

NURSING EDUCATION AT WESTERN GOVERNORS UNIVERSITY: A MODERN, DISRUPTIVE APPROACH

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Over 1 million working registered nurses (RNs) currently do not have a bachelor's degree in nursing and comprise the critical group needing to return to school in order to achieve the Institute of Medicine's goal of 80% bachelors of science in nursing (BSNs) by 2020. Western Governors University (WGU) has developed a transformative educational model, incorporating 4 operational pillars (competency-based learning, technology, disaggregated faculty roles, and a student-centric management system), to revolutionize RN-BSN education. This article describes a successful contemporary model, disrupting most all of the traditional aspects of university education for professional nursing practice. The program design is of particular value to working adults and addresses the flexibility they need to accommodate academic advancement. The WGU nursing program currently serves over 5,000 students seeking BSN and Master of Science in Nursing degrees in all 50 states. (Index words: Disruptive education; Adult learning; Competency-based learning; RN-BSN education; Faculty roles; Student centric; Mentoring) *J Prof Nurs 30:168-174, 2014. © 2014 Elsevier Inc. All rights reserved.*

Nursing Workforce Imperative

MORE THAN 3 million registered nurses (RNs) are licensed in the United States today making nursing the largest part of the health care workforce. Despite these large numbers, nursing has a history of workforce shortages over the last 30 years (Fulcher & Mullin, 2011; Health Resources and Services Administration of the U.S. Department of Health and Human Services, 2010). The most recent shortage is related to factors such as the aging of nursing faculty, advances in technology and complexity in American health care, changes in the skills and credentials required by the workplace, and delays in nurses obtaining graduate degrees (American Association of Colleges of Nursing [AACN], 2005, 2012). The shortage of this decade is not simply one of numbers but is more accurately described as a lack of academically qualified nurses at various levels (Altmann, 2011).

These workforce problems are not only the concerns of employers but they also have drawn the attention of policy makers at the highest levels for many years. As early as the 1990s, 19 members of the Western Governors Association began to discuss common issues such as major concerns regarding workforce shortages and the corresponding educational needs to prepare the future workforce. At that time, there was a shortage of teachers particularly acute in the western states, and in 1985, national workforce experts were predicting a shortfall of over a million teachers, especially teachers of math and science (National Commission on Excellence in Education, 1983). They wanted to be proactive with their ability to help them support and grow, at the rates, and with the financing needed to meet the projected workforce needs, instead of waiting for shortages.

Their subsequent persevering meetings led to the 1997 establishment of a new, private, nonprofit university, Western Governors University (WGU), best known for its emphasis on increasing educational access to underserved individuals, primarily working adults. To accomplish this, they incorporated two foundational pillars: (a) competency based learning and (b) the use of technology to improve access to learning. Thus, WGU programs are typically on-line with the major distinction of the competency-based model, which provides a congruent educational approach for working adults seeking career

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advancement, career transitions, or academic advancement progression within a profession.

Today, those two pillars remain as a firm foundation, and two more operational elements have been added as the model has evolved and advanced. These two additional pillars include (c) an alternative faculty role that disaggregates customary functions and (d) an operational methodology that emphasizes a student-centric approach. This latter method uses a course management system that allows students to choose when they enroll, access the courses needed to complete their chosen degree at any time, and self-pace their learning based on established competencies. As Christensen, Aaron, and Clark (2003, p. 32) point out in their article on disruption in education, this model helps “customers do more easily and effectively what they are already trying to do.” This disruptive approach is consistent with the vision of the founders and has caught the attention of policy makers at the highest level. In 2011, U.S. Secretary of Education Arne Duncan (as cited by Lewin, (2011, p. A20)) said, “...while such programs [like WGU] are now the exception, I want them to be the norm.”

In 2007, WGU's College of Health began delivering competency-based nursing education at the baccalaureate (RN)–bachelors of science in nursing (BSN) and master's levels; these postlicensure degrees were all initially accredited by the Collegiate Commission on Nursing Education (CCNE) in 2008. The prelicensure BSN was launched in 2009, and national nursing accreditation (CCNE) for this program was confirmed in 2011. This article will examine the four pillars within the WGU model and discuss their operationalization with our RN–BSN program of nursing education; a truly successful modern model that offers an alternative to traditional education for professional nursing practice.

Competency-Based Education

Spearheaded by prominent nursing leaders, competency based nursing education models are not new nor is the acknowledgement of the alignment of competency-based education (CBE) to the needs of adult learners. The emphasis of CBE is on learning, not teaching. Therefore, the focus shifts from the transfer of knowledge to the creation of learning environments (Barr & Tagg, 1995) where the students become more responsible for the learning experience and the organization has greater accountability for the outcomes of learning. As early as 1973, Dr. Malcolm Knowles coined the concept “andragogy” to describe an alternative to the traditional teacher-led pedagogy. Knowles described andragogy as the “modern practice of adult education” (Knowles, 1988). In 1978, Dorothy del Bueno, a nurse and leader in competency models, talked about the adult learner as being capable of self-direction and having “diversity of needs, perceptions, and goals” all of which point to the need for educational models to take into account the diverse needs of learners (p. 11). Later in the 90s, Dr. Carrie Lenberg wrote about her work in CBE with the introduction of her Competency Outcomes and Performance Assessment model (Lenburg, Abdur-Rahman,

Spencer, Boyer, & Klein, 2011). Redman, Lenburg, and Hinton Walker (1999, p. 2) described CBE in this way, “competency-based education is learner-centered in that outcomes are specified and describe what the learner must do to demonstrate competency.”

Even today, Lenberg (Lenburg, Abdur-Rahman, Spencer, Boyer & Klein, 2011) continues to speak of CBE as a system that changes the roles of the student and the faculty by focusing on the achievement of measureable outcomes not centered on time but related to learning. Yet, despite a long and rich history of nursing leadership in CBE, the structures incumbent in traditional higher education still seem to have prevented its full adoption in academia.

Pillar I: WGU Competency-Based Model

A key feature of WGU's competency-based learning method for nursing is the way outcomes are measured, centering on the use and student success in high-stakes, standardized assessments. *High-stakes testing* is a term commonly used in licensing and other testing situations where the outcome or the test used is the only factor used for making a major decision, that is, RN licensing based on the high-stakes National Council Licensure Exam. In the context of CBE, high-stakes examinations determine whether a student has mastered the required competencies at a sufficient level to be allowed to progress to the next stage or phase of learning. WGU's high-stakes examinations are aligned with the nursing competencies required to complete the degree. The competencies are developed using national standards in combination with advice and guidance from nursing leaders and experts both in practice and in nursing education, see Sidebar 1. Student's mastery is measured by valid and reliable assessments based on the previously identified competencies. All objective assessments are developed and quality checked using a modified Angoff process to establish validity and reliability for assessments. Angoff is a method of establishing criterion-reference cut scores for examinations and, through the use of subject matter experts as judges, also provides a method of reviewing test items for relevance (Hurtz & Auerbach, 2003). The judges (faculty and external experts) through their individual rankings of items for difficulty also provide a normalization of data across the aggregated scores that provide better reliability and validity of the performance standard. In addition to objective examinations, field projects where students produce artifacts of learning (such as papers, projects, and presentations) are also used to measure competency in specific courses.

Traditionally, time in academia is the critical variable. Higher education institutions award credits based on successful completion of a period of seat time (during which activities of learning are included). This model holds time as the constant. At the end of a designated term, whether semester or quarter, the learner either acquires (passes) or does not acquire the credit hours (fails).

The WGU competency based learning model acknowledges that learners are diverse and come to the university with a variety of experiences and knowledge. To

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