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## Non-Traditional Approaches to Prelicensure Nursing Education and Implications for State Policy

### I. Introduction

Georgia and the nation are confronting immense concerns with the supply, both current and future, of our nursing workforce. The scale of RN shortages is such that it has led education systems across the nation to substantially expand programs training new nurses (American Association of Colleges of Nursing, 2008). This is true in Georgia where the University System of Georgia (USG) has increased nursing associate and baccalaureate graduation numbers by 65 percent since 2002; the Technical College System of Georgia (TCSG) has opened several new nursing programs; and private non-profit universities have also expanded their programs.

The State of Georgia confers the statutory responsibility to the Georgia BON to develop rules and regulations for nursing practice and education, delineate minimum qualifications for licensure, and maintain a disciplinary process (Georgia Registered Professional Nurse Practice Act). The Georgia BON recently barred licensure of nurses who graduated from a private non-profit program – Excelsior College – which uses non-traditional methods to train its students. As a result of a recent BON rule change due to state legislation (HB 1041), particular attention has been focused on the non-traditional prelicensure nursing program at Excelsior College. The BON is charged with determining the equivalency criteria for nursing education programs as stated in HB 1041: “a nursing education program approved by the board or which meets criteria similar to, and not less stringent than, those established by the board” (Georgia Professional Nurse Practice Act, 2008). Signed into law by the Governor in May of 2008, HB 1041 was interpreted by the Georgia BON to state that nursing graduates seeking endorsement in Georgia must meet equivalent educational criteria to that of which is applied to nursing graduates who are applying for initial licensure. The BON has determined that Excelsior College’s Nursing Associate in Science (AS) and Associate in Applied Science (AAS) Degree Programs do not meet the criteria required for initial authorization for licensure in the state, thus the graduates are no longer being endorsed by the state. Though the recent developments with Excelsior College are the impetus for the USG’s analysis of the issue, the broader context of non-traditional approaches to nursing education is the framework for this paper.

As Georgia is facing a severe nursing workforce shortage, one must consider if Georgia can afford to deny entry of nurses into the state from non-traditional programs, and even if it should continue to provide nursing education exclusively in the same way it has in the past. We will not attempt to answer

these questions here, as so much as explain the various non-traditional concepts utilized by Excelsior and by some more traditional programs in Georgia. Given the times we face, Georgia may want to look more closely at these non-traditional methods, and perhaps others to ensure our nursing education systems can produce the number of nurses we will need. We suggest an approach for investigating how Georgia should consider structuring nursing education programs to ensure that they can ultimately meet the needs of the state. Furthermore, the issues involved in nursing education are too complex to adequately address here. Thus, the state must establish a dialogue on this matter to develop a consensus on best approaches for the future.

## II. The Traditional Approach to Nursing Education

Nursing education is typically composed of two primary parts: didactic and clinical. The didactic education is provided through classroom instruction, either online or in person, taught by nursing faculty. The clinical education portion is provided through student to patient contact during the student's enrollment in the program and is supervised by nursing faculty. It is also becoming gradually more common that part of a student's clinical education will include practice with simulation.<sup>1</sup>

### Traditional Approach to Nursing Education

#### Benefits:

- Proven model that has been used for many years
- Recognized by the Georgia Board of Nursing

#### Limitations:

- Has not evolved with changing educational paradigms and advances in health care
- Is lengthy and expensive
- Does not reach non-traditional students adequately

The USG has nursing programs at 25 institutions across the state at the Associate, Bachelors, Masters, and Doctorate degree levels. While several levels of nursing degree programs exist, there are three degrees conferred at USG institutions which are pre-licensure nursing degrees. The first is an Associate of Science Degree in Nursing (ASN), which is a two-year entry-level nursing degree. The second is a Baccalaureate of Science Degree in Nursing (BSN), which is a four-year academic degree in the science and principles of nursing. The third is the Clinical Nurse Leader (CNL), which is an accelerated two-year Master's degree program that prepares nurses to be clinical leaders with skills and competencies focused on the current and future health care system, improving client outcomes and reducing health care costs. After the student completes their nursing education, they take the National Council Licensure Examination (NCLEX-RN) which measures the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse. After passing the NCLEX-RN, the graduate can apply for licensure as a registered nurse (RN).

An important element of traditional education is the relationship of time spent in the classroom to eventual graduation from the program. This is commonly referred to as a seat time requirement. Specifically, the design and delivery of coursework is built around placing faculty in front of students for a specified period of time. Students must enroll in classes, attend those classes and take tests at periodic points throughout those classes. At the end of each class students are given grades and allowed to move on to other classes if the grade received is sufficient. This process is duplicated for a specified number of classes to extend over a specified period of time, typically two years for associate degree programs or four for baccalaureate programs. With some variability, this applies to the didactic, classroom portion of nursing education and exclusively in the current model of clinical education.

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<sup>1</sup> Simulation in nursing education includes the use of computerized, interactive mannequins to assist students in developing clinical nursing skills in a safe learning environment.

Traditional nursing education has historically been effective in providing competent and qualified RNs. In providing the regulatory function for the state, the Georgia BON is clearly comfortable with the model and design of the traditional programs. However, as we move toward the future, a consideration of the monumental changes in health care causes one to ask the question of why the provision of nursing education has stayed the same and not adapted to changing educational paradigms. It can be argued that traditional nursing education takes longer and costs more to educate RNs than non-traditional models. Furthermore, the current models for nursing education have not seen the level of student diversity that is desired within the field.

### III. Non-Traditional Approaches to Nursing Education

In contrast to the traditional approach to providing nursing education, three non-traditional models are presented: A) competency-based education; B) credit granted through assessment of prior learning; and C) distance education.

#### A. Competency-Based Education

Competency-Based Education (CBE) can be defined as: “An institutional process that moves education from focusing on what academics believe graduates need to know (teacher-focused) to what students need to know and be able to do in varying and complex situations (student and/or workplace focused),” (“Competencies,” 2006, p. 1). The intention of nursing programs using CBE is to create a program ensuring that nursing students obtain the skills and knowledge that are drawn from current workforce needs and focus on what the student will do in the workplace, as set forth by the program. The identified skill sets are broken down into competencies which are evaluated through exams or assessments, in which reliability and validity of the measures is paramount. Educators in the CBE method are not focused on where the learning took place, but instead on the mastery of the competencies, as evidenced through tests or assessments (Haase, 1982).

#### Competency-Based Nursing Education Model

##### Benefits:

- Effective in relating the needs of the workforce to educational learning
- Focuses on the student’s educational needs, not what the faculty believes the student should know
- Students can advance through program at their own pace

##### Limitations:

- Difficulty in designing and implementing strong assessment methods
- The Georgia Board of Nursing rules are not designed with this model in mind

There are essentially two approaches to CBE. The first method is a purer version of CBE, where the number of courses and credit hours are irrelevant and the core focus is strictly on mastery of a set of specific competencies. The second method of CBE is where courses are designed to include knowledge and practice which lead to a mastery of an identified competency that can clearly be demonstrated. Nursing programs, if using a CBE approach, typically use the second method of CBE.

Thoroughly debated in the literature, competency-based education has been evaluated by a number of fields in a number of countries. A primary challenge with CBE lies in the ability of the staff to accurately and thoroughly assess the student’s knowledge. A report by Jones, Voorhees, and Paulson (2002) discusses the immense importance of high-quality assessment in competency-based education:

As work proceeds on competency-based educational initiatives, faculty and staff will probably find that two of the most challenging tasks are identifying and implementing

strong assessment methods. They must then accomplish the equally challenging task, particularly critical for systems of higher education, of ensuring that the assessment methods are reliable and valid. Even institutions with a long history of defining and assessing competencies may find it difficult to monitor, maintain, and document the reliability and validity of their assessment work because faculty and staff may not fully understand these two technical concepts. (p. 31)

Many positive impacts of a CBE method have been identified. First, CBE can be effective in relating the needs of the workforce to educational learning (“Competencies,” 2006). In producing graduates who are ready for the tasks awaiting them in practice, faculty, employers and students recognize the benefit of molding one’s education to fill a current workforce need. A complementary benefit to the first is that CBE places the focus on the education needs of the student, not what the faculty believe the student should know. Although this concept may seem simple, it can be a radical shift from an objective-based curriculum where faculty have always established the learning goals for the students. Salvesson and Cook (2006) discuss their experience with moving to a CBE model at the Oregon Health & Science University School of Nursing: “The process is increasingly centered on the student rather than on the faculty in what is often referred to as the move from a "sage on the stage" to a "guide on the side" (p. 112). Third, in a pure CBE model, students are allowed to advance through the program at a pace that suits their time constraints and learning needs. In some instances, this could increase the speed at which a student moves through a program.

## **B. Credit Granted through Assessment of Prior Learning**

Assessment of prior learning, or prior learning assessment, provides the ability for students to earn college credit based on previous learning in work, volunteer, and personal life (Colvin, 2006). Depending on the program, students may be able to receive credit for pre-requisites or major courses. Also, the model provides for various forms of assessment to be used to determine a student’s placement level (i.e. advanced placement). There are many methods of assessing prior learning including examinations, transfer credit evaluation, portfolio development, simulations, and interviews. If a student does well on the assessment, course requirements may be waived or course credit hours may be awarded.

Many colleges and universities use some form of prior learning assessment, but there is a lot of variation among them as the policies are determined by the individual institutions and schools. Faculty members are charged with the responsibility of evaluating the student’s representation of their previous experience and determining if the student is eligible for college credit, and if so, the number of credit hours awarded or the amount of course requirements waived. In Georgia, an articulation agreement has been established to award transfer credit for Licensed Practical Nurses (LPNs) trained in the TCSG looking to become RNs. This agreement provides a framework that assists in the transfer of credit from the TCSG institutions to the USG institutions for LPNs looking to become an RN, which promotes the educational and career mobility of nursing students in Georgia. Otherwise, USG schools of

### **Credit Granted through Prior Learning Assessment**

#### **Benefits:**

- Validates students’ prior work and life experience
- Expedites student progression through program
- Helps in recruitment of more diverse and older students

#### **Limitations:**

- Concerns about quality of prior learning
- Difficulty in assessing prior learning
- Expensive to implement
- Lack of coordination across educational institutions

nursing, on a case-by-case basis, may allow certain course credit transfers or give credit for previous college educational learning; this opportunity often does not apply to courses in the student's major.

This approach is particularly relevant for non-traditional students who may bring significant professional and personal experiences to their programs. Positives and negatives have been identified with the use of assessment of prior learning. Janet Colvin (2006) provides a list of reasons that assessment of prior learning benefits students: validation for work and life experience; saves time and expedites the student into acquiring new knowledge; saves money due to paying for fewer courses; assists with career and job development; and improves critical thinking and reflection skills. Barker (2001) discusses her conclusion on the issue when she says, "Prior learning assessment is part of an international interest in lifelong learning and a need to provide better access to post-secondary education for a more diverse set of adult learners" (p. 26). Information on assessment of prior learning indicates that programs may be better able to recruit students, particularly more diverse and older students; create a more successful graduating class as the students tend to be more motivated and committed to further education; and assist in addressing workforce shortages by reducing the amount of time for a student to earn their degree.

Alternatively, concerns have also been voiced regarding the quality of the prior learning, methods used for assessing prior learning, ability of the students to pay for assessments directly leading to course credit, inconsistent awarding of college credit hours, and lack of coordination across various systems causing confusion for all involved. Mann (1997) discusses the challenges related to this method:

Prior learning assessment is highly individualistic, non-routine, and will almost certainly continue to be this way in the future. This makes it time-consuming and expensive. Further, not all prior learning relates to an academic setting, nor is it easily categorized as college-level learning. (p. 264)

Though certain benefits may exist, the challenges and insecurities of prior learning assessment have also been identified.

### C. Distance Education

Though distance education is not a new concept, schools of nursing are frequently turning to distance education as a means of addressing the immense shortage of nurses. Defined by Pym (1992), distance education is "a set of teaching and learning strategies for connecting people who have learning needs with the resources required to meet those needs" (p. 384). Evidencing the prevalence of distance education, 34 of the 35 USG institutions are currently incorporating distance education into degree programs in a number of disciplines. A USG institution that serves as an example of the application of distance education in nursing education is Darton College. Currently, Darton College offers an ASN degree that is a hybrid program, where the nursing courses are offered online and the tests and clinical instruction are supervised by nursing faculty.

#### Distance Education

##### Benefits:

- Improves opportunities for non-traditional students
- Provides greater access to students in rural areas and working students

##### Limitations:

- Difficulties in maintaining quality communications between educator and students
- Challenges in assessing student learning

As technology has made progressively more interactive education at a distance possible, nursing programs are increasingly offering partial or complete online education for the didactic portion of the student's education. Video conferencing, instant messaging, blogging, and other instructional methods can be used to give lectures and dialogue similarly to the traditional classroom environment. Distance education can also be provided using audio or video recordings. Some programs have requirements for a limited amount of in-person interactions, including at the beginning of the course, end of the course, and/or for the purposes of administering proctored exams.

In addition to distance education provided through interactive means, there is also an independent study model. Students who enroll in courses, or programs, that are designed in this model would complete their coursework independently. Through self-motivation a student would move through the coursework at their own pace and complete tests or assessments in order to advance. This model is inherently competency-based in that the student's ability to synthesize the information and move forward is not based on a number of hours or courses, but on a mastery of the information required.

The literature reflects an ongoing dialogue about distance education and presents both the positives and negatives of this type of instruction. Mancuso-Murphy (2007) emphasizes the importance of a deliberate and thoughtful focus on distance education when she says, "As nursing education considers an approach to meeting the changing needs of students and society, distance education should be addressed, emphasized, and thoroughly researched" (p. 259). Historically, availability of education has been increased through the use of distance education (Selingo, 1998). For example, distance learning has significantly improved the opportunities for students in rural areas and working students who may not have had access to traditional education. Recognizing the significant impact of the internet on distance education, Desai et. al (2008) provide investigated insight regarding the change from traditional education to distance learning, stating that "Distance educators have had to redefine their communication skills. They have found that two-way interaction is a critical feature of the educational process" (p. 328). Faculty may also struggle with assessment of a student's learning when using distance education. For example, it can be difficult to determine who is doing the work and testing without allowing for an 'open book' policy. The availability of education through distance learning is certainly increasing, but the importance of maintaining a quality experience for both educators and students remains paramount.

#### **D. Important Considerations for Non-Traditional Approaches to Nursing Education**

When considering non-traditional approaches to education, there are a few key points that have become evident through the evaluation of the models discussed:

- Need to define learning expectations: The educational experience and expectations of learning need to be even clearer, more concise and well-prepared than in traditional educational approaches. This point is imperative as one considers that a student may be learning in a new environment or may be advanced to another level due to previous learning.
- Importance of assessments: The assessment used must be reliable and valid in the purpose that they are used. Furthermore, the assessments need to assess the student's ability to apply knowledge and skills in a new situation, not simply regurgitate memorized information.

## V. The Excelsior College Model of Prelicensure Nursing Education

Excelsior College, formerly Regents College, was established in 1971 in New York. Established with distance education at its core, only 10 percent of the students are residents of New York. The School of Nursing has produced approximately 36,000 nursing graduates nationally through their Associates, Baccalaureate and Masters degree programs.

### A. Description of the Prelicensure Nursing Program

Competency-based education, assessment of prior learning, and distance education are all concepts that can be found in the prelicensure nursing program at Excelsior College. Reviewing the use of the three concepts discussed in the context of the nursing program at Excelsior College can assist in providing understanding of how the program operates.

1. Use of competency-based education: The Excelsior College prelicensure nursing degrees reflect the purer form of CBE, as discussed previously. Students are able to study at their own pace and choose when to test for mastery of the information. Both the didactic and clinical education is learned in this method. After a student has completed their didactic nursing education, they are allowed to schedule their clinical examination — the Clinical Performance Nursing Examination (CPNE). During a two-and-a-half-day evaluation, students are expected to demonstrate their knowledge of nursing practice through the application of certain technical components. The evaluator must be able to check-off the students' ability to complete 100 percent of the tasks required by the CPNE.
2. Assessment of prior learning: Excelsior College strongly advocates for providing students with credit for previous education or experiences. Demonstrated most clearly by an admission requirement for the prelicensure nursing program, it is required that all students have previous employment experience in a medical field or have completed at least 50 percent of the clinical nursing credit in another nursing degree program. The Excelsior College website explains the College's encouragement of the use of exams for assessment of prior learning: "More than half of the graduates of Excelsior College have used examinations to complete various portions of their degree requirements. In fact, the typical Excelsior College graduate earns more than 40 credits from college-level proficiency tests" ("Using Examinations," 2009). Within the nursing program, students are encouraged to take one or more of the Excelsior College Examinations, which may provide course credit for various areas of study, including nursing courses. Excelsior College also accepts transfer of credits from other accredited universities and colleges.
3. Use of distance education: Excelsior College provides degrees and certificates to students through distance education. The prelicensure nursing degrees are offered through the method of self-study. Students purchase the books and materials and take nursing theory examinations to verify that the didactic education has been acquired. Thus, all of the didactic coursework can be completed at a distance. However, the clinical education, consisting of the demonstration of knowledge during the CPNE, is completed on-site and is offered at several locations around the country, including in Atlanta. Therefore, the majority of the education for the prelicensure nursing degrees can be obtained at a distance, with the exception of the CPNE.

## **B. Potential Benefits of the Excelsior Model**

The potential benefits of the Excelsior Model are constructed from information about the program on the Excelsior website and derived from information provided in a presentation by Excelsior College to the Georgia BON. These stated benefits include:

1. Diverse group of nursing students: The prelicensure nursing program at Excelsior appears to be able to attract a more diverse group of nursing students than traditional nursing education programs. For example, Excelsior reports the following demographic data on their Georgia students: the average age is 39.7; 16 percent are male; and 40 percent are African American (Nettleton, 2008).
2. High NCLEX-RN pass rate: The students in the prelicensure nursing program appear to do well on the NCLEX-RN. Excelsior College reports an NCLEX-RN pass rate average of 88.7 percent, while comparing to the national average pass rate for the same period of 86.5 percent (Nettleton, 2008). The USG's first-time pass rate for graduates of associate degree programs in 2007 is 87.2 percent.
3. Expedited timeframe: As a result of the self-study CBE model and the opportunity for assessment of prior learning, students have the potential of receiving their degree in an expedited timeframe.

## **C. Potential Weaknesses of the Excelsior Model**

The potential weaknesses of the Excelsior Model have been identified primarily through conversations with nurse educators, some of whom have functioned as nurse evaluators for Excelsior College.

1. Concerns about lack of clinical education: The primary concern regarding associate degree nurses from Excelsior College is the clinical education that the nurses receive. After a student has completed their theoretical exams, the only clinical practice they participate in is a two-and-a-half-day on-site evaluation. Comparatively, the USG associate degree programs typically require several hundred hours of clinical practice at a minimum. For example, students in the North Georgia College & State University's LPN/RN Bridge Program must complete 596 hours of clinical practice. The logic in mandating clinical hours is to provide the student with enough experience in practicing the skills learned, with a large amount of diversity within those experiences. This would allow for nursing students to integrate the theoretical knowledge they have gained with the actual practice, ethics and professional standards of nursing.
2. Concerns about clinical assessment: As stated by the nurse educators interviewed, the CPNE does not appear to be a strong assessment of the comprehensive knowledge required for practice as an RN. The assessment is limited in the number, conditions, and diversity of patients, variability in the setting, amount of patient interactions and communication with the evaluator.
3. Lack of ongoing feedback in clinical practice: During the clinical practice hours required by the USG programs, students are supervised by a faculty member who can provide ongoing feedback. Excelsior leadership may point to the requirement that students entering the prelicensure nursing program have previous experience in a medical field, such as being certified as a Licensed Practical Nurse (LPN) or an Emergency Medical Technician (EMT). However, the knowledge and skills required for those careers is different than those required to fill the role of an RN. For example, an EMT has training and experience in assisting to stabilize a critical patient. The role of a nurse, on the other hand, is far more diverse, requiring initial assessment of conditions, monitoring patients over a longer term to ensure efficacy of prescribed treatments, etc.

## **VI. State Policy for Licensing a Registered Nurse**

### **A. Process for Becoming a Registered Nurse in Georgia**

The eight members of the Georgia BON are appointed by the Governor. The BON develops rules and regulations for nursing practice and education, including setting the minimum qualifications for licensure. The BON grants RN licenses primarily in two ways:

1. Licensure by examination: Graduates from an approved nursing education program pass the NCLEX-RN examination and apply for an RN license from the BON.
2. Licensure by endorsement: Students who took their NCLEX-RN out of state and became licensed as an RN in a different jurisdiction apply for endorsement by the BON.

### **B. Friction Between Georgia Board of Nursing Policy and the Excelsior College Model of Education**

Prior to July 1, 2008, Excelsior nursing graduates would sit for the NCLEX-RN in New York or another state accepting Excelsior College graduates, and after passing the NCLEX-RN they would apply for an RN license in that state. In order to practice in Georgia, an RN would request endorsement from the Georgia BON. The process for requesting endorsement prior to July 1, 2008 was for an RN to submit an application for licensure by endorsement and a letter from his/her school to verify the dates of enrollment and graduation to the Georgia BON.

As a result of legislation in the 2008 session of the Georgia Legislature (HB 1041), an additional requirement was placed on applicants for licensure by endorsement. As of July 1, 2008, nurses requesting endorsement must have graduated from a nursing education program approved by the Georgia BON which meets criteria equivalent to that established by the BON for initial authorization (Georgia Professional Nurse Practice Act, 2008). The BON has provided the potential for a rule waiver within certain guidelines, which may provide endorsement to students who were enrolled in the Excelsior nursing program during the time frame that the Georgia Code was changed. However, the Georgia BON has stated that they will not accept applications for licensure by endorsement from Excelsior students who enroll after July 1, 2008.

### **C. Excelsior College Licensing Issues in Other States**

Excelsior operates across the country, and its program has faced concerns in states other than Georgia. As noted on Excelsior's website in response to concerns with the design of Excelsior's clinical training, 11 states have placed additional requirements on Excelsior nursing graduates. An additional four states (including Georgia) are currently not providing licensure or endorsement ("State Board Requirements," 2009). The following chart indicates the states that have stipulations regarding Excelsior nursing graduates ("State Board Requirements," 2009). The decisions made by these states may inform Georgia on how it can respond to concerns with Excelsior's design and still enable its students to graduate and practice in Georgia. The following chart indicates the states that have stipulations regarding Excelsior nursing graduates ("State Board Requirements," 2009).

<b>State Has Additional Requirements</b>		<b>State Not Providing Licensure or Endorsement</b>
Alabama	Louisiana	California
Arizona	North Dakota	Georgia
Colorado	Oklahoma	Maryland
Florida	Vermont	Virginia
Illinois	Washington	
Kansas		

The additional requirements vary by state, but the focus of the requirements is regarding the clinical education of the graduate. Some of the State Boards of Nursing have placed requirements for licensure, while others have placed additional requirements on endorsement. Arizona, for example, has additional requirements for both methods of licensure in the state. For direct licensure, Arizona requires the following: “Students enrolling on or after September 1, 2006 must complete a 120-hour precepted experience arranged by Excelsior College, after completing ADN requirements. After completion of the preceptorship, students may take the NCLEX-RN and be licensed in Arizona...Students enrolled on or after September 1, 2006, may endorse into Arizona with 960 hours of RN practice,” per the additional requirements for endorsement in Arizona (“State Board Requirements,” 2009).

Considering the approaches to the identified concern regarding the clinical practice and education received through the Excelsior College prelicensure nursing program, it is appropriate for Georgia to take into consideration the additional requirements placed on graduates by other State Boards of Nursing.

#### **D. Engaging in Policy Dialogue**

Critical to the issues addressed in this document is the question of whether the state can continue to rely heavily on traditional methods of nursing education. As discussed previously, Georgia may have reached a point in time in which it has become essential to consider alternative approaches to nursing education because of the level of output now required of the state’s nursing programs to meet current and projected demand. Further, issues of cost, the time required to train new nurses and diversity in the nursing workforce may be better addressed using non-traditional educational models. However, the issues involved with nursing education, including those regarding public safety and the need to ensure basic competence in nursing graduates, are complex. This clearly suggests that the state needs to begin a dialogue on this matter to determine the relative merits of the non-traditional methods discussed in this paper and others that may exist, and ultimately set up a framework that supports the appropriate use of non-traditional approaches within Georgia.

Looking to the future, one can see the potential for additional integration of non-traditional approaches to nursing education in the USG institutions. As identified through conversations with nursing educators, it is clear that the USG programs are not consistently approaching nursing education in a uniform way. For example, admission requirements, entrance testing, and curriculum are all individual and specific to the program. While the USG has invested considerable energy in building distance education capacity and programs, USG nursing programs can explore additional ways to further expand use of distance education in Georgia. Any consideration of distance education could include discussion of ways to enable more rapid movement through nursing programs using purer forms of competency-based education, as discussed previously. Clearly, the issues involved here could have substantial impacts on both costs and revenue for USG nursing programs that would need to be taken into

consideration. However, the imperative to produce new nurses in high numbers may require more non-traditional approaches within the USG.

This discussion will require the involvement of several groups of leaders. The complexity of nursing education and the public safety issues involved demand that, at a minimum, leaders in nursing education, policy and regulation should be involved in any conversation that takes place. However, given the potential role of nursing employers in the education process, as outlined in the CBE section, employer groups should also be considered for this dialogue. Other key thought leaders may also be included to ensure the best outcomes possible for the state.

## **VI. Conclusion**

In order to compile this information, the USG staff spent time looking for resources, research and data regarding non-traditional programs. It became evident that in the United States there are not any nursing programs that utilize the same collection of methods to provide nursing education that Excelsior uses. Thus, some of the difficulty in analyzing Excelsior's prelicensure nursing education in a larger framework is that the model is unique. In order to address this issue, the USG staff broadened their focus and evaluated the three components of which Excelsior draws from: competency-based education, assessment of prior learning, and distance education. In this effort, the USG aims to have expanded and broadened understanding so that one can make a more informed decision regarding Georgia's current and future response to non-traditional approaches and programs in nursing education. However, all the of the materials here and the issues that they pertain to clearly indicate that Georgia needs to actively consider best approaches to address the state's nursing workforce needs. We hope that this policy brief provides some useful avenues to explore in addressing both the issue of Excelsior College in Georgia and the state's need to consider non-traditional methods for nursing education to help produce the needed numbers of high-quality RNs that Georgia needs for its citizenry.

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