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RE: States with Core Curricula

Background:

Because core curricula are being developed in some states, in 2007 the NCSBN Board of Directors requested that I survey the Boards of Nursing to find out how prevalent these curricula are and to learn about the Boards' experiences with them. All education consultants were queried, and 37 Boards responded to the question. This question was also discussed on the October 10, 2007, education conference call. For the purposes of the survey and conference call discussion, a core curriculum was defined as:

“Any curriculum that is developed by a group of programs with some agreed upon threads and content. The Board of Nursing could be represented when developing these curricula, or in some cases they might not be. Further, the core curriculum does not need to be implemented across the entire state. It may be a regional curriculum or it may be developed for one group of programs, such as community colleges.”

The following 23 states report that they have no core curricula at this time, though in some there is talk about it:

1. Arkansas
2. California-VN
3. Delaware
4. District of Columbia
5. Iowa
6. Kentucky
7. Louisiana-RN
8. Maine
9. Maryland
10. Massachusetts
11. Minnesota
12. Nebraska
13. New Jersey
14. New Mexico
15. Nevada
16. North Dakota
17. Pennsylvania
18. Tennessee
19. Texas
20. Utah
21. Vermont
22. West Virginia-RN
23. Virginia

The following 14 states reported that they have core curricula:

- **Alabama** – The technical and community colleges have developed a core curriculum for PNs/ADNs under the direction of the Alabama Department of Postsecondary Education.
- **Arizona** – There is a partnership with Northern Arizona University and 5 rural community colleges with the major purpose for a seamless articulation to BSN education. It's called "Healing Community" and has evolved to a core set of values and curricular threads. Further, their urban community colleges (10) have come together to form one nursing program with one NCLEX code.
- **California-RN** – The California Community College Chancellor's Office has made available a curriculum model for the ADN programs. The Board of Nursing was represented in the development of this model curriculum.
- **Colorado** – The Colorado Community College system is nearing completion of the development of a core curriculum for the Associate Degree in Nursing, Practical Nursing Certificate, and the LPN to AAS in nursing. This was initiated to facilitate the transfer of credits across institutions in the state.
- **Idaho** – Developed by the Idaho Division of Professional-Technical Education, the core curriculum is for LPN programs administered through state institutions. The core curriculum has been recognized by the Board of Nursing, and it provides direction to the programs for developing their detailed curricular documents. The core curriculum provides core outcomes to be accomplished by students.
- **Kansas** – The PN Administrators just completed, and the Board approved, the Kansas Practical Nursing Core Curriculum. The Associate Degree programs will begin to develop a core curriculum in 2008.
- **Michigan** - The Michigan Board of Nursing is working on the development of a standardized curriculum for PNs, and the goal is to develop one for Associate Degree programs, too. The overall goal is that all education levels will flow into one another, without redundancy or the need to make up courses. Michigan is modeling this initiative after Wisconsin's.
- **Mississippi** – The Board of Nursing was given the opportunity to review and comment on the revised PN core curriculum, even though they don't regulate nursing programs.
- **Montana** – There is a core curriculum for PN/ADN programs. The Board of Regents has adopted a core curriculum for the PN programs in the Montana University System and the three community colleges. This has not been a positive experience for the Montana Board of Nursing. A few years ago the Board was pushed into allowing programs to adopt the curriculum, but now the pass rates are abysmal, and the Board of Nursing feels the clinical hours are too few. In particular, the RN program only requires 13 nursing credits.
- **New York** – There has been a core curriculum developed for LPNs choosing to pursue RN education.
- **North Carolina** – There is a common course library (CCL) and curriculum standards for all the community college programs, which must use these courses for their LPN or RN programs.
- **Oklahoma** – The Oklahoma Department of Career and Technology Education has a core curriculum for use by practical nursing programs in their technology centers. They are revising that curriculum now, but the Board has not yet seen the revisions.
- **Oregon** – The Oregon Consortium of Nursing Education (OCNE) has developed a system where applicants can apply to an ADN program and then will be automatically accepted into the Oregon Health & Science University, where they can receive their BSN. The students, however, can step out after their ADN education and take the NCLEX. The expectation is that approximately 65% of the ADN students will obtain their BSN degrees. They have developed a core curriculum that incorporates the ADN and BSN programs participating in this program.
- **Wisconsin** – Wisconsin has a core curriculum with their community college system. Each of the 16 colleges in the system has a 2-year ADN program, with a PN exit option. They also have stand alone PN programs, which teach the same courses as in the core curriculum.

Generally the purpose of these core curricula is to facilitate transfer of credits and articulation across programs. There seems, however, to be a wide variation across the Boards of Nursing with these core curricula. In some states, such as Kansas, California-RN, and Oregon, the Boards of Nursing have been represented during the development of the curriculum. In one state, Michigan, the Board is taking the lead in the development of the core curriculum. In most states the curriculum has been developed by others (often the community college system), and then the Board

must review it. While many states seem happy with these core curricula, at least one state (Montana) is having major problems with it. Two states (Colorado and Kansas) indicated that the bi-level programs create confusion in the graduates being able to differentiate between the RN and PN scope of practice, perhaps because the RN and PN content is taught together. In fact, in Kansas they have observed that there are more discipline cases with graduates of the bi-level programs, though that education consultant cautioned us that they hadn't researched it comprehensively yet. Yet, other Boards stated that they have had bi-level programs for years with no problems with the graduates understanding their scope of practice. The education consultants agreed that the students' knowledge of their scope of practice was more related to the quality of the faculty than to the program type. This, they said, is evidence that nursing faculty in these programs should be educated with a master's of science in nursing degree.

Three states sent me a summary of their core curricula, though the detail that was sent, and the content, varied greatly. One had an integrated curriculum where population content was taught together, while the other two had separate courses. The prerequisite courses also varied widely. All three core curricula that I reviewed only had the required courses and not the curricular threads.

On the education call some were surprised that more states hadn't developed core curricula. The group would like to know if there are core elements across all the curricula, and many thought core curricula might provide some needed consistency in programs.

The group felt strongly that we need some commonality of the language in types of nursing programs, particularly associated with articulation. The group defined the following terms, remaining consistent with any organization definitions. In researching these definitions, it is important to note that there are often nuances to these programs. For example, while typically an accelerated RN program is 12-15 months in length, there are shorter and longer programs. However, this is what is generally seen:

- **Accelerated RN (accelerated bachelor's of science in nursing or ABSN)** – Students with relevant baccalaureate degrees in fields other than nursing matriculate through an accelerated nursing program and receive a bachelor's of science in nursing degree, typically within 12-15 months after admission. Graduates may apply for RN licensure and take the NCLEX-RN.
- **Associate Degree in Nursing – Master's** – Licensed nurses with associate degrees in nursing, but no bachelor's degree in any field, matriculate through a master's program, receiving an master's of science in nursing degree.
- **Baccalaureate completion** – Students with diplomas in nursing or associate degrees in nursing matriculate through a baccalaureate nursing program, receiving a bachelor's of science in nursing degree.
- **Bi-level** – This nursing program has one application process, with faculty teaching PN and RN content from day one. The student can opt out of the RN program, take the NCLEX-PN and become licensed as a PN; or the student can matriculate through the entire program, take the NCLEX-RN and become licensed as an RN.
- **Clinical Nurse Leader (Generalist)** – The clinical nurse leader is a new role that has been designed for the future of nursing by the American Association of Colleges of Nursing, in collaboration with practice. The student matriculates through the program and receives a master's degree. Prelicensure students can be admitted to this program (graduates may then apply for licensure and take the NCLEX-RN), but also students who are licensed nurses can apply. Generally the graduate-level content, after attainment of the baccalaureate competencies, can be designed within a 12-15 month, 3 semesters or 4 quarters timeframe. Information about this role can be found on the American Association of Colleges of Nursing Web site. Currently CCNE is developing standards to accredit the clinical nurse leader programs.
- **Direct-entry master's** - Students with bachelor's degrees in other related fields matriculate through these programs, receiving a master's in nursing degree. After graduation they may apply for licensure and take the NCLEX-RN. Some Boards of Nursing have requirements that the programs, in some way (such as, awarding a certificate or a bachelor's of science in nursing degree or holding a graduation), communicate to them that the students have successfully completed the baccalaureate content and therefore are able to take the NCLEX-RN.
- **Generic PN (Stand-Alone PN programs)** – These are individual PN programs that do not articulate with RN programs. Graduates may apply for PN licensure and take the NCLEX-PN.

- **Generic RN** – These RN programs admit the prelicensure student who does not already have a nursing diploma, associate degree in nursing or a bachelor’s degree in another field. The students may enter these programs in the freshman year and matriculate through the program, or they may transfer in after obtaining their prerequisites. The graduates receive a bachelor of science in nursing degree and may apply for licensure and take the NCLEX-RN.
- **One-Plus-One (Ladder Programs)** – These programs include 2 application processes, one for the PN program and one for the RN program. The first level only has PN content, and the student must obtain a PN license before continuing in the RN program. Graduates of the RN program may apply for RN licensure and take the NCLEX-RN.
- **PN Exit Option** – In the bi-level programs there is one application process for the PN and RN program. Therefore, a PN exit option is when students opt out of the RN program at a designated time in the curriculum. At this point they may apply for licensure and take the NCLEX-PN.
- **PN to BSN** – Students who are licensed as practical nurses matriculate through programs that award bachelor’s of science in nursing degrees. The graduates may apply for RN licensure and take the NCLEX-RN.