Scaling up Nursing Education through Non-traditional Learning Models

The future of nursing education is shaped by the following question: How can we provide sufficient numbers of highly competent nurses? In other words, we're not just facing healthcare's need for *more* nurses in anticipation of a projected shortage; we're also addressing recent calls for a more educated nursing workforce. (Both the Institute of Medicine and the Carnegie Foundation for the Advancement of Teaching have concluded that nurses should progress to higher levels of schooling.)

There's a strong link between improved patient outcomes and baccalaureate-level nursing education, and hospitals are encouraging – even paying for – experienced RNs to go back to school. Despite this, nursing schools are turning away thousands of qualified applicants – a whopping 75,587 of them in 2011 alone, according to a survey by the American Association of Colleges of Nursing (AACN). Within this total, the rejected applicants included 58,327 from entry-level baccalaureate programs, 2,906 from RN-to-baccalaureate, 13,198 from master's, and 1,156 from doctoral programs.[1]

The reasons reported by nursing schools for turning away qualified students included lack of faculty, insufficient classroom space, and insufficient clinical teaching sites. In other words, they simply don't have the capacity to accommodate ever-increasing numbers of students. Clearly, it's time for nursing education to scale up, in order to meet healthcare's evolving needs.

Interestingly enough, the for-profit, online nursing schools have already learned how to scale. Some, like Excelsior, have even figured out how to provide distance learning at the pre-licensure level, by implementing a competency-based – rather than traditional, classroom-based – education model.

My experience as a nursing educator is primarily in non-traditional, post-licensure education – programs that allow licensed RNs to earn a BSN, MSN, or doctoral degree online. I've learned a lot about how to deliver the highest quality education to thousands of nursing students at a time. So, if we're all truly committed to a better educated nursing workforce, what can traditional schools learn from less traditional models? How are we able to scale?

First of all, because we're not location-bound, we can recruit from and make higher education accessible to a wider pool of students – including working nurses who are pressed for time and RNs in rural areas where traditional classrooms don't exist. We also promote accessibility by making education levels as seamless as possible, through bridge programs, credits for work experience, etc. Because we leverage technology for more efficient and effective instruction, we're not locked into a traditional semester schedule – so students can start classes on the first of any month, according to what's convenient for them.

We're also not place-bound when it comes to faculty, so we can hire the best from all over the world and can easily add adjunct faculty as student enrollments increase. We're not a research university, so we select our instructors based on teaching skills and contemporary knowledge of subject areas. They become learning mentors to students who are progressing at their own pace, making student-instructor interactions not only more efficient, but more relevant than highly structured classroom exchanges.

The basic lesson here is that scaling up means letting go of ingrained cultural beliefs about nursing education. So how can the more traditional nursing schools – which *are* location-bound – increase capacity?

Innovative partnerships are one answer, particularly when it comes to new approaches to placing pre-licensure students in a clinical setting. Nursing schools can partner with hospitals to use staff nurses – rather than graduate-level nurse educators – as preceptors and coaches to help train students in dedicated education units. They can partner with technology vendors to create simulation training centers that reduce the demand for clinical faculty and sites. And they can work with state boards to remove barriers to non-traditional educational approaches, particularly when they impact a graduate's eligibility for licensure. To achiever greater capacity, we need transformational innovations in the ways we educate nurses – even if they disrupt or displace more traditional models of nursing education. With more innovation in education comes a higher level of knowledge and competence in nursing practice.

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[1]   http://www.aacn.nche.edu/news/articles/2012/enrollment-data