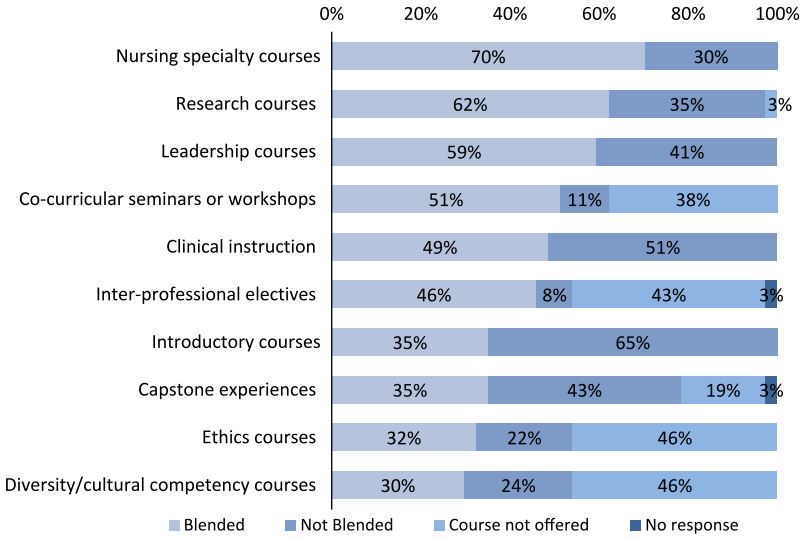

Figure 6 Percentage of responding schools of nursing of blending accelerated nursing students with traditional nursing students by course type ($n = 37$ for accelerated bachelor of science in nursing). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

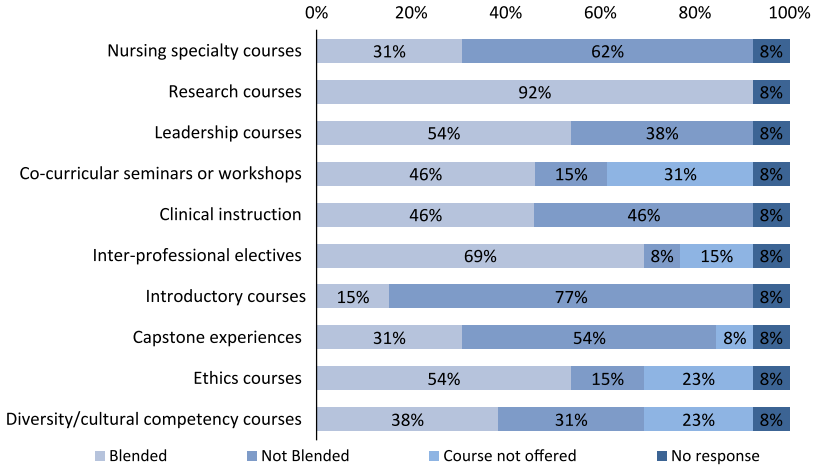

Figure 7 Percentage of responding schools of nursing of blending accelerated nursing students with traditional nursing students by course type ($n = 13$ for accelerated master of science in nursing). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

than clinical specialists. The most likely candidates for blending in master of nursing programs were research courses (92%), elective courses (69%), and leadership courses (54%).

Whereas blending is common for some courses, other types of courses are likely to be customized for accelerated nursing students. Introductory courses that initiate the accelerated program and capstone experiences are rarely blended. Research, leadership, and elective courses, however, may combine accelerated with traditional students to master the knowledge and skills that they both need to be successful in the field. This interpretation is supported by the AACN's (2008) *Essentials of Baccalaureate Education for Professional Nursing Practice* report, which highlights evidence-based care, quality improvement, and leadership as essential competencies for all nursing program graduates.

Faculty Roles and Activities: Many Hats for Many Students

Faculty teaching in accelerated nursing programs assume many roles for their programs and students; they are teachers, clinicians, scholars, and advisors. We asked program liaisons how often accelerated program faculty at their school of

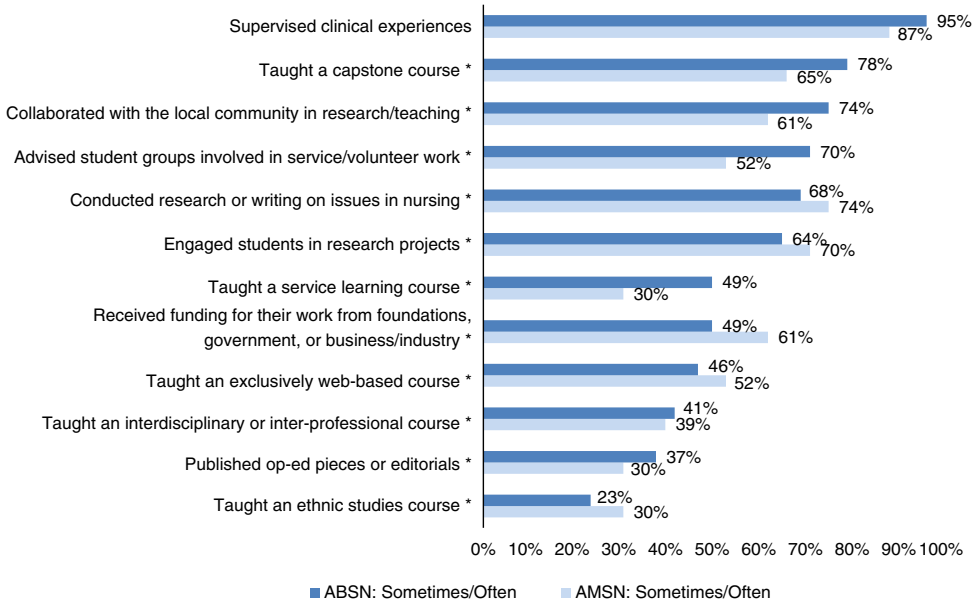

Figure 8 Percentage of faculty described by program liaisons as participating sometimes/often in faculty activities over the course of the last academic year, by program level ($n = 81$ for accelerated bachelor of science in nursing [ABSN], $n = 23$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author. The items marked with an asterisk were used with permission from the Higher Education Research Institute (HERI) Faculty Survey, 2010 – 2011.

nursing engaged in various activities to explore these roles in more depth (see Figure 8). Program liaisons estimated accelerated program faculty perform the following activities "sometimes" or "often": (a) teach a capstone course (ABSN, 78%; AMSN, 65%), (b) collaborate with the local community (ABSN, 74%; AMSN, 61%), (c) advise student groups involved in service/volunteer work (ABSN, 70%; AMSN, 52%), (d) teach a service learning course (ABSN, 49%; AMSN, 30%), and (e) teach an exclusively web-based course (ABSN, 46%; AMSN, 52%).

Some of these activities appear to support values emphasized by the NCIN program, such as collaboration with the local community, volunteer work, and service learning. The prevalence of teaching capstone courses may be related to the size or status of nursing faculty who teach in accelerated programs. More frequent teaching of exclusively web-based courses is consistent with our finding that accelerated programs are more likely to make use of online learning environments than are other types of undergraduate programs.

At the master's degree level, accelerated program faculty were more likely to engage students in research projects (70%) and to receive external funding for their work (61%) than were baccalaureate-level accelerated faculty (64% and 49%, respectively). AMSN faculty were also slightly more likely to have taught an exclusively web-based course during the past academic year (52% vs. 46%) or an ethnic studies course (30% vs. 23%). Bachelor's-level accelerated faculty, conversely, were more likely to have supervised clinical experiences "sometimes" or "often" (95% vs. 87%), taught a capstone course (78% as compared with 65%), collaborated with the local community (74% vs. 61%), and advised student groups involved in service or volunteering (70% as compared with 52%). None of these differences between the two types of faculty, however, reached statistical significance.

Faculty at NCIN Schools of Nursing May Prefer Teaching Accelerated Students

In liaisons' opinions, faculty who teach in the ABSN program prefer that classroom dynamic (67% agreed or strongly agreed), faculty personalities play a primary role in their preference for teaching either accelerated or traditional students (62%), and most faculty thrive in the classroom with accelerated students, while others struggle (57%; see Figure 9). Liaisons of baccalaureate-level programs tended to strongly disagree or disagree with the statement that most faculty have a strong preference for teaching traditional nursing students over accelerated nursing students (59%). One question that

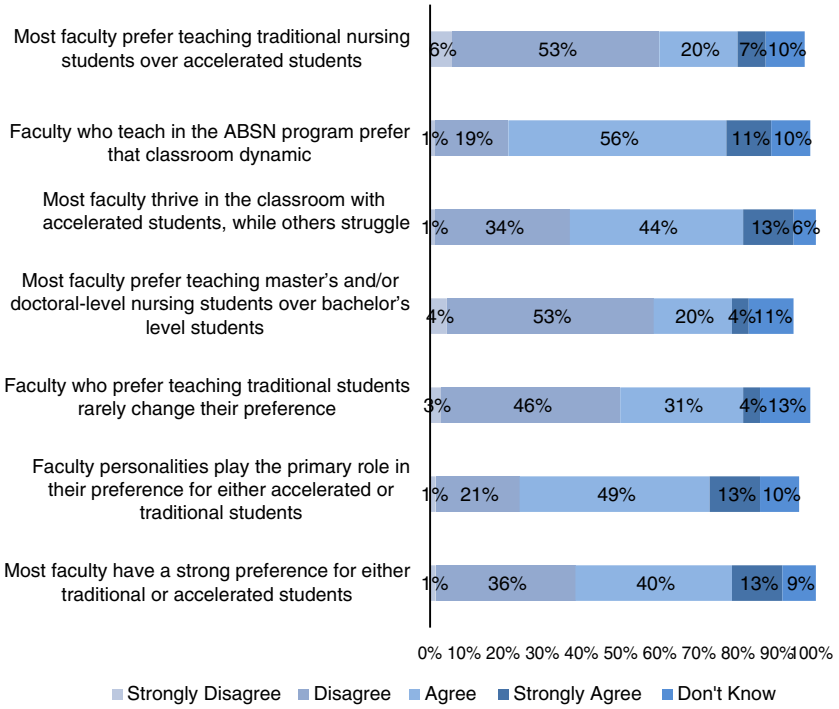

Figure 9 Program liaisons' level of agreement or disagreement with statements about faculty preferences for teaching accelerated baccalaureate students ($n = 70$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

was unique to liaisons of ABSN programs is whether ABSN students are more like master's-level students than traditional BSN students. More than half (51%) of the liaisons agreed or strongly agreed with this characterization of how faculty view ABSN students.

At the master's degree level, a higher proportion of liaisons selected the "don't know" option regarding faculty preferences (17%–22%; see Figure 10). The most agreed upon statement among AMSN liaisons was that most faculty have a strong preference for either accelerated or traditional students (61%), suggesting that teaching preferences may be more polarized at this level. However, the difference between the preferences of AMSN and ABSN faculty was not statistically significant. Consistent with findings at the baccalaureate level, AMSN liaisons were likely to agree that faculty who teach in the AMSN program prefer that classroom dynamic (56%) and faculty personalities play the primary roles in preferences for teaching students (56%). Similarly, few master's-level liaisons agreed that accelerated faculty prefer teaching traditional students (28%).

Taken together, these findings suggest that nursing faculty who work in accelerated degree programs have a student "type." Whereas prior research has documented challenges that nursing faculty experience with accelerated students—tough questions, high expectations and anxiety, and confrontational classroom dynamics (e.g., Lockwood et al., 2009)—other studies reflect a more strength-focused interpretation of these behaviors: curiosity, motivation, and engagement (e.g., Cangelosi & Moss, 2010). Taken as a whole, the results may point to the importance of ensuring a good fit between faculty preferences and personalities, on one hand, and student characteristics, on the other.

Accelerated Versus Traditional Faculty: A False Dichotomy

The Teaching and Learning Survey also included a series of comparative questions about faculty characteristics designed to identify differences and similarities between faculty members who teach primarily in the accelerated as compared with the traditional program track. Overall, findings indicate that most accelerated faculty are core nursing faculty with dual or multiple teaching appointments across nursing programs. Despite the challenge of the same faculty teaching in both accelerated and traditional program tracks at many institutions, patterns emerged suggesting differences between faculty who teach primarily in the accelerated program and those who favor the traditional program.

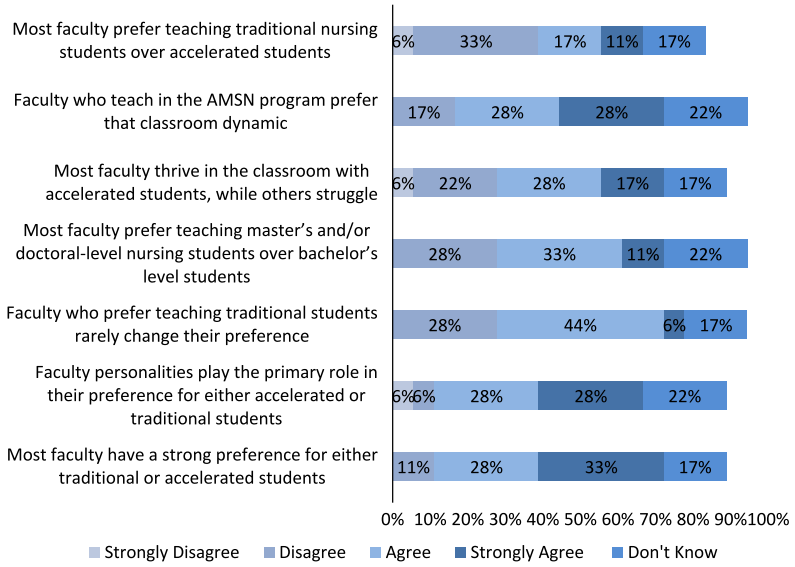

Figure 10 Program liaisons' level of agreement or disagreement with statements about faculty preferences for teaching accelerated master's students ($n = 18$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

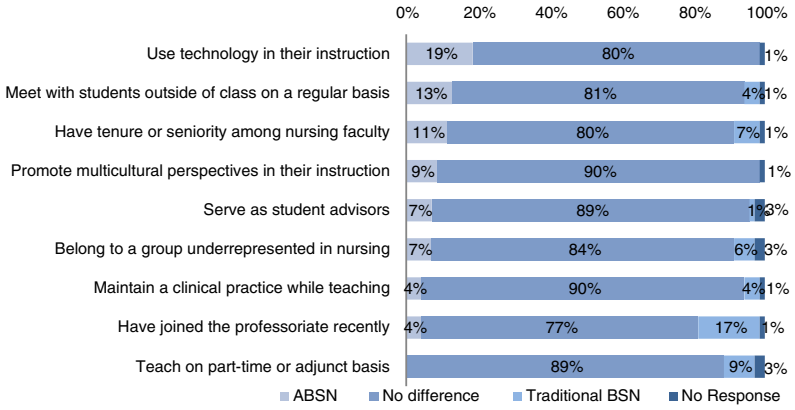

Figure 11 Program liaisons' indications of differences and similarities between faculty who teach ABSN students and faculty who teach traditional students ($n = 70$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Program liaisons characterized ABSN faculty as more likely than their traditional-track peers to use technology in their instruction (19% vs. 0%, $n = 70$), to meet with students outside of class on a regular basis (13% vs. 4%), and to have tenure or seniority among nursing faculty (11% vs. 7%; see Figure 11). Liaisons also described accelerated faculty as more likely to promote multicultural perspectives in their instruction (9% vs. 0%) and to serve as student advisors (7% vs. 1%). Considering the scheduling demands of accelerated nursing programs, the accessibility of accelerated program faculty to meet regularly with students outside of class suggests a strong dedication to promoting student success. Also of particular interest was the finding that faculty who teach primarily in the *traditional* BSN program are more likely to have joined the professoriate recently (17% vs. 4%) and to teach on a part-time or adjunct basis (9% vs. 0%) than their accelerated-track counterparts.

At the master's degree level, faculty who teach primarily in the accelerated program were more often described as likely to use technology in their instruction (33% vs. 6%, $n = 18$), further confirming the prevalence of online learning and instructional technologies in accelerated nursing education (see Figure 12). AMSN faculty were significantly more likely to use technology in their instruction than accelerated faculty at the bachelor's level. Also consistent with findings at the baccalaureate level, AMSN faculty were rated as more likely than faculty teaching traditional MSN students to meet

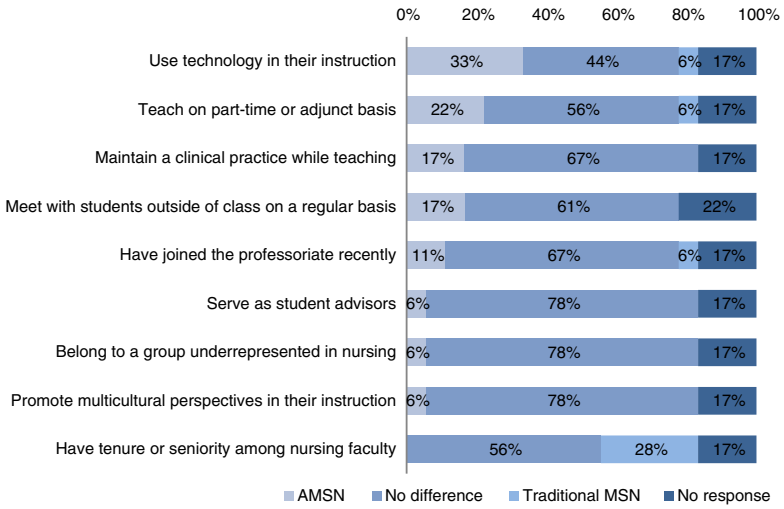

Figure 12 Program liaisons' indications of differences and similarities between faculty who teach AMSN students and faculty who teach traditional students ($n = 18$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

with students outside of class on a regular basis (17% vs. 0%); they were also rated as slightly more likely to serve as student advisors (6% vs. 0%). Faculty working in master's-level accelerated programs, however, had lower relative status than their ABSN faculty peers; AMSN faculty were significantly more likely to teach on a part-time or adjunct basis (22% vs. 6%) and less likely to have tenure or seniority than their traditional-track counterparts (0% vs. 28%).

Respondents' Insights Into Traditional Versus Accelerated Programs: Unique Activities of Faculty Who Teach in Accelerated Versus Traditional Programs

The most popular theme in open-ended comments from liaisons serving programs at both degree levels was that faculty activities are not unique to a specific program type. In a number of instances, the faculty in the accelerated program are the same individuals who teach in the traditionally paced program:

> No one exclusively teaches ABSN students in our program. Faculty who teach BSN students teach both traditional and accelerated (often in the same classroom and/or clinical group).

Other faculty described the level of engagement in teaching and professional roles such as clinical practice, service, and scholarship as the major difference between the two program types:

> Faculty who teach in the ABSN program are energized by the students, are willing to share experiences more readily with students, and usually have more clinical practice experience in their background.
>
> Many [faculty who teach primarily in the accelerated program] are more active in professional roles, particularly scholarship and service.

The high levels of engagement among faculty who do specialize in teaching accelerated students bolster previous findings that accelerated faculty are more likely to meet regularly with students outside of class, serve as student advisors, and maintain a clinical practice while teaching.

Accelerated Students' Success: First-Degree Field Is Less Important Than Personal Characteristics

We sought to learn about program liaisons' experiences with accelerated students in the classroom as well as their perception of the experience of these students both in and out of the classroom. To do this, we asked the liaisons a series of questions about the characteristics and experiences that are important for successful student outcomes, their agreement or disagreement with statements about accelerated students, and barriers that may be unique to accelerated students.

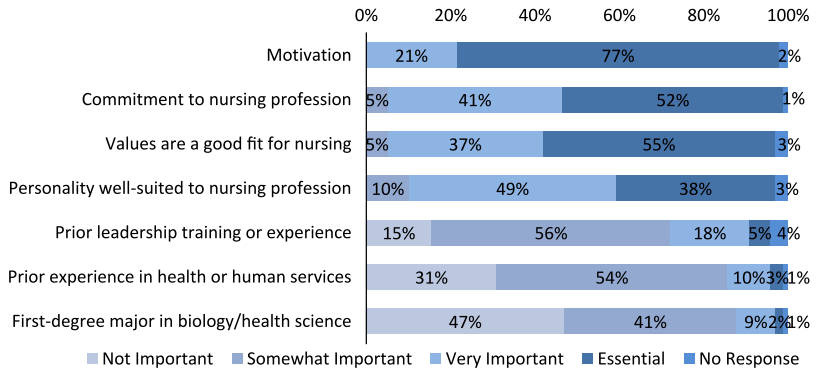

Figure 13 Program liaisons' ratings of the importance of accelerated student characteristics and experiences for successful program outcomes ($n = 98$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Characteristics and Experiences Associated With Positive Outcomes

Several items on the Teaching and Learning Survey explored the impact of the field in which students completed their first baccalaureate degree on their success in accelerated nursing degree programs (see Figure 13). The expectation was that certain academic experiences, such as a major in the sciences or a high undergraduate grade point average, may give students a leg up in a rigorous, fast-paced nursing program. On the contrary, we found that program liaisons do not tend to believe that having a prior major in biological or health sciences contributes to accelerated students' success in their nursing programs. Almost half of program liaisons at both degree levels (47%, $n = 98$) said that a first-degree major in biology or health sciences was not important at all. Instead, respondents emphasized motivation (98%), commitment to the nursing profession (93%), student values that are a good fit for nursing (92%), and a personality well suited to the nursing profession (87%) as "essential" or "very important" characteristics for student success in the accelerated program. Motivation really stood out, with more than three-fourths of respondents (77%) rating it essential for student success.

Respondents' Insights Into Traditional Versus Accelerated Programs: Unique Characteristics and Experiences Associated With Successful Program Outcomes in Accelerated Versus Traditional Programs

Chief among the nonacademic factors described by respondents in open-ended comments as essential or very important to success were motivation and persistence:

> Accelerated students who are not as strong academically will still be successful if they are highly motivated. In traditional students, this is true as well, but it seems to be more difficult for them to overcome lack of academic preparation.
>
> The ability to stay focused on the goal is imperative as they have no time to fall behind.

The other top choice for characteristics and experiences that promote student success in accelerated programs was maturity. Program liaisons described the benefit of the maturity of accelerated students as stemming from their additional life experience:

> Accelerated students are usually at least 4 years or more older than traditional students and have developed more maturity and perspective on the world.

Overall, the comments favored personal attributes and approaches to challenging circumstances rather than specific academic preparation or accomplishments as factors associated with success in accelerated nursing programs.

Perceptions of Accelerated Students

The findings regarding predictors of student success are consistent with liaisons' self-reported perceptions of accelerated students, confirming their perceptions of the high caliber of these students regardless of prior field (see Figure 14).

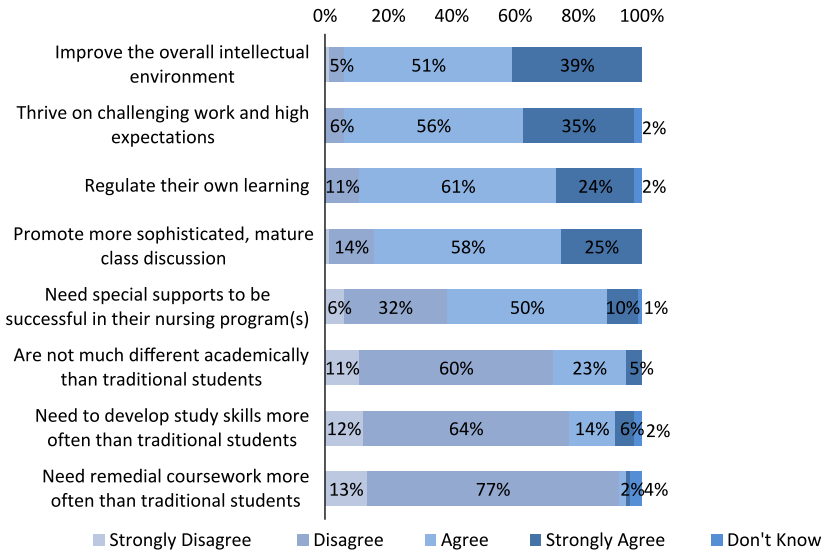

Figure 14 Program liaisons' perceptions of accelerated nursing students ($n = 84$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Almost all respondents agreed or strongly agreed that accelerated students improve the overall intellectual environment of their nursing schools (90%) and thrive on challenging work and high expectations (89%). Most liaisons agreed or strongly agreed that accelerated students regulate their own learning (85%) and that accelerated students promote more sophisticated, mature class discussions (83%). Furthermore, most program liaisons disagreed or strongly disagreed that accelerated students lag behind their traditional-track peers when it comes to study skills (76%) and remedial course work (90%).

Barriers to Success

On the flip side of characteristics and experiences that promote success are the barriers that impede accelerated students from reaching their potential. The majority of program liaisons (65%, $n = 84$) believed that the barriers to student success do differ for accelerated students.

Respondents' Insights Into Traditional Versus Accelerated Students: Unique Barriers to Student Success

According to open-ended comments by survey, the greatest perceived barriers for accelerated students are finances and balancing competing responsibilities with the accelerated program:

> External barriers to student success, such as family responsibilities, financial constraints, and job responsibilities, seem to be much more significant for accelerated students.
>
> The accelerated pace amplifies the barriers: the financial challenge of tuition combined with the inability to work very much, the personal and family sacrifice of being in such a time-consuming program, the emotional strain with the pace of school.

These comments also allude to the related barriers of keeping up with the pace of the accelerated program and returning to the role of student.

Summary

Overall, the contributors to accelerated student success described by survey respondents tend to be intangible personal characteristics and skills, whereas the barriers to success are very concrete. Lack of financial resources has been cited

Table 1 Importance of Educational Goals in Accelerated Nursing Degree Programs

	ABSN Very important/essential (%)	AMSN Very important/essential (%)
Develop students' abilities to think critically[a]	100	87
Help students master knowledge of nursing[a]	99	91
Help students develop professional identity	98	91
Help students evaluate the quality and reliability of information[a]	96	87
Prepare students for employment[a]	96	87
Teach students respect for different beliefs[a]	96	87
Develop student capacity for leadership	94	91
Promote students' abilities to write effectively[a]	93	74
Help students develop personal values[a]	91	74
Enhance students' knowledge of other racial/ethnic groups[a]	91	87
Prepare students for graduate or advanced education[a]	83	87
Instill in students a commitment to community service[a]	81	65
Develop student skills in management/supervision	80	70
Develop students' abilities to analyze nursing policy	79	78

Note. ABSN, $n = 81$; AMSN, $n = 23$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

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as a risk to student retention many times over the course of the evaluation, as has the difficulty of balancing numerous responsibilities and personal needs while completing a rigorously paced program.

Students—Traditional as Well as Accelerated—Have Unique Learning Needs That Warrant Distinctive Teaching Strategies

The teaching strategies section of the Teaching and Learning Survey explored various aspects of the classroom-level educational experience in accelerated nursing degree programs, including (a) educational goals, (b) instructional techniques and approaches, (c) methods of evaluating student learning, (d) use of instructional technology, and (e) models of clinical education.

Overall, findings across all five aspects suggest that there is great variation within as well as across programs. Some teaching strategies may be better suited than others to certain types of courses, faculty styles, or individual students, but few emerged that are consistently considered a best practice that is unique to accelerated nursing education. Indeed, the most popular response regarding the unique aspects of accelerated degree programs often indicated that teaching strategies are not unique to the accelerated program. Instead, successful teaching strategies that vary at more finely grained levels may be adopted in traditional and accelerated programs to leverage resources and improve the educational experience of all students.

Educational Goals: Competency Above All

Our interest in the importance of various educational goals for accelerated students stemmed from the unique situation of ABSN programs: Although faculty in these programs teach content and skills at the undergraduate level, they are teaching students who have already earned an undergraduate degree. Contrary to expectations, however, the educational goals selected as "essential" or "very important" on the Teaching and Learning Survey include foundational skills such as thinking critically, evaluating the quality and reliability of information, and preparing for employment (see Table 1). At the baccalaureate level especially, foundational knowledge and skills are considered of similar importance to more specialized educational goals such as mastering knowledge of nursing and helping students develop a professional identity as a nurse.

Some differences in the importance of educational goals by degree level are apparent. Although ABSN programs are geared toward second-degree, adult learners, liaisons at this degree level were more likely to rate more basic or foundational academic skills as very important or essential, such as thinking critically (ABSN, 100%; AMSN, 87%), writing effectively (ABSN, 93%; AMSN, 74%), and developing personal values (ABSN, 91%; AMSN, 74%). None of these differences,

however, reached statistical significance. Interestingly, liaisons of ABSN programs were significantly more likely to rate developing student capacity for leadership as essential than their master's-level counterparts (57% vs. 30%), $p < .05$. AMSN program liaisons were slightly—but not significantly—more likely to rate preparing students for advanced or graduate education as a very important or essential goal of the accelerated nursing program.

Respondents' Insights Into Traditional Versus Accelerated Students: Unique Goals

The most popular theme at both program levels indicated that the educational goals defined by schools of nursing for their students are not unique for accelerated students:

> I am not certain that our goals are different. . . . We highly value the goals of developing competent care giving, leadership, clinical judgment, evidence-based practice skills, and professional identity in all of our students.
>
> The educational goals are the same; [we] just expect ABSN students to achieve them more quickly.

Among baccalaureate-level liaisons who noted differences in educational goals by program track, the most common difference consisted of efforts to build on the prior experiences of accelerated students. AMSN liaisons, conversely, most often described efforts to develop foundational competencies and socialize accelerated students who are new to the field of nursing. These differences in educational goals focus on the importance of addressing the unique educational context of accelerated students rather than cultivating unique knowledge and skills for nursing practice. Regardless of program track or pace, the goals of nursing education emphasize preparing competent new nurses for professional practice.

Instructional Techniques: A Variety of Approaches for a Variety of Contexts

The section of questions regarding instructional techniques underscored the variation within as well as among institutions according to the context of educational environments. Program liaisons endorsed a broad range of instructional strategies for their accelerated nursing programs—those considered student centered as well as more traditional approaches, such as lectures.

The most widespread practices—explicit learning goals, detailed individual feedback, and analysis of practical problems and scenarios—suggest a range of approaches to instruction in the accelerated nursing classroom (see Table 2). More traditional teaching strategies, however, such as class discussions and lectures, were also prevalent at both degree levels. The least common instructional techniques, community service and student-selected topics, may be difficult to incorporate into fast-paced accelerated programs, further confirming the finding that there is little time for electives in these programs. Overall, ABSN program liaisons seem to use a broader array of instructional techniques more frequently than their master's-level peers. None of the differences between the prevalence of teaching strategies at the ABSN and AMSN degree levels, however, were statistically significant. Rather than systematic differences between programs, our results suggest that a variety of instructional techniques are used across programs.

Respondents' Insights Into Traditional Versus Accelerated Programs: Unique Instructional Approaches

Similar to other findings, the most popular response was that instructional techniques are not unique to the accelerated program.

> Nothing unique—we use varied strategies within each course. Many courses include lecture, discussion, sim[ulation] lab, field experiences—this is the same for all of our undergrads.
>
> Some faculty utilize similar techniques in both programs; we don't infringe upon faculty's academic freedom regarding presentation of information as long as unit/course objectives are covered and established criteria are met. Our philosophy is to provide individual attention to all students, in both traditional and second-degree programs.

Again, these responses reflect variety in instructional techniques regardless of pace. Teaching strategies may vary by course, faculty style, or individual student differences rather than by group-level differences between accelerated and traditional students.

Table 2 Use of Instructional Techniques in Accelerated Nursing Programs

	ABSN most/all courses (%)	AMSN most/all courses (%)
Explicit learning goals	98	87
Detailed individual feedback	94	83
Analysis of practical problems and scenarios	91	91
Class discussions[a]	91	78
Sharing stories about clinical experiences	80	74
Interactive case studies	80	70
Lectures[a]	80	70
Simulations of clinical care	79	65
Demonstrations[a]	69	48
Cooperative learning in small groups[a]	64	48
Individualized instruction/one-on-one attention	52	43
Reflective writing/journaling[a]	41	35
Electronic quizzes with immediate feedback[a]	37	26
Community service as a part of course work[a]	19	17
Student-selected topics[a]	19	13

Note. ABSN, $n = 81$; AMSN, $n = 23$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

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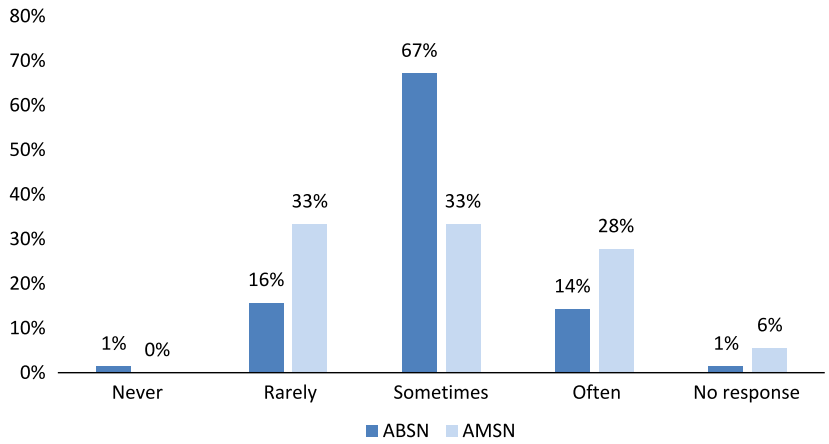

Figure 15 Program liaisons report on the frequency that faculty change their approach to teaching for accelerated nursing students ($n = 70$ for accelerated bachelor of science in nursing [ABSN], $n = 18$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

That said, some liaisons also described more active or interactive instructional techniques unique to the accelerated program. Active or interactive approaches to teaching included group work, class discussions, case studies, interprofessional experiences, and role-play.

Faculty Changing Teaching Approaches for Accelerated Students

Program liaisons at schools or colleges of nursing with traditionally paced program options at the same degree level also estimated how often faculty change their approach to teaching in courses composed primarily of accelerated students (see Figure 15). At the ABSN level, the majority of respondents selected sometimes (67%), with roughly equal proportions choosing rarely (16%) and often (14%). AMSN program liaisons were equally split between rarely (33%), sometimes (33%), and often (28%).

Table 3 Methods of Evaluating Student Learning in Accelerated Nursing Programs

	ABSN most/all courses (%)	AMSN most/all courses (%)
Multiple-choice exams[a]	95	61
Simulation exercises	64	48
Competency-based grading[a]	62	26
Quizzes[a]	60	52
Student presentations[a]	49	61
Weekly written assignments[a]	40	39
Group and team projects[a]	38	39
Term/research papers[a]	31	35
Short-answer exams[a]	23	13
Portfolios of student work	16%	22%
Essay exams[a]	11%	13%
Student evaluations of each others' work[a]	10%	13%

Note. ABSN, $n = 81$; AMSN, $n = 23$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

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As noted previously, at the baccalaureate level, most faculty change their approach to teaching sometimes or often (81%), reinforcing the impression that — at least some of the time — accelerated students' learning needs and preferences may differ from those of their traditional counterparts. This difference may be less relevant in AMSN classrooms (61%), where traditional as well as accelerated students are adult learners who have earned baccalaureate degrees previously.

Overall, our findings suggest variation within as well as between accelerated nursing programs at both degree levels. Some faculty may change their approach to teaching for certain groups of accelerated students or for certain classes, but these adjustments in teaching strategies reveal limited differences at the program level. Instead, changes in approach may depend more on flexible use of faculty discretion to address instructional challenges as they occur. A one-size-fits-accelerated view of teaching strategies may not be possible — or preferable — when educational context differs.

Evaluation Methods: Efficiency and Proficiency

Evaluation Methods

Rather than variety, preferred evaluation methods in accelerated nursing education emphasize efficient assessment of student competencies: multiple-choice tests are popular, while written exams and research papers are less common (see Table 3). Multiple-choice exams were prevalent in accelerated programs, especially at the bachelor's degree level (ABSN, 95%, $n = 81$; AMSN, 61%, $n = 23$). This likely reflects the ambitious pace of these programs, which requires that assessments be conducted, scored, and used to address any gaps in students' learning very quickly. It is also worth noting that the NCLEX-RN, the professional licensure examination for registered nurses, is a multiple-choice test. Writing-intensive evaluation methods such as essay exams, short-answer exams, and term or research papers were less common. Lengthy written assignments or tests may be poorly suited to accelerated nursing education; in addition to the extra time required for these forms of student evaluation, written assignments may provide limited evidence of nursing competencies and skills.

Methods of evaluating accelerated student learning differed by degree level in several cases. Competency-based grading was relatively common among ABSN programs (62%) but less prevalent among accelerated master's programs (26%), $p < .001$. Presentations were used to assess student learning more often at the master's degree level (61%) than at the baccalaureate level (49%), although this difference was not statistically significant. Although multiple-choice tests were popular at both degree levels, they were even more central to evaluating student learning in ABSN programs, with almost half of ABSN respondents (42%) reporting that multiple-choice tests are used in all of the courses in the accelerated program (as compared with 9%), $p < .001$.

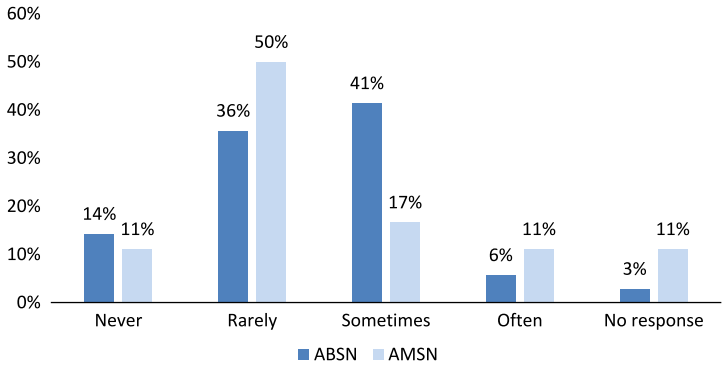

Figure 16 Program liaisons report on how frequently faculty change the types of assignments or tests for accelerated nursing students ($n = 70$ for accelerated bachelor of science in nursing [ABSN], $n = 18$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Respondents' Insights Into Traditional Versus Accelerated Programs: Unique Methods to Evaluate Student Learning

Some program liaisons at colleges or schools of nursing with traditional and accelerated programs at the same degree levels clarified in open-ended comments that evaluation methods are not unique to the accelerated program:

> Since the program outcomes are the same, we use similar evaluation methods.
>
> Evaluation methods are comparable. At the MS specialty level, we do not differentiate students as they all are expected to have the same outcomes.

Among those who did note methods of evaluating student learning unique to the accelerated program, use of more active or interactive evaluation methods with accelerated students was the most common difference. These ranged from frequent ungraded quizzes with feedback to collaborative testing, student-led review sessions, and peer evaluations.

Evaluation Methods Consistent Across Programs

The inference that nursing content and skills, not just the accelerated pace of these programs, influence evaluation methods is supported by responses to the next question, in which program liaisons at schools of nursing that also offer traditionally paced programs estimated how often faculty change methods of evaluating student learning for accelerated students (see Figure 16). The simple answer to this question is not very often: Half of ABSN respondents (50%) and almost two-thirds of master's-level respondents (61%) selected "rarely or never." At the baccalaureate level, however, many liaisons (41%) reported that faculty sometimes change the types of assignments and tests given to ABSN students. Few liaisons at either degree level reported changing the type of assignments or tests often (ABSN, 6%; AMSN, 11%).

Our findings indicate, then, that efficiency and proficiency are key goals of evaluating student learning in nursing degree programs overall. More than three-fourths of ABSN liaisons and more than half of master's-level program liaisons described the evaluation methods as similar or the same as the methods used with students in the traditionally paced programs. Although a slightly higher premium may be placed on efficiency in the accelerated curriculum for practical reasons, active or interactive approaches may also be utilized to supplement standard evaluation procedures.

Instructional Technology: On the Rise Across the Board

Advances in technological capabilities have greatly increased the availability and sophistication of technology-assisted learning environments. As suggested by our findings regarding the prevalence of online and hybrid delivery of course work in accelerated nursing programs, various forms of instructional technology are often used to enhance educational experiences for accelerated students.

Program liaisons reported that the technologies most likely to be applied to most or all accelerated nursing courses include patient simulations (ABSN, 78%; AMSN, 61%), course websites or web-based instructional materials

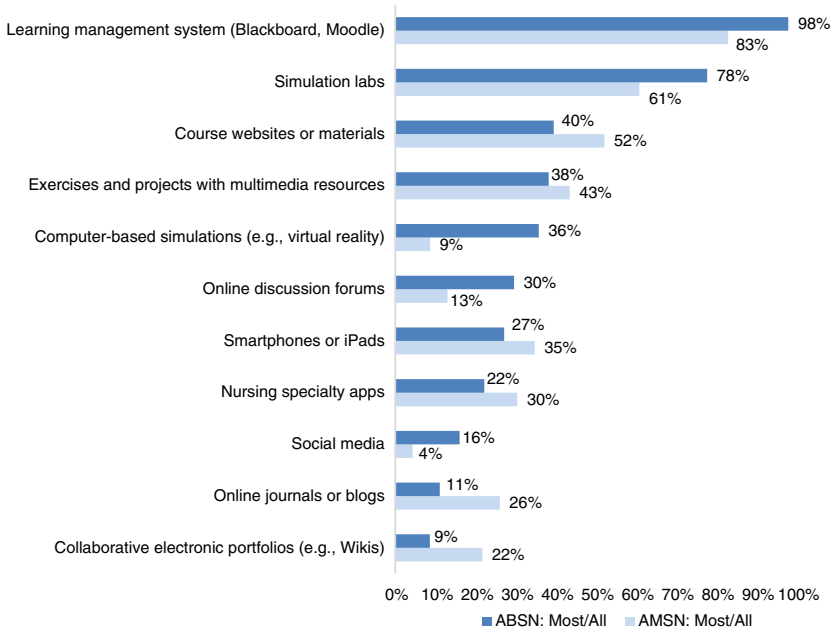

Figure 17 Percentage of programs that use instructional technologies for most/all of their accelerated nursing courses ($n = 81$ for accelerated bachelor of science in nursing [ABSN], $n = 23$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

(ABSN, 40%; AMSN, 52%), and exercises or projects that utilize multimedia resources (ABSN, 38%; AMSN, 43%; see Figure 17). Simulations, computer based as well as those with more traditional simulated patients, were more common in baccalaureate-level programs (36% and 78% vs. 9% and 61%, respectively), although this difference was not significant. Online discussion forums were also more prevalent at the baccalaureate level (30% vs. 13%). Use of social media was relatively rare in accelerated nursing programs, especially at the master's level (4% vs. 16%). Other instructional technologies, however, from course websites and online materials to online journals or blogs to specialty apps, tended to be more common at the master's degree level. None of these differences by degree level, however, reached statistical significance. Instructional technology, overall, does not appear to be reserved exclusively for accelerated-track nursing students.

Clinical Experiences: Building Toward Professional Practice

As one might expect, clinical experiences in nursing education programs tend to build from simpler and lower risk activities to more complex and serious levels of care. In accelerated nursing degree programs at the master's as well as bachelor's degree levels, many types of clinical experiences are integrated throughout the curriculum to support this progression. These clinical experiences include simulations of patient care (ABSN, 86%; AMSN, 70%), simulation skills labs (ABSN, 83%; AMSN, 57%), and observation of clinical work performed by others (ABSN, 62%; AMSN, 57%). Direct care of one patient may also be spread over the course of the nursing curriculum (ABSN, 41%; AMSN, 30%), although it is more likely to occur during the first half of the curriculum (ABSN, 47%; AMSN, 43%). During the second half, students build on earlier experiences to provide direct care of multiple clients (ABSN, 68%; AMSN, 52%), complemented in some programs by management of care provided by others (see Tables 4 and 5). The only significant difference between accelerated nursing programs by degree level was that AMSN programs were significantly more likely than baccalaureate-level programs to time simulation skills lab during the first half of the nursing curriculum (30% vs. 15%), $p < .05$. When asked if there were other clinical experiences not captured in the standard responses provided, respondents noted community health experiences along with interprofessional and international experiences.

Respondents' Insights Into Traditional Versus Accelerated Programs: Unique Clinical Experiences

According to open-ended comments, as a rule, clinical experiences are not unique in either the ABSN or AMSN programs. One unique approach to clinical education at the baccalaureate level highlighted the immersive experience of accelerated

Table 4 Composition and Timing of Clinical Experiences in Accelerated Bachelor of Science in Nursing Programs

	First half of nursing curriculum (%)	Second half of nursing curriculum (%)	Throughout curriculum (%)	Schedule varies by student (%)	Not applicable (%)
Observation of clinical work performed by others	19	5	62	4	7
Simulation skills lab (e.g., IV medications, handling equipment)	15	0	83	0	0
Simulations of patient care	9	2	86	0	0
Direct care of one client	47	4	41	7	0
Direct care of multiple clients	0	68	22	7	0
Management of care provided by nursing staff	1	35	31	7	23
Management of care provided by other students	1	32	19	5	41

Note. $n = 81$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Table 5 Composition and Timing of Clinical Experiences in Accelerated Master of Science in Nursing Programs

	First half of nursing curriculum (%)	Second half of nursing curriculum (%)	Throughout curriculum (%)	Schedule varies by student (%)	Not applicable (%)
Observation of clinical work performed by others	9	4	57	9	13
Simulation skills lab (e.g., IV medications, handling equipment)	30	0	57	0	4
Simulations of patient care	13	4	70	0	4
Direct care of one client	43	0	30	9	4
Direct care of multiple clients	0	52	30	4	4
Management of care provided by nursing staff	9	22	39	4	17

Note. $n = 23$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

students, who complete a similar number of clinical hours as their traditional counterparts in a fraction of the time. Immersion is also supported by opportunities to participate in clinical experiences over the summer, when there may be less competition for placement sites.

> [ABSN students have an] immersive experience with 24 hours of clinical per week, versus traditional students, who only get 1 – 2 days per week.
>
> ABSN students have richer clinical experiences during the summer months because we can schedule consecutive clinical days. That is not possible in the fall and spring semesters.

In open-ended comments by liaisons serving master's-level programs, the most commonly cited unique approach to clinical education stemmed from the fact that accelerated students are new to the field of nursing and in some instances may need to catch up with their traditional-track peers.

Meanwhile, liaisons of master's-entry or advanced generalist programs specified that intended scope of practice for their graduates did not align with traditional master's of nursing programs that prepare students for advanced practice in a clinical specialty. A few AMSN liaisons reported that the clinical experiences of students in the accelerated program were unique due to greater use of technology, especially simulations.

Conclusion

Overall, findings across all five areas of teaching strategies suggest that there is great variation within as well as across programs. Some instructional techniques may be better suited than others to certain types of courses, faculty styles, or individual students, but few emerged that are consistently considered best practices unique to accelerated nursing education as a whole. Program liaisons describing the unique aspects of their accelerated degree programs often reported that the educational goals, instructional techniques, evaluation methods, instructional technologies, and clinical experiences of students are not unique to the accelerated program. Instead, successful teaching strategies that vary at more finely grained levels may be adopted in traditional as well as accelerated programs to leverage resources and improve the educational experience of all students.

Faculty Are Broadly Prepared to Adopt Various Teaching Strategies for Accelerated, Second-Degree Students

Consistent with our finding that a broad variety of teaching strategies are beneficial for traditional as well as accelerated nursing students, professional development for nurse educators at NCIN schools of nursing is designed to develop a broad set of knowledge and skills for teaching students. Nursing faculty need to adopt a range of instructional strategies and approaches based on the context, course, and individual student preferences. Responses regarding faculty preparation and training reflect this need for a full tool kit of pedagogical strategies. Faculty development at NCIN-grantee schools of nursing promotes their ability to teach numerous courses across nursing programs — including courses that blend traditional with accelerated students.

Professional Development Is Not Differentiated

Almost all liaisons (95%) indicated that professional development offerings at their schools of nursing are not differentiated for faculty who teach in the accelerated program. This finding fit within the larger pattern of differences within rather than differences between accelerated and traditional nursing education. If faculty — many of whom teach in the traditional and accelerated programs — require a broad base of teaching strategies for numerous contexts, then there is no need to differentiate professional development by program track. Faculty who teach traditional and accelerated students — sometimes in the same classroom — must be able to pull from a well-stocked repertoire of teaching strategies to accommodate all of their students' learning preferences and needs.

Faculty Orientation: It Takes a Village

Orientation programming for faculty new to teaching in accelerated programs is available to nurse educators at many schools of nursing with accelerated degree programs. Almost two-thirds of respondents (63%) reported that their schools provide orientation for new accelerated program faculty. Among those schools who offer orientation programming ($n = 62$), the most popular strategies included assignment to a mentor experienced in accelerated nursing education (76%), peer observations of teaching (76%), and one-on-one consultation with educational experts (65%; see Figure 18). These strategies emphasize a team approach to preparing new faculty for success in the classroom, leveraging the experience of mentors, peers, and instructional experts to benefit the teaching and learning environment in these programs. Regular workshops over the first year of teaching (60%), observation and feedback from senior faculty and administrators (58%), and formal faculty discussion groups sponsored by the school of nursing (56%) also bring the combined expertise of many members of the school community to bear on developing new faculty members. More independent approaches to faculty orientation, such as midterm feedback sessions with students (32%) or online modules (18%), were less common forms of preparation for faculty new to teaching in accelerated programs.

Professional Development: Student Course Evaluations Feature Prominently

Faculty at NCIN-grantee schools of nursing participate in various types of professional development activities to enhance their skills, share learning with colleagues, and stay abreast of advances in the nursing profession. Chief among these types of professional development was formal review of student course evaluations, with most ABSN liaisons (84%) and almost

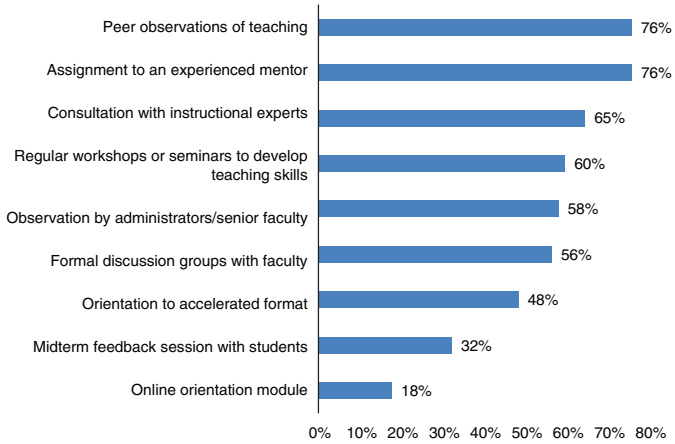

Figure 18 Percentage of schools providing various orientation activities for faculty who are new to teaching in accelerated programs that offer particular strategies ($n = 62$). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

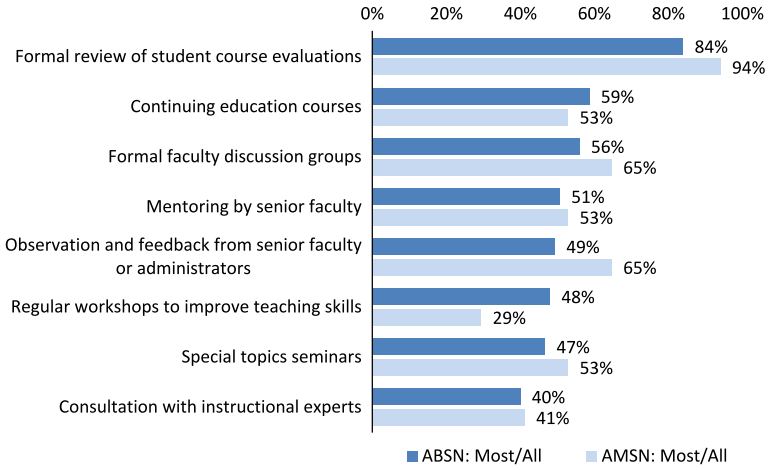

Figure 19 Percentage of schools in which most/all faculty have participated in various types of professional development activities ($n = 75$ for accelerated bachelor of science in nursing [ABSN], $n = 17$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

all at the master's level (94%) reporting that most or all of the nursing faculty have participated in this form of development over the last academic year (see Figure 19). This finding suggests that approaches to professional development keep the key goal of faculty expertise—the learning experiences of students—in the forefront of efforts to improve the teaching and learning environment.

At the bachelor's degree level, participation in continuing education courses was popular as well, with 59% of liaisons reporting that most or all faculty at their school have participated in continuing education. A similar proportion of ABSN faculty participated in formal faculty discussion groups focused on teaching during the past academic year (56%). About half of program liaisons at both degree levels said that most or all of their faculty have engaged in mentoring experiences over the past academic year (ABSN, 51%; AMSN, 53%). In ABSN programs, about half of the nursing faculty have participated in regular workshops (48%) and received observations from senior faculty or administrators to improve teaching skills (49%).

At the master's degree level, formal faculty discussion groups (65%) were also a popular form of development for nursing faculty. Observation and feedback from senior faculty or administrators (65%) was more prevalent at schools of nursing that offer AMSN programs, whereas regular workshops (29%) were less common forms of development for nursing faculty.

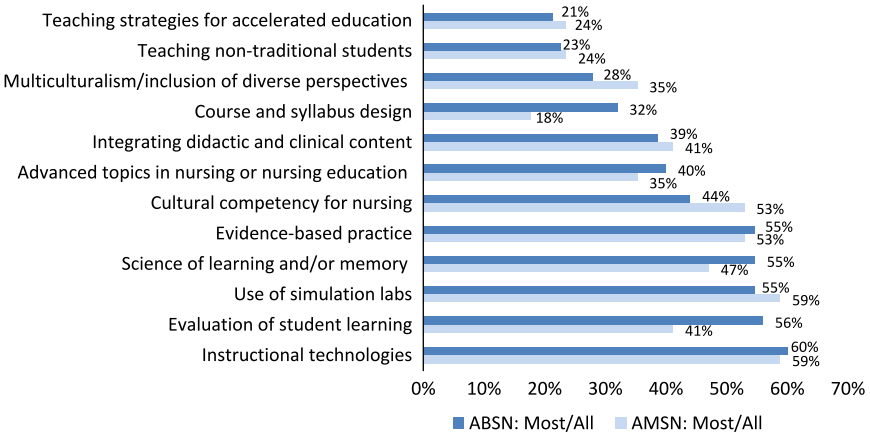

Figure 20 Percentage of schools in which most/all faculty have participated in professional development on various topics ($n = 75$ for accelerated bachelor of science in nursing [ABSN], $n = 17$ for accelerated master of science in nursing [AMSN]). From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Professional Development: Topics Favor Instructional Technology, Simulations, and Evidence-Based Practice

Faculty members at NCIN schools of nursing have undertaken professional development on a variety of topics (see Figure 20). More than half of accelerated program liaisons reported that most or all faculty at their schools have participated in professional development on instructional technologies (ABSN, 60%; AMSN, 59%), use of simulation labs (ABSN, 55%; AMSN, 59%), and evidence-based practice (ABSN, 55%; AMSN, 53%). Evaluation of student learning was also popular at the baccalaureate level (ABSN, 56% vs. AMSN, 41%), whereas professional development in cultural competency for nursing was more popular at the master's level, with 53% of liaisons reporting that most or all faculty had professional development on this topic during the past year, as compared with 44% of ABSN-level liaisons. This difference was not significant. Professional development in teaching strategies for nontraditional students (ABSN, 23%; AMSN, 24%) and for accelerated education (ABSN, 21%; AMSN, 24%) were relatively rare at both degree levels. This finding likely reflects the wide variety of teaching strategies that may be useful for different courses and students across nursing programs and the prevalence of cross-program teaching appointments.

Because a broad variety of teaching strategies are beneficial for traditional as well as accelerated nursing education, faculty who teach in either program track (or both tracks) need a comprehensive set of strategies to adapt their instruction to the specific teaching context. Different courses may emphasize different combinations of academic, clinical, and collaborative skills that inform approaches to teaching. Student needs and preferences may differ at the individual level and may even evolve over the course of the nursing program. Faculty may also have personal styles better suited to certain approaches. An engaging lecturer, for example, may excel at relating stories about clinical practice, while a more visually oriented professor may accomplish the same learning goals using videos and class discussion. These within-program differences in teaching context — whether faculty-, course-, or student-level differences — mean that faculty development must address many pedagogical approaches to nursing education.

Significance of Study

The Study of Teaching and Learning in Accelerated Nursing Programs is among the first to provide an overview of the activities and practices involved in this educational endeavor. In particular, the Teaching and Learning Survey is the largest national, cross-institutional survey of accelerated nursing degree programs to date, representing the program structures, curriculum designs, instructional practices and technologies, clinical models, student characteristics, faculty activities, and professional development offerings at 98 schools of nursing in 38 U.S. states and the District of Columbia. The findings have the potential to inform innovation in all aspects of accelerated nursing education, from faculty preparation and development to curriculum design and models of clinical instruction for programs that cater to diverse second-degree students.

What Do the Results Tell Us?

The Study of Teaching and Learning in Accelerated Nursing Degree Programs took a comprehensive overview of the structure of programs, roles and attitudes of faculty, strengths and challenges faced by students, and instructional practices in learning environments at a diverse set of NCIN-grantee schools of nursing from Hawaii to New York. Our research led to three major conclusions:

1. *Faculty at NCIN schools of nursing may prefer teaching accelerated, second-degree students.* While the literature on faculty perceptions of accelerated nursing students has identified negative as well as positive views of this student population, faculty at NCIN schools may fall into the latter camp. Most liaisons of ABSN programs specifically reported that faculty who teach primarily in the accelerated program prefer that classroom dynamic. The vast majority of program liaisons also believed that accelerated students improve the overall intellectual environment and thrive on challenging work and high expectations.
2. *Noncognitive attributes such as motivation and commitment to the nursing profession fuel the success of accelerated, second-degree nursing students.* Program liaisons did not set much stock in prior experiences or degrees to predict accelerated student success (i.e., graduation and licensure). In fact, a first-degree major in biology or health sciences was the student characteristic *least* likely to be rated as a very important or essential contributor to student success. Liaisons were much more likely to associate attitudinal and social characteristics—such as motivation, values, and maturity—with successful outcomes.
3. *Students—traditional as well as accelerated—have unique learning needs that warrant distinctive teaching strategies.* Our results suggest that the pedagogical variation within nursing programs (e.g., nursing program A that offers traditional and accelerated programs at the undergraduate and graduate level) may be greater than the differences between nursing programs (e.g., nursing program A vs. nursing program B). Instructional strategies vary based on course type, instructor style, and individual student differences in accelerated *and* traditionally paced programs. The prevalence of blended courses and cross-program teaching appointments for nursing faculty reinforces the need to adjust teaching for the specific classroom context rather than pursuing a standard, one-size-fits-accelerated approach.

Conclusions and Recommendations

At the outset of the NCIN program, the RWJF, in collaboration with the AACN, embarked on an effort to bring more individuals into the nursing profession. They opted to shine a light on the pathway to the nursing profession that is often in the shadows—the ABSN or AMSN routes. As we end our study of the distinguishing features of the teaching and learning experiences of accelerated students, we are left with a resounding appreciation that, despite some of the obvious differences between accelerated students and traditional students—age, previous academic and workforce experiences, the duration of their studies—the tie that binds them in the eyes of faculty is that a highly qualified nurse is the desired outcome for every nursing student, regardless of his or her pathway to a nursing degree. This is the tie that binds all nurses regardless of their pathway to be the compassionate and competent nurse, whether it be at the bedside, in the lab, in the community, or in the halls of government. With that goal in mind, nursing faculty across the country are working to make this happen.

The Study of Teaching and Learning in Accelerated Nursing Programs produced several findings that inform recommendations for schools of nursing on potential ways to further improve their programs:

Recommendation 1: Schools of nursing should review their faculty orientation and professional development programs with the aim of equipping faculty to meet the needs of accelerated students. Faculty may need support to adjust to the compressed time frame of accelerated programs in order to be successful in their roles. They may need assistance planning for how to cover the same amount of course material in less time and how to most effectively use technology in the classroom.

Recommendation 2: Schools of nursing should review their admissions process—both the materials requested from applicants and the decision-making process itself—with an aim toward using new information and processes to better predict student success. It may be possible to improve the selection process to identify students most likely to be successful by focusing on nonacademic attributes in addition to reviewing evidence of prior learning, such as grades. Admissions office personnel may want to explore whether there are assessments available (or assessments that could be created) that could be used in measuring these attributes to strengthen rankings of prospective students.

Recommendation 3: Additional research is needed to help schools of nursing learn more about what fosters student success. Building on the findings from the Teaching and Learning Survey on the frequency of a variety of instructional approaches, future research should explore whether specific teaching techniques predict student success and if one set of approaches is better suited for particular groups of students.

These efforts would benefit not only individual nursing students but also schools of nursing and the nursing field, particularly if lessons learned from these efforts are shared broadly through professional nursing organizations and publications.

Acknowledgments

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Notes

1 The eligibility requirements for the NCIN program include membership in a group that is underrepresented in nursing or a disadvantaged background (e.g., economically disadvantaged); U.S. citizenship or permanent residency; a baccalaureate degree in a nonnursing discipline; and acceptance into an entry-level accelerated nursing degree program for nonnursing college graduates.

2 One respondent reported on her ABSN program that did not receive any NCIN scholarships.

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Appendix A

Methodology

The goal of the Survey of Teaching and Learning in Accelerated Nursing Programs 2012 (referred to as the Teaching and Learning Survey) was to develop a comprehensive profile of the various aspects of the teaching and learning experience in accelerated nursing degree programs. Development of the survey instrument began with a collaborative effort to define the concepts for assessment. The AACN NCIN program staff provided valuable guidance to ensure that the survey design would support inferences about the differences between accelerated and traditional nursing education at both the bachelor's and master's degree levels. We supplemented these conversations with analyses of data from the first 4 years of the NCIN program and a review of the literature. Accordingly, dozens of assessments were reviewed for inclusion in the Teaching & Learning Survey. These included national surveys of faculty members at higher education institutions, national surveys of nurses, and concept-specific surveys and assessments from ETS's extensive test collection. After two rounds of pilot testing with ETS colleagues and with volunteers from the NCIN Program Planning Committee, and countless discussions among members of the evaluation team, the following sources of survey items were selected for inclusion:

- *HERI Faculty Survey, 2010–2011.* Higher Education Research Institute, 2011. Copyright by the Higher Education Research Institute. All rights reserved. Questions addressed instructional practices, methods of evaluating student learning, faculty activities, and school culture.
- *Elements of Nursing Education: Program Survey.* National Council of State Boards of Nursing, 2004. Copyright by the National Council of State Boards of Nursing. All rights reserved. Question measured the clinical model for nursing education.
- Mishler, C., & Davenport, M. (1984). Faculty and student attitudes toward the mixed-age college class: Faculty opinion survey. Items adapted to reflect accelerated and traditional students rather than *younge*" and *adult* students.
- *NCIN Student Surveys.* AACN has administered these surveys to NCIN scholars at program entry, midpoint, and postgraduation over the course of the grant program. For this study, questions were adapted for a different respondent and level of analysis, with the goal of facilitating comparisons across surveys.
- *ETS.* When appropriate questions could not be located in established surveys, ETS staff generated new items.

The final survey instrument includes questions and items addressing teaching strategies, program organization, curriculum design, faculty roles, faculty training, and student experience. We also measured basic program information, such as types of programs offered and student enrollment at various degree levels, policies impacting faculty participation in efforts to improve the teaching and learning experiences, circumstances associated with the closure of accelerated programs, and demographic characteristics of respondents. Owing to the nascent state of cross-institutional assessment of these types of learning environments, 31 open-ended questions were used to supplement more structured questions. Topline tables of responses to each item can be found in a Microsoft Excel spreadsheet at http://www.ets.org/Media/Research/RR-15-28_tables.xlsx.

The population sample consisted of 117 individuals who had served as NCIN program liaisons during funding years, or rounds, 1 – 5. NCIN program liaisons are specified on each school of nursing's NCIN grant application and are expected to be knowledgeable about their accelerated nursing programs and NCIN scholar experiences. Program liaisons were instructed to complete the survey on behalf of their schools and programs of nursing.

The primary method of data collection for the Study of Teaching and Learning in Accelerated Nursing Programs was a comprehensive survey administered online to NCIN program liaisons. The Survey of Teaching and Learning in Accelerated Nursing Programs was conducted over a 6-week field period, from November 7, 2012, until December 14. The survey was launched online using the Web Surveyor survey management program. A link to the online survey and personal access code was e-mailed to each current and former program liaison listed in AACN's files. Program liaisons who completed the survey received a $50 gift certificate as a token of appreciation.

The program liaisons were provided with advanced information about the upcoming survey administration at the October 2012 NCIN Summit in Washington, DC. This announcement was followed by repeated, personalized contacts according to the Dillman (2004) method. Specifically, we e-mailed current and former program liaisons a notice to look out for the survey, a formal invitation to complete the survey online, and several reminders. During the last two weeks of the field period, the research team made targeted phone calls to nonrespondent program liaisons and alternate contacts as well.

Undeliverable e-mail addresses were recorded, and updated contact information was located for these three program liaisons. It was also necessary to identify alternate contacts at eight schools of nursing at which the individual who previously served as NCIN program liaison was no longer available. The final sample was 117 with 98 respondents for an 84% response rate.

After data collection ended, the research team worked to clean and sort the data. Missing data were analyzed according to the map of survey branching logic to differentiate system skips from items skipped by individual respondents. The quantitative data were uploaded into SPSS to calculate frequencies, whereas the open-response questions were coded for themes in several iterations in consultation with the principal investigator. Frequencies were grouped by nursing program offering (ABSN, AMSN, both, or neither) as well as by study concepts to assist the researchers in identifying overarching patterns in the data.

Item Response Rates

Response rates for most items ranged from 88% to 100%; several items in "select all that apply" checklists and "other: specify" options had lower responses that may indicate legitimate nonresponse (i.e., the respondent did not have an "other" to specify). In general, closed items (e.g., single response, Likert-scale items) had slightly higher response rates than open-ended questions, and questions in the ABSN section of the survey (Q3 – Q35) had higher response rates than questions in the AMSN section (Q36 – Q68). All survey questions that generated a skip were close ended and *required* a response to continue; accordingly, response rates for these questions were 100%. Demographic questions also had high response rates (95% and above).

Study Limitations

Though faculty-level assessments may have yielded a finer level of information regarding teaching and learning practices — especially those related to instruction, assessment, and other classroom interactions — it was determined that the cost of this approach outweighed the benefits. In particular, program and curriculum design, student characteristics and activities, and faculty roles and professional development are likely to be relatively consistent within each accelerated nursing program. Gaining the participation of faculty members who are not affiliated with the NCIN program was also expected to require resources outside the scope of this evaluation.

Generalizability of the Study

To what extent are the results of this study able to be generalized to schools of nursing that have not participated in the NCIN program? Analyses conducted just a few months prior to the Study of Teaching and Learning indicated that 70% of schools of nursing with accelerated bachelor of nursing programs and/or accelerated master's-entry nursing programs

applied for NCIN grants during Years 1–5. Among the eligible population of AACN-recognized accelerated nursing degree programs, 39% have been NCIN grantees at least once. As described earlier, the current and former NCIN grantees who completed the survey reflect a broad range of institutional characteristics, student populations, and program designs and histories. Schools of nursing funded through the NCIN program are located in every region of the continental United States as well as Hawaii. Thus it is likely that the findings of the Study of Teaching and Learning in Accelerated Nursing Program can be generalized to other accelerated nursing degree programs. Moreover, accelerated programs in other fields may find the study of use for their work.

Appendix B

School of Nursing and Respondent Profiles

Table B1 New Careers in Nursing Schools of Nursing Response Rate Profile

	NCIN schools of nursing, *N*	Survey respondents, *N*	Response rate (%)
Total	117	98	84
Program funded			
ABSN	89	76	85
AMSN	23	17	74
Both	5	5	100
Funding status			
Current grantee	55	49	89
Previous grantee	62	49	79
Grant rounds funded (total, in years)			
1	46	37	80
2	21	20	95
3	21	16	76
4	18	14	78
5	11	11	100
Geographic region (U.S.)			
Midwest	35	29	83
Northeast	27	21	78
South	38	34	89
West	17	14	82
Urbanization			
City	88	73	83
Suburb	20	16	80
Town	7	7	100
Rural	2	2	100
School control			
Public	55	45	82
Private	62	53	85
Carnegie classification (basic)			
Baccalaureate colleges	1	1	100
Master's colleges and universities	36	31	86
Research universities	61	48	79
Special focus institutions	19	18	95
Minority-serving institutions			
General (non-MSI)	106	88	83
Historically Black colleges	4	4	100
Hispanic-serving institutions	7	6	86
12-month student head count			
<2,500	13	12	92
2,500–4,999	17	15	88
5,000–9,999	20	18	90
10,000–19,999	24	17	71
20,000–29,999	19	16	84
≥30,000	24	20	83

Note. $N = 117$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

Table B2 Characteristics of Teaching and Learning Survey Respondents

	Teaching and Learning Survey		AACN Survey, 2012–2013	
	N	%	*N*	%
Total	98	84	16,617	100
Gender				
Male	7	7	891	5
Female	89	91	15,698	95
Race/ethnicity				
Asian	2	2	438	3
Black or African American	5	5	1,115	7
Hispanic or Latino	1	1	333	2
White	86	88	14,305	86
Multiple races	2	2	26	*
Other	1	1	262	2
Age (years)				
30–49	20	20	NA	–
50–59	44	45	NA	–
>60	29	30	NA	–
Role at school of nursing				
Faculty	28	29	14,228	86
Administrator[a]	40	41	2,389	14
Both	30	31	NA	–
Highest degree in nursing				
BSN	1	1	NA	–
MSN[b]	44	45	8,657	52
PhD or DNS	41	42	4,685	28
DNP	9	9	1,257	8
No degree in nursing	3	3	NA	–
Highest degree overall				
Bachelor's	2	2	NA	–
Master's	20	20	NA	–
Professional	7	7	NA	–
Doctoral, all	69	70	7,960	48
Doctoral, nonnursing	19	19	2,018	12
Worked at this school of nursing (years)				
<2	4	4	NA	–
3–5	14	14	NA	–
6–10	29	30	NA	–
11–15	21	21	NA	–
16–20	7	7	NA	–
>20	23	23	NA	–
Worked in nursing education (any school of nursing) (years)				
<2 years	0	*	NA	–
3–5	4	4	NA	–
6–10	11	11	NA	–
11–15	17	17	NA	–
16–20	19	19	NA	–
>20	47	48	NA	–

Note. $n = 98$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author, and Fang et al. (2013).

[a]The Salaries of Instructional and Administrative Nursing Faculty survey asks faculty respondents whether administrative responsibilities comprise 50% or more of their time.

[b]AACN's survey uses the categories of "nondoctoral," "doctoral (research focused)," "doctor of nursing practice (DNP)," and "doctoral (nonnursing)."

Table B3 Characteristics of Schools of Nursing Respondents Represented

	Survey respondents		NCIN schools of nursing	
	N	%	*N*	%
Total	98		117	
Program funded				
ABSN	76	78	89	76
AMSN	17	17	23	20
Both	5	5	5	4
Funding status				
Current grantee	49	50	55	47
Previous grantee	49	50	62	53
Grant rounds funded (total, in years)				
1	37	38	46	39
2	20	20	21	18
3	16	16	21	18
4	14	14	18	15
5	11	11	11	9
Geographic region (U.S.)				
Midwest	29	30	35	30
Northeast	21	21	27	23
South	34	35	38	32
West	14	14	17	15
Urbanization				
City	73	74	88	75
Suburb	16	16	20	17
Town	7	7	7	6
Rural	2	2	2	2
School control				
Public	53	46	55	47
Private	45	54	62	53
Carnegie classification (basic)				
Baccalaureate colleges	1	1	1	1
Master's colleges & universities	31	32	36	31
Research universities	48	49	61	52
Special focus institutions	18	18	19	16
Minority-serving institution				
General (non-MSI)	88	90	106	91
Historically Black colleges	4	4	4	3
Hispanic-serving institutions	6	6	7	6
12-month student head count				
<2,500	12	12	13	11
2,500 – 4,999	15	15	17	15
5,000 – 9,999	18	18	20	17
10,000 – 19,999	17	17	24	21
20,000 – 29,999	16	16	19	16
≥30,000	20	20	24	21

Note. $n = 98$. From *New Careers in Nursing Survey of Teaching and Learning in Accelerated Nursing Programs*, by Educational Testing Service, 2014, Princeton, NJ: Author.

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