



**Janice K. Brewer**  
Governor

**Joey Ridenour**  
Executive Director

## *Arizona State Board of Nursing*

4747 North 7<sup>th</sup> Street, Suite 200

Phoenix, AZ 85014-3653

Phone (602)771-7800 Fax - (602)771-7888

### **Credits/Length of Associate Degree Nursing Programs**

#### **White Paper**

**Adopted by the Board on November 21, 2014**

#### **Background**

The Department of Education (DOE) is actively engaged in financial aid reform with the goal of reducing both the default rates on student loans and student debt. Many economists consider student debt a threat to the United States economy with the potential to fuel another recession. In an effort to reach their goals, the DOE has reduced the total timeframe and maximum number of credits for which students may receive financial aid. This change is evident in federal law and regulations that require colleges to measure *satisfactory academic progression* (SAP) by both grades earned and the student's progress toward degree completion. To receive financial aid, students must be on track to graduate within 150% of the normal timeframe for the program (maximum timeframe). If the student exceeds the 150% maximum timeframe restriction, the student is no longer eligible for federal student aid and may not be eligible for institutional college aid. A student can only obtain financial aid for a maximum of 92 credit hours at a community college. In an effort to further reduce borrowing, the DOE has suggested that all associate degree programs contain a maximum of 60 credits.

The Institute of Medicine (IOM) report entitled, *The Future of Nursing, Leading Change, Advancing Health* (2010), made four recommendations to the nursing profession, including two which apply to Registered Nurse programs. These recommendations included increasing the proportion of nurses with a baccalaureate degree and implementing nurse residency programs. The IOM calls on nurse leaders to partner with education accrediting bodies and employers to increase the proportion of nurses with a baccalaureate degree from 50% to 80% by 2020 (IOM, 2010). The call for higher levels of education in nurses is prompted by strong evidence associating decreased patient mortality and morbidity when the ratio of baccalaureate prepared nurses is increased (Aiken, et al, 2003; Yakusheva, Lindrooth & Weiss, 2014).

#### **Problem Definition**

Anecdotal information from some accrediting and regulatory agencies suggests that the total number of credit hours to earn an associate degree will be limited to 60 credit hours in the near future. This 60 credit hour limitation is significant for some academic programs, such as associate degree nursing (ADN) where knowledge in the biological and social sciences is necessary to provide students with the foundation for nursing coursework and safe patient care.

Lack of foundational knowledge may also jeopardize the student's performance the National Council Licensure Examination for Registered Nurses® (NCLEX-RN).

Although accrediting and regulatory agency policies or guidelines regarding credit hour reductions are not yet available, some state regulatory bodies have decreased the maximum number of credit hours for ADN programs to 60. Other state regulatory bodies are exploring a reduction in credit hours, or limiting ADN programs to a range of 60 – 66 credit hours. In anticipation of potential changes to accreditation and regulatory requirements, many ADN programs across the country are in various stages of actively exploring educationally sound measures to thoughtfully decrease the total number of credit hours.

One approach implemented by some ADN programs is to modify the standard ratio of clinical/lab credit hours from 1 credit hour for 3 clock hours per week to 1 credit hour per 4 clock hours per week. This approach does not change the overall number of clinical/lab hours the student completes; it only changes the amount of academic credit the student receives for completing the same amount of clinical/laboratory coursework. This approach exploits students and has budget and faculty load implications for programs. Another approach is to eliminate, via content integration, selected pre and co-requisite courses, such as Psychology, Chemistry, Human Pathophysiology, Communication, Microbiology, Cultural Anthropology and Nutrition. While integration of content is possible, most educational experts state that much content is lost when attempts are made to integrate it into existing courses. Integration of content is hampered by the same credit hour restrictions that prompted the elimination of courses in the first place and is further compromised when nursing faculty are not content experts in these courses. Many Arizona programs are seeking to reduce the number of credits with integration of content and/or the reduction in the number of total clinical hours to meet the anticipated requirements from accreditation and regulatory bodies within the next three years.

### **Arizona ADN Programs**

At the time this paper was written, the range of credit hours for completion of an ADN in Arizona was 62 – 88 credits.

Arizona community colleges, which offer the ADN programs, have a long history of serving diverse learners, often first-generation college students and those who need additional remediation in math, science, writing and reading.

Approximately 23% of ADN students are Hispanic/Latino, versus 13% of traditional BSN students (AZBN, 2013). Approximately 30% of Arizona residents are Hispanic/Latino. Thus, changes to ADN programs may cause a disparate impact on Hispanic/Latino students, which could disproportionately affect specific communities in Arizona.

Arizona programs have worked for over a decade to align pre-requisite courses in Articulation Task Force Meetings. A number of Arizona colleges have articulation agreements which allow ease of transferring credits to a university. Common barriers that prevent ADN graduates from

completing baccalaureate degrees include the cost of tuition and the time required for degree completion. If the number of maximum allowable credits for the ADN is decreased, it is anticipated that fewer ADN graduates will earn baccalaureate or higher degrees, due to the increased expense and time following graduation. Graduates may also perceive that taking courses such as chemistry and microbiology that were “integrated” are a formality instead of a necessary foundation for safer practice. Again, due to the larger proportion of Hispanic/Latino ADN students, an unintended consequence of reducing credit hours for ADNs may be fewer nurses from diverse backgrounds seeking higher degrees.

The *concurrent enrollment program* (CEP), an innovative program that began with partnerships between community colleges in Maricopa County and Arizona universities, is now successfully implemented across Arizona. This groundbreaking program allows a nursing student to enroll simultaneously in ADN and BSN programs and receive the majority of instruction at the community college. CEP students take most pre-requisites for a BSN program before beginning ADN clinical nursing courses. The CEPs are built on the premise a student can accomplish many if not all of the pre and co-requisite general education courses for a BSN at the community college level. The university partners in the state are strong advocates for this program and the CEP is a major strategy of the Arizona Action Coalition to meet the goal of 80% BSN workforce by 2020. A reduction of pre-requisite and co-requisite credits for traditional ADN students versus students enrolled in a CEP, will foster increasing disparity between these groups and may disadvantage the traditional ADN student who is enrolled in courses with the better prepared CEP student.

## **Nursing Regulation in Arizona**

To reach the IOM’s goal of having an 80% baccalaureate prepared workforce by 2020, the Arizona Nurse Practice Act requires that by July 2015 all nursing programs offering less than a bachelor's degree in nursing have at least one articulation agreement with a nationally accredited baccalaureate program.

The Arizona State Board of Nursing (Board) does not prescribe a static curriculum or number of credit hours. Nursing faculty are required to develop, implement, maintain, evaluate, and revise nursing curriculum, including pre and co-requisites (A.A.C. R4-19-204 (G)). The curriculum must contain content in the biological, physical, social, psychological, and behavioral sciences to provide a foundation for safe and effective nursing practice consistent with the level of the nursing program (A.A.C. R4-19-206 (D)). The faculty must ensure that the nursing curriculum provides for progressive sequencing of classroom and clinical instruction sufficient to meet the goals of the program and that the curriculum is organized to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and practice (A.A.C. R4-19-206 (D); Benner, et al, 2010). Additional curricular content includes professional responsibilities, legal and ethical issues, and history/trends in nursing and health care. Nursing didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients across the life span and from diverse backgrounds must be the core of nursing courses. Instruction must also incorporate Quality Safety in Nursing (QSEN) competencies: patient centered care, teamwork and collaboration, evidence-based practice,

quality improvement, safety and informatics (A.A.C. R4 19-206 D). Any reduction in credit hours must be consistent with all these standards.

## **Recommendations**

Quality of education, safe patient care, and curriculum standards should be the salient factors for nursing programs. There is agreement that some ADN programs have a large number of credit hours, and in those situations, a thoughtful reduction may be needed. Consideration of course transferability, preparedness of local populations, and community/workforce needs/expectations must be part of the evidence considered when altering credits in a nursing program. The impact and likely effects on lifelong learning, patient safety and student financial stability need to be considered by nursing faculty when altering credit hours. A reduction in credits solely based on national norming has the potential to exploit students and faculty (by merely awarding less credit for the same work), threaten patient safety and decrease articulation to higher degrees particularly by ethnically and culturally diverse ADN graduates. It is strongly recommended that Arizona not adopt or endorse a maximum credit hour requirement, but rather allow a range of acceptable credit hours for completion of an ADN program. This range of credit hours allows for variations in ADN programs based upon community/workforce needs, as well as program and student population differences. This approach is supported by evidence and has the strong endorsement of the nursing community in the state of AZ as well as the AZ State Board of Nursing.

## **Applicable Regulations**

### **ARTICLE 2. ARIZONA REGISTERED AND PRACTICAL NURSING PROGRAMS; REFRESHER PROGRAMS**

#### **R4-19-201. Organization and Administration**

N. Prior to final approval for new nursing programs and by July 31, 2015 for existing programs, all RN nursing programs offering less than a bachelor's degree in nursing shall have a minimum of one articulation agreement with a Board approved and nationally accredited baccalaureate or higher nursing program that includes recognition of prior learning in nursing and recognition of foundational courses.

#### **R4-19-204. Faculty; Personnel Policies; Qualifications and Duties**

- G. Under the leadership of the nursing program administrator, nursing program faculty members shall:
1. Develop, implement, evaluate, and revise the program of learning including the curriculum and learning outcomes of the program;

#### **R4-19-206 Curriculum**

- D. A nursing program shall provide for progressive sequencing of classroom and clinical instruction sufficient to meet the goals of the program and be organized in such a manner to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and practice.
1. A nursing program curriculum shall provide coursework that includes, but is not limited to:
    - a. Content in the biological, physical, social, psychological and behavioral sciences to provide a foundation for safe and effective nursing practice consistent with the level of the nursing program;
    - b. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care;
    - c. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the life span and from diverse cultural, ethnic, social and economic backgrounds to include:
      - i. Patient centered care,
      - ii. Teamwork and collaboration,
      - iii. Evidence-based practice,
      - iv. Quality improvement,
      - v. Safety, and
      - vi. Informatics

#### **References**

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