



History of Baccalaureate Nursing Education and Entry Into Practice

¹ University of Rochester Nurses Bachelor's and Master's Degree Graduation 2010- Kilbourn Hall /Eastman Theater, Rochester NY Downloaded <http://www.rochester.edu/commencement/2010/ceremonies/> 12/26/2011

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Early Nurse Education

"As we cast a backward glance, we cannot fail to be impressed with the inevitability, . . . of the relationship of the school of nursing with the university becoming an established universal fact."
— Goodrich, 1935

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From the beginning of formal, organized nurse training, having 'trained' nurses helped make possible physicians' advances in medicine and surgery. And, as medicine and surgery advanced, the nurses' role expanded. Their expanding role required that theory -- the 'why as well as the how' -- needed to be included in nursing education.

In the nineteenth and early twentieth centuries there were only minimal standards for entry into the practice of nursing.³ Even 'trained' nurses could have had a one year, two-year or a three-year hospital program. In fact, before there were any regulations governing nurses practice, people, mainly women, could nurse for hire as practical or domestic nurses without any formal training. The first schools of nursing in the United States were one year hospital based programs using the apprenticeship model; the focus was on practice rather than theory. Later, schools developed two year programs followed by three-year programs. Graduates initially received a certificate of completion and in later years, a diploma. As each hospital formed its own school of nursing the new superintendent of nurses brought with her the curriculum and educational practices of the school in which she had trained. The result was a lack of standardization of educational practices and curriculum. Indeed there were no educational standards for admission; a prospective nurse might have anywhere from one year of high school to a high school diploma; few had any college education.

The early superintendents of nursing usually had a dual role; they were administrators and directors of nursing, as well as directors of the hospital school of nursing. The education of the pupil nurses was secondary to their hospital duties to the patients. Education, or training, was centered on clinical practice rather than theory. In the beginning what little theory was included, was provided by physicians in short, medically focused lectures to tired pupil nurses. The nursing superintendent taught nursing skills. Hospital size differed from small usually private hospitals owned by physicians to larger hospitals of over 100 beds which were able to provide a wide variety of learning experiences. Adding to the confusion in nursing education, were the correspondence schools, widely advertised as being able to prepare young women to become a nurse, including a diploma, school cap and pin, without ever seeing a patient or having set foot in a hospital. There was, understandably, a lack of understanding on the part of the general public regarding the differences in preparation. Since the majority of graduate nurses at that time worked as private duty nurses, it was difficult for patients and their families to evaluate the

² Goodrich, Anne, The Gift of Richard Olding Beard to Nursing Education, *American Journal of Nursing*, March, 1935, p. 251

³ Christy, Teresa K. Entry into Practice: A Recurring Issue in Nursing History, *American Journal of Nursing*, March, 1980 p.486.

credentials of the prospective nurse when they needed to hire a nurse to care for their loved one at home.⁴ Private duty nurses worked out of a nursing registry (usually connected to the hospital where they had trained) or relied on referrals from physicians which served as a safeguard for families when they required a nurse.

Nursing leaders soon recognized the diversity of preparation for the career of nursing as well as the problems resulting from the differences in preparation. As medical science advanced, they realized that knowledge required for a nurse to practice safely had grown; students required theory as well as skills. To meet the needs of the growing profession, schools required nursing faculty. Faculty required further education which could only be provided in a college setting. In the nineteenth and early twentieth century only a few women had any college education.

Beginnings: Early College Nursing Programs

In 1899, recognizing the expanding need for educational preparation for nurse administrators, the Superintendents' Society⁵ developed a course in Hospital Economics at Teachers College, Columbia University. Later the course was expanded to include courses in education for faculty in the schools of nursing.

A common opinion regarding the education of nurses was that of Dr. William Alexander Dorland, a member of the medical faculty of the University of Pennsylvania medical school. In 1908, while speaking to the graduating class of the Philadelphia School of Nursing, he urged nurses to "accept the importance of their intellectual inferiority". Dorland stated, "a nurse may be over educated, she can never be over-trained" he continued, "a good nurse is born, not made". Dorland warned:

"If a little knowledge is a dangerous thing in most avenues of employment, in nursing it is more than dangerous -it is fatal. Good nursing is not facilitated by too elaborate an education in professional matters; rather it is hampered or even rendered useless thereby. I believe that a superficial knowledge of physiology and anatomy, together with a thorough acquaintance with hygiene, will answer every purpose."⁶

Dr. Richard Olding Beard was somewhat of a rarity among physicians of his day in his support of advanced education for nurses which took a more socially and educationally advanced point of view. Dr. Beard wrote:

⁴ Ibid, p487

⁵ Goodrich, op. cit p.251 Superintendents of Nursing at that time were in charge of both Schools of Nursing and the hospital Nursing Department. Teachers College of Columbia University developed a Department of Hospital Economics which later became the Department of Nursing Education. The Society of Nursing Superintendent's later became the National League of Nursing Education (NLNE)

⁶ As quoted in Ashley, JoAnn, *Hospitals, Paternalism, and the Role of the Nurse*, Teachers College Press, Teachers College, Columbia University, New York, New York, 1976 page 77.

"The training of nurses, whether an undergraduate or graduate courses, needs to be standardized. Only as it is standardized under recognized authority, does it afford to the public any guarantee of its adequacy. It can be standardized in only one way, by association of the school of nursing with an educational institution of higher order, which assumes direct responsibility for the teaching. The hospital when the school has come into proper alliance with such a teaching institution, falls into its fitting place as a well conducted laboratory of the nurse in training."⁷

Dr. Beard is credited with forming the University of Minnesota School of Nursing, the first continuing school of nursing within a university setting. According to the University of Minnesota website,⁸ the school opened in March 1909 offering a three-year non degree diploma program in which four students were enrolled. In 1919, a five-year program, consisting of two years of college courses, both science and liberal arts, plus three years of hospital studies leading to a baccalaureate degree in nursing began. The shorter non degree program continued until 1947.

In 1922 Dr. Beard wrote in the *American Journal of Nursing*⁹:

"Women of nursing: when I look into the future in which the educational opportunities of your profession shall have ripened, as quickly they will, when I realize the wide extension of your fields of usefulness in private and public service, when I sense the possibilities of your personal and vocational development, I see small room for the pessimism which is processed so many of us, involuntarily, perhaps, in the recent past."



Dr. Richard Olding Beard

Dr. Beard's interpretation of a profession was "a learned body of men or women."¹⁰ He believed that one of the major duties of nurses was "the undertaking of a nationwide propaganda for the promotion of University nursing education along both undergraduate and graduate lines." Dr. Beard also talked about the duty of the nurse to the public and the need for the nurse to "remember that education is never finished." He believed one of the duties of the nursing profession was to "influence hospitals, and the administrators of hospitals to appreciate the higher quality of service that a graduate nurse could

⁷ Beard, Richard Olding, The Social, Economic and Educational Status of the Nurse, *American Journal of Nursing*, August, 1920, page 877.

⁸ <http://www.nursing.umn.edu/AboutUs/History/home.html> accessed July 10, 2010

⁹ Beard, Richard Olding, The Modern Education of Women for the Profession of Nursing, *American Journal of Nursing*, November, 1922, page 116.

¹⁰ *Ibid*, p.118

offer"..Dr. Beard felt that the era of the hospital trained diploma, nurse was finished and hospitals needed to rely on the paid service of the graduate nurse.¹¹

University Nursing Programs - Before 1923

University of California San Francisco (UCSF)

In 1907 the University of California¹² established a diploma program at the hospital training school for nurses in San Francisco. In 1917 they offered the first baccalaureate program on the Berkeley campus. In 1918 first graduate program for public health nursing was offered. In 1939 the Regents established the first autonomous School of Nursing in any state university. (See <http://nursing.ucsf.edu> for further information,)

University of Cincinnati College of Nursing

Founded in 1889 as the Cincinnati Training School for Nurses, in 1896 the school became an integral part of Cincinnati Hospital and eventually was accorded the rank of a professional school of the College of Medicine. In 1916 the College became one of the first schools to offer the baccalaureate degree in nursing. The educational program was reorganized to include collegiate courses in addition to the three-year hospital-based program. The result was a five-year combined program which granted the Bachelor of Science in Nursing degree. The program was changed to a four-year baccalaureate program in 1938 and became the eighth college of the university".¹³

Winslow-Goldmark Report(1923)¹⁴¹⁵

In 1919 the Rockefeller Foundation funded the *Committee for the Study of Nursing Education*, to study nursing education in the United States. Josephine Goldmark, a social worker, was lead investigator and the report, published in 1923, is known as the Goldmark Report .The report committee included Annie W. Goodrich, M. Adelaide Nutting, and Lillian Wald.

The report concluded that the quality of existing nursing programs was inadequate. Cited as a basic problem were finances referred to as the "paradoxical attempt to maintain a school without means"(Roberts, p. 179). Kalisch and Kalisch¹⁶ include among a long list of problems:

¹¹ Ibid, p. 118

¹² <http://nursing.ucsf.edu/history-school> downloaded 12/11/2011

¹³ http://nursing.uc.edu/about_us.html Downloaded October 16, 2011

¹⁴ Roberts, Mary, *American Nursing: History and Interpretation*, , Macmillan,1954, pp179-180

¹⁵ Kalisch, Phillip and Beatrice J. Kalisch, *American Nursing: A History*, Lippincott, Williams & Wilkins, Philadelphia, , 2004, pp. 226 - 228

¹⁶ Ibid p 226

- Lack of a paid group of graduate nurses to meet hospital needs and relieve students; use of students as head nurses
- Acceptance of students with low educational standards -such as only 1 or 2 years of high school
- Lack of correlation between practice and theory; increased practice often with repetition of simple tasks such as bed-making and not enough theory
- Lack of well qualified teachers and the need for the appointment of full time instructors

Recommendations of Goldmark Report:

- Nursing schools should have separate governing boards with separate financing for schools
- Student work week should be no more than 48 hours per week
- Objective of training programs should be education not service
 - Lower length of time of program from 3 years to 28 months
 - University education recommended for future educators

As a result of the report, the Rockefeller Foundation funded an experiment in nursing education which eventually became the Yale School of Nursing. The Yale School of Nursing was the first autonomous school of nursing with its own dean, faculty, budget, and degree meeting the standards of the University. Education took precedence over service to a hospital, with training based on an educational plan rather than on service needs

Opposition to Collegiate Nursing Programs

Not all physicians were supportive of the new collegiate school or the recommendations of the Goldmark report. They echoed the argument that had been heard ever since nurse training began in 1873; nurses were 'overtrained', theory was not necessary and would handicap the nurse. Nursing was viewed as simple, manual labor.¹⁷ One editorial in the *Bulletin of the American Medical Association* referred to the 'autocracy of the sickroom' and the 'despotic realm of the nurse' The editorial attacked the cost to a family of having a nurse and the practice of nurses setting 'conditions' such as reimbursement rates and the 'shift system'¹⁸ before a nurse would take a case.¹⁹

Administration of hospitals, heretofore utilizing the apprenticeship model for training, relied on student nurses to staff the hospital; their philosophy was 'service first, education second'. The administrators were not supportive of collegiate programs as they believed that hiring graduate

¹⁷ Kalisch & Kalisch, op.cit. p.230.

¹⁸ For many years private duty nurses were hired to work 24/7, resting only when their patient duties allowed. The shift system basically identified how many hours a nurse would work before being relieved by another nurse.

¹⁹ Ibid : Editorial in the *Bulletin of the American Medical Association* vol 6, September, 1923, 6-8, as quoted in Kalisch & Kalisch p. 250

nurses to replace students would have an adverse financial impact for the hospital as well as cause them to lose control over students.

To understand some of the problems in transforming a hospital school of nursing into a collegiate school, consider the history of Columbia University School of Nursing²⁰. In 1917, through an agreement with Teachers College,²¹ the school of nursing developed a three year program. The prospective student had to have at least two years of college including science pre-requisites. Students completed a shortened (25 months) nursing course at Presbyterian Hospital and 32 credits (one academic year) at Teachers College, leading to a nursing diploma and a bachelor of science degree. In 1921 Teacher's College made it mandatory that the preliminary work be taken there and an additional year was added for specialty work. However, the five year program was costly. Since Presbyterian Hospital's nursing program planned to affiliate with Columbia University, both parties agreed to terminate the relationship in 1925.

The planned affiliation with Columbia University did not occur until 12 years later, in 1937. As Goldenberg explains, the 'villain' in this piece of history was the new Dean, who was an "inexperienced hospital administrator with an inflexible perception of nursing education".²² Dean Sage felt that nursing schools existed for the convenience of the hospital. Although the Dean stated that the "operation of a School of Nursing is an educational enterprise of high import" he did not work towards the school's affiliation with Columbia. He believed that services of student nurses to staff the hospital "must be preserved, at least as far as hospital funds are used for the support of the school, for otherwise there would result a diversion of funds contributed for the care of the sick".²³ There were other concerns that prevented the school of nursing from joining Columbia University. It was argued that the nursing program lacked the "scientific rigor" of other disciplines. The school needed to work on its admissions process as students were leaving due to health issues or poor academic or clinical performance. The applications process was revised to include aptitude testing. Of note, the Depression was at its height and, as more graduate nurses found themselves unemployed, fewer applicants were found to go into a field with poor prospects for employment. Raising the bar for applicants to the nursing school helped. However, it was Dean Sage's heart attack in 1935 that resulted in a new Dean and allowed the school to finally become Department of Nursing of Columbia University.²⁴

Push Forward: Towards Baccalaureate Preparation for Nurses

Baccalaureate education for nurses was not a new idea; in 1948 the National Nursing Council recommended the term professional, as applied to nurses, should reflect the same basic concepts

²⁰ The school was originally the Presbyterian Hospital School of Nursing founded by Anna Maxwell in 1892. (See also the website <http://www.nursing.columbia.edu/about-school/history.html>)

²¹ Goldenberg, Gary, Nurses of a Different Stripe: A History of the Columbia University School of Nursing 1897-1992, Columbia University School of Nursing (pub) , 1992 pp 99-100. The agreement was an indirect result of a 1911 tentative affiliation between Presbyterian Hospital and Columbia University for medical students to gain practice. Goldenberg's history includes biographical material on the career of Anna Maxwell.

²² Goldenberg, op. cit. p.144

²³ Ibid, p. 146

²⁴ Ibid, p. 150

as professionals in other fields (i.e. social workers, librarians and therapists)²⁵ referring to the requirement of a minimum of a baccalaureate degree as the entry into practice of these professions. Proponents of the baccalaureate degree as the entry level for practice argued that in order for nurses to have true collegueship with other members of the health care team, the minimal preparation should be the baccalaureate degree.²⁶

Brown Report

In 1948 Esther Lucille Brown's report, *Nursing for the Future* - also known as the Brown Report - recommended that efforts be made to place schools of nursing in universities and colleges. The Brown Report supported accreditation of schools and recommended that the financial burden for accredited schools be partly assumed by the public. The recruitment of men and minorities into nursing was encouraged.^{27 28}

As a result of the Brown Report, the National Committee for the Improvement of Nursing Services was formed to establish an accreditation program. The committee developed a classification method which included questions on administrative policies, financial organization, curriculum, clinical, library, student selection, and student performance on state boards, A sub-committee on School Data Analysis set out to study all the state accredited nursing schools in the US (1190). The size of the task prevented on-site visits to every school so the survey was accomplished by sending questionnaires to schools. Participation was voluntary; 96% (1150 of 1190 state accredited schools) returned the questionnaire.²⁹

Results of Questionnaires³⁰

	Number of Schools	Number of Students
Group I (upper 25%)	301	56,436
Group II (middle 50%)	567	46,483
Group III (lowest 25%)	282	13,779

²⁵ Ibid p 241

²⁶ McClug, op.cit p.96

²⁷ Kalisch and Kalisch op. cit pp 334-335.

²⁸ Epstein LaRue, *Highway Hypodermics*
http://www.highwayhypodermics.com/Articles/Nursing_SignificantStudies.htm downloaded 12/30/2011

²⁹ Kalisch and Kalisch, op.cit.p.336

³⁰ Ibid p.336 (Table format slightly modified)

Opposition to the Brown Report and Accreditation

Fearful of losing their student nurse workforce and citing what was termed 'trade union philosophy', many physicians and hospital administrators were opposed to the recommendations of the Brown Report. The National Organization of Hospital Schools of Nursing (NOHSN), formed to aid hospital schools, was specifically concerned about hospital schools that had not made the list of accredited schools. Their argument was that accreditation decisions had been made based on a questionnaire survey without any on-site visit thereby ignoring many good schools .³¹

American Nurses Association (ANA) Role in Promotion of Baccalaureate Education

Standards of Education and Entry Into Practice

The ANA sought to improve nursing practice through the development and implementation of standards of practice. To do so involved the issue of nursing education which the ANA House of Delegates, responsible for improvement of standards of competence, stated "cannot be divorced from concern with standards of education"³² Their recommendation was to promote educational standards of true professional caliber."³³

"To insure that within the next 20 to 30 years, the education basic to the professional practice of nursing for those that enter the profession shall be secured to a program that provides the intellectual, technical, and cultural components of both a professional and liberal education. Toward this end, the ANA shall promote the baccalaureate program so that in due course it becomes the basic educational foundation for professional nursing."³⁴

1965 ANA Position Paper

In September 1965 the Board of Directors of the American Nurses Association endorsed the first definitive statement on nursing education -*Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper*. The major assumption underlying the development of the position paper was "education for those in the health professions must increase in depth and breadth of scientific knowledge expands."³⁵

³¹ Kalisch and Kalisch, op.cit p. 336.

³² Flanagan, Lyndia, *One Strong Voice: The Story of the American Nurses Association*, American Nurses Association (Publisher) 1976 First Edition pg 239

³³ Ibid.p 239

³⁴ Ibid, p.239

³⁵ Flanagan, Op Cit p.242

The position paper stated that education for those licensed to practice nursing should take place in institutions of higher education. Furthermore, the ANA [1965] differentiated between professional nursing practice which should be at the baccalaureate level and technical nursing practice which should be the associate degree in nursing. The position paper also discussed education for assistance in the health service occupations which should be "short, intensive pre-service programs in vocational education institutions rather than on-the-job training programs."³⁶

The position paper sent shockwaves through the nursing world. In 1965, approximately 78% of nurses and practice were graduates of a diploma school. These nurses were very concerned about the impact of the ANA's position paper on their future. The ANA clarified that there would be no change in the legal status of the current graduates. The position paper was intended to focus on the future of nurses and long overdue changes in the system of nursing education.³⁷

In 1974 the New York State Nurses Association proposed that the baccalaureate degree should become the minimal education for entry into professional practice by 1985. Many nurses reacted to this proposal with wide spread concern and anger.

Personal recollection: This author remembers the reaction of New York state nurses to this proposal. As a graduate of a diploma program in 1969, I had completed a non nursing Bachelor of Science in 1971 but had been strongly encouraged to obtain a baccalaureate degree in nursing and had done so. However, many of my classmates and peers, Diploma and ADN graduates, had not continued their education. They were furious and argued that the education that they had received allowed them to provide compassionate, skilled care to patients, as well as to work as head nurses, and in some facilities, as nursing directors. Those opposed cited the cost both in money and time required to return to school. There was also concern, especially among nursing directors, regarding the quality of clinical preparation of a baccalaureate degree nurses.. Another concern was the fact that, at that time 1974, few employers paid a significant differential for those with a baccalaureate degree. In the end, the proposal was drafted as a revision to the nurse practice act but it did not become law in New York State.³⁸

Entry into Practice: Diversity of Educational Preparation

In 1978 the ANA House of Delegates passed another resolution which called for a mechanism of identification and assignment of a title for two categories of nursing - professional (BSN) and technical (ADN), development of a comprehensive statement of competencies for each category, and for the ANA to support increased access to "high quality career mobility programs" for those seeking academic degrees in nursing.³⁹

Educational preparation for registered nurses consisted at that time - as it continues at the present time (2012)- of three different basic programs: Diploma, Associate Degree and Baccalaureate

³⁶ Ibid p.242.

³⁷ Ibid, p.245.

³⁸ McClure, op. cit. pp 93 - 99

³⁹ Christ, , Theresa, "Entry into practice: A recurring issue in nursing history" March 1980, *American Journal of Nursing*, p.486

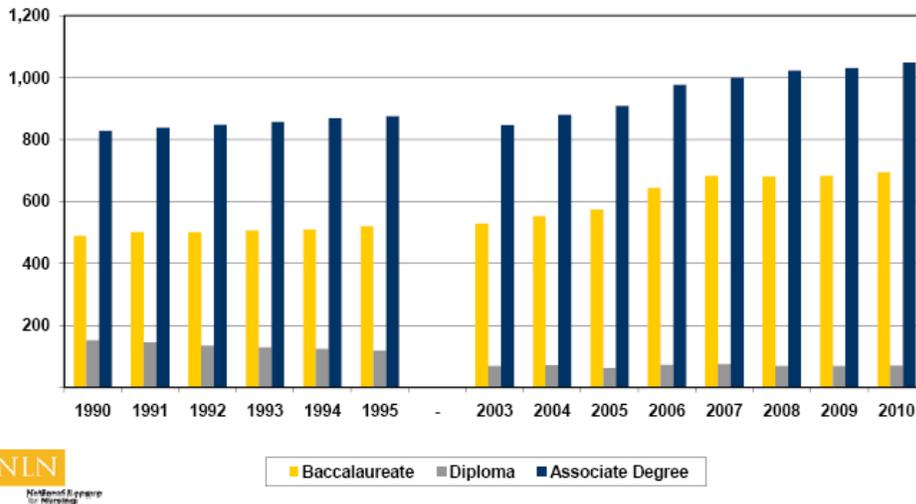
Degree.⁴⁰ Graduates of all three programs take the same exam and all are licensed as Registered Nurses. Although this practice is changing, hospitals as well as other employers of RN's, expect the same basic competencies of all new registered nurses and, using the philosophy of: "A nurse is a nurse is a nurse" treat them the same when assigning staff. To add to the confusion, there are Licensed Practical Nurses (LPN) - also called Licensed Vocational Nurses (LVN) - in some parts of the country. Many employers as well as members of the public lump RN's, and LPN's/LVNs together under the term nurse or 'licensed nursing personnel' as they wear similar uniforms and are perceived by the public to perform the same functions .⁴¹

Impact of Associate Degree Program⁴²

The advent of the associate degree program, designed originally to produce a technical nurse, introduced several questions: What are core competencies of registered nurses? What are the differences between a two year 'technical' RN and a four year baccalaureate degree 'professional'

⁴⁰ According to data collected by the NLN (see graph) in 2009 there were less than 100 three year diploma programs remaining. Associate Degree nursing programs (two year) are the main education entry into practice nursing programs. The generic baccalaureate programs (4 year) as initial entry into practice are increasing but remain second as entry into practice.

**Number of Basic RN Programs by Program Type:
1990 to 1995 and 2003 to 2009**



⁴¹ While their functions are different from licensed nursing personnel, Medical Assistants, Certified Nursing Assistants, Home Health Aides and Personal Care Attendants are often considered - and called - nurses by the public. Perhaps this is because many of these members of the health care team provide personal care and spend longer time with patients. These paraprofessionals are important members of the health care team but they are not professionals. However, even educated members of the public often refer to them incorrectly as 'professionals'.(Authors' comment: It is frustrating to me when physicians refer to their medical assistants as nurses; even more frustrating when I call the physician's office with a question and am unable to talk with the physician the information is delivered to the physician and any change in orders are all delivered by a medical assistant. As a result I either fax or email information to the physician - at least it's in writing.)

⁴² See also: Early History of Associate Degree Nursing on the ADN page of this web site (www.nursinghistoryeducation.org)

RN? *Are all RN's equal - that is, can we expect the same competencies from all RN's? If so, what then differentiates a baccalaureate degree graduate from an associate degree graduate?*

The basic idea behind the technical nursing program was that the functions of nursing can be diagrammed on a continuum. At one end are activities that are considered to be very simple technical skills. At the other end of the continuum are activities that are considered to be complex, requiring a high degree of skill and critical thinking . These can only be acquired through a longer period of education and a wider background of studies.⁴³ McClure points out that one of the fallacies of the philosophy regarding the technical nurse and, although she was writing in 1976, the basic premise holds today. McClure stated, " it would seem evident that the difficulties with the concept of technical practice began to emerge at the point at which this practice touches on the actual nurse-patient interaction. The patient is basically the root of the difficulty ."⁴⁴

To explain her point of view McClure uses the example of a patient with a new colostomy. Changing the colostomy dressing is a technical procedure and some may consider this a simple procedure. McClure continued that one would have to detach the colostomy from the individual patient to have it be considered a simple procedure. Since you cannot do that, the colostomy dressing is no longer a simple technical procedure. What must be considered are the changes that a physical impairment such as a colostomy imposes on a patients entire way of life. The nurse must consider the patient's learning needs, anxieties and how to assist the patient in coping with these anxieties in order for the patient to learn to care for their self. Planning care post discharge must consider the family and home situation. McClure concluded that the patient needs a professional nurse, who not only has the requisite technical skills but also the educational preparation required to care for people with complex issues which a baccalaureate program provides.⁴⁵

Status of Entry Into Practice Issue

Christy, a nurse historian, wrote in 1980 that "one of the values of historical research is that it teaches us how useful the past can be in understanding the present".⁴⁶ Christy points out that nursing has had changing concepts of entry into practice and the "controversy we are embroiled in now is ...a repetition of what has happened in the past"⁴⁷ ."

⁴³ McClure, Margaret, *Entry into Professional Practice: the New York Proposal*, in Chaska, Norma (Editor), *The Nursing Profession, Views through the Mist*, 1976 McGraw-Hill , pp 93 - 95.

⁴⁴ Ibid p.94

⁴⁵ As of December, 2011 when this article was written, Associate Degree nurses are referred to as professional not as technical nurses. However, I believe the question remains *Are all RN's equal - that is, can we expect the same competencies from all RN's?* Both 2 year and 4 year graduates take the same examination and the ADN graduates do very well on the state boards, What are the differences in practice?

⁴⁶ Christy, op.cit. p.485.

⁴⁷ Refers to the ANA resolution that called for the baccalaureate degree to be the minimum preparation into practice by 1985 and the identification of two levels of practice. The article "Entry Into Practice: A Recurring Issue in Nursing History" provides a valuable review of the pertinent history of the issue.

Need for Baccalaureate Prepared Nurses - and Beyond

Moving the education of registered nurses from the hospital into the college setting was and is, an important first step in the preparation of nurses to meet the demands of the twenty-first century. The community colleges preparation of associate degree nurses has produced a beginning generalist nurse. However, while the associate degree nurses' preparation is excellent, as far as it goes, it should not be considered an 'end' degree. More education is required to meet the ever expanding demands of the professional registered nurse than can be accomplished in a two year program.⁴⁸ Nursing, according to Benner, ⁴⁹"demands depth and breadth in domains in which knowledge is increasing, seemingly exponentially". Benner asks the question "given the enormous changes in and complexity of current nursing practice and practice settings, are nurses entering practice equipped with the knowledge and skills for today's practice and prepared to continue clinical learning for tomorrow's nursing? The answer to this question was central to the goal of our study. We found that, in short, the answer is no."⁵⁰ Benner states that "the rapid changes in science, technology, and clinical practice require a higher level of scholarship and more clinically oriented teaching in all areas of nursing education."⁵¹

If nurses today are to take part in the health care team they must have education that includes a sound knowledge base including science, liberal arts as well as oral and written communication that allows them to communicate as full members of the healthcare team. While the two year community college associate degree provides a good beginning, to acquire the in-depth clinical and scientific knowledge required to provide care, registered nurses need to have at a minimum, a baccalaureate degree - and beyond.

Present Status: Problems and Solutions

One of the road blocks to achieving the goal of baccalaureate degree in nursing as the minimum entry into practice remains the cost - in money and time. Costs of a university education are growing and, given the current economic state of the country in 2011, funds are not readily available. The goal of the many students is to obtain their RN license, at the least cost in time and money, and get to work as soon as possible. For those RN's with a diploma or associate degree, family responsibilities may be prohibitive of continuing their education to obtain a baccalaureate degree.

⁴⁸ The associate degree program, while designed to be completed in two years of full time work, often takes 3 (or more) years to complete in order for the prospective nurse to maintain a satisfactory grade average. Many students must work part time in order to support themselves - and their family - and afford the tuition.

⁴⁹ Benner, Patricia, Stuphen, Molly, Leonard, Victoria and Day, Lisa, *Educating Nurses: A Call for Radical Transformation*, The Carnegie Foundation for the Advancement of Teaching, Jossey-Bass, 2010, p.12.

⁵⁰ Benner, op.cit. p. 31.

⁵¹ Benner, op.cit. p. 31.

Decline of the Diploma Schools of Nursing

The decline of diploma schools may be considered as both part of the problem, fewer educational choices for prospective nurses and the solution as nurses education moved away from the apprenticeship system to a collegiate setting. Reasons for the decline were:

Finances: As regulations and curriculum standards increased, the apprentice system of training became unprofitable. The cost to hospitals for room and board (for those hospital schools who did not allow students to live at home), instructor salaries, classroom and library facilities outweighed the benefit to the hospital obtained from student services. Hospital schools were not endowed, some schools charged tuition, but mainly the school costs came from monies the hospital earned from patient care, funds donated by grateful patients or raised through activities of the ladies auxiliaries or the Community Development department.

Collegiate Movement: The Goldmark Report recommended that hospital schools should have a separate governing body and finances. There was increasing emphasis that the hospital school should be focusing on education and furthermore, that education for nurses should be within a collegiate setting. Many hospital schools affiliated with local community colleges and/or universities for basic science and liberal arts courses to meet theory requirement. In some cases students were able to obtain college credit for these courses. In cases when college faculty presented a course 'off-campus' at the hospital, often no college credits were allowed. thereby making it more difficult for the hospital graduate to obtain an advanced degree.

Solutions

Some graduates of diploma program mainly, but not exclusively, whose first year of school included credits from community college courses, joined associate degree graduates and took advantage of the ever growing number of colleges offering RN to BS programs.

Student Experiences: Oral Histories

Example: Oral history female Diploma Graduate: RN to BS to Masters'

Interviewer: Did they [diploma program] use any college studies at all as part of the program? They did. At the time they had I think it was something that was different than in the past but we did take some classes at AIC. I took microbiology, English, A&P level I and 2, I might have taken two English's there. There was only one semester that was full time college."

Diploma to BS

"I think it was one of my old instructors who said you might start going for your Bachelor's degree and I'm thinking what do I need with a Bachelor's degree? I'm working as a nurse' what's it going to change? She said, you know... So finally I had time, but I didn't realize how much time it would take me to get my bachelor's because I had so little college credit. Because what the diploma program provided was more than any baseline clinical... I had much more clinical time than any of the generic schools had, but as far as college credit, I only had one semester's worth. So I had 3-1/2 years of college things to catch up on so it took me a long time. I ended up going to UMass because at the time it was the only program out there . If I went to Elms, I would have had to matriculate as a regular student and they wouldn't have given me any credit... at the time they didn't".

BS to Masters

Interviewer: What was the impetus for going on to getting your Masters?)

The reason I ended up leaving [large hospital] was that I had started doing a little more than just being a bedside nurse. I had started dabbling in a little education, I became a CPR instructor, I was a preceptor on the floor and I really liked that but there was no opportunity on the floor for me to do anything in education. They said there is no position - this is what you can do. And something opened up at [community hospital]. They were looking for someone for their staff development office. And I don't know how I got the job but I did. And it was a wonderful opportunity in a small hospital where I probably wouldn't have gotten that at [the large hospital], to learn how to be an educator in a smaller department. They encouraged me to get my Masters and to chop away at that."

Example: Oral History male RN - ADN graduate to BS and CRNA

"[I went to] STCC from '76 to '78...I chose to go to nursing school because I was already in health care. I had been an EMT and a kind of junior paramedic because we didn't really have true paramedics at that time and I got a job in a hospital as an orderly and respiratory therapist and this was in, you know, the mid 70's prior to my going to nursing school and I recognized that nursing was a career in which I could do a tremendous amount of stuff. . . .in my early hospital

experience I ran across a thing called nurse anesthetist and I had that as my final play was that later I would become a nurse anesthetist after I had been a nurse for a while and I felt that that was a career path.

"Interviewer: Why did you choose STCC? Response: Money. Number one, it was cheap. Number two, time. I didn't think that ...my personality type didn't fit four, five or six years of going to school and then getting out. I needed to get trained, get a job, so I could work because I came from a poor, middle class background where...um...I didn't have the money...there was no place to get the money to go to school and STCC was really cheap. I got a basic grant and I got a scholarship or two from a medical society to help defray the cost of school and so it was...it was a very quick career path. I could...two years and I could have my nursing degree and then I could on and get my Bachelors, which I was not enamored with. Another factor is that some of my credits from STCC would be transferable and I made sure that some of the other courses I took were transferable to a four year degree program."

"Interviewer: You did go on and get your Bachelors and your Masters. Response I had been to school prior to nursing school and had a certain amount of credits towards my Bachelors and I took those plus my nursing credits that would transfer and eventually I went to nursing anesthesia school...so let's see, I graduated in '78 from STCC and in '81 I went to Wayne State in Detroit and went to anesthesia school and became a CRNA.

I did the two years at STCC and then to go two more years and get your Bachelors it's a great way to not rack up this tremendous [*debt*]...I talked to a nurse the other day, a nurse anesthetist. She is two years out of nursing anesthesia school and she owes \$170,000 ."

External Degree Programs: Example New York State (1980)

Oral history of male ADN RN, married with children ,who switched careers from teaching to nursing.

"I said I guess I'll apply to Holyoke Community [*Holyoke, MA*]and STCC [*Springfield, Ma.*]. At that point,[*1970*] having a bachelor's degree in nursing was not a big deal. Not many people had it. I believe that [*the Hospital where he currently worked as an orderly*] at the time had two employees with bachelor's degrees and the director of nurses was not one of them."

[*After working as a staff nurse for several years, the staff development manager spoke to him*]"I know you've got your associate degree in nursing. You should consider getting a bachelor's degree in nursing. And I said yea, but how do you do that? Well, we're talking 1980 here and to do that was very, very difficult. You couldn't go to UMass because they didn't have the RN to BSN bridges yet. All those other schools like Elms and AIC hadn't had their programs thought out yet. So here was truly a guy who wanted to progress in the field and about the only way I could do it was quit my job and relocate and so forth. So it wasn't

happening [*a peer staff nurse*] said I found this program that came through the mail today and I don't know anything about it. I looked into it and it was State University of New York external degree program.

I knew nothing about it, looked into it, and pretty much they said send in your transcripts and we'll let you know. I sent in my transcripts; they said here's what you need to do. You need to take a series of five exams which you can take locally. I took them I Hartford and it was pretty much a review of everything that was on the state boards. Then you need to take five exams in Albany plus a clinical exam in Albany. I said well it looked like a deal. And it was expensive. So I took all my exams in Hartford; took me half a year or so. Passed them all with flying colors. Then went and took my clinical. Clinical is three days of hell in Albany. You walk into their simulated lab and in the simulated lab they want to make sure you're safe for sterile technique and those kinds of things. I passed that Friday night; no problem. Saturday morning go to the hospital they give you a real patient. You have to give them a bed bath and some simulated tasks. To this day I still remember my first patient. I gave him a bed bath, did everything correct and failed. She said what did you do wrong? I said I don't know. Well, he was a diabetic, I washed the feet, I dried the feet but didn't dry in between the toes. So the rules were, you had to pass three patients, one being a pediatric. And you're given five tries. So now I'm one down four to go and I had to pass three out of the four. I did I passed. But many of the students did not. You could see them dropping. Very, very stressful.

So now I went home and you had to take these five 'writtens'. They gave you study guides but it was not a memorizable type of test. They were all situational And they were psych, and there was med surg and so forth. Some were research; I don't remember all the details. I think there were five and you had to pass five out of five. So I went up and passed three out of five. So then you could retake the two. I went back retook the two and passed one out of two. So now I was on my last try; it was my psych I needed to pass it. And didn't know exactly how to prepare for it. So I hired somebody who I knew from [*the hospital*] who was now teaching at graduate level. They did their best and I passed. I fulfilled all the requirements. The school had not graduated enough years of students to be NLN accredited so I decided not to send in my money so that I could delay and graduate when they were accredited of which I thought was an okay idea but not that important. I waited until they were accredited, I sent in my money. I got my BSN. "

Some university programs have aligned with local community colleges ADN programs to develop articulation agreements to award a BSN. In some cases, such as in Western Massachusetts, the BS classes are offered either online or on the campus of the community college for the convenience of the students. Seamless ADN to BSN programs offer a way forward to attainment of a baccalaureate degree. For example, Springfield Technical Community College (STCC) School of Nursing Springfield, MA. in conjunction with the University of Massachusetts, Amherst has developed an innovative approach to nursing education. STCC began offering three tracks to complete individual nursing education goals with the September

2011 class. Track two leads to an associate degree in 3 years and a BS degree in an additional year. Their three track program consists of:

- Track 1: Traditional Associate Degree track of 2 years of full-time course work;
- Track 2: High School to Associate Degree with plan to enter the RN to BS track (1+2+1). This track is optimally completed in 4 years with a written commitment to apply to the online RN-BS program at UMass in January of the final year at STCC (RN licensure at ADN exit and a minimum GPA of 3.0 required). This track has been developed for the new high school graduate, however, anyone can qualify. The commitment is intense, but the rewards are phenomenal.
- Track 3: Typical Associate Degree track, 2-5 years of part-time study."⁵²

Dropping the generic baccalaureate degree

Directly related to the financial burden of obtaining a generic baccalaureate degree in nursing, some schools such as the University of Rochester, Rochester, N.Y. have eliminated their generic program in nursing in favor of the RN to BS program and the RN to BS to MS program. A creative option is their accelerated program for those with non-nursing degrees such as the Bachelor's Program for Non-Nurses (ABPNN) and the accelerated masters program for non nurses.⁵³⁵⁴ (See Appendix)

Online Nursing Programs (e-learning)

The Internet and technology allows for students to study at their convenience. With the advances brought about by wireless technology, streaming video and the use of laptops, ipads and other, mobile devices they can communicate with their instructor and their classmates.

According to www.succesdegrees.com, "the two most basic terms used as definitions of online training are:

- **“Asynchronous”**
In this type of class, the teacher will give you a series of assignments and tests that are due at a certain date. You can do the work gradually or in one big push – as long as it’s completed by the deadline (tests in such classes are “open book”). Doing well in an asynchronous course requires discipline.
- **“Synchronous”**
This type of course is bit closer to traditional class learning. It means that you, your fellow students and your professor will all go online at specific times for

⁵² STCC School of Nursing Website www.stcc.edu

⁵³ For additional information regarding these programs see <http://www.son.rochester.edu/programs/index.html>

⁵⁴ There are many other collegiate nursing programs with innovative programs leading to bachelors and masters degrees for nurses and non-nurses. As a graduate of the University of Rochester, RN to BSN program, I choose to use their programs as exemplars.

online chats. Some synchronous courses are done through “webinars,” where students log in to watch a presentation on their computers and listen to the teacher either via the web or over the telephone. Some, but not all webinars allow students to speak back to the professor by typing questions into a box on the webinar site.”⁵⁵

There are multiple online or distance learning nursing program options these include, but are not limited to, the following:

- Campus based programs that have their prerequisite liberal arts and science programs available as a distance learning option to their on campus classes.
- Campus based programs that have nursing theory available as a distance learning option to their on campus classes.
- Distance learning -online - programs with a 'residence' requirement where students are required to meet with a faculty member and their group either on campus, or at an off campus site at specified times in their program.
- Nursing courses which have a practice component also require this practice component for their on-line courses.⁵⁶

The main advantage of distance learning classes is convenience; in general, tuition costs are similar to on-campus courses. In some cases where state colleges or universities offer an in-state student discount which may not apply to distance learning, on-line courses the tuition may be higher.

Accreditation of Baccalaureate Programs⁵⁷

Currently (2012) there are two major accreditation agencies for baccalaureate degree nursing⁵⁸ programs; the National League of Nursing Accreditation Committee (NLNAC) and the

⁵⁵ <http://www.successdegrees.com>

⁵⁶ In some cases the program provides assistance with the clinical component. However, I have seen ads on nursing discussion sites from students in advanced practice nursing programs seeking a mentor or preceptor for their clinical rotation. Prospective students need to investigate the prospective program with 'due diligence'. The same caveat applies to checking into the accreditation of the selected program.

⁵⁷ National League of Nursing (NLN) <http://www.nln.org/aboutnln/index.htm> and American Association of Colleges of Nursing (AACN) <http://www.aacn.nche.edu/about-aacn/mission-values>

⁵⁸ There are other accreditation programs that accredit colleges and programs such as the Commission on Colleges of the Southern Association of Colleges which accredits schools such as Keiser University (Distance Learning online program The University of Phoenix and Kaplan University listed Higher Learning Commission of the North Central Association as their accrediting agency. The CCNE also accredits Distance Learning programs. For example, the University of Phoenix nursing programs are accredited by CCNE (source University of Phoenix website chat) Utica College is approved by the New York State Education Department and is a member of the League's Council of Baccalaureate and Higher Degree Programs. Their RN to BS Nursing program has full accreditation from Commission on Collegiate Nursing Education (CCNE). Source: <http://www.elearners.com/online-degree/12837/Bachelor/BS/RN-to-Bachelor-of-Science-Nursing/Utica-College->

American Association of Colleges of Nursing's Commission on Collegiate Nursing Education (CCNE). Until 1998, the National League for Nursing (NLN) was the only professional accrediting body for nursing education. NLN formed the NLNAC in 1996 as an independent body within the NLN. The NLNAC began operating in 1997 but was not granted recognition by the Department of Education (DOE) as an accrediting body until 1999.⁵⁹ The NLNAC accredits diploma, associate degree and baccalaureate programs.

The CCNE accredits baccalaureate and graduate degree - master's and doctorate -nursing programs.. CCNE gained approval from the Department of Education (DOE) to accredit programs in 1999 and by 2008, "76% of baccalaureate programs and 86% of master's degree programs had selected CCNE as their accrediting agency".⁶⁰

Source <http://www.elearners.com/>

⁵⁹ Overbay, Jane D. and Pamela M. Aatonen, A Comparison of NLNAC and CCNE Accreditation, *Nurse Educator*, January/February 2001 vol 26, Issue 1 pp17-22

⁶⁰ *Achieving Excellence in Accreditation: The first ten years of CCNE*, Commission on Collegiate Nursing Education 2009.p. 4

Appendix

The Baccalaureate Degree: Entry Into Practice - Both Pro and Con⁶¹

Comments and Letters to the Editor from the AJN

"Requiring a bachelor of science in nursing (BSN) degree for entry into nursing practice is not the answer to what ails our profession. Although I'm not opposed to more education, I think a two-year education adequately prepares a nurse to enter the profession and provide competent, compassionate care. There are plenty of educated idiots out there. It's what people do with their knowledge that makes the difference."⁶²

"Nursing cannot consider itself a true profession until nurses have the education to back this up, and that means obtaining a BSN. I have nothing against diploma and associate's degree in nursing (ADN) programs. I graduated from the former but nurses need more education to be considered true professionals. When I first became a hospital nurse, we were the social workers and physical therapists. Master's degree-prepared professionals now provide these types of care. Social workers and physical therapists are advancing in their professions in ways that nurses never will unless we get our act together."⁶³

"Our profession has suffered far too long by not finding the courage to make BSN degrees the minimum entry-level education for nursing practice. Nurses are the least educated members of the health care team. It's time for us to think of the future, bite the bullet, and do the right thing."⁶⁴

⁶¹ The issue of a BS as entry into practice seems to be a never ending issue. As of this writing (January 6, 2012) New York state has a bill referred to as The "BSN in 10" initiative where new registered nurses would have to earn bachelor's degrees within 10 years to keep working in New York. Lawmakers are considering this bill as part of a national push to raise educational standards for nurses, even as the health care industry faces staffing shortages. The bill is backed by nursing associations and major health policy organizations. The bill aims to attack the complex problem of too few nurses trained to care for an aging population. Hundreds of thousands of nurses are also aging and are expected to retire in the coming years. Source: AP Dec. 30, 2011, 6:56 a.m. EST as per www.masslive.com January 4, 2012.

⁶² *Viewpoint*, *American Journal of Nursing*, March, 2003, p. 69

⁶³ *Viewpoint* (2003), op.cit. p. 69

⁶⁴ *Ibid* p. 69

NLN Reflections on Academic/Professional Progression in Nursing

September 23, 2011 ⁶⁵

"It looks to me like the main ones who want the minimum requirement to be BSN are the ones who have chosen to go for higher degrees. RN is RN is RN in my opinion. How many BSN and MSN nurses do we see at the bedside for long periods of time. Not many. The RN who wants to get out of bedside nursing is the one who goes after the advanced degree. Why should a BSN be a requirement, then? Who is going to help those nurses pay for their education? Not everyone gets free money for school from the government."

June 30, 2010

"Nursing is the least educated healthcare provider at the bedside. Physical therapy, occupational therapy, speech therapy and nutrition require more minimum education from their graduates than does nursing. Nursing is considered by many in the healthcare arena to be a "blue collar" job rather than a profession.

In the community there is still misunderstanding of what it takes to "get your RN". If we want to attract the brightest students/people we need to establish a baseline entry point. All other healthcare providers have done this and maintained their unity. To be a profession we need a college educated graduates. If we want to keep ADN and Diploma programs then go the way of physical therapy that has the professional(RPT) and the assistant(PTA). Right now there is no incentive to get anything more than an ADN except personal satisfaction and growth. I am still waiting since the 1965 Social Policy Statement stated that the BSN would be the entry level education for Nursing. When is Nursing going to be in charge of OUR profession and not the community colleges, the nursing shortage, hospital administrators, etc!!! "

⁶⁵ NLN *Reflections on Academic/Professional Progression in Nursing*
http://www.nln.org/aboutnln/Reflection_Dialogue/dialogue_2.htm Downloaded 12/19/2011

Sample Programs

University of Rochester, Rochester, NY

(U of R <http://www.son.rochester.edu/cll/index.html>)

"Our RN to BS completion program is tailored to the practicing nurse who brings a wealth of knowledge from prior education and experience to the program.

(<http://www.son.rochester.edu/programs/bs-completion/rn-bs-full-time.html>)

Admission Criteria

- Completion of a Diploma or Associate Degree in Nursing from an accredited school of nursing
- RN licensure within the United States or U.S. territory
- Two favorable references which address professional and/or academic ability (e.g., nursing faculty member, nursing supervisor)
- Cumulative grade point average (GPA) of at least 3.0 or above preferred
- Typewritten professional goal statement
- For international students, TOEFL with a minimum score of 560 (paper-based), 230 (computer-based) or 88 ("i-based")

A total of 128 credits are required to complete the BS degree, half (64) in the nursing major and half (64) in foundational arts and sciences coursework. A total of 32 nursing credits will be transferred in upon admission. The remaining 32 nursing credits consist of eight courses offered "hybrid" online, meaning most of the coursework is online, with a few classroom meeting times so that you are with the faculty member and your classmates. Courses are sequential so that you are only completing one course at a time. The program is part time (two courses per semester and can be completed in 4 semesters (assuming the arts and sciences requirements are complete). Up to 4 academic credits may be awarded for prior experiential learning. The arts and sciences credits can be transferred in from any accredited college or university, as well as through the College Level Examination Program ("CLEP" challenge examinations).

The Bachelor of Science degree is awarded upon completion of the required 32 credits of nursing coursework and 64 credits of arts and sciences coursework.

The School of Nursing is accredited by the Commission on Collegiate Nursing Education, recognized by the U.S. Secretary of Education as a national accreditation agency"⁶⁶

Courses

⁶⁶ U of R <http://www.son.rochester.edu/cll/index.html> downloaded 2011

NUR 301 Principles and Application of Evidence for nursing Practice 4 credits	Comprehensive Health Assessment of the Individual 3 Credits	NUR 374 Women's Health, Neonatal, and Pediatric Nursing 7 credits
NUR 350 RN/BS Transition: Reflective Professional Practice 3 credit	NUR 363 Comprehensive Nursing Assessment Refresher [elective] 1 Credits	NUR 375 Psychiatric Mental Health Nursing 3.5 credits
NUR 354 Concepts of Leadership and Management 4 credits	NUR 364 Biopsychosocial Health Assessment of the Individual and Family 3 credits hybrid online course	NUR 376 Therapeutic Interventions II 1.5 credit (Didactic 0.5 credit / Laboratory 1.0 credit)
NUR 355 Contexts of Health Care-Policy, Finance and Regulatory Environments 3 credits	NUR 370 Pathophysiology/Pharmacology 6 credits	NUR 377 Adult and Home Nursing 8 credits
NUR 356 Population Health 5 credits	NUR 371 Management of Care 4 undergraduate credit hours Prerequisite: NUR 301 Co-requisite: NUR 374 <u>AND</u> NUR 375, <u>OR</u> NUR 377	NUR 378 Genetics 2 credits
NUR 357 RN/BS Capstone Course 2 Credits	NUR 372 Therapeutic Interventions I 4 credits	NUR 379 Nursing Integration and Transition into Professional Practice 4 credits (2 credits didactic, 2 credits clinical)
NUR 362	NUR 373 Nursing Science 2 credits	

Elms College, Chicopee Ma.

(http://www.elms.edu/-academics-/academic_divisions/nursing.xml)

"Elms College offers practicing registered nurses the opportunity to build upon the skills acquired in their prior RN education and earn a bachelor of science degree. The RN-to-BS completion program prepares graduates who are educated in both liberal arts and sciences, as well as nursing theory, research, and practice. Taught by an interdisciplinary faculty in nursing, humanities, and the sciences, this program provides professional nurses with the

education and skills they need to practice in a rapidly changing healthcare environment, and to assume leadership positions within a variety of organizational and healthcare settings.

A hallmark of the program is the accelerated completion of the bachelor of science degree in nursing through a cohort educational model. In most practice settings, nurses work as members of a team rather than in isolation from one another. The cohort learning model allows you to progress through the program in a prescribed sequence as an intact, supportive group. This

atmosphere fosters a collaborative approach while learning."⁶⁷

Nursing Major for Registered Nurses

(Minimum at Elms College: 45 credits/Minimum GPA: 2.5)

Major Requirements (27 credits)

Nursing Courses

[NUR 202 Health and Physical Assessment* \(4 credits\)](#)

[NUR 260 Professional Communication in Nursing \(3 credits\)](#)

[NUR 285 Introduction to Baccalaureate Nursing \(3 credits\)](#)

[NUR 330 Introduction to Nursing Research \(3 credits\)](#)

[NUR 327 Family Nursing Theory and Application* \(3 credits\)](#)

[NUR 440 Professional Nursing Practice in the Community* \(4 credits\)](#)

[NUR 530 Policy, Law and Ethics in Healthcare \(3 credits\)](#)

[NUR 640 Leadership and Management \(3 credits\)](#)

*Includes a field experience

[BIO 215 Anatomy and Physiology I \(4 credits\)](#)

[BIO 216 Anatomy and Physiology II \(4 credits\)](#)

[BIO 221 Microbiology \(4 credits\)](#)

[CHE 198 Biochemistry \(3 credits\)](#)

[MAT 109 Statistics \(3 credits\)](#)

[PHI 248 Health Care Ethics credits \(3 credits\)](#)

[PSY 101 General Psychology \(3 credits\)](#)

[SOC 214 Medical Sociology \(3 credits\)](#)

[SWK 204 Human Behavior in the Social Environment \(3 credits\)](#)

⁶⁷ Elms College Nursing Program web site (http://www.elms.edu/-academics-/academic_divisions/nursing.xml) downloaded 2011.

Advanced Standing - up to 34 credits (awarded in final year of study)

Required Non-Nursing Courses (30 credits)

Additional CORE courses: English (3 credits), Literature (3 credits), History (3 credits), Fine/Performing Arts (3 credits), Religion (3 credits).