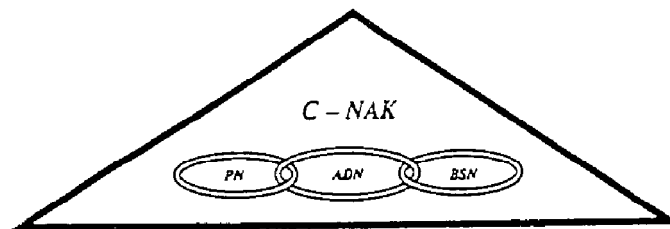


Report of the Council for Nursing Articulation in Kansas

November 2001



COUNCIL FOR NURSING ARTICULATION IN KANSAS

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MISSION

The mission of this council is to increase educational mobility for nurses in the state of Kansas.

PURPOSE

The purpose of this collaborative council is to promote educational mobility for nurses in Kansas by sustaining a statewide articulation plan for basic nursing education programs.

ASSUMPTIONS

1. Articulation is the process through which nursing programs cooperate to facilitate educational progress of graduates from one program/level to the next with minimal loss of academic credit or duplication of learning experiences.
2. Every professional nursing program in Kansas must have an articulation plan and advanced standing admission policy consistent with the Kansas State Board of Nursing Policies and the 1202 Commission Report.
3. Programs in practical, associate, and baccalaureate degree nursing must meet standards determined by the Kansas State Board of Nursing.
4. Each educational institution establishes its own mission, goals, standards, and policies.
5. There is a common core of knowledge, attitudes, and cognitive and psychomotor skills that graduates of all three types of nursing programs should possess; there are distinct differences in the breadth, depth, scope of preparation, and knowledge of each type of graduate.
6. Completion of one level does not necessarily mean that a graduate will have the desire or the ability to progress to the next level.
7. Nurses seeking to advance their professional education deal with the multiple realities of educational requirements, family and personal responsibilities, job-related demands, financial concerns, and geographic considerations.
8. Students receive personal satisfaction from educational experiences that are challenging, relevant to their personal and professional goals, and reasonable.

KANSAS STATEWIDE NURSING ARTICULATION PLAN

For Progression to the Associate Degree in Nursing

Kansas Nursing Articulation Model: Practical Nurse to Associate Degree Nurse			
Articulation Criteria: <ul style="list-style-type: none"> • Must meet program admission requirements. • Must be graduate of a Kansas program. • Must receive credit equivalent to a minimum of 40% of the admitting program's nursing credit hours. • Must validate previous nursing information when required through NCLEX-PN, testing, escrow, or portfolio according to school policy (see below). 			
Variables	0-5 Years After Graduation	6-10 Years After Graduation	More Than 10 Years After Graduation
Nursing Credits:	No validation required if hold current PN license. No work experience required.	No validation required if hold current PN license. 1000 hours nursing work experience required during last 3 years.	Validation required. Current PN license required. Must have 1,000 hours of nursing work experience in last 3 years.
Non-Nursing Credits:	May be transferred from colleges (subject to individual school policies).	May be transferred from colleges (subject to individual school policies).	May be transferred from colleges (subject to individual school policies).

Kansas Nursing Articulation Model: Practical Nurse to Bachelor of Science in Nursing Degree
Licensed Practical Nurses wishing to articulate directly to a Bachelor of Science in Nursing program should contact the program for an individualized articulation plan.

Out-of-State Graduates (regardless of time since graduation):	Nursing credits will be evaluated individually by the admitting nursing program. Non-nursing courses will be transferred according to individual school policy.
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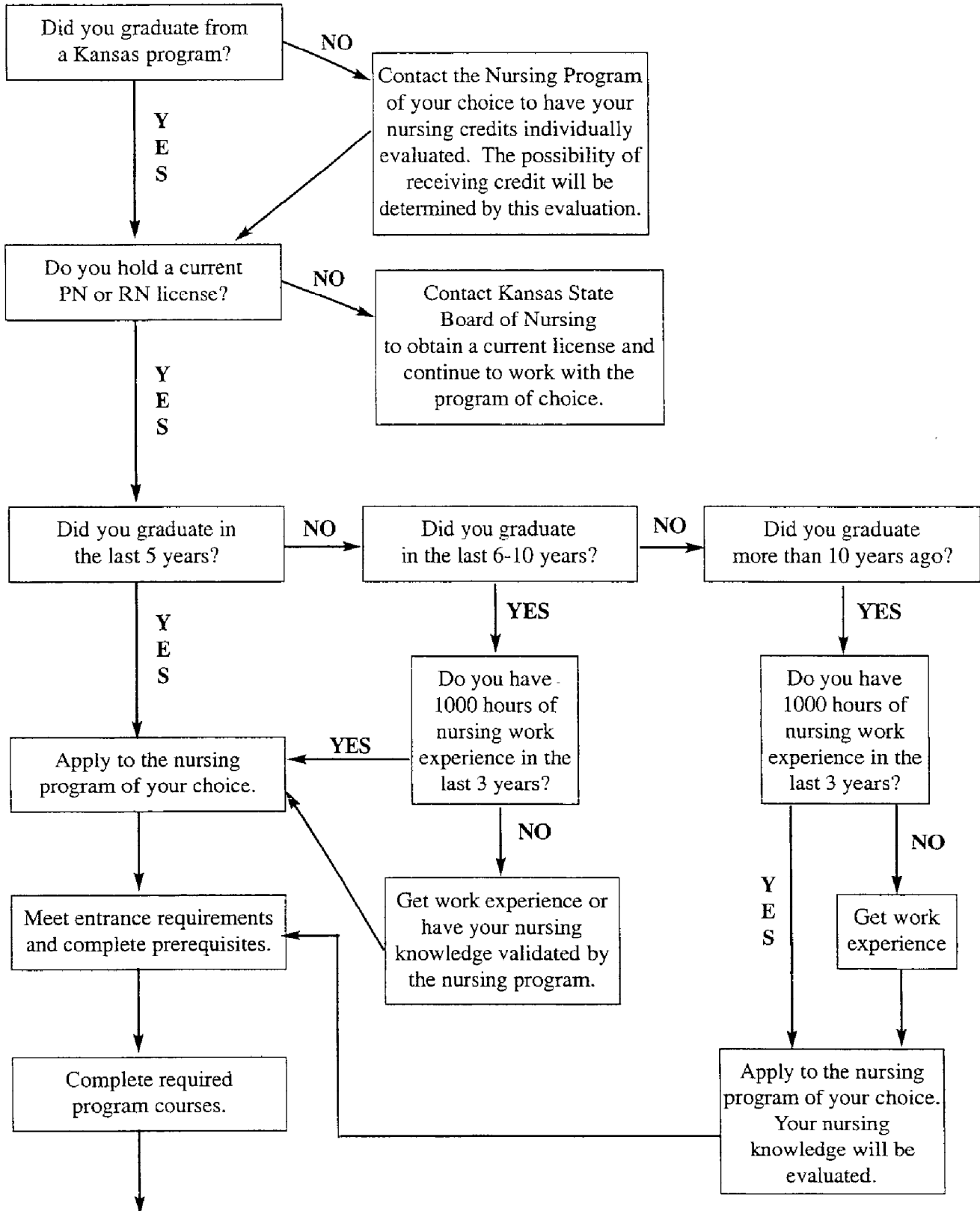
KANSAS STATEWIDE NURSING ARTICULATION PLAN

For Progression to the Bachelor of Science in Nursing Degree

Kansas Nursing Articulation Model: Associate Degree or Diploma Graduates to the Bachelor of Science in Nursing Degree (BSN)			
<p>Articulation Criteria:</p> <ul style="list-style-type: none"> • Must meet program admission requirements. • Must be a graduate of a Kansas program. • Must receive credit equivalent to a minimum of 40% of the admitting program's nursing credit hours. • Must validate previous nursing information when required through NCLEX-RN, by testing, escrow or portfolio according to school policy (see below). 			
Variables	0-5 Years After Graduation	6-10 Years After Graduation	More Than 10 Years After Graduation
Nursing Credits:	No validation required if hold current RN license. No work experience required.	No validation if hold current RN license. 1000 hours of nursing work experience required during last 3 years.	Validation required. Current RN license required. Must have 1,000 hours of nursing work experience in last 3 years.
Non-Nursing Credits:	May be transferred from colleges (subject to individual school policies).	May be transferred from colleges (subject to individual school policies).	May be transferred from colleges (subject to individual school policies).
Out-of-State Graduates (regardless of time since graduation):		<p>Nursing credits will be evaluated individually by the admitting nursing program.</p> <p>Non-nursing courses will be transferred according to individual school policy.</p>	

KANSAS NURSING ARTICULATION PATHWAYS

START HERE



RECEIVE YOUR NEW DEGREE

PREMISES FOR COMPETENCY LEVEL

The following premises were established by members of the Council for Nursing Articulation in Kansas (C-NAK) as the basis in developing the competency levels for graduates:

1. Competency statements refer to performance capabilities at the time of graduation from a program.
2. Competencies are written in broad, general terms.
3. Each level of competency presumes that the previous level(s) is(are) included. For example, the associate degree nursing competencies build on practical nursing competencies; the baccalaureate degree nursing competencies build on associate degree and practical nursing competencies.
4. The terms practical nurse, associate degree nurse and baccalaureate degree nurse are used to differentiate levels of education rather than licensure.
5. The practical nurse focuses on the client in structured settings. The associate degree nurse focuses on the client as a member of a family and a community in structured settings. The baccalaureate degree nurse focuses on the client, family, group and community in any setting.
6. Some competencies are worded the same, but educational preparation differentiates the depth and scope of expectation.

COMPETENCY LEVELS FOR GRADUATES PROVIDER OF CARE ROLE

Upon graduation, entry level nurses from the following programs will be able to:

Practical Nursing	Associate Degree Nursing	Baccalaureate Degree Nursing
1. Assist in the identification of a data base utilizing established assessment tools.	1. Develop a data base utilizing established assessment tools.	1. Coordinate the development of a comprehensive data base.
2. Assist with the identification of nursing diagnoses and goals.	2. Prioritize nursing diagnoses and goals.	2. Prioritize nursing diagnoses and goals.
3. Assist in planning individualized nursing care.	3. Develop individualized nursing care.	3. Analyze the planning of individualized nursing care.
4. Perform delegated nursing care to clients in structured settings.	4. Perform collaborative and independent nursing care in structured settings.	4. Coordinate and implement nursing care in any setting.
5. Apply basic communication techniques in structured settings.	5. Apply basic theories of communication in structured settings.	5. Integrate theories of communication and/or change in any setting.
6. Maintain an effective relationship with the client.	6. Promote therapeutic relationships with clients, families and communities.	6. Facilitate therapeutic relationships with clients, families, groups and populations.
7. Implement a teaching plan.	7. Formulate a teaching plan.	7. Coordinate a teaching plan.
8. Evaluate nursing care and participate in the revisions of the plan of care.	8. Modify the plan of care based on client response and established standards of practice.	8. Coordinate alterations in plan of care based on theoretical and research perspective.

COMPETENCY LEVELS FOR GRADUATES MANAGER OF CARE ROLE

Upon graduation, entry level nurses from the following programs will be able to:

Practical Nursing	Associate Degree Nursing	Baccalaureate Degree Nursing
9. Efficiently organize time and resources.	9. Efficiently organize time and resources.	9. Efficiently organize time and resources.
10. Participate as a member of the health care team.	10. Promote functioning of the health care team.	10. Coordinate the health care team.
11. Assign and/or delegate nursing care.	11. Assign and/or delegate nursing care.	11. Assign and/or delegate nursing care.
12. Maintain accountability for own practice and care delegated to others to ensure adherence to ethical and legal standards.	12. Maintain accountability for own practice and care delegated to others to ensure adherence to ethical and legal standards.	12. Maintain accountability for own practice and care delegated to others to ensure adherence to ethical and legal standards.
13. Identify the need for referral.	13. Initiate the referral.	13. Coordinate the referral.

**COMPETENCY LEVELS FOR GRADUATES
MEMBER OF PROFESSION ROLE**

Upon graduation, entry level nurses from the following programs will be able to:

Practical Nursing	Associate Degree Nursing	Baccalaureate Degree Nursing
14. Promote a professional image of nursing.	14. Promote a professional image of nursing.	14. Promote a professional image of nursing.
15. Demonstrate responsibility for professional lifelong learning.	15. Demonstrate responsibility for professional lifelong learning.	15. Demonstrate responsibility for professional lifelong learning.
16. Participate in collaborative relationships.	16. Maintain collaborative relationships.	16. Facilitate collaborative relationships.
17. Participate in performance review process.	17. Implement performance review process.	17. Direct the performance review process.
18. Acknowledge research as a basis for nursing practice.	18. Utilize interpreted research findings in nursing practice.	18. Interpret and integrate research in nursing practice.
19. Identify current nursing issues and trends.	19. Respond to the impact of current issues and trends in nursing and health care.	19. Advocate for nursing and health care.
20. Demonstrate an awareness of the significance of nursing history and professional nursing organizations.	20. Demonstrate an awareness of the significance of nursing history and professional nursing organizations.	20. Demonstrate an awareness of the significance of nursing history and professional nursing organizations.

GLOSSARY OF TERMS

Articulation

The process by which nursing programs cooperate to facilitate educational progress of graduates from one program/level to the next with minimal loss of academic credit or duplication of learning experiences.

Client

A recipient of nursing care. In the practical nurse role, the focus is on the individual. In the associate nurse role, the focus is on the individual as a member of a family and community. In the baccalaureate nurse role, the focus is on the individual, family, groups and populations.

Delegate, delegates, delegated

As defined in the Kansas Nurse Practice Act.

Escrow

Nursing credits held in trust to be posted to transcript per program policy.

Portfolio

Documentation of nursing experience/knowledge/competency to support receiving credit.

Structured setting

A site or situation in which nursing care is provided based on specific protocols and available resources.

Therapeutic

Goal-directed nursing intervention(s).

Validation

A benchmark/standard to confirm nursing knowledge/competency.

HISTORY OF COUNCIL

Early in 1992, a group of educators representing all levels of nursing throughout the state met to discuss the possibility of a statewide plan for nursing articulation. Their concerns arose from the variations in available programs and the lack of consistency among the programs. In June 1992, the groups met formally and elected Caroline Helton (Director of Nursing and Allied Health, Fort Scott Community College) as chairperson, and Evelyn Bowman (Director of Nursing Education, Garden City Community College) as secretary. Specific concerns discussed at the meeting were the status of articulation in Kansas, and the National League for Nursing's position that educational mobility should be reasonably accessible and well-coordinated.

In August 1992, the Council for Nursing Articulation in Kansas (C-NAK) was adopted as the group's name. Five representatives from each of the Kansas nursing education councils or organizations (Kansas Association of Colleges of Nursing, Kansas Council of Associate Degree Nurse Educators, and Kansas Council of Practical Nurse Educators) comprised the membership. Later a representative from the Kansas State Board of Nursing was included in C-NAK. A statement of purpose, assumptions regarding articulation, and short- and long-term goals were developed.

Identifying the Colorado Nursing Articulation Model as a possible guide for developing a Kansas Model, the group invited Dr. Marie Miller, Colorado Nursing Task Force program director, to present the Colorado Model to Kansas nurse educators in January 1993. The presentation provided explanation and clarification about the need for articulation and the process of developing a statewide plan.

In March 1993, four subcommittees were formed to focus on funding sources, communication, development of competencies, and curriculum validation. C-NAK affirmed its desire to maintain flexibility and still recognize the uniqueness of each program. During the next year, information presented by the subcommittees was reviewed and discussed.

An informational meeting for the directors of the Kansas nursing programs was held in April 1994. The competency statements were reviewed and guidelines for the transfer of credit were discussed. Following a question and answer session, articulation proposals were offered by the directors. Directors agreed to release faculty for a statewide meeting in September 1994. To facilitate faculty participation, it was decided to hold three regional meetings – North, South and East. The general consensus was that the workshop provided an opportunity for positive sharing.

Using data from the statewide meeting, the committee drafted an articulation plan in April 1995. In September 1995, the Report of the Council for Nursing Articulation in Kansas was published and presented to the directors of nursing education at a meeting. By December 1995, a statement of agreement was adopted by all nursing programs in Kansas.

In September 1996, a one-year follow-up survey was sent to all nursing programs. It was confirmed that all schools were making progress toward compliance with the articulation plan. Responding to nurse educators' requests, a second statewide meeting was held in November 1996. As a result of this second meeting, C-NAK committee members worked on continuing to revise competencies and defining terms. During this time, the membership of the Council changed. As members retired or resigned from the Council, new members were appointed from the education councils so the proportional representation of the Council remained constant. A brochure with the articulation plan was printed and sent to all the schools for distribution.

In 1997, the revised competencies were again sent to nursing schools for suggestions. Comments were returned by the nursing programs and the Council again revised the competencies. The brochure was revised; however, the actual articulation plan remained the same. In September 1998, another survey sent to schools of nursing indicated one hundred percent of the schools were compliant with the articulation plan. During 1997, education and practice began to dialogue on the expected competencies of the new graduate RN. Leveled competencies developed by C-NAK influenced the development of a task force which was called the Kansas Organization of Nurse Leaders' Task Force for Nursing Education and Practice (K-NEP), which includes members of C-NAK and practice.

In November 1998, the Council for Nursing Articulation in Kansas finalized the competencies and terminology. A second edition of the articulation report was published in 1999 for distribution to schools of nursing and interested agencies and organizations in Kansas. The C-NAK goals for 2000 included validation of the effectiveness of the articulation plan with graduates and administrators. In 1999, K-NEP developed competencies for the novice nurse.

Currently, the C-NAK members continue to sustain the articulation plan. In 2001, the results of the student and administrator surveys were analyzed and the third edition of the "Report of the Council for Nursing Articulation in Kansas" was published.

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