Tennessee, like most states, is experiencing an acute nursing shortage. Area hospital and medical centers have many unfilled positions and are offering cash incentives to attract registered nurses (RNs). One approach to providing an additional pool of RNs to fill vacant positions is to promote the educational mobility of licensed practical nurses (LPNs or LVNs).

In 1996, the Tennessee Health Care Consortium for Nursing (now the Tennessee Center for Nursing) was formed by nursing administrators, educators, and leaders across the state, supported by funding from the Robert Wood Johnson Foundation. This is a multiorganizational, multidisciplinary group. Its goal is to gather and analyze data on the nursing workforce and make recommendations to meet the present and future healthcare needs of Tennesseans. One of the recommendations was to develop a state-wide master plan for educational mobility for nurses to obtain baccalaureate and master's degrees by removing unnecessary barriers. The Community Partnerships for LPN to BSN Career Mobility Project evolved from this recommendation.

There are several advantages for supporting educational opportunities for LPNs living in this area. First, graduates of the university where the project is located tend to remain in the region and are employed in area industries or healthcare service organizations. Students are typically first generation college students, native to one of 35 surrounding counties of which 66% are classified with high or moderately high poverty rates, and culturally southern Appalachian. Southern Appalachians have values and beliefs grounded in family, religion, individual independence, and traditional roles for men and women. These characteristics suggest that native Appalachian LPN to BSN graduates would remain in their county of residence and help alleviate the critical nursing shortage.

Second, LPNs tend to be older, more mature, and experienced in the reality of the work environment of today’s acute and long-term care facilities. They are more focused on long-term employment in healthcare and are dedicated workers. Therefore, not only are LPN to BSN programs a sound educational investment, they will most likely generate long-term benefits in meeting the healthcare needs of the community.

**Determining Interest Among LPNs**

In December 2000, 1833 LPNs in the northeast Tennessee area were surveyed to ascertain the level of interest for a LPN to BSN program. Although the return rate was only 21% (n = 372, 79 returned undeliverable), 85% of respondents wanted to pursue a BSN degree, and 75% wanted to begin within the next 6 to 12 months. The respondents were predominantly white, between the ages of 36-50 (49%), employed full-time (76%), and had practiced 11-20 years as an LPN (33%). The majority reported an annual salary of $17,000 to $20,000. The three most common employers were hospitals, doctors’ offices, and nursing homes or long-term care facilities. The

**Community Partnerships for an LPN to BSN Career Mobility Project**

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Based on a 6-year learn and earn curriculum, the authors report on a year-old project that assists licensed practical nurses (LPNs) to obtain a baccalaureate degree in nursing (BSN). Partnerships with 4 area healthcare agencies employing LPNs were developed to support students with full or partial tuition reimbursement and work schedules to accommodate classes. Key university staff in the offices of admissions, financial aid, adult programs and services, and nursing advisement are assigned to this student group to provide individualized assistance. The authors discuss unique components of the project including regularly scheduled role transition seminars, faculty mentors, BSN and nurse practitioner clinical mentors, and clinical experiences in nurse-managed clinics.
specific concerns of LPNs about returning to school were tuition assistance; needing weekend and evening classes; needing help with math, writing, study skills, and test-taking skills; and using a computer. These specific concerns became retention strategies in the new project.

Community Support
Community support for the LPN to BSN Career Mobility Project includes several area healthcare agencies and an LPN program at a local community vocational center. The healthcare agencies are two medical centers, five smaller hospitals, and three long-term care facilities. Since the project’s inception, the number of community agencies that have requested consideration as project “partners” has increased. Building on existing employee policies, these project partnership agencies agreed to two conditions: 1) to provide full or partial tuition support, and 2) to provide work schedules to accommodate attending classes. Agencies may have different tuition reimbursement policies, but there must be at least some help with tuition. Tuition support by healthcare agencies has been utilized by other educational programs as well. All of the agencies require a “payback” of years of service per amount of tuition paid. One of the flagship agencies changed its tuition reimbursement plan from retrospective reimbursement to a prospective payment option to encourage their LPN employees to take advantage of the new educational opportunity.

In addition to healthcare agency partners, we enlisted the only LPN program in the area as a community partner. This program graduates approximately 40 students per year. The partnership agreement involves assisting new practical nurse graduates to shift directly into the LPN to BSN program and to obtain employment in one of the partnership agencies. Not only does this plan help students focus on a life-long learning trajectory, but it provides a closer working relationship between the two educational institutions for other innovative career projects for vocational graduates.

The complexity of the project with its many partnership agencies and agency policies prompted the creation of agency advocates. Advocates are designated individuals within each healthcare agency who assist with the project objectives by identifying potential LPN student employees, trouble shooting tuition reimbursement or work scheduling problems, and advising the directors of the LPN to BSN project. In general, advocates hold administrative positions in the agency, and are the first line of communication between the project directors, the agency, and the LPN student employees. There is no set pattern for selecting the advocates; a few were asked by the project directors because of past associations; others were appointed by the agency nurse chief executive. This arrangement allows a closer working relationship between the college of nursing and the area healthcare agency partners.

The Curriculum
Part of the plan for the LPN to BSN project was to incorporate full-time employment with part-time class attendance. The reality for most LPNs is that their income is still needed to support the family unit, particularly with health benefits, in an unstable economic environment. Northeast Tennessee residents experienced plant closings and layoffs in the past 2 years, and many spouses are struggling with new job placement or retraining. Therefore, the project directors developed a 6-year, year round (fall, spring, summer) curriculum of 6 to 12 credits per semester for a total of 120 credit hours. The curriculum for LPN students is the same curriculum as for generic nursing students. The key to this curriculum plan is a flexible work schedule to allow class attendance; for example, day and night shifts can accommodate evening classes, and evening shifts can accommodate day classes. Later in the curriculum, weekend clinical and didactic courses will be scheduled.

Students are also advised to take College Level Exam Placement (CLEP) or course challenge exams for advanced placement. Internet courses and smaller classes in distant educational sites are also encouraged as an alternative to traditional campus courses. The majority of LPN students live within a 50-mile radius of the campus; thus, commuting is a minor issue.

Most LPN to BSN programs offer an “earn and learn” program with a variety of curricular designs. Rather than adopting a “model” curriculum, it was decided that flexibility best met the needs of LPNs responding to the survey. The 6-year curricular plan provides a framework, but it is adaptable to meet individual student’s needs. For example, several LPN students work the weekend plan (36 hours, Friday through Sunday), enabling them to attend weekday classes. These students take as many as four or five courses per semester (average credit hours per course = 3) rather than the scheduled two or three. However, all LPN students are carefully advised so that academic success is the goal, not a fast track through the curriculum requirements. An academic advisor from the college’s office of student services works closely with each student to recommend a course load consistent with the student’s ability and work schedule.

Using Existing Resources
A major feature of the project is the use of existing university resources to facilitate student retention. The first year is one of the most critical periods for non-traditional students. It is a time of intense uncertainty and fear of failure, particularly for those who have felt undervalued in lower-paying nursing roles. Therefore, we enlisted the expertise of the directors of the Center for Adult Programs and Services (CAPS) as a resource for project participants.

CAPS assists adult or returning students by offering a variety of support programs. Students are guided through all steps of the admission process including applying for financial aid, assisting with child care, transportation arrangements, on-campus and off-campus housing, and using the library and computer labs. Tutors are available for core course subjects, typically math, science, and writing. The CAPS “Begin Again” program introduces students to the reality of student life and strategies for career goal achievement. The unique component of this program offers individual reentry counseling, academic ad-
vising, and linkages to existing student support services by consistent center personnel in a nonthreatening, achievement-oriented environment. The Adult Advantage Program is a service specifically designed for returning older students offering cohort support groups, evening class curriculum, and “study buddies.” The cohort student concept is an important part of academic success and retention because it provides a support-group network to help motivate students to stay the course by employing a mind set of “if I can do it, so can you.”

Other key university resources were also enlisted to assist with this project. The admission’s, bursar’s, and the financial aid offices identified key staff to work with the LPN students exclusively. These individuals have been invaluable to the project personnel by answering questions, solving problems, and acting as a resource. Another existing support service for retention and academic success is the Nursing Undergraduate Resource for Successful Education (NURSE) center. The NURSE center is an existing program offering peer mentoring and tutoring for students in the nursing major. The NURSE center offers tutoring in prenursing courses not provided by other university resources, and in all nursing courses. Several types of tutoring are used: one-on-one, two-three on one, small group (<10), large group exam reviews, drop-in (episodic), and a new program entitled the senior success seminar for students at risk for failing NCLEX. At-risk students are identified by science or nursing course failures, or students who fail the required midcurricular achievement exam taken during the second semester junior year. Tutors are typically upper-class students who have achieved a grade of at least a B in a course he or she is tutoring. All LPN project participants who are academically at risk or who request tutoring are provided a tutor. Tutoring is one of the essential features of other LPN to BSN programs to facilitate the students’ success.

Unique Features of the Project

There are 4 unique features of the project: 1) role transition seminars for each cohort entering during the same semester (2 cohorts per year); 2) a project faculty mentor for each LPN student throughout the curriculum; 3) a BSN clinical nurse mentor for clinical courses; and 4) advanced practice nurse mentors (nurse practitioners [NPs]) in nurse managed clinics for clinical experiences. Building on an idea from Doordan and Aribam-Yago, cohort seminars each semester were instituted with the primary purpose of facilitating the role transition from nonstudent to student. One purpose of the seminars is to provide an opportunity for students to engage in “dorm talk,” that very effective communication strategy of traditional students to identify the “best” classes and professors for particular courses. Because LPN students are commuters, there is no other opportunity to acquire this insider information; yet, it is very much a part of how learners cope with the rigors of student life.

New activities are introduced each semester to build on the theme of role transition from LPN to BSN. For example, 1 cohort has begun a journal of thoughts, insights, and feelings as they progress through the curriculum. Another cohort has begun developing their professional resume. Future topics will include professional and personal expectations, families coping with change, developing testing-taking skills, and short-term sacrifice versus long-term benefits. A panel discussion by former LPN-BSN graduates is planned to present their educational and practice experiences as BSN students and graduates.

Another facet of the project is assigning LPN students to project faculty mentors. Although this student retention strategy is not new, it was designed to help students identify with faculty as a support system rather than the more formal teacher-student relationship. There are many well-known benefits of mentoring, but students seem to identify most strongly with the advocate role. It appears that knowing a specific faculty is available when problems or barriers arise is reassuring for students. Faculty mentors maintain regular contact by letter or phone calls, and they keep aware of students’ progress during the semester for early intervention when needed.

In addition, as part of their clinical course experiences, the LPN student will be mentored by a BSN clinical “professional partner” employed in one of the project healthcare agencies. This activity will occur in the near future as the first LPN students admitted in Fall 2001 advance into their clinical courses. The purpose is to provide professional role modeling, demonstrate critical thinking, analyze clinical decisions, and examine other leadership functions such as prioritizing and delegating. This relationship is an important and critical component for the transition from the task-oriented LPN role to the theoretical-based BSN role. In the experience of the project faculty, this transition is one of the most difficult for LPN students, and some do not make the transition easily without the guidance of a trusted and respected BSN mentor.

The last unique feature of the project capitalizes on the nine nurse-managed clinics (NMCs) directed and staffed by the college of nursing. The NMCs are located in rural and other community sites providing services for the medically underserved or indigent, university students, preschools, and public school children. At least 10% of the LPN students’ clinical course requirements are in the school-based NMCs for three purposes. First, because LPNs have spent most of their practice in acute or long-term care facilities, observing NPs providing community primary care in an expanded, advanced nursing role enhances the transition to professional role behaviors. Second, NPs in these settings provide care across the entire spectrum of healthcare needs, including health promotion and teaching. The purpose of these learning opportunities is to acquire more skill in clinical problem solving and valuable role modeling by nurse experts.

The third purpose is to provide elementary, middle, and high school students with information on health careers through specific course projects, health fairs, PTA meetings, or career fairs. LPN students become the role models; their own experiences in a vocational career and the choices they made in high school make them credible ambassadors for advocating college health career majors. Further,
The First Year of the Project

One of the first activities to recruit students was two project orientation sessions held in 1 of the large university auditoriums just before the beginning of the fall semester. Invitations were sent to the LPN survey respondents who had indicated an interest and provided us with their name and address. Approximately 100 LPNs attended. The orientation agenda included an overview of the project and the application process for the project and the university. Staff from the office of admissions and financial aid provided instruction on how to accurately complete necessary forms. Representatives from the community partnership agencies were in attendance to show their support for the project, including the dean of the college of nursing, select faculty and directors of nursing, and agency partner advocates. From this event, more than 30 applications were received from LPNs who indicated a start date for either the fall or spring semester.

The project application includes demographic and employer information, a short work history, and a recommendation from the LPN’s nurse manager. This recommendation is a Likert-type, mixed response scale evaluating work-related characteristics such as associations with coworkers, care of patients, and eagerness to learn. In general, the employer references have rated the LPN project applicants highly; otherwise, an interview is scheduled with the LPN. A questionable reference occurred only once during the first year of the project, and the applicant was interviewed and impressed the project staff favorably.

The last component of the application is an essay to explain why the LPN applicant wants to be a BSN graduate. Several themes emerged from these essays including increased career choices and income, providing better care for patients, and heightened self-esteem. For example, one LPN wrote, “The program would give me the knowledge to give better care to patients, better communication with coworkers, physicians, and other health professionals, increase my self-respect, gain confidence and respect of my coworkers.” Another wrote that her long-term goal was to become an NP because she was so impressed with the care the NP gave patients at her agency. Several project participants who lost their jobs after plant closings went to LPN schools and discovered a love for nursing. More recent applicants have mentioned having been recommended to the LPN-BSN by coworkers. These essays confirm the overwhelming need for this project and others like it.

Based on past LPN admission rates to the college of nursing of approximately 10 students, we projected an enrollment of 20 LPN students in the first year of the project. In the fall semester, 23 students were admitted, and in the spring semester, 7 students were admitted, for a total of 30. Admission rate for the second year and third year of the project is estimated to be at least 25 and 30, respectively; however, because of the number of students admitted in the first year, these numbers may increase. Furthermore, based on our past experience with LPN students, we estimated a first year retention rate of 60%; in fact, there was 93% retention rate at the end of the first year. The average number of semester credit hours was eight (2-3 courses) with an average grade point average of 2.99. The project staff are cautiously optimistic that these outcomes will continue or improve.

The highlight of the first year was a spring reception for project LPN students. A group of 6 students presented a panel discussion on their first year experiences. The audience included representatives from the community partner agencies, university resource departments, college of nursing administrators and faculty, and family and friends. This event was planned to impress upon those who attended the significance of the personal and professional investment the students were making to achieve their goal of a college degree. The student panelists were asked to respond to four questions: 1) What motivated you to enter into the project? 2) What have you gained? 3) What are some of the challenges and barriers you have faced? 4) From your experience, what would you say to other LPNs about this project?

Responses to these questions were ardent and sincere, earning enthusiastic applause. A few excerpts illustrate the determination and motivation expressed by the panel:

"...I was getting to the point where so many things that I have done for so many years I was suddenly told that I couldn’t do anymore because it was an RN job...so my confidence went on the floor. And this [the project] really just boosted me up and made me feel like I am somebody. I feel real good about myself again. I’ve got a goal in mind, and I’m going to make it.”

“I’ve gained knowledge through my courses that I take back to my hospital, and I’m using it every day. My coworkers are starting to notice, ‘Hey, where’d you learn that?’ I say, ‘Down at the university!”

"...A lot of people say that 6 years sounds like a lot [of time] but where would we be in 6 years if we don’t do this?”

The impact of the panel presentation on the audience seemed to promote a renewed commitment to the LPN student and the project, particularly by employers. The pride of family members and project staff in attendance did not go unnoticed.

Future Challenges and Directions

One of the challenges for project staff is LPN student and community partner agency recruitment. In addition to the initial community-wide orientation sessions, a large advertisement was placed in newspapers of four cities about the project which prompted over 50 calls. Approximately 2-3 project applications have been received each week in response indicating fall or spring enrollments. Another strategy planned is regular onsite information stations at strategic locations in each community partner agency. Two
events are underway with the LPN program at the local vocational center—a class presentation about the project with a current LPN student and project staff, and a university field trip for graduating LPN students. Both of these activities are designed to help prospective students minimize the fear and intimidation often associated with impersonal institutions of higher learning. We also plan to build on the recruitment by LPN students who encourage their coworkers to become involved by including them in specific recruiting activities. These project participants are the most effective advocates for the LPN to BSN program.

Activities to recruit new community partner healthcare agencies are planned including highlighting the significant benefit to the employer. An LPN student in the project is committed for an average of 6 years to complete the course of study. Because most agencies require at least a 2-year employment payback for tuition assistance, the agency has a guaranteed 8-year employee. Presently, 4 medical centers, 2 long-term care facilities, and 4 smaller community hospitals are participating in the project.

Another challenge for the project staff is the early identification of LPN students at academic risk. Many students enter the university with less than successful grades from high school or earlier college courses. However, this is not always a predictor of academic risk. One student entered with a prior college GPA of 1.6 (out of 4) and now has a semester GPA of 3.02. The predictors of success used with traditional students do not seem as clear with these LPN nontraditional students.

The first approach to identifying students at risk is a preassessment test15 that evaluates basic math skills, reading comprehension, and medical and general vocabulary. The exam is administered to all nursing students during the first semester of the nursing major (second semester sophomore), but LPN to BSN students will be required to take it prior to admission to the nursing major. If academic risk is evident by these scores, the student will need to take 3 additional test components that evaluates learning style, personality style, and behavioral inventory. From the results of this testing, the student’s learning needs can be more accurately identified.

A second approach to identifying students at risk is an interactive interview scheduled with the at-risk LPN-BSN student and the project faculty. This strategy was developed when 1 LPN student failed out of the university because of poor grades. She had not notified the NURSE Center staff or her faculty mentor that she was experiencing difficulty and had not participated in the semester seminars. Our first decision was to dismiss her from the project, but we felt that she needed an opportunity to explain the circumstances for her failure. During the interview, the student was asked to respond to five questions: 1) What is your commitment to the goal of obtaining a BSN (ie, how badly do you want this)? 2) What do you think went wrong? 3) What do you think would help? 4) What prevented you from using the NURSE Center resources? 5) What support do you have from home and from work?

From this interview, 3 major learning needs were identified—computer skills, reading comprehension, and test-taking skills. This student was dismissed from the university for 1 year but took courses at a community college and was recently reinstated in the university and the LPN-BSN project.

In addition to these approaches, students with prior college credit with GPAs <2.0 are advised to use traditional strategies as well. One of these is to apply for the Fresh Start program. This allows students to drop all prior college course grades and begin again. The advantage is that the student is not burdened by trying to improve a low GPA. The disadvantage is that courses with passing grades are also dropped, and some students are reluctant to lose the credit or repeat these courses. However, the Fresh Start program is an option.

Summary

The mission statement of the project is to facilitate the education and career mobility of LPNs through enhancing the knowledge and experience of these committed and valuable members of the healthcare team. As the LPN to BSN Career Mobility Project enters its second year, the numbers of new applications and successes of current students give momentum and energy to building a strong program. The challenges will be resolved, to be replaced by new ones, but the enthusiasm of these dedicated and determined students will remain constant. This project has demonstrated the need for more initiatives to promote educational opportunities for LPN students.

References