Introduction

This round table presentation is designed to reflect upon the framework of the hybrid augmented cohort model developed for use in a non-traditional RN to BSN program. It is based upon a qualitative research study that we are in the process of completing at our campus. The hybrid model is a combination of the traditional on ground (on campus) classroom presentation and the online teaching model. Although courses or programs have used the term hybrid or blended, there is little evidence to support the efficacy of this type of design in an RN to BSN program. It is one goal of the researchers to increase the understanding about this design and another that the study might open the conversation more about alternative methods to completing a BSN for the working RN. Currently, RNs who wish to attend an RN to BSN program are primarily limited to the on ground or online curriculum. For many these options are not sufficient or applicable to their present situation so there remains at least thirty to forty percent of all of the RNs in most states who could benefit from returning to an educational institutional setting to obtain a BSN.

The RN to BSN program at this small proprietary college in the North East has been implemented using a hybrid augmented cohort design that has a fifty-one percent on ground component and a forty-nine percent online component as required by the New England Association for Schools and Colleges (NEASC), the regional accrediting body. The program is considered an augmented cohort because students have the opportunity to enroll into the existing cohort each semester. Students enrolled in this program attend class on campus one day per week for a minimum of 5-5.5 hours of class time. The remainder of the course work is the online component using Canvas as the Learning Management system. Canvas is an open-source learning management system in use since 2014 at the college. There are 31 credits of upper level nursing courses in the program. The current model is designed so that students complete a minimum of 10 credits per 16-week semester. Those who transfer the maximum amount of credits enroll in the upper level nursing courses and may complete the BSN in 3 semesters. Those requiring additional general education courses register for these courses in combination
with nursing courses to maintain the community within the augmented cohort model or take them prior to completing the upper level nursing courses and may complete the BSN in 3-4 semesters.

Professional groups and employers continue to push for more education, citing studies linking better-educated nurses to better patient care. Where traditional nursing education focuses on practical skills, students in four-year programs learn more about theory, public health and research. An added incentive for hospitals is the coveted “magnet” designation, awarded by the American Nurses Association (ANA) to about 400 hospitals and sometimes featured in their advertising. Among the association’s criteria for magnet status is the nursing staff’s level of education. A 2008 federal government survey showed that among newly minted nurses, only 3 percent had graduated from non-degree programs, 58 percent from community colleges, and 39 percent from four-year colleges. With more of them returning to school, half of the nation’s 3 million registered nurses had a bachelor’s or master’s degree in nursing. In 2010, the Institute of Medicine called for raising that figure to 80 percent by 2020, but that is a tall order.

In the past decade many more hospitals prefer to hire those with BSNs or advertise BSN preferred. In spite of this the community college programs still graduate approximately fifty percent of all nursing school graduates able to take the NCLX examination to become a registered nurse (RN). The shift to the BSN has contributed to a surge in enrollment in nursing courses at four-year colleges, particularly at the more than 600 schools that have opened “R.N. to B.S.N.” programs, for people who are already RNs to earn bachelor’s degrees. Fueled by the growth in online courses, enrollment in such programs is almost 90,000, up from fewer than 30,000 a decade ago, according to the American Association of Colleges of Nursing.

In many states, there are an equal number of RN to BSN programs that are on ground or online or perhaps a combination of both. There is no literature that supports an entirely hybrid program. As the healthcare industry and associations continue to push for more BSN’s, the need for educational programs that accommodate the working student’s schedule will have an increased importance. Programs that offer RN to BSN degree completion programs will need to study the barriers that keep students from returning to college as well as problems that prevent students from completing the program.
When asked why they have returned to school to obtain a BSN, many nurses report that they are not valued for the work that they have already accomplished by obtaining an RN and cannot understand what a difference a BSN will make in their professional career (Perfetto, 2015). Perfetto’s (2015) metasynthesis of qualitative RN to BSN research found that students reported feelings of fears and insecurities of not being able to meet expectations of computer skills, academic writing, and time demands to name a few. The research also showed that students felt worse initially, but as the programs continued felt better about the experience. Duffy et al. (2014) also noted that the challenges of the application process, financial support, as well as undervaluing the BSN and not knowing the degree’s importance to their career. The proposed study is expecting to learn not only the obstacles that might prevent students from beginning a program, but also completing the program.

Another issue with students was the ability to have the time to attend classes at a campus, which is mitigated by programs offering courses in a hybrid format. Currently there are a variety of Higher Education teaching formats including blended, hybrid, independent study, internship, online, and traditional.

**Literature Review**

The literature on the hybrid and/or blended learning model is not as comprehensive or as prolific as might be needed to hypothesize that online or on ground learning are not the only models of curriculum that could be implemented for an overall design. In many institutions, hybrid courses are interspersed often because of large enrollment in on ground classes creating a need to fill open faculty positions. The hybrid model allows for the faculty to teach more students meeting every other week in some circumstances with an online component added to meet the learning needs of the student. This is a design of necessity. In other programs, the on ground component is arranged on long weekends with monthly classes and the remainder of the learning online. This design has proven to be quite successful in many doctoral programs where face-to-face learning offers the debate and group interaction desired by many educators.

Helms (2012 writes “Blended or hybrid courses are a growing trend in higher education as colleges and universities see the advantages to mixing online and face to face content (Bleed,2001). It follows that this new format of learning has unique instructional design elements and considerations, just as face to face classes and purely online classes have unique concerns.” (p.1) The author goes on to state that “the first debated point in
the literature is the best word (blended or hybrid) to describe the teaching method. This article uses the term “blended” as opposed to “hybrid” because the word blended connotes a more harmonious mixing, as opposed to a combination of incongruent methods (Osguthorpe & Graham, 2003). As written by Garrison and Kanuka (2004), “blended learning is an integration of face-to-face and online learning experiences – not a layering of one on top of the other” (p. 99). A blended course, however, means different things to different researchers and before this article can continue, a working definition needs to be established. Several researchers agree that blended courses can fall anywhere on a continuum between a fully face-to-face (hereafter, f2f) course where all teaching and course materials are provided by an instructor in a traditional classroom, and a fully online course where all student–student and student–teacher interaction and learning materials are presented online (Delfino, Manca, & Persico, 2005; Garrison & Kanuka, 2004; Osguthorpe & Graham, 2003). For this article, the literature reviewed considered a course to be blended if some student–student and student–teacher interaction were based in an f2f classroom and some took place in an online (asynchronous or synchronous) environment.” (p.2)

Adams (2013) published an excellent research study comparing the hybrid format to the online format and stated in conclusion that “A hybrid course format utilizing CAI to deliver didactic content prior to F2F lab sessions supported student development along an adult-learning continuum without compromising student learning or satisfaction. A hybrid format has the potential to reduce burden on faculty time and class-room space and to strengthen student preparation for F2F class sessions.” (p.1) In another overview of the effectiveness of a hybrid program, the design was implemented in a practical nursing program and outcomes were assessed after three years of implementation. Robinia (2012) wrote that although there was supportive literature showing that studies done on other learners from BSN or graduate students demonstrated no significant differences in exam scores or overall grades, this program was different. The authors asked “Would this phenomenon hold true for certificate-level students? The practical nursing faculty were determined to keep attrition rates under 15 percent while maintaining the quality of the program. So, although the use of a hybrid curriculum solved clinical space issues, due* diligence with annual outcome monitoring was critical to ensure the integrity of the entire program.“(p. 1). There is more to be said but this brief overview should encourage discussion and allow for reflection on the use of the hybrid model.
**The actual research**

Meetings with each participant took place last fall included one hour long taped conversation followed by an hour long group conversation.

The interviews were based on three guiding, open ended questions:

- Describe your experiences during the RN to BSN program from beginning to end.
- What was your experience specific to the structure of the program, as an augmented cohort accelerated hybrid program? Even now do you understand what this means?
- What was your initial perception of the program and returning to school, and did this change over time?

The research conversations have all been transcribed and we are in the process of thematizing using van Manen’s (2003) methodolgy of a line by line approach.
References


Perfetto, L (2015. Facilitating educational advancement of RNs to the Baccalaureate: what are they telling us? *Nursing Education Perspectives. vol 36 (1)* p.34-41

