Veterans in Nursing: Meeting Notes

Nursing Cohort Meeting (June 23, 2014)

As the demand for skilled nurses continues to increase, veterans with field medical experience are well-positioned to transition into the nursing workforce. However, the lack of formal academic credentials is a barrier to licensure and practice, and gaps in veterans’ medical background necessitate supplemental education. Universities can play a role in addressing this need by developing accelerated, competency-based programs to leverage veterans’ prior knowledge and skills. Such programs will shorten the educational pathway for veterans to obtain nursing degrees, thereby producing more (and more diverse) nurses to alleviate nursing workforce shortages in underserved areas. Graduates will also be uniquely positioned to provide culturally competent care to veteran populations within the VA hospital system.

The Coalition of Urban Serving Universities (USU) has proposed to leverage its network to replicate and bring to scale a successful online, competency-based BSN program for veterans developed by the Texas A&M University Corpus Christi College of Nursing and Health Sciences: the eLine Military (ELM) Program. At the 2014 USU Summer Meeting on June 23, 2014, a cohort of nursing deans convened to discuss this program with its founder, Dr. Mary Jane Hamilton (Dean, College of Nursing and Health Sciences, Texas A&M University Corpus Christi), and identify potential solutions to common barriers to replication and scaling.

Key barriers identified by the nursing cohort included:

The increasing shortage of clinical sites nationwide continues to be a challenge for nursing schools, and the preceptor model used by the ELM Program has its own limitations. Clinical sites are already difficult to come by, with overworked nurses unable to take on students. Simulation is not a panacea, as the percentage of clinical hours that can be completed via simulation varies significantly by state. Although the preceptor model has worked well for the ELM Program, there are some limitations: 1) RNs must practice at least two years before becoming a preceptor, 2) nursing schools lack funds to compensate preceptors, and 3) the number of students allowed per preceptor varies by state (for example, only two students are allowed per preceptor in Ohio).

Online education is accompanied by new challenges for both students and faculty. Many students, especially first-generation college students, struggle with online learning and are less successful than in face-to-face courses or hybrid courses. Online courses are extremely time-consuming for faculty who often answer the same questions many times as they follow-up with individual students. In addition, at most schools faculty members own the curriculum and it is part of the “value structure” of being a faculty member; resistance may occur if someone from the outside attempts to modify the curriculum.

There is no national, standardized BSN curriculum, and requirements vary by state. Each state’s nursing board is ultimately responsible for determining core competencies and curriculum requirements, as well as clinical requirements. For example, the “physical presence” requirement has limited the ELM Program to students physically located in the state of Texas. For this reason, it is not possible to simply export the curriculum and course delivery model to schools in other states.
Veterans’ medical backgrounds lack uniformity and some students will be further ahead than others. The diversity of students’ backgrounds makes assessment of prior learning and existing competencies challenging. Some nursing deans expressed concern that allowing students to progress through the program at their own pace would make student tracking and advising too complex for faculty to manage.

Potential solutions identified by the nursing cohort included:

**Explore new models for clinical education.** New clinical settings could be tapped to increase program capacity. These might include outpatient, ambulatory, and community care sites, and mobile health units. Clinical coursework could also be made more flexible, for example by providing evening and weekend hours. Instead of paying preceptors, schools could reward them in other ways (e.g. gifts, recognition, or by making the preceptor role more prestigious).

**Leverage emerging technologies and alternative methods of course delivery.** To address challenges associated with online coursework, students could respond to each other (peer support) rather than requiring faculty to address every question, or use a flipped classroom approach. Technology (e.g. Google Glass, Skype) could be leveraged to improve the quality of distance learning experiences and increase student success.

**Hold a national conversation with state nursing boards to align goals and standards for nursing education.** Although a national, standardized BSN curriculum seems out of reach at present, state nursing boards are siloed from each other and all could do a better job of coordinating requirements. Core competencies could be aligned across states, as well as clinical simulation requirements.

**Reach out to service members who are on active duty before they start taking courses, to reduce accumulation of unnecessary credits and streamline their pathway into BSN programs.** Many of the credits that military service members receive while on active duty are not transferrable into BSN programs at 4-year institutions. By informing service members of their options earlier in the pipeline and guiding them to pre-requisite courses that will be useful to them after they separate from the military, universities can help future students prepare more effectively for the BSN program and reduce the length of time to degree.

As an initial next step, the USU will use these insights and potential solutions to inform the proposed replication project. The USU aims to obtain funding and establish partnerships with key stakeholders in the Armed Forces, at universities, and in communities to support bringing this important program to scale at a pilot group of institutions nationwide.

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**Urban Universities for HEALTH (Health Equity through Alignment, Leadership and Transformation of the Health Workforce)** is a partnership effort of the Coalition of Urban Serving Universities (USU)/Association of Public and Land-grant Universities (APLU), the Association of American Medical Colleges (AAMC) and the NIH National Institute on Minority Health and Health Disparities (NIMHD). The project aims to address the severe shortage of qualified health professionals in underserved areas by leveraging the power of urban universities to enhance and expand a culturally sensitive, diverse, and prepared health workforce. For more information, please contact Julia Michaels at info@urbanuniversitiesforhealth.org or visit our website at www.urbanuniversitiesforhealth.org.