

## THE SHARED CURRICULUM MODEL

Liz Close, PhD, RN

Professor and Retired Chair, Sonoma State University Department of Nursing  
Nurse Expert Consultant, Center to Champion Nursing in America

Seamless academic progression models in nursing higher education provide opportunities for the *student of nursing* (prior to, or after, licensure) to progress unfettered in their formal nursing education. The overarching goals of the Shared (“Common”) Curriculum Model are a seamless academic progression pathway from the Associate Degree in Nursing to the Baccalaureate Degree in Nursing and strategic leveraging of existing curricula and resources. Inadvertent and persistent impediments to seamless academic progression in nursing are, in part, a result of chronic and ubiquitous inattention to authentic academic “articulation” between the Associate and Baccalaureate degrees in nursing. Implementation of a Shared Curriculum Model necessitates transparency at all levels and thorough examination and vetting of the all existing degree requirements for both the ADN and BSN.

Over the past year, the CCNA Education Learning Collaborative (ELC) has identified the following Key Components of models supporting education transformation:

- BSN completed in no more than four academic years
- Budget demonstrating fiscal viability of the program change
- Student cost benefit analysis
- Plan for seeking national accreditation
- Legislative analysis; regulatory and political barriers
- Substantive curricular transformation
- Dual admission processes if applicable
- Strong evaluation plan projecting data gathering and analysis strategies
- State scholarships available to support initial and RN to BSN education
- MDS implemented to gather nursing workforce data.
- The impact of private for profit Schools are considered going forward with any solutions.
- Intentional processes to increase diversity of students and graduates.

The ELC has further described the “Shared Statewide or Regional Curriculum” (now referred to simply as “Shared Curriculum”) Model as follows:

These educational collaboratives between universities and community colleges enable students to transition automatically and seamlessly from an ADN to a BSN program, with all schools sharing curriculum, simulation facilities and faculty. Faculty workload is reduced, and the schools make greater use of resources. Its implementation requires formal articulation agreements between community colleges and universities, adjustment of prerequisite and nursing curricula, and buy-in from legislative bodies and institutions. Successful implementation of this model provides students with streamlined academic progression. The state or regional common nursing curriculum is one example of this model.

- Examples of shared components are pre-requisites, ADN portion, BSN portion and graduation requirements.
- This model entails a strong partnership between community colleges and four-year schools of nursing sharing as many components as possible such as courses, requirements, enrollment and admission standards.
- A substantial number of students in the state or region need to be served, including students from rural areas.
- Although sharing all components of the nursing curriculum between community colleges and four-year schools of nursing in a state or region is an example of this model, it is not the only way to successfully implement this model.
- Successful models are seamless, student-centered and streamlined.

<http://championnursing.org/sites/default/files/Western-Regional-Early-Findings-April-2012-Final-1.pdf>

The following presentation adds to, refines, and further delineates aspects of these early findings on the development of the Shared Curriculum Model.

Prior to embarking on the journey of creating a Shared Curriculum Model, the following cautionary guidance is offered:

- The ADN graduate should enter the ADN-BSN program with all lower division baccalaureate degree requirements (prerequisites and university GE requirements) completed and have nothing remaining to complete except BSN nursing coursework and specific upper division general education or elective coursework.
- Do not assume existing formal/approved “articulation” agreements actually result in seamless ADN to BSN curriculum and degree requirement pathways. Some official higher education articulation systems only match course to course equivalency with no designated Associate to Baccalaureate degree articulation for any major.
- Consider the student as a “student of nursing” and approach the Shared Curriculum Model as *student centered*. Conceptualize the student as always a student of nursing and on a formal educational path.
- Talk to one another. No meaningful progress can be made toward a Shared Curriculum Model without authentic collaboration among the ADN and BSN faculty. A shared vision of what the faculty wants to accomplish in educating an ADN and an ADN-BSN student is imperative. How to get there is only definable if everyone agrees to the expected outcome.
- This model may or may not involve the use of competencies as measures of desired student outcomes; however, it does not assume or require a competency-driven curriculum *per se*.
- The Shared Curriculum Model can range from a complete overhaul of both ADN and BSN curricula (OCNE) to a more moderate approach of validating and then building the ADN-BSN curriculum on the existing ADN curriculum resulting in an “integrated” curriculum across the institutions (RIBN, CCMNE).
- The Shared Curriculum Model can be developed and implemented at the statewide, regional or local level and involve a single pair or multiple ADN and BSN programs.

For purposes of this resource, all discussion will focus on the more moderate approach of building the ADN-BSN curriculum on the foundation of an existing ADN curriculum. It will also refer to a single ADN and a single ADN-BSN program pair (“collaborators”) for clarity and ease of presentation.

## **ACTION PLAN FOR IMPLEMENTING THE SHARED CURRICULUM MODEL**

The Shared Curriculum Model assumes that a seamless ADN-BSN pathway can be built utilizing existing ADN and BSN curricula with deliberate and focused modifications. Collaborators should enter this project with the commitment to build on the existing solid foundations of both educational systems. Recommended steps for developing a Shared Curriculum Model are to: (1) conduct a systematic study of the existing ADN-BSN academic pathway to comprehensively delineate the current ADN and BSN requirements; (2) convene a face-to-face meeting of all nursing faculty and academic advising staff of the collaborating institutions to review and discuss the study; and (3) convene the collaborating nursing faculty to develop a shared vision of and requirements for the ADN-BSN pathway. If these three steps are not taken, there will likely

be a reproduction of existing barriers to successful seamless academic progression between the collaborating programs. Further details of each of these steps follow.

### **Conduct Systematic Study of Existing ADN-BSN Academic Pathway**

There are serious and unintended consequences related to lack of uniformity in nursing prerequisites and General Education (GE) requirements between ADN and ADN-BSN programs. Often nursing faculty are unaware of these obstacles for a variety of legitimate reasons. However, the additive effect of characteristics outlined in the following table can result in the ADN-BSN student unnecessarily needing as much as an additional academic year to complete the non-nursing requirements for the BSN. The following table outlines some of these prerequisite and GE characteristics and the potential consequences of not addressing them.

<b>Characteristic</b>	<b>Examples</b>	<b>Potential Consequences</b>
Lack of uniform prerequisites to nursing major	May variously include chemistry, nutrition, growth and development, introductory nursing, pharmacology	<ul style="list-style-type: none"> <li>• Students accumulate units not applicable to any baccalaureate requirements or do not have the prerequisites required by the BSN program</li> <li>• Students must analyze and complete multiple uncoordinated prerequisite patterns if they are applying to more than one nursing program</li> <li>• ADN student may accumulate many more units than needed for transfer to the university to meet the State Board of Registered Nursing licensing requirements and the individual community college idiosyncratic requirements</li> </ul>
“Hidden” prerequisites aka “prerequisites to prerequisites”	General biology for anatomy, physiology, and microbiology; Chemistry for physiology and microbiology; Math through intermediate algebra before math (e.g., statistics) that meets baccalaureate requirements	<ul style="list-style-type: none"> <li>• Students must take [prerequisite] courses not clearly indicated as required for the nursing major because they strictly are not (but they <u>ARE</u>, in fact, required to be taken to enroll in the required nursing prerequisites)</li> <li>• May add 6-12 cloaked required units to actual published degree requirements in both the ADN and ADN-BSN programs</li> </ul>
Lack of uniformity in GE pattern between the ADN degree and the BSN degree	GE category labels/terminology and content requirements may vary widely by ADN program and are not likely under nursing’s purview	<ul style="list-style-type: none"> <li>• Students accumulate excess units not applicable toward either the associate or baccalaureate degree</li> <li>• After ADN completion, students may have substantial number of lower division GE requirements remaining to complete for the BSN</li> <li>• “Transferability” of units does not ensure applicability of units toward the requirements of a BSN. Students may not possess the sophistication to understand this and focus on taking “transferrable” courses rather than courses that meet the university requirements for the BSN (and are by definition, therefore, transferrable)</li> </ul>

A similar table should be created for the collaborators' nursing curricula to unveil, demystify and document potential unnecessary and unintended duplication of nursing content and clarify the unintended consequences of an uncoordinated ADN-BSN curriculum.

Prior to addressing and correcting obstacles hindering seamless and timely progression from ADN to BSN, the collaborators' systematic evaluation of the existing ADN-BSN academic pathway must leave no areas unexamined. A task group of faculty and academic advisors from collaborating programs should meet to review the approved/published curricula from the collaborating programs to map the existing ADN-BSN academic pathway(s). From this information, a degree "roadmap" should be created that methodically documents how the requirements of the ADN and the BSN are related. For examples of such roadmaps, please refer to <http://www.calstate.edu/adn-bsn/roadmaps.shtml>.

This task group should also randomly select and review the entire academic progression of at least 10 traditional RN-BSN students who have recently completed the BSN under the existing ADN-BSN academic pathway. In this sample, only include traditional ADN students (those without multiple transfers, pre-existing degrees in other disciplines, LVN licensure, or extended periods of time reaching the ADN). Map their progress in the currently required curricula for both the ADN and ADN-BSN including all degree requirements ("hidden" prereqs aka "prereqs to prereqs," nursing prerequisites, General Education (GE), nursing, and institution-specific requirements). Importantly, also clarify on paper the students' experience of this degree progression in terms of total time to degree, cost, and scheduling challenges.

Completion of this systematic study should provide a clear picture of the academic progression challenges facing the *student of nursing* who is pursuing ADN-BSN progression with the collaborating institutions. It should also illuminate curriculum areas that faculty must address to mount a successful Shared Curriculum Model. Prior to convening the first meeting, these findings should be distributed to the faculty and the academic advisors of the collaborating institutions so that they may be adequately prepared to review and discuss the existing ADN-BSN academic pathway study.

### **Evaluate the Existing ADN-BSN Academic Pathway**

The details of how this process occurs and how much time it entails are variable and mediated in part by the pre-existing relationships between the collaborators and other variables such as geographical distance between institutions and the number of participants. The main goal of this first meeting is to utilize faculty and advisor expertise to analyze study results and determine how the findings and analysis will be used to inform subsequent nursing degree academic advising and curriculum progression decisions.

Specific issues that should be identified during this meeting include what type of assistance might be needed to address identified issues and what entities can provide (or must provide) assistance. This could include engaging faculty from other departments in the collaborating institutions to standardize curriculum approaches to nursing science prerequisites. For instance, chemistry is a nursing prerequisite that, depending on the educational institution, ranges from 4 – 8 semester units (one or two courses) and can contain a variety and depth of topical areas in general, organic, inorganic, and biochemistry.

The discussion might also include the need to engage institutional faculty senates and academic administrators, the State Board of Registered Nursing, and even legislative bodies to eventually correct the dissonance and duplicity of degree requirements often facing the student of nursing in academic progression.

The study of the existing ADN-BSN academic pathway will reveal crucial areas that should be thoroughly vetted to eventually create a streamlined academic progression model the responsibility for which is equally shared among the collaborating institutions. Some of these areas might include:

1. exploring whether and how to standardize nursing prerequisites
2. selectively eliminating prerequisites to nursing prerequisites
3. aligning and coordinating General Education degree requirements of the collaborating institutions to avoid inadvertent duplication
4. identifying institutionally-dictated degree requirements that may legitimately be met by coursework in the nursing major (e.g., cultural sensitivity, scholarly writing skills, lifelong understanding)
5. pinpointing types and numbers of requirements that are unclear (if, for instance, the math that is required for the BSN is statistics, there is no purpose to a student inadvertently taking a calculus course to meet the math degree requirement and then also having to take statistics for the nursing major)
6. recognizing potential options for meeting degree requirements through Advanced Placement Exams, CLEP, or other approved institutional means

### **Establish Shared Vision of the Critical Elements and Student Outcomes**

The second meeting should involve only the nursing faculty engaged in sharing nursing curricula, course syllabi, and extent of nursing content provided by each collaborator. This process of “discovery” usually leads to widespread recognition of the depth and range of nursing content that is similar (particularly related to the content required for licensure in the respective state) and the content that is uniformly agreed to be unique to baccalaureate nursing education (e.g., research, public health nursing, organizational leadership). Clarifying the components of the ADN curriculum that are similar at the BSN level is a critical step in developing the Shared Curriculum Model for seamless academic progression. Aligning the nursing curricula to reduce/eliminate repetition and strengthen both [ADN and BSN] components is essential. It will be equally important to develop strategies to bridge varying theoretical/conceptual models to facilitate achievement of seamless academic progression.

The results of this discussion can be represented in a chart similar to the one developed by the California State University Nursing BSN Programs titled “AB1295 Elements of CCC-CSU Nursing Degree Pathways” (<http://www.calstate.edu/app/programs/nursing/documents/Nursing-Continuum-and-Program-Content.pdf>) in the quest to meet legislative requirements for seamless ADN-BSN pathways (The California Education Code resulting from AB1295 may be viewed here <http://www.calstate.edu/App/programs/Nursing/documents/EdCode-89267.5-RN-to-BSN-Pathways.pdf>).

The following summary Checklist is designed to guide the collection and analysis of information needed to identify curriculum components and degree requirements that are unintentionally duplicative, redundant, missing, or confusing. It also guides development of a planned Shared Curriculum Model for seamless ADN-BSN progression.

**SHARED CURRICULUM MODEL CHECKLIST**  
**For Building and Validating Seamless ADN-BSN Pathways between Collaborating**  
**Community College (CC) and University (U)**

***General Education Requirements***

1. Identify ADN requirements for CC which also meet U requirements.
2. Identify specific U requirements that are not automatically met with completion of ADN requirements.
3. Clarify which U GE requirements may be met with approved CC course (lower division) enrollment and which are required at the upper division level at the U.
4. Identify options for completing any required Upper Division General Education (GE) or other Upper Division units for the BSN at the U.
5. Provide information on approved options for credit-by-exam (e.g., CLEP) and distance learning/online courses to complete approved GE courses through CC and U.
6. Develop standardized academic advising protocols for all students interested in nursing that institutionalize eventual transfer/progression of the ADN student to the U for the BSN.

***Required Nursing Prerequisites***

1. Determine if all science prerequisites (usually anatomy, physiology, and microbiology) are similar in content, unit value, and depth between the collaborating institutions.
2. Determine strategies for addressing chemistry (because it is the only nursing prerequisite science that will satisfy the U Physical Science requirement and sometimes in the community college is a “hidden” prerequisite to physiology and microbiology).
3. Discuss the feasibility and desirability of standardizing required nursing prerequisites among the collaborating institutions. For example, the 18 California State University (CSU) BSN Programs with support from the CSU Chancellor’s Office established eight “Common Core” Prerequisites for nursing which also satisfy all of the CSU General Education requirements in Areas A (Communication) and B (Science & Math). See <http://www.calstate.edu/app/programs/nursing/EducationCode66055.shtml>. Of the eight, only two GE requirements are not automatically met by completion of the ADN in a California community college program: Critical Thinking and Quantitative Reasoning (math beyond Intermediate Algebra). Note that some CSU BSN programs have designed required nursing major course(s) to automatically meet the Critical Thinking requirement.

***Required Nursing Coursework***

1. Review common content across nursing curricula based on agreed upon standard (e.g., AACN Essentials of Baccalaureate Education). Adjustments in CC curriculum and/or U curriculum are negotiated and documented based on findings in relation to the standard used.

2. Identify acceptable mechanisms by which the components of the curriculum for licensure requirements completed at the Community College may be awarded credit toward the BSN at the university level with minimal or no duplicative work required of the student (e.g., equivalency, credit-by-exam for NCLEX-RN).
3. Explore mechanisms to best share, coordinate and continually evaluate nursing content and learning activities that best support the students' seamless progression and achieve the desired outcomes.

### ***General Program Features***

1. Meticulously document all degree requirements and how they will be met with the Shared Curriculum Model. This should include the total number of transferrable units allowed from the community college to the university, number of units required in residence, number of required upper division units, all required General Education and elective units, and all required nursing units, plus any award of units for prior learning (if this mechanism is available and deemed appropriate by the faculty).
2. Clearly delineate the components of the U college coursework and units required for the BSN and the maximum allowable community college credit to be awarded toward the BSN.
3. Design the model to make the ADN-BSN Pathway possible to complete within one calendar year of full-time enrollment at the U after graduation from the ADN Program (Note that this DOES NOT mean that all students will elect to pursue this option so there should also be a part-time program plan).
4. Determine if there is a mechanism to standardize admission requirements to both the ADN and BSN programs that will reinforce the collaborative nature of the ADN-BSN curriculum and prevent student (and faculty) frustration over multiple "messages" regarding nursing education expectations.
5. Eliminate inaccurate and/or pejorative rhetoric and labeling in course titles and descriptions of the educational pathways for ADN-BSN (some examples to consider are "degree completion," "two-plus-two," "introduction to professional nursing," "bridge" course, "advanced" anything at the baccalaureate level may not match scope of practice).

The results of this process may require additional departmental, institutional and/or legislative intervention to support the streamlining of the ADN-BSN curriculum. These are critical determinations that can only result from a thorough understanding of the nature and source of the degree requirements.

### **COST SAVINGS**

Even though education at the nation's community colleges is significantly less expensive than at universities, spending years of potential employment completing superfluous prerequisites and general education requirements that ultimately do not count toward the ADN or the BSN is productive/employable time wasted. With a clearly defined, published ADN-BSN curriculum pathway, students have the opportunity to make better choices to support their timely and cost-effective academic progression. They can also selectively and appropriately enroll in courses that meet the BSN degree requirements before they are officially admitted to the university and begin paying university fees. The ability to complete as many of the BSN requirements at the

community college as possible saves the student both time and money in ultimately completing the BSN.

One example of the strategic use of both systems to complete degree requirements is the completion of all nursing prerequisites, curriculum for licensure, and all lower division BSN General Education requirements in a period of three academic years at the community college. Upon transfer to the university, remaining nursing and upper division general education or elective courses would be designed to be completed in one academic year. The cost savings outlined below is substantial.

PROGRAM	TUITION/FEEES
4-Year BSN at a state university (Traditional)	\$29,600
4-Year ADN-BSN (Shared Curriculum Model with three years at community college and one year at university)	\$ 9,200
Student Savings	\$20,400

In addition to student cost savings, the Shared Curriculum Model has the potential to significantly decrease costs for the collaborating institutions and particularly for the university. With the resultant cost savings for the university, more resources could be shifted to graduate education which would benefit both systems. Elements that lead to cost savings for all collaborating institutions include: faculty deployment, joint faculty development, leveraging clinical skills labs and skilled simulation teachers time and scheduling, and faculty sharing expertise and curriculum resources.

### **IMPACT ON RURAL ACCESS**

The development of a Shared Curriculum Model for ADN-BSN education increases access for rural nurses to ADN-BSN education by decreasing the amount of units, time, travel, and enrollment fees necessary to be completed at the BSN degree granting institution. The Model focuses enrollment at the university campus for coursework that can only be accomplished in the upper division environment (upper division nursing and upper division GE/electives). The additional use of online teaching strategies also supports greater access for rural residents; however, if this teaching modality is either not accessible or not preferred, the model will still provide increased access to BSN education for rural nurses. BSN coursework could be provided at the community college campuses as an augmentation to the onsite university offerings if there is sufficient enrollment and faculty availability.

One of the challenges to rural access is the sheer geographic distances in many areas. For example, in Northern California, the Collaborative Nursing Education Continuum Model (CNECM) includes Sonoma State University and its five service area community college partners covering a geographic area of over 8,000 square miles. The amount of time and

resources students would have to devote to traveling to an SSU campus based ADN-BSN program would be prohibitive for many rural nurses. To address this obstacle, SSU provides a hybrid upper division nursing course delivery system heavily weighted with online coursework constituting approximately 80% of the total didactic delivery. Clinical experience in community/public health nursing is negotiated in the students' county of residence to also limit the amount of travel and expense borne by the student.

## **SUCCESSFUL STATE MODELS AND EXAMPLE CURRICULA**

This is a beginning resource of Shared Curriculum Models for ADN-BSN education that contains examples of urban and rural program delivery and a variety of curriculum approaches to achieving seamless academic progression.

### **North Carolina RIBN Project (Regionally Increasing Baccalaureate Nurses)**

<http://www.ffne.org/ribn-project>

*Resources:*

<http://www.ffne.org/ribn-resources>

### **Hunter-Bellevue College of Nursing RIBN project**

<http://www.hunter.cuny.edu/nursing/admissions/undergraduate/rn-pathway>

### **California Collaborative Model for Nursing Education (CCMNE)**

<http://www.cinhc.org/programs/educational-capacity/california-collaborative-model-for-nursing-education-ccmne/>

*Resources:*

<http://www.cinhc.org/wordpress/wp-content/uploads/2012/07/CCMNE-Core-Components-Definitions-Challenges-Emerging-Effective-Practices-Tech-Assistance-Needs-SU-2012.pdf>