



International Journal of Health Sciences Education

Volume 5, Issue 1, December 2018

© 2018 Academic Health Sciences Center

East Tennessee State University

Outcomes and Experiences of an RN to BSN Online Cohort: An Academic-Practice Partnership

Donna Copenhaver Dr.

Belmont University

Marilyn Dubree MSN, RN

Vanderbilt University

Chris Wilson MSN, RN-BC

Vanderbilt University

Martha Buckner PhD

Belmont University

Cathy R. Taylor DrPH

Belmont University

See next page for additional authors

Recommended Citation

Copenhaver, Donna Dr.; Dubree, Marilyn MSN, RN; Wilson, Chris MSN, RN-BC; Buckner, Martha PhD; Taylor, Cathy R. DrPH; and Jordan, Kathy MSN, RN (2018) "Outcomes and Experiences of an RN to BSN Online Cohort: An Academic-Practice Partnership," *International Journal of Health Sciences Education*, 5(1).

Available at: <https://dc.etsu.edu/ijhse/vol5/iss1/6>

This Article is brought to you for free and open access by the Journals at Digital Commons @ East Tennessee State University. It has been accepted for inclusion in International Journal of Health Sciences Education by an authorized editor of Digital Commons @ East Tennessee State University. For more information, please contact digilib@etsu.edu.

Outcomes and Experiences of an RN to BSN Online Cohort: An Academic-Practice Partnership

Abstract

Abstract

This article describes the result of an academic-practice partnership between a School of Nursing (SON) and a University Medical Center (UMC) for the purpose of promoting BSN education in response to the Institute of Medicine's recommendation that 80% of RNs hold a baccalaureate degree or higher by 2020. The mutually beneficial partnership worked together to offer a pilot online RN-BSN nursing program, increase the number of BSNs in the workforce, and to collect information from RN-BSN students returning to school about their challenges, recommendations for future programs, and why they were interested in returning to school. The BSN graduates reported a renewed interest in nursing, opportunities for advancement, and the importance of a support system for RNs planning to return to school. The BSN graduates identified barriers for returning to school included finances, lack of knowledge related to technology, and challenges of maintaining work-life balance.

Keywords

academic; partnership; cohort; RN-BSN; advancement

Authors

Donna Copenhaver Dr.; Marilyn Dubree MSN, RN; Chris Wilson MSN, RN-BC; Martha Buckner PhD; Cathy R. Taylor DrPH; and Kathy Jordan MSN, RN

Introduction

In 2012, the American Association of Colleges of Nursing (AACN) and the American Organization of Nurse Executives (AONE) set forth eight key components of success for academic-practice partnerships to advance nursing practice and improve public health (AACN, 2012). Successful academic-practice partnerships have been linked to seamless academic progression and shared collection and analysis of education and workforce data. The essential components include collaborative relationships based on shared vision and expectations, mutual respect and trust, shared responsibility in accountability and decision-making, and a shared commitment to working together using best practices and sustainable processes. Academic-practice partnerships represent a promising strategy for accelerating progress toward matriculating an additional 760,000 nurses with a Bachelor of Science in Nursing (BSN) by the year 2020 (Institute of Medicine [IOM], 2011). Better patient outcomes have been reported when BSN-prepared nurses are responsible for patient care delivery (Aiken, 2014; American Nurses Credentialing Center, 2015; Blegan, Goode, & Park, 2013). These recommendations provide strong motivation for university medical centers and academic nursing programs to collaborate toward creating a more highly educated workforce. In this paper, a successful academic-practice partnership is described between Belmont University School of Nursing (SON) and Vanderbilt University Medical Center (VUMC) aimed at supporting practicing registered nurses (RNs) to complete a BSN degree within a pilot online cohort RN-BSN program of study. That program supports the VUMC goal of employing 80% BSN prepared nurses by 2020 (IOM, 2011) and the SON goal to share in the commitment of providing higher education and to evaluate best practices for implementation of an online cohort RN-BSN program.

Background

Responding to a number of national reports, the nursing profession is actively seeking to increase the number of BSN-prepared nurses. Improved patient outcomes have been documented when a more highly educated workforce delivers care. BSN-prepared nurses promote patient safety and contribute to fewer sentinel events (AACN, 2011). Evidence has linked a BSN-prepared workforce to better work environments, reduced patient mortality, decreased incidence of failure to rescue, and fewer post-operative complications (AACN, 2011; AACN, 2012; Aiken, 2014; Blegan et al., 2013).

RN-BSN educational programs build upon foundational skills obtained in an associate degree. Associate degree and diploma programs aptly cover the provider of care role of the registered nurse. However, nurses also play important roles in designing, managing, and coordinating care. These topics receive more emphasis in baccalaureate programs. Baccalaureate programs allow additional time for professional identity formation and include new or additional content in liberal arts, organizational leadership, evidence-based practice, healthcare policy and finance, interprofessional collaboration, and population health (Kumm et al., 2014).

Academic-practice partnerships have the potential to pave the way for seamless transitions into RN-BSN programs. They are longstanding, strategic mechanisms for improving education and practice (Gale & Beal, 2013). While acknowledging the potential for academic-practice partnerships to improve nursing education and practice, the AACN and AONE formed a joint task force to explore and identify success strategies (Beal, Breslin & Auston, 2011). The task force published guiding principles that emphasized the need for collaboration and formal relationships at the senior leadership level (AACN, 2012). According to the principles, relationships must be mutually beneficial and founded in respect, trust, engagement and information sharing. Successful partnerships can result in improved patient outcomes, promote joint appointments, increase faculty practice opportunities, encourage nurse-based research, develop new models of clinical education, support nurse residency programs, and increase numbers of BSN-prepared nurses (Beal et al., 2011; Beal et al., 2012; Stout, Short, Aldrich, Cintron, & Provencio-Vasquez, 2015).

Rationale for Program

Currently, the VUMC collaborates with the SON by providing clinical sites for undergraduate student clinical placement and summer externship opportunities. The VUMC is a leading employer of the SON's new graduates. The SON has historically collaborated with the VUMC to offer perioperative preceptor education and simulation continuing education. Thus, the academic-practice partnership leaders based their support for the pilot online cohort program for RN-BSN prepared nurses on previous positive interactions.

The VUMC is a magnet accredited-hospital with a goal that 80% of their nursing staff will have a BSN degree by the year 2020. In addition, the VUMC wanted to minimize the barrier for their employees to receive higher education and maximize utilization of the employee tuition benefits that were available to all employees.

The SON goal to increase the number of RN-BSN graduates and to collect feedback from RN students throughout the program, proved a win-win for collaboration between the VUMC and the SON. Therefore, the academic-practice partnership project was proposed to help both organizations meet their goals.

The SON started with a traditional RN-BSN program, requiring RNs to attend campus classes with traditional students who were not RNs. Before initiating the academic-practice partnership, the pathophysiology and health assessment courses had been offered as a "credit by exam" course for RNs only, i.e., RN students received study materials and had to pass an exam to satisfy course requirements. Prior to the academic-practice partnership pilot, RNs were required to attend all other nursing courses on campus alongside traditional students, including hospital and outpatient-clinical assignments. A review of post-semester surveys of working RNs reported attending classes on campus as a huge barrier to completing their program of study. Low enrollment of RNs at the SON historically did not support a business plan to offer all RN-BSN

courses online. The academic-practice partnership offered new opportunities for online program development, increased enrollment due to online access, implementation of best practices for online instruction, and offered the ability to collect ongoing feedback from students who were actively engaged in the pilot online cohort program.

The Online Cohort Model

The pilot online cohort model intentionally grouped RN-BSN students together to support shared experiences in classwork and learning. This strategy provides opportunities to support one another and to minimize the stress of returning to school (Murray, Palmer, Wunderlich, Giancola & Shaw, 2014). Strong online cohort frameworks are linked to decreased frustration, improved written and oral presentation quality, and increased graduation rates (Murray et al., 2014). Benefits of the pilot online cohort model include using an online learning platform for the nursing courses to offer convenient online access to the adult learner, thus minimizing the requirement to attend classes on campus. The convenience of new technology can add stress for the adult learner, further reinforcing the benefit of a group of students experiencing the same challenges that lead to group problem-solving.

Online educational programs have historically been created for adult learners who are goal-oriented and motivated to learn (DeCelle, 2016). The online teaching model allows the learner to engage with the course faculty as a group or individually via virtual meetings outside of non-traditional class schedules. Utilizing newer technological aspects of the online learning platform allows scheduling of meeting for RN-BSN students who would prefer face-to-face time instead of virtual faceless meetings. DeCelle (2016) stated, “differences in individual style, time, place, and the pace of learning increases with age” (p. 1264).

The SON pilot RN-BSN online cohort program offered nursing faculty opportunities to interact with experienced RNs in the online classroom environment. The online format is a new strategy for the SON and required modifications in course schedules, changes in faculty teaching load requirements, and revised communication processes between faculty and students to better support the online education experience. Nursing classes offered previously on-campus had to be revised to meet the goals of online delivery. The recruitment of RNs who would be willing to offer periodic feedback during the two-year program was essential to support the SONs goal of evaluation of the online program. The over-reaching goal of the pilot study for the SON was to solicit feedback and evaluation from the RN-BSN students toward identifying best practices for developing additional RN-BSN online cohort programs in the future.

The SON faculty advisor submitted the proposal to the IRB committee, including the survey questions the SON and the VUMC planned to distribute. Approval to use the proposed surveys was granted, and the SON IRB ruled that IRB approval and informed consent was not required. In spite of the ruling, both the SON and the VUMC nurse leaders informed all of the admitted

students that completion of the surveys was optional. The RN-BSN students agreed to participate for providing feedback for future program development.

Program Development

The VUMC's chief nursing officer and the SON's dean initiated the SON-VUMC partnership. Both nurse leaders experienced positive collaboration with prior shared projects. Therefore, mutual respect and trust between these nurse leaders provided a strong foundation for a new partnership. An initial face-to-face meeting included VUMC's chief nursing officer and the director of hospital education, the SON's dean and undergraduate director, associate dean of nursing, and a nursing faculty advisor. The benefits and challenges of developing an online cohort design were discussed. The partners agreed the pilot online cohort model would be used to create a pathway for supporting adult students to achieve academic success. Discussion regarding barriers to success included the cost of the program and how the academic-practice partnership could minimize roadblocks for RNs returning to school while working.

To maximize the VUMC student reimbursement benefit, the SON initially proposed a three-semester program of study, based on the theory of fewer semesters would result in less cost to the student. After further review of the VUMC's tuition benefits, the program was modified to a four-semester program of study, therefore maximizing student benefits offered by the VUMC, according to their reimbursement guidelines. The VUMC's education team created an internal blog page to encourage information sharing and student interaction during the recruitment and for the duration of the program. Student participation on the blog page led to the discovery of a VUMC policy-related barrier to success. The VUMC policy provided for reimbursement for employees who successfully complete coursework, while the SON financial department requires tuition payment at the time of enrollment. To address this barrier for students, the VUMC was able to provide additional financial aid at the onset, to offset the cost of returning to school.

The online nursing courses were revised over a three-month period, specifically for the pilot online cohort RN-BSN academic-partnership project. Multiple nursing faculty members participated in teaching and revising the newly developed online nursing courses. The new online nursing courses included leadership and management, senior capstone, health assessment, adult health, and pathophysiology. RN-BSN students were the only students enrolled in the pilot online nursing courses and they were also enrolled with traditional students in nursing courses that were previously offered online to traditional students (aging adult, evidence based practice, and community health). The rationale for combining the RN-BSN students with traditional students was based on the availability of nursing faculty and the efficient use of SON faculty resources.

Program development included methods of instruction that were to be consistently utilized for the pilot online cohort program. Synchronous meetings with course faculty, online test-taking, and audio Microsoft PowerPoint presentations were used in both new and old online courses.

These three methods were used to support returning adult students with learning new technology, and consistent learning methods.

A total of 216 clinical hours were required for leadership and management, community health, and senior practicum. The clinical requirement included direct and indirect patient interaction. Indirect clinical hours were counted for attending assigned board of nursing meetings, interactions with community leaders, and participation in community health services. The academic-practice partners discussed the value of identifying a SON faculty advisor for the pilot online cohort. The role and function of the nursing faculty advisor was created to facilitate positive ongoing communication and professional socialization (Allen & Armstrong, 2013). The additional role of problem-solving by a dedicated nursing faculty advisor supported the ability to identify process barriers and to make changes. Marsiello and Criscitelli (2014) found that formal weekly meetings with students that include informal conversations throughout the program support faculty and student collaboration and create additional opportunities for program evaluation.

One of the first challenges involved the need for flexible scheduling to accommodate RN-BSN student clinical assignments. The VUMC leadership team quickly responded with a supportive approach for future clinical scheduling. Academic-practice partners met with the VUMC nurse managers and highlighted the importance of supporting the pilot online cohort of students to increase the number of BSNs in the organization.

The SON faculty office hours were modified to coincide with program orientation for the newly admitted RN-BSN students. The nursing faculty (including the director of nursing, dean of nursing, dean of the college, and nursing faculty advisor) attended the program orientation to offer support and to lay the foundation for collegial relationships with the RN-BSN students. The intentional strategy of faculty and student communication provided opportunities for face-to-face coaching and encouragement, facilitated by the nursing faculty advisor.

Participant Recruitment

The academic-practice nurse leaders collaborated toward identifying potential RN-BSN students who would be willing to identify their barriers to returning to school during the recruitment period and throughout the pilot online cohort program. Sarver, Cichra, and Kline (2015) reported RNs wishing to return to school value professional education. The opportunity for RNs to identify barriers, benefits, and motivators for returning to school is an example of nurse administrators advocating for nurses who are seeking higher education (Sarver et al., 2015). Multiple information sessions for prospective students were scheduled jointly with the SON and the VUMC to share the SON academic admission requirements, the VUMC tuition benefits, and opportunities for advancement associated with the BSN degree. Each session was held on-site at the VUMC and enthusiastically introduced by partnership leaders to emphasize support for the effort. Generous tuition support and the VUMC nursing administration's willingness to work

with potential students to achieve educational and professional goals were highlighted. Information sessions were scheduled for morning and evening shifts over a three-week period.

Twelve students were accepted into the pilot online cohort RN-BSN program in the Fall 2013 semester. Student demographics included two male and ten female students, ages ranging from 35 to 55 years old. Nursing experience was reported as primarily hospital based, ranging from 5 to 30 years of employment. All 12 RN-BSN students attended the evening program specific orientation that included information about the learning management platform, the SON policies, and immunization requirements, how to access new student email account, and upcoming semester course schedules. The nursing faculty advisor, the dean of nursing, and the undergraduate director facilitated the orientation program. Once the pilot cohort of RN-BSN students began their program of study, no additional students were admitted until after completion of the first cohort.

Three of the twelve students withdrew from the program after the second semester (May 2014), due to personal and family challenges. Six of the twelve beginning students completed the full course of study and graduated within two years (in May 2015). Three of the original twelve students purposely slowed their progression, due to the general education requirements required to complete the program of study. These three students continued to communicate and study with the cohort in courses they shared. Two of the three students graduated within three years of starting the program (in May 2016). The last student to graduate completed the program in December 2017. Nine RN-BSN students completed the pilot online program of study over a four-year period.

Evaluation of the Pilot Online Cohort RN-BSN Program

VUMC Survey Results

The VUMC education department director developed a *VUMC RN-BSN Survey* specifically for the pilot online RN-BSN program participants. The VUMC partners conducted three surveys during the pilot, a pre-program survey, a second survey after two full semesters, and an ending survey at the completion of the four-semester program of study. Response rates for the *VUMC RN-BSN Survey* were 66% (8/12) for the pre-program survey, 77% (7/9) for the mid-point survey, and 55% (5/9) for the end of program survey. The participants took approximately 30 minutes to complete the face-to-face handwritten survey.

The pre-program *VUMC RN-BSN Survey* consisted of two questions: “What issues do you anticipate as you begin your school program?” and “What option(s) for networking/support would be of interest to you?” Two additional questions were added for the mid- and post-program *VUMC RN-BSN Survey*: “What issues or challenges did you encounter as you began your RN-BSN program?” and “What suggestions do you have for a future cohort of students?”

The responses were evaluated by the academic-practice partners at a team meeting within a month after each survey was administered. The partners collectively identified areas that could be improved and decided on countermeasures to address student needs as soon as possible. The nursing faculty advisor continued to reach out to the RN-BSN students to communicate and allow the opportunity for students to seek assistance.

Question 1: Student perceived concerns

In the pre-program, mid-point, and after program completion, students were surveyed regarding RN-BSN Student Perceived Concerns (Figure 1). At the outset of their program, students were most concerned about writing skills, competing home/work priorities, test-taking, time management, computer skills, and computer access. At mid-program, competing home/work priorities emerged as most concerning, and some worries remained about time management and computer skills. Concerns about computer access, test-taking, and writing skills had faded by mid-point of the program.

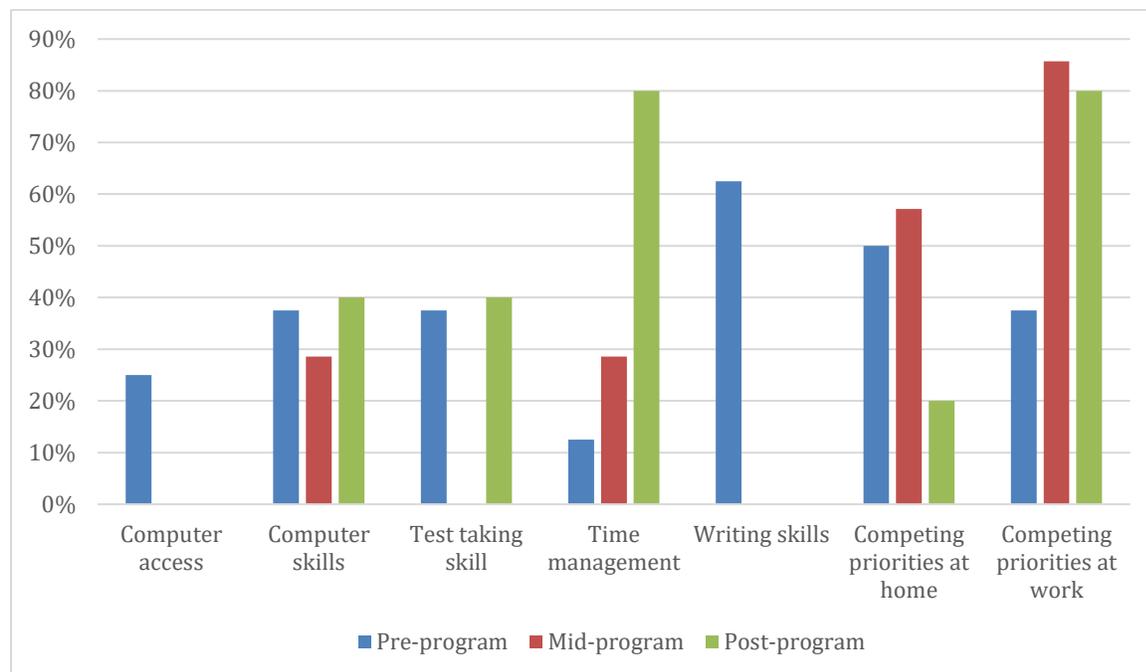


Figure 1: VUMC RN-BSN Student Perceived Concerns

Question 2: Student sources of support

In the pre-program survey, students identified phone contact with other students and in-person study groups as their preferred support strategies (Figure 2). By mid-point of their program, phone contact with their fellow students was the highest ranked source of support. Post program surveys indicated study groups were the preferred method of support, with one-on-one faculty coaching as the second preference.

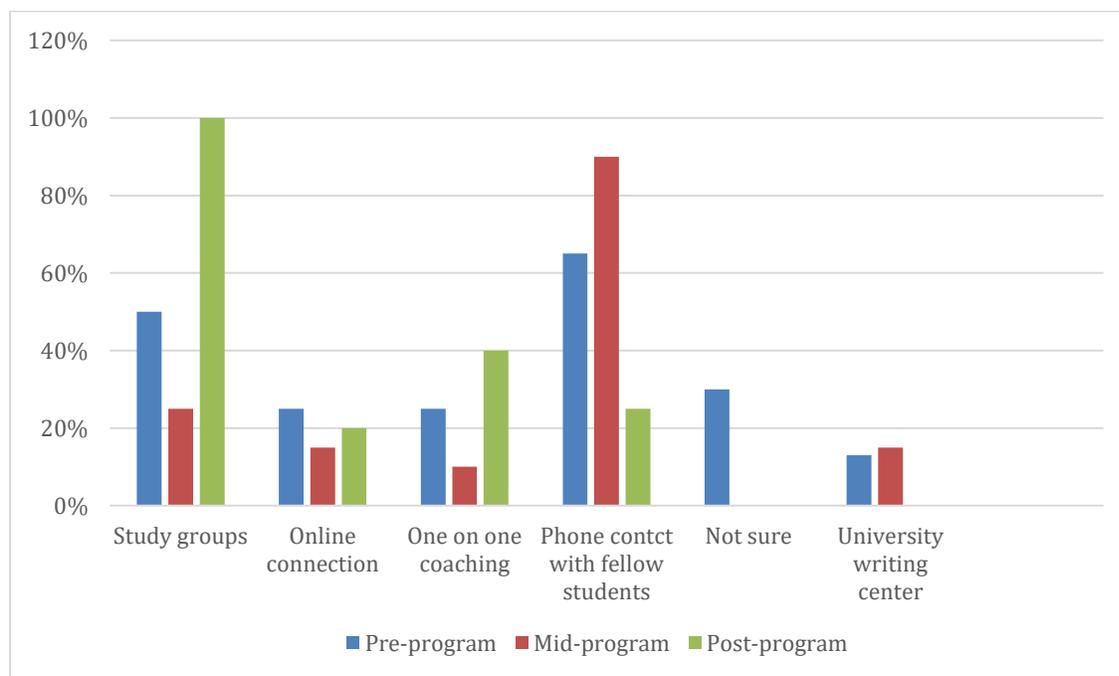


Figure 2: RN-BSN Student Sources of Support

Question 3: Motivation to return to school

At the mid-program survey, students were asked what motivated them to pursue the BSN degree. Personal satisfaction and career advancement goals, with the scores of 71% and 85%, respectively, emerged as key motivators. The students were queried regarding the benefits of the BSN degree. Responses ranged from “learning about failure to rescue” and “how to do research and rate evidence” to “a renewed love of nursing.” Several students realized their career advancement goal prior to graduation. At mid-program, four of nine students reported a promotion or a transition into a new role with increased responsibility. These students credited returning to school as setting the stage for advancement.

Question 4: Student suggestions for future cohorts

At both mid-point and program completion survey, students were asked to provide advice for future students. Suggestions included: a) form small study groups and find a group that “clicks”, b) understand travel and schedule requirements, c) brush up on computer skills, d) use university resources, e) simplify your life, f) get support, g) celebrate small accomplishments, and h) work at staying healthy.

SON Post-Program Survey

The SON dean of nursing developed a *SON Post-Program Survey* specifically for the pilot online cohort RN-BSN students that include the following six questions: “What were the strengths of the RN-BSN program of study?”, “If you could choose one thing that must stay the same about the RN-BSN program, what would it be?”, “What are the weaknesses of the RN-BSN program at Belmont?”, “If you could choose one thing to change about the program, what would it be?”, “Do you plan to pursue graduate study in your future?”, “Would you consider Belmont for graduate study?”, and “Why or why not?”

The post-program survey was mailed to the RN-BSN graduates upon completion of the four-semester program and a second mailing six-month post-graduation. Response rates for the *SON Post-Program Survey* were 67% (4/6) and six months post-graduation survey was 67% (4/6). The *SON Post-Program Survey* collected additional input related to the students’ perceived strengths of the program, opportunities for improvement, future educational goals, and advancement post-graduation.

The nurse faculty advisor submitted the *SON Post-Program Survey* to the school IRB for review, prior to distribution of the survey. The school IRB committee reviewed the *SON Post-Program Survey* and decided IRB approval and informed consent was not required

SON Post-program survey

The *SON Post-Program Survey* was sent to all six RN-BSN graduates who graduated in four semesters. Four completed surveys were returned. The questions were open-ended, requiring free-form responses. Themes were identified in terms of program strengths and areas for program improvement. Program strengths included faculty expertise, flexible scheduling, and valuing previous RN experiences by faculty, and support from a dedicated faculty advisor. The support afforded by the online cohort model itself was considered vital to their success, and the majority stated they would recommend the program to their peers. Suggested areas for improvement included the need to streamline clinical scheduling and requirements, improve student technology support and offer more academic credit for previous experience.

SON Post-program survey after six months

Six-month post-program surveys were sent to all six of the RN-BSN graduates, and four were completed and returned. Open-ended questions with free form responses were solicited regarding changes in their employment and perceived benefits they received from completing the program. All respondents (n=4) reported increased personal satisfaction, job stability, enjoyment of learning, and increased appreciation for the profession. One participant was accepted for graduate study, three of the four had been promoted, while the fourth was offered, but declined a promotion opportunity. Responses to the question, “*How has your practice changed?*” included enhanced thought processes, career advancement/promotion, and increased attention to policies and practice standards. Asked about the *benefits of their education*, respondents reported a personal sense of accomplishment and an increased feeling of job stability and security.

Discussion

The academic-practice partnership members at a joint meeting reviewed the survey responses. About 35-40% of the RN-BSN students perceived test-taking as a significant concern in pre- and post-program surveys. However, in the mid-program survey, none of the students reported test-taking as a concern. This difference may be related to mid-program courses structured to assess student progress using alternative evaluation strategies versus testing. There was a substantial increase in concerns with competing priorities at work, shifting from 35% for the pre-program survey to 85% for the post-program responses. Two students enrolled in the program were promoted into management positions during the third and fourth semesters. Two other students accepted new projects that increased their workload and led to advancement within their department. Less flexible schedules and new role transitions likely contributed to this difference. The students listed in-person work groups as a source of support at a rate of 50% initially, 25% at mid-program and 100% at post-program. The four-semester program of study included more individual assignments during the second semester, which might have contributed to a drop in scoring of study groups as a source of support. Group papers and presentations were assigned during the last semester and likely contributed to the increased value of in-person study groups as a source of support reported in the post-program survey.

Phone contact with fellow students was identified as a valued source of support by 60% in the pre-survey results, by 85% of respondents at mid-program survey, and only by 25% in the post-program survey. The decrease in perceived value of phone contact with fellow students in the post-program survey could be explained by the increase in value of in-person study groups to 100% in the post-program survey. The students were meeting in person for study groups, consequently minimizing the need for phone contact.

Lessons Learned and Future Plans

The recommendations for curriculum revisions related to required campus attendance versus online participation constitute valuable feedback for shaping future online curriculum development. Although on-campus meetings are challenging for the RN-BSN student, many stated they preferred more face-to-face contact with their faculty. Participants in the pilot program described the importance of consistent information related to current technology and methods for communicating with peers and faculty. The use of technology remained a source of stress for the students throughout their program of study. Additional tutorials on the use of the learning management platform, how to create an audio Microsoft PowerPoint presentations, and options for web-based communication will be added to future RN-BSN program orientation. Additional support staff will be identified to respond to ongoing student questions related to technology for future online cohort programs.

Finally, both students and academic-practice partners acknowledged the VUMC's generous tuition support policies as vital to their success. While this information was not collected within the VUMC surveys, all cohort students stated significant financial support constituted an essential element for their success and for future RN-BSN students. The information regarding the value of financial support received from their employer was received during informal discussions between RN-BSN graduates and the nursing faculty advisor.

The combination of RN-BSN and traditional students in evidence-based practice, aging, and community health online courses may have influenced their survey responses. The RN-BSN students were not surveyed specifically about their interactions with traditional students. However, their survey responses may have influenced survey responses. This is a limitation of the pilot study.

Nursing faculty and students value the professional relationships that were developed between the RN-BSN students and the SON faculty. The cohort model offered the foundation for the RN-BSN students to complete their program together (Davidson, Metzger, & Finely, 2014). The evaluation of future online cohort groups will be necessary to further develop the SON's online RN-BSN program. The survey responses received from the pilot RN-BSN students will guide future recruitment and program growth. The SON will continue to market the online program and recruit RN-BSN students for new online cohorts, hoping to increase enrollment by offering all nursing courses for RN-BSNs in an online format.

Benefits of the Academic-Practice Partnership

The online cohort model offered a way for this group of RN-BSN students to complete their program together and supported the formation of strong professional relationships, valued as a benefit by all of the partners (Davidson et al., 2014). The academic-practice partnership team discussed the cost-benefit of supporting nine RN-BSN graduates and the goal of increasing the number of BSNs employed in their organization. The benefits of the project included identifying barriers for RN-BSN students, evaluation of the online program of study, and the opportunity to

create collegial relationships. Each RN-BSN student brought rich, individual strengths and clinical experiences to the program that served as a foundation for collaboration and support during the program.

The partners remain attuned to continuous feedback from students and colleagues and are committed to continuing the partnership approach with future online cohorts. The SON plans to provide additional orientation and technology support, maintain a designated nursing faculty advisor for the RN-BSN students, and provide additional nursing faculty to mentor and model professional relationships. Future online cohorts will be offered with more opportunities for in-person student/faculty interaction and revised clinical requirements for RN-BSN students. Acknowledging the traditional Monday-Friday clinical rotations are seen as challenging for the RN-BSN student, and alternative options for meeting learning objectives and new strategies for evaluating and crediting students for previous experience are under consideration.

The VUMC remains committed to increasing the number of BSNs that they employ and will continue to increase their efforts to offer education incentives for their employees. The financial support provided by the VUMC is a benefit that is offered to all employees. Even though only 50% completed the program within two years, and 75% within four years, the VUMC values the RN-BSN graduates, and they plan to continue offering the education benefit. The partners' commitment to foster incentives for potential RN-BSN graduates and to minimize barriers for achieving educational success continues to be a shared goal for the academic-practice partnership group.

Conclusion

The original objectives of the academic-practice partnership project were met. The SON-VUMC pilot online cohort RN-BSN strategy successfully supported practicing RNs to achieve a BSN degree. Nine out of twelve (75%) RN-BSN students participating in the pilot online cohort progressed to graduation within four years of starting the program. Their success increased the number of BSN-prepared nurses employed by the VUMC and increased the candidate pool for the VUMC leadership opportunities. Future efforts may include exploration of a twelve-month online cohort program of study for RN-BSN students, including the use of synchronous web-based instruction, and additional virtual testing options. These exciting new projects will benefit from the established academic-practice partnership created by nurse leaders at VUMC and the SON.

References

- Aiken, L. H. (2014). Baccalaureate nurses and hospital outcomes: More evidence. *Medical Care*, 52, 861-863. doi: 10.1007/MLR.130222
- Allen, P. E., & Armstrong, M. L. (2013). RN-BSN curricula: Designed for transition, not repetition. *Journal of Professional Nursing*, 29(6), 337-e. doi.org/10.1016/j.profnurs.201306.001
- American Association of Colleges of Nursing (AACN). (2011). *Degree completion programs for registered nurses: RN to master's degree and RN to baccalaureate programs* [Fact sheet]. Retrieved from www.aacn.nche.edu
- American Association of Colleges of Nursing (AACN). (2012). *Guiding principles to academic-practice partnerships* [Fact sheet]. Retrieved from <http://www.aacnursing.org/Academic-Practice-Partnerships/The-Guiding-Principles>
- American Nurses Credentialing Center (ANCC). (2015). *Magnet program overview* [Fact sheet]. Retrieved from <http://www.nursecredentialing.org/Magnet/ProgramOverview>
- Beal, J. A., Breslin, E., & Auston, T. (2011). Hallmarks of best practice in academic-service partnerships in nursing: Lessons learned from San Antonio. *Journal of Professional Nursing*, 27(6), e90-e95. doi.org/10.1016/j.profnurs.2012.09.001
- Beal, J. A., Alt-White, A., Erickson, J., Everett, L., Fleshner, I., Karshmer, J. . . . , & Gale, G. (2012). Academic practice partnerships: A national dialogue. *Journal of Professional Nursing*, 28(6), 327-332. doi.org/10.1016/j.profnurs.2011.07.006
- Blegan, M. A., Goode, C. J., & Park, S. H. (2013). Baccalaureate education in nursing and patient outcomes. *Journal of Nursing Administration*, 43(2), 89-94. doi:10.1097/NNA.0b013e31827f2028
- Davidson, S. C., Metzger, R. L., & Finely, S. (2014). Comparison of hybrid and completely online RN-to-BSN curricula: Aspects of program structure that lead to success. *Journal of Continuing Education*, 45(2), 219-224. doi:10.3928/00220124-21040417-05
- DeCelle, G. (2016). Andragogy: A fundamental principle of online education for nursing. *Journal of Best Practices in Health Professions Diversity*, 9(2), 1263-1273.
- Gale, S. A., & Beal, J. A. (2013). Building academic practice partnership: Sharing best practices. *Nurse Leader*, 11(4), 21-24. Retrieved from www.aone.org/docs/apinapin-building-academic
- Institute of Medicine (IOM). (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press. Retrieved from www.ihi.org/resources/pages/
- Kumm, S., Godfrey, N., Martin, D., Tucci, M., Muenks, M., & Spaeth, T. (2014). Baccalaureate outcomes met by associate degree nursing programs. *Nurse Educator*, 39(5), 216-220. Retrieved from <https://www.medscape.com/medline/abstract/2497801>
- Marsiello, C. M., & Criscitelli, T. M. (2014). Nurse leader collaboration and partnering: Looking to the future. *Nurse Leader*, 12(6), 41-44. doi.org/10.1016/j.mnl.2014.09.003
- Murray, T. A., Palmer, J. L., Wunderlich, R., Giancola, J., & Shaw, J. M. (2014). An academic-service partnership to promote and support RN's return to school. *Journal of Nursing Education*, 53, 291-294. doi: 10.3928/01484834-20140408-03

- Sarver, W., Cichra, N., & Kline, M. (2015). Perceived benefits, motivators, and barriers to advancing nurse education: Removing barriers to improve success. *Nursing Education Perspective, 36*, 153-156. doi: 10.5480/14-1407
- Stout, C., Short, N., Aldrich, K., Cintron, R., & Provencio-Vasquez, E. (2015). Meeting the future of nursing report™ recommendations: A successful practice-academic partnership. *Nursing Economics, 33*, 161-166.