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Articulation of Practical Nursing Programs to Institutes of Higher Learning

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ARTICULATION OF PRACTICAL NURSING PROGRAMS TO

INSTITUTES OF HIGHER LEARNING

by

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TITLE: Articulation of Practical Nursing Programs to

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    This study investigated the size of the Practical

Nursing schools, the student/faculty ratio, the

admission process, the number of program hours as well

as individual course hours of each program, specific

aspects of articulation agreements in place, and the

need for a bridge course and its contents. Also

collected was demographic information regarding the

students. The study involved the aggregate population

of 43 Practical Nursing Programs in Virginia. Study

findings, based on responses from 28 schools, included

the following: the practical nursing schools are for

the most part 18 months long, have three faculty

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members, admit students in late summer or early fall,
and include students whose average age is 30. Eleven
of the 43 practical nursing programs have an
articulation agreement, and ten of those are with the
community college. Seven of these have a bridge course
that is a requirement for the licensed practical nurse
entering the associate degree program. The study
report includes a sample of the survey tool and a
sample articulation form.

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admiration and pride in being her daughter. Even
without her actual presence she has been with me
throughout my graduate work.

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Chapter I

INTRODUCTION

Much of the nursing preparation and education in the first half of the 19th century took place in the hospital. During this period the students worked in the hospitals beyond their educational experiences. This allowed them to pay for a portion of their school tuition. Many of the students otherwise would not have been able to attend nursing school. When these schools first opened they were one-year hospital based programs, long on practice and short on theory.

The first schools of nursing were called "Nightingale" schools, named after Florence Nightingale. These schools were supposed to be modeled after her original design of schools at St. Thomas Hospital in London in 1860. There was however one major problem that caused significant difference between the schools: The American schools were not financially independent of the hospitals where they were housed as opposed to the schools of St. Thomas Hospital. Therefore, the American hospitals could demand service of the students to help offset some of the cost of instruction or nursing care (Griffin and Griffin, 1965).

As a result of this financial relationship, most early training schools of nursing originated in this country primarily to provide services to patients, not education for students. During this time, the hospital nursing schools proliferated. In 1880, there were 15 nursing schools and by 1926 there were 2,155 schools (Christy, 1980).

In the beginning there were very few standards for entry into the practice of nursing. Nurses could become domestic or practical nurses with little or no training. There were also trained nurses who possessed a diploma from the hospital schools of nursing. In 1900, there were an estimated 3,000 trained nurses and 42,586 practical nurses. The trained nurses were from one-year, two-year, or three-year programs, providing preparation that was very diverse (Christy, 1980).

This diversity of training and lack of standardization in the nursing schools concerned nursing educators. After a great deal of effort, the state legislators in four states (North Carolina, New York, Virginia and New Jersey) passed the first nurse practice acts in 1903 (Christy, 1980).

By 1950, all states administered an examination
to determine if the nurses were competent to become
licensed nurses. There remained varied routes of
educational preparation for the nurse. The concepts
and concerns affecting entry into the nursing practice
have been debated from the beginning of nursing and
continue today. A major gain has been students no
longer work for hospitals as part of the professional
staff. Their clinical experience is completely part of
their education (Griffin and Griffin, 1965).

STATEMENT OF THE PROBLEM

Some nursing leaders believed that schools of
nursing should be more closely affiliated with
educational institutions. Shortly after World War II a
study titled Nursing for the Future by Dr. Esther
Lucille Brown had a great deal of influence on nursing.
She stated that "the basic purpose of all nursing
education is to prepare qualified graduates to meet the
current and future challenge of nursing" (Griffin and
Griffin, 1965).

The problem addressed in this research is that few Practical Nursing Programs in Virginia have articulation agreements with institutes of higher learning. This situation necessitates repetition of learned material, additional time, and added expenses for the Licensed Practical Nurse. Articulation is one way to allow LPNs to continue their education and become better prepared for future health care services.

PURPOSE OF THE STUDY

The major purpose of this study was to provide practical nursing educators with empirical data that will enable them to better understand the characteristics of practical nursing school programs in Virginia. A secondary purpose was to increase awareness of the articulation movement and of the need to communicate and cooperate with institutes of higher learning.

Legislation has long been concerned about duplication of services in education (Curry, 1983). Articulation can allow educators to work together to develop common program goals and more efficient

programs. With articulation agreements, the transition
to a four-year curriculum will be more accessible for
the licensed practical nurse.

A recent bill passed on May 9, 1989 H.R.7, which
reauthorized vocational education activities for
another five years, increased the authorized level of
appropriations, and made major changes in the
Vocational Education Act. The Carl D. Perkins Applied
Technology Education Act was one of the changes that
would attempt to reorient the current legislation
toward the improvement of vocational education. This
bill would authorize appropriations of $1.444 billion
for fiscal year 1990, a considerable increase above the
$918.4 million actually appropriated in fiscal year
1989. The new bill would also require that funds can
be used for programs which integrate academic and
occupational education. (AVA, 1989)

A longitudinal 5-year study in Missouri showed
that, when compared with non-vocational graduates who
went into the workforce, vocational students earned
more, had more job stability, were more likely to be
employed, and indicated more job satisfaction. These
students are also more likely to continue their

education into institutes of higher learning. The
funds from this bill will provide for creation of
arrangements between vocational schools and community
colleges. Vocational education is vital, its image is
improving, and its providing relevant education and
training to tomorrow's workforce (AVA, 1989).

NEED FOR THE STUDY

Articulation agreements are needed in the nursing
profession. Students need to have access to an ever-
enlarging body of knowledge that is critical to their
lives and work. Articulation can help nurses continue
their nursing education by reducing time, repetition,
and expenses (Dunlap, 1985).

Technological innovation has changed and increased
the practical nursing student's need for extended
knowledge. Beginning skills can be taught to the
student in high school thus providing a good
foundation. If articulation agreements are in effect
with institutes of higher learning, the student can
continue his or her education without repeating
previously mastered material. Articulation agreements
provide cost effective nursing education (Stark, 1987).

The increased cost of education adds a burden to the taxpayers as well as to the students and their families. Many corporations are showing a desire to form partnerships or collaborate with high schools and vocational schools to provide services to improve educational programs. They, in turn, will be provided with better-educated employees. The sharing of the educational cost among the educational system, industry, and government is another positive aspect of articulation (Parnell, 1985).

Politics have played a role in the educational system. As the population ages, and their children are not as involved in education, their concern for education decreases. They are likely not to vote for the educational referenda that may increase their local taxes. Local politicians, school board members, and city councils will be looking for ways of curtailing educational costs. Articulation is a feasible avenue for helping to control cost, to reduce duplication for the student, and to allow the graduate to be in the work force earlier and be better professionally prepared (Rubinson, 1987).

ASSUMPTIONS

1. Cost will be reduced for the student and for taxpayers.

2. Respondents will answer questions honestly.

3. Some graduate LPNs will attend institutes of higher learning to become a registered nurse.

LIMITATIONS

1. Articulation for the individual is possible only if he or she has completed the Practical Nursing curriculum in an approved program within a specific time which is usually five years.

2. Each articulation applicant must hold a current license as a Licensed Practical Nurse in the State of Virginia.

3. The applicant must complete all prerequisite requirements to the institutions of higher learning.

4. The applicant must be accepted into the college offering the articulation agreement.

DELIMITATIONS

1. The study is composed of Health Occupation
   Educators in the Practical Nursing Programs in
   Virginia.

2. The respondent from each program is the
   Director or Coordinator of the program.

DEFINITIONS

1. Able and Ambitious are articulation agreements
   whereby it is possible for young people to
   enroll in college courses and earn regular
   college credit, while remaining a high school
   student (Bradley, 1987).

2. Advanced Placements are examinations to be
   taken in lieu of nursing courses and general
   education courses (Barfield, 1987).

3. Articulation is the planned process within the
   educational system which facilitates the
   transition of students between the secondary
   and postsecondary levels of instruction and
   allows the students to move with continuity
   and without hindrance through levels of the

education process (Doty, 1985).

4. Bridge Course is a new term in nursing and is often referred to as "transition course." Transition Course is a course designed to facilitate mobility of licensed practical nurses into the Associate Degree (A.D.) Nursing Curriculum. The course begins with an orientation to the philosophy and objectives, curricular concepts and policies of the A.D. Nursing Program. The Nursing Process is studied in its entirety with emphasis on the assessment, nursing diagnosis, and planning nursing care components. Other topics covered are Communication Skills, Growth and Development, Fluids and Electrolytes, and Calculation of Medication dosages. Opportunity to develop assessment skills is provided by experience in the clinical laboratory (Shenandoah, 1988).

5. Career Mobility is a term that designates a movement from one level to another in an occupational field. It refers to a range of preparation, from the lowest to the highest level, as well as lateral movement (Lenbury,

1975).

6. Course Credit is the granting of college
   credit for mastery of the competencies
   equivalent to a college course (Bradley,
   1987).

7. Educational Mobility is upward movement from
   one level of education to another (Rapson,
   1987). Another definition of Educational
   Mobility is educational plans that facilitate
   articulation of completed educational segments
   with additional learning in such a way that a
   student is able to work toward a higher
   credential in the same field without undue
   repetition (National Commission on Nursing,
   1983).

8. Formal Articulation is advanced credit or
   advanced placement by both secondary and
   postsecondary levels (Pittet, 1986).

9. Licensed Practical Nursing, or practical
   nursing, means the performance of selected
   nursing acts in the care of individuals or
   groups who are ill, injured, or experiencing
   changes in normal health processes; in the
   maintenance of health; or in the prevention of

illness or disease. Licensed practical
nursing requires knowledge, judgment, and
skill in nursing procedures gained through
prescribed education. Licensed practical
nursing is performed under the direction or
supervision of a registered nurse or other
licensed health professional (Commonwealth of
Virginia, 1987).

10. Nursing Practice or the practice of nursing
means the performance for compensation of
professional services requiring substantial
specialized knowledge of the biological,
physical, behavioral, psychological, and
sociological sciences and nursing theory as
the basis for the following assessment:
diagnosis, planning, intervention, and
evaluation in the promotion and maintenance of
health; the casefinding and management of
illness, injury, or infirmity; the restoration
of optimum function; or the achievement of a
dignified death. Nursing practice includes,
but is not limited to, administration,
teaching, counseling, supervision, delegation,
and evaluation of practice and execution of

the medical regimen, including the
administration of medications and treatments
prescribed by any person authorized by state
law to prescribe (ANA, 1980).

11. Occupational Credential is the granting of
college credit for having a valid occupational
credential (Bradley, 1987).

12. Postsecondary Schools are any schools after
the secondary school (Stein, 1980).

13. Registered Nursing or "Professional Nursing"
means the performance of any nursing acts in
the observation, care, and counsel of
individuals or groups who are ill, injured, or
experiencing changes in normal health
processes; in the promotion and
maintenance of health; in the prevention of
illness or disease; in the health teaching of
individuals or groups; in the supervision and
teaching of those who are or will be involved
in nursing care; or in the administration of
medications and treatments as prescribed by
any person authorized by law to prescribe.
Registered nursing requires specialized
education, judgment, and skill based upon

knowledge and application of principles from
the biological, physical, social behavioral,
and nursing sciences (Commonwealth of
Virginia, 1987).

14. Resource Coordination is the sharing of
faculty, facilities, and equipment (Bradley,
1987).

15. Secondary Schools are any schools ranking
between an elementary school and a college
(Stein, 1980).

Chapter 2

REVIEW OF LITERATURE

TYPES OF NURSING SCHOOLS

Registered Nursing

There are several general types of nursing
schools. Oldest is the diploma school, a three-year
program based in the hospital setting and usually
requiring three academic years to complete. Courses
are offered in the theory and practice of nursing and
also in the social and natural sciences. Many diploma
programs currently associate with local colleges or
universities so that college credit is earned for the
non-nursing courses. Upon completing the program, the
Diploma graduate is prepared to function in an acute-
care or long-term setting. The registered nurse can
plan and implement care to individuals and their
families. Also, they work with other members of the
health care team. In the first quarter of the century,
the diploma schools increased in number (Bullough,
1984).

Second oldest is the collegiate school. The
collegiate school usually was a five-year program and

combinated hospital service and college or university
study. Since World War II, these schools generally
have converted to a four-year academic format. The
Baccalaureate Degree Program offered is the
professional degree in the field of nursing (Griffin
and Griffin, 1965).

Students must meet entrance and graduation
requirements for both the college and the nursing
program. The first two years of general education
coursework centers on the natural sciences, social
sciences, and humanities. The next two years build on
the liberal arts and science base, offering courses in
nursing theory and practice. Upon graduation, students
are able to provide comprehensive care. They are
prepared to assume leadership and management positions
as well as preventive and rehabilitative nursing
(Bullough, 1984).

A third type of nursing curriculum is the two-year
community college program. These graduates receive an
Associate Degree in nursing from the junior college.
These programs were begun in 1952. The two-year
nursing programs at the community college had a very
different philosophy from other nursing programs. The
concept of the community college was to be technical in

content and offer a terminal degree. Therefore, the ladder concept (moving from one program to another) or the articulation process was not a probability at the onset of these programs. It was demonstrated that students could acquire adequate skills and knowledge in two years in order to pass the state examination and to function effectively as a bedside nurse (Bullough, 1979).

The deans and directors of both baccalaureate and associate degree programs realized that the two types of nursing schools were not so different. There seemed to be little differentiation between the functions of associate-degree and baccalaureate-level nurses in the hospital setting. "The contemporary nursing literature suggests that the original conceptualization of the associate degree as both technical and terminal has to all intents and purposes been abandoned..." (Bullough, 1979). "By 1960 there were 57 associate degree programs in community colleges and by 1977 there were 656. This was compared to 367 diploma and 349 baccalaureate programs" (Bullough, 1979). Indeed the community-college nursing program has taken a place in the nursing community. All three of these types of registered nursing programs currently take the same

state licensing examination in order to practice
nursing as a registered nurse.

Licensed Practical Nursing (LPN)

.Practical nurse education developed from on the-
job training. These were the domestic nurses usually
with little or no formal education. They became more
useful in the community, caring for the less seriously
ill patient. The practical nurse was also needed when
the professional or trained nurse was not available
(Bullough, 1984).

Today the Practical Nurse is licensed. He or she
must have received education in a state-accredited
school and have passed the licensing examination. The
Practical Nursing Program is one year in length and can
be obtained in combination with the last year of high
school plus an additional eight months or in a post
high school adult programs.

Currently there are many ways to access a nursing
education. The diploma programs, the associate degree
programs, the baccalaureate programs and the practical
nursing programs all prepare qualified graduates from
their respective programs. The transition from one
type of school to another continues to be a problem for

nursing graduates who desire to continue their
education.

The transition from one level of nursing to
another needs to be attainable without repetition of
prior learning. For example, if a registered nurse
with a diploma or an associate degree desires to
continue her/his education to obtain a bachelor of
science degree, the process should be available to that
nurse. Also, if the licensed practical nurse plans to
continue her/his education to become a registered
nurse, this also should be available within the nursing
structure.

Due to the rapidly changing pace of technology in
today's nursing environment, there is a demand for more
highly skilled nurses. Many nurses desire to remain at
their present educational level. Nevertheless, there
are many nurses today who do want to continue their
education.

The need for more qualified nurses is apparent in
today's society with the ever-changing and intensifying
issues. An aging population, diagnostic related
groupings (DRG's), hospital acuity level, techniques
that prolong life at both ends of the spectrum (infancy
and the elderly,) and trauma cases, as well as newly

diagnosed medical diseases such as Aids, impact on nursing (Landrum, 1987).

DISCUSSION OF ARTICULATION AGREEMENTS

Articulation agreements do not need to be long and complicated. The simpler a plan with quality guidelines, the more likely it is to work. Articulation is complicated under the best of circumstances; thus, simplicity is critical. Two or more people and institutes are necessary to develop articulation. There may, however, be more than two involved in the process. Generally, those faculty members who understand all aspects of the programs are best qualified to be involved with the development (Bradley, 1987).

SCHOOLS WITH ARTICULATION AGREEMENTS

Maricopa County High School

The Maricopa County High School Districts in Arizona have made considerable progress in the area of articulation. Seven Maricopa Community College Deans articulated programs within the large metropolitan high

school district and Vocational Technical Centers. The
Arizona Vocational Education Act of 1982 required
community college districts to coordinate the
vocational education planning process for county
planning areas. Maricopa County developed a five-year
plan from 1984-89 to coordinate and implement the
agreements. This plan provided a framework for
improvement of vocational education opportunities in a
cooperative atmosphere with the community colleges.
There were approximately 175 articulation agreements in
effect at the end of the fourth year (Landru, 1987).

The guidelines completed by the Maricopa Community
Colleges for articulation were published as three
chapters. The first chapter was an overview of
articulation which defined the terms and discussed the
development of the agreement. The second chapter dealt
with the purpose of the articulation agreement.
Coordination and cooperation were discussed in chapter
two as important aspects of the agreements if it is to
be successful. The Faculty and Administrators involved
need to be equal partners, agreeing upon the process of
negotiation and maintaining accurate records of
meetings and decisions. Finally, chapter three gave
examples of the documentation needed to finalize the

articulation agreement. Four of the documents included were the Executive Summary, Articulation Application, Career Program articulation Form, and Student Information Flyer (Bradley, 1987).

The Maricopa Community Colleges and high schools identified five specific types of articulation processes that can be used to accomplish articulation between the two institutional groups. The first type was titled the Able and Ambitious Program. This was an articulation agreement whereby high school students received regular college credit for college level courses taken through Phoenix College outside of the regular high school day. The second, was called Direct College Credit Program. High school students received regular college credit for college level courses taken through Phoenix College during the regular high school day. In this situation the high school pays the tuition and the students pay the health insurance to the college. A third type of articulation agreement was the Articulated Credit Program. This is the granting of college credit for competencies previously mastered in high school which are equivalent to a college course. The Occupational Credential Program was the fourth type mentioned. This was defined as an

externally granted license or credential which was
presented for college credit, for competence in a
field. This particular type has caused some problems
in the nursing area. A possible solution was to
develop a bridge course for the material not covered in
the LPN program that was a required prerequisite at the
community college. The final type of articulation
agreement was the Resource Coordination Program. This
was the sharing of facilities, faculty, and equipment
between the two schools with the agreement (Bradley,
1987).

From the guidelines, some recommendations were
developed. It was recommended that articulation be
developed mainly via the process of Course Credit or
Articulated Credit Program. This process is the
"granting of college credit for mastery of the
competencies equivalent to a college course" (Bradley,
1987). The specific competencies at the high school
level would be equivalent to a specific course at the
college. This process makes it possible for high
school students to acquire college credit during their
high school years without duplication of time, effort,
or expense. In addition, the graduate of high school
is that much closer to a college graduation with

marketable skills. Communities and all of society benefit when this process if successful for the young people of any community (Bradley, 1987).

The various administrators decide exactly what programs are to be articulated and then negotiate details. The faculty decide the competencies to be included in each articulated course, determine the amount of college credit students may receive, and identify when the students have mastered the identified competencies. Both of these parts of the process are extremely time consuming and very tedious (Bradley, 1987).

In addition to course credit, another method of articulation that was implemented in these situations was the Occupational Credential Program. The Licensed Practical Nurse (LPN) is one example. In Maricopa County a number of the community colleges do articulate with the high school LPN programs. These schools will award 24 Nursing credits for a valid Practical Nursing License. Some of these schools have resource coordination which involves the sharing of faculty, facilities, and equipment. When the schools have resource coordination, it can help with the financial burden of the nursing school (Bradley, 1987).

The Maricopa County Schools have had four updates
on the original five-year Maricopa County Vocational
Education Plan adopted for 1984-89. The fourth update
included an evaluation of progress made on several
planning issues and objectives for the year 1988.
These areas included technological trends, financing
trends, political trends, demographic trends, and
economic trends. The schools have over 200 high
school-community college articulation agreements in
effect in Maricopa County. Most of these grant college
credit for mastery of competencies equivalent to the
college course. Many of the community-based
organizations and companies have specialists for
recruitment of these graduates (Landrum, 1987).

The updated report has a summary report of the
high school/college articulation agreements. In
addition, a course equivalency guide is available for
use by counselors and students to determine which
courses will transfer to other institutions. These
agreements cover a wide variety of majors in addition
to nursing (Landrum, 1987).

Davis County High SChool

Another example of an exciting Health Occupations

option was offered to students at Davis County High

School in Utah. The area of health occupations was

offered for the 1988-1989 school year at Weber State

University. Students with interest in exploring a

medical field had the opportunity to take courses in

these areas. The first course was Health Occupations

One, available to high school students in the summer

between their 9th and 10th grade. The course lasts

one week and was designed to stimulate interest in

Health Occupations careers. A wide variety of

activities were included in this course. An overview

of body system, diseases, and first-aid as well as

field trips to hospitals and clinics are involved in

the curriculum (Brice, 1988).

The second course was Health Occupations Two and

was taken during the summer of the 11th and 12th grade

years. The course not only granted high school credit

but was equivalent to Weber State's Health Sciences

120. These students received college credit for this

course work during their high school years. (Brice,

1988).

The third course was taught in the afternoon at

the Davis Area Vocational Center by Weber State

University faculty. There was a concurrent enrollment

with the Health Occupations Three course. Upon
completion of the course the student received 15
quarter hours of college credit. These credits were
also transferable to other colleges as health science
or general credit (Brice, 1988).

Students need to consider their career options
long before their last year in high school. This was
one of the main reasons to provide career interest
activities and classes early in the students' high
school period. The program at Weber State University
will provide the students with an interest in a medical
field to explore areas of possible future careers
(Brice, 1988).

Cloud County Community College

On the 13th day of September, 1976, an
articulation agreement was made between Cloud County
Community College, Cloud County, Kansas and North
Central Kansas Area Vocational-Technical school,
Mitchell County, Kansas. Both institutions had a
mutual interest in providing a multiple-entry and
multiple-exit program in nursing (Cloud, 1976).

The first year of the Practical Nursing program at
the vocational school was fully articulated with a

second year program at the community college. This

articulation allowed the students to complete the

Associate Degree in Nursing. Expenses for this program

are shared by both of the institutions as are the

faculty. The vocational school pays for the courses

taken by the students at the vocational school, and the

cost of the courses at the college is paid for by the

student. Costs that overlap are to be divided by

mutual agreement of both parties (Cloud, 1976).

Another articulation project is the Guide to

Articulation of Programs (GAP). The Research

Coordinating Unit, Division of Community Colleges and

Vocational Education, and Kansas State Department of

Education were all responsible for the funding of the

project. The guide is generic in nature, in that it

will work for programs in any occupational service

area. It was a practical handbook designed to assist

area vocational-technical schools and community

colleges in their efforts to provide a mechanism for

students to continue their education in a similar field

(Dunlap, 1985).

The guide is divided into nine sections. The

first section related the need for articulation.

Dunlap illustrated the need for articulation as shown

in Table 1. He noted the lack of communication, gaps
in continuity, and lack of information as some areas of
concern in relation to the need for articulation.
The remaining eight sections dealt with the process of
articulation, such as establishing a cooperative
climate and effective communication, developing
committee assignments, reviewing alternatives,
developing the agreement, and gaining and maintaining
support (Dunlap, 1985).

In Kansas, the problem of cooperation was
addressed. Funding was an issue which administrators
realized was a concern. The budget was currently being
used in other areas. To add another program such as
articulation would compound the the burden. Through
cooperative articulation agreements the administrators
could actually provide an extension of limited
resources. Legislative laws were encouraging creative
use of local funds, and articulation provided such
creativity in its program. The Kansas Department of
Education also gave support and encouragement for
articulation, especially in the same geographical
locations (Dunlap, 1985).

Turf related issues with articulation was another
problem identified by the administrators. The fear of

TABLE I

NEED FOR ARTICULATION

1. Students repeating the same content at different levels.

2. Students experiencing disjointed, unsequenced content from educational level to level.

3. Students experiencing gaps in continuity when some content is skipped in going from one level to another.

4. Student matriculation from level to level not smooth because of a lack of information about the next level.

5. Students using the same materials and/or textbooks at different levels.

6. Needed student competencies not identified by each level and/or not communicated from one level to the next.

7. Testing program not comprehensive nor coordinated level by level.

8. Misunderstanding due to poor communications.

9. Faculty members at different levels not being aware of what others are teaching.

Source: Dunlap, 1985.

loss of control over one's program, or loss of program

identity, and not being able to maintain program

standards were all faculty concerns. Communication and

a cooperative climate are key factors needed to develop

an agreement (Dunlap, 1985). One solution the State of

Kansas developed to address this issue was competency-

based curriculums. This identified similarities and

differences between programs as well as where they

overlap. In this manner each school was able to

maintain its program, but at the same time understand

the other program and find ways of relating the two

(Dunlap, 1985).

Developing an articulation agreement between two

or more schools was not an easy task to undertake.

There are common barriers that block the cooperative

path for the schools. There was no need to duplicate

learning, materials, student efforts or resources. The

need for articulation among programs was vital. A plan

was needed to overcome the pitfalls and barriers and

realize the need for articulation. Dunlap addressed

the lack of communication, an unclear purpose, and the

schools concern for their own tradition as barriers to

articulation. Ten of his identified barriers are

illustrated in Table 2 (Dunlap, 1985).

TABLE 2

BARRIERS TO ARTICULATION

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1.   Definition of Purpose Unclear

2.   Lack of Communications

3.   Student "Numbers" Orientation

4.   All or None Attitude

5.   Concern For Tradition

6.   Emphasis on Negative

7.   Lack of Trust

8.   Lack of Confidence

9.   Low Priority of Tasks

10.   Lack of Formal Agreement

Source: Dunlap, 1985

The GAP handbook shows the overall articulation process model. The process begins with building a cooperative climate among key personnel from each institution involved. The top administrator must set the stage for this cooperative atmosphere and establish communication lines among faculty. A sense of trust, quality interpersonal relationships and openness among faculty was important. Objectives and a timetable for the articulation process was also necessary for the process to materialize. Reviewing the curricula and available facilities was the next step. The development and signing of the agreement followed the time and effort put forth by all. However, this process does not stop with the agreement.

Gaining support and continue communication and follow up was imperative for continuation of the agreement. Figure 1 showed the overall articulation model described in the Guide to Articulation of Programs Handbook. The author clearly points out that this was a model and this was by no means the only way to develop an articulation agreement. However, the first two steps, cooperation and communication, are basic for any agreement to be developed and then stand the test of time (Dunlap, 1985).

FIGURE 1

ARTICULATION PROCESS MODEL
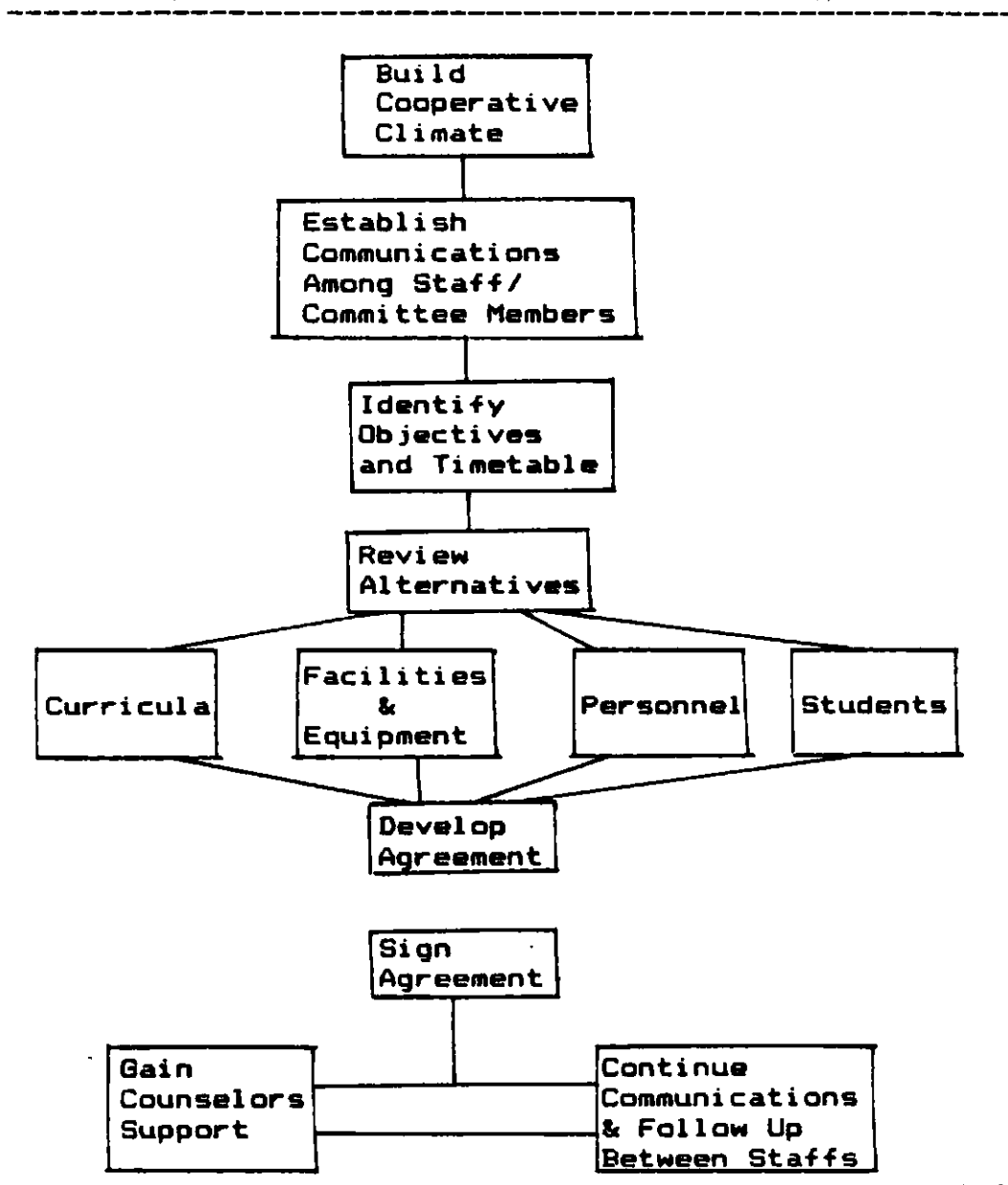
Source: Dunlap, 1985

Anyone involved in the articulation process must realize that the philosophies and goals of each institution must be examined. There needs to be some type of agreement of philosophy before articulation can be effectively implemented and maintained. Vocational schools and community colleges most often do not have the same goals and objectives. Therefore, this was one area that needed to be explored in the gathering data phase of articulation (Doty, 1985).

The Cloud County report confirmed the literature review of other mentioned reports that there are numerous meanings for the word articulation. The definition for this report dealt with vertical articulation for occupational education, and stated it was a planned process that allowed the student to move from one system to another easily (Doty, 1985).

The fact that vertical articulation between secondary schools and community colleges must be accomplished to aid the transfer of students, avoid program duplication, and use money efficiently was supported by persons such as Hoerner and Austin (1978), Maricopa Community Colleges (1984), and Dunlap (1985). Statewide articulation and transfer agreements now exist in various forms in about thirty states (Kintzer

& Wattenbarger, 1985).

A number of the principles of articulation mentioned in the report by Doty have also been discussed by others. The state administrations must be supportive of the articulation process for it to be successful. Several states, such as Louisiana, New Jersey, Texas and Florida, all have passed legislation requiring that their State Department provide the leadership necessary for articulation (Doty, 1985).

Instructors at both or all institutions involved in the agreement must be involved in the process and decision making from its onset. Any attempt to improve articulation without focusing on people will be unproductive (Bushnell, 1978). Instructors who are involved in the articulation should be compensated for the work load. This was often overlooked as not necessary; however, this should be part of the agreement. Workshops and educational materials are helpful for the instructors to develop ideas and guidelines for developing and implementing articulation agreements (Doty, 1985).

Other principles mentioned are communication, contracts, and good faith. Communication was necessary between the institutions involved in the process.

Therefore, a joint advisory committee should be formed.
Contracts must be developed, agreed upon, signed, and
communicated to all. These contracts should be
reviewed annually. Effective articulation is possible
only if it is based on trust. All institutions must be
equal partners in the endeavor. The good faith
principle was verified by many writers (Bushnell,
1978), (Hoerner and Austin 1978).

The report points out that if any one of these
principles is violated, results will be negative toward
articulation. Reviewing the large bibliography
presented confirmed the fact that much has been
reported on articulation between secondary schools and
community colleges/technical institutes (Doty, 1985).

BAPTIST MEMORIAL HOSPITAL

Baptist Memorial Hospital System School of Nursing
has developed a LVN (Licensed Vocational Nurse, same as
LPN) advanced placement program. In order for the LVN
to receive credit, he or she must pass written
theoretical examinations and clinical evaluation. This
particular situation does not actually give credit for
what has already been learned and proven by passing the

state board examination (Baptist Hospital, 1985).

Another program Baptist Hospital has was the
Evaluations for Credit Program. The LVN must pass a
theoretical examination and clinical evaluation over a
five-day period. The school does provide study
outlines for preparation for the examination. Also,
there was a charge of $90.00 for the examination fee.
Both of these programs seem less than what a licensed
nurse should be required to validate since she has
already validated the information through a state
examination (Baptist Hospital, 1985).

NEW YORK STATEWIDE PLAN

The state of New York has dealt with articulation
specifically in the nursing discipline. Objectives of
the statewide study included the following areas: to
develop formal agreements, to identify constraints or
barriers, to determine characteristics to successful
agreements, to determine costs related to the
agreements, and to identify benefits and effectiveness
of selected agreements (Fadale, 1985).

There were 45 two-year colleges and 37 secondary
institutions that participated in the survey. The

majority of responding institutions reported existence
of articulated agreements with other level
institutions. Advanced placement was the most common
feature of the articulation agreements (Fadale, 1985)

In 1974, problems and benefits of articulation
agreements were identified in New York. Then in 1984,
under the Carl D. Perkins Act, a Statewide Plan
addressed the concept of articulation with the idea to
make more effective use of limited resources (Fadale.
1985).

This study defined articulation as planned
interinstitutional linkage within a region that results
in more career program alternatives for students and
increased efficiency in the use of available resources.
New York's concern dealt with their resources, and thus
their definition also mentioned the available resources
(Fadale, 1985).

The literature revealed numerous definitions for
articulation. In 1979, the AVA-AACJC (American
Vocational Association - American Association of
Community and Junior Colleges) jointly agreed on the
following definition: A planned process linking two or
more educational systems within a community to help
students make the transition from one level of

instruction to another, or between programs and
institutions, without experiencing details or loss of
credit (Fadale, 1985).

Questionnaire packets that contained Administrator
forms, Coordinator Forms, and Alternate Questionnaire
Forms were distributed for the survey. These were
designed to collect broad comprehensive data, specific
information, and descriptive information about upcoming
agreements. Academic officers at each institution
received these packets and were instructed to
distribute them as needed (Fadale, 1985).

Advanced placement was the most common feature of
the articulation agreements. These types of agreements
were formal. The survey identified the faculty members
primarily responsible for planning and coordinating the
agreements and administering the placement details.
Staff identified that were involved in the articulation
process were Deans/Vice Presidents, Department Heads,
Principals, Guidance Counselors, and Instructors and
Teachers. Joint responsibility between two
individuals, often was indicated. The Deans/Vice
Presidents were primarily responsible for initiating
the agreements and Department Heads and Instructors
were responsible for the implementation. Communication

was maintained with a systematic order at most all institutions. This was to increase efficiency and effectiveness of the articulated agreements (Fadale, 1985).

The length of time that agreements had been in place was surveyed in the secondary and postsecondary schools. Figure 2 illustrates that 66.7% of the majority of agreements at the postsecondary level were in effect for up to two years. Figure 3 shows that the secondary level had been in effect for two years with 45.3% (Fadale, 1985).

Goals and objectives of the survey are illustrated in Table 3. Advanced placement and access to college programs were most frequently reported. The concept of easing and promoting entry into college programs was the intent of all the agreements both at the secondary and postsecondary schools (Fadale, 1985).

Numerous benefits were described in the study. These benefits applied to both levels of students and institutions. At the secondary level, obtaining college credit was frequently discussed as was less time needed for degree requirements and incentive to attend college. The postsecondary level identified recruitment or increased enrollment as one main benefit

FIGURE 2

ARTICULATION: TIME PERIOD
OPERABLE--POSTSECONDARY AGREEMENTS
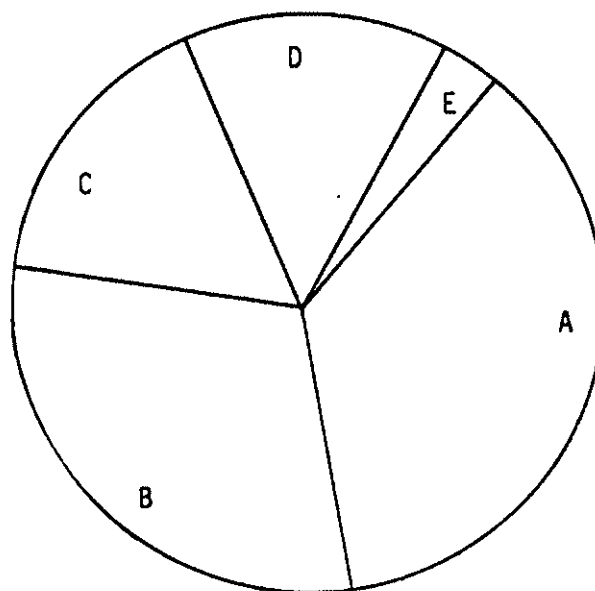
LABEL	%
A = ONE YEAR	36.10
B = TWO YEARS	30.60
C = THREE/FOUR YEARS	16.70
D = FIVE OR MORE YEARS	13.90
E = NO RESPONSE	2.70

Source: Fadal, 1985

FIGURE 3

ARTICULATION: TIME PERIOD
OPERABLE--SECONDARY AGREEMENTS
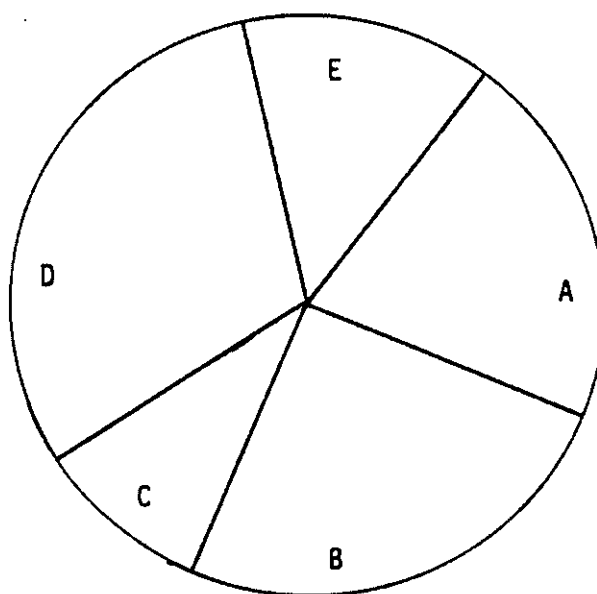
LABEL	%
A = ONE YEAR	20.80
B = TWO YEARS	24.50
C = THREE/FOUR YEARS	9.40
D = FIVE OR MORE YEARS	30.20
E = NO RESPONSE	15.10

Source: Fadal, 1985

TABLE 3

MAJOR GOALS/OBJECTIVE OF AGREEMENTS

Postsecondary Coordinators		Secondary Coordinators
25.0%	To award advanced placement/credit	50.9%
25.0%	To facilitate access to college programs/increase enrollment	25.7%
13.9%	To motivate students/build on their experience	13.2%
16.7%	To increase options for graduates	-
8.3%	To reduce duplication/repetition of course content	7.5%
5.6%	Keep costs down for students	5.7%
5.6%	More efficient use of facilities (evening, etc.)	1.9%
5.6%	Guaranteed/early admissions	-
2.8%	To develop a model program	3.7%
2.8%	Increase minority access	1.9%
-	Provide industry with skilled technicians	3.7%
2.8%	Career exploration/use of college faculty to counsel secondary students	-
(N-36)		(N-53)

Due to multiple responses percentages do not total 100%

Source: Fadale, 1985

(Fadale, 1985).

Both levels identified some barriers with the articulation agreements. Of the areas, differences between the school's philosophies, scheduling meetings, maintaining communication, compatibility of curricula, state funding, proper evaluation of previous learning, differences in operating calendars, and faculty demands were all identified by both levels as important concerns. Another area of concern was the cost of implementing these agreements. Would it be cost-efficient to have articulation agreements between the institutions? This question was asked by the administrators and deans of the institutions. The areas of cost most often mentioned included the cost of telephone, equipment, publications, mileage, and faculty time. However, the articulation agreements may result in observable dollar savings and thus be cost effective. These results were not readily available from the survey information (Fadale, 1985).

Evaluation of the articulation agreements were in place for the majority of the institutions. The evaluation was completed annually. These reviews included staff and student evaluation as well as the program evaluation and self-assessment ratings by both

the secondary and post secondary schools. The self-assessment rating topics are listed in Table 4. The majority of the programs were rated as moderate to very effective. There were some recommendations for change, but overall the agreements are in place and established (Fadale, 1985).

SACRAMENTO CITY SCHOOL DISTRICT

The Sacramento City Unified School District and Sacramento City College developed an articulation agreement. The report offered guidance for community colleges and high schools interested in developing or expanding articulation programs. Part I of the report provided an overview of the policies. Part II described the articulation model and its funding sources. Part III offered guidelines for establishing a partnership and discussed factors which contribute to and inhibit success of the agreement. This project has been nationally cited as one of three model partnership programs featured in the ASCJC national video teleconference on community college partnerships with high schools (Carey, 1986).

Community Colleges are being encouraged to deal

TABLE 4

SELF ASSESSMENT RATINGS

_____

The evidence on which self-assessment ratings were
based by:

    Post-secondary schools include:
        -number and level of students participating
        -numer of completers, persistence rate
        -amount increased enrollments
        -outside evaluator reports
        -teacher feedback
        -student/faculty enthusiasm

    Secondary schools include:
        -teacher/student feedback/enthusiasm
        -completion rates of requirements
        -college feedback
        -extent of program expansion
        -existing continuity
        -college admissions/counselors feedback

_____

    Source: Fadale, 1985

with the issue of articulation. The California
Commission for Higher Education viewed articulation
efforts as being important to improve the health of the
transfer function. Areas such as students being
underprepared, minority transfers, and student success
with transfers are all areas of concern. These areas
being dealt with will meet the needs of the student,
the employer, and the schools (Carey, 1986).

A 2 + 2 + 2 program was one in which the
vocational programs will lead to the baccalaureate
degree where appropriate. Educational excellence was
important at all levels (Parnell, 1985; Carey, 1986).
Educators are willing to give up some of their turf
areas to develop successful articulation agreements.
The California Association of Community College's
(CACC) Commission on Instruction viewed the issue of
articulation as so critical that they formed a special
subcommittee to address the articulation concerns
(Carey, 1986).

The Commission viewed articulation as a way to
improve the tranfer of students from high schools and
vocational schools to higher education. Through
articulation these programs would meet the needs of the
student and the employer, and involve education at

different levels. Maintain good communication and strengthen working partnerships between high schools and community colleges/universities, and the students will reap the rewards of these efforts (Carey, 1986).

The Sacramento City College and Sacramento City Unified School District have had their articulation project in existence since 1982. The model has been studied for replication because of its success (Carey, 1986). They share the belief that educational excellence is a joint responsibility of colleges and school district. They serve the same population, work toward the same goals, experience similar problems, and agree to be equal partners in the venture (Carey, 1986).

The articulation activities of the schools was focused in four main areas. First, staff inservice workshops were planned by and for the faculty. These workshops helped in gaining extensive knowledge, but also helped to break down perceived barriers between the two school faculties. Secondly, student services began in the eight grade. These students were transported to the college for slide presentation and tours of the school. Other grade-level students also had programs geared for them. Another activity was the

articulation agreement itself. Course content and
proficiency tests were reviewed. Specific competencies
were identified for each course. The agreements are
updated annually. The fourth area was that of
assessment. Basic skills are verified by placement
tests (Carey, 1986).

The California report described how to get started
in establishing a partnership in community
college/secondary articulation. First, both parties
must agree that they have common problems. Both
schools must unilaterally establish ground rules and
sharply focus on cooperative projects and on action.
The administration must approve and actively initiate
responsibility for the articulation. Timelines need to
be established with periodic progress reports made
available to everyone. Agreements should be reviewed
annually. These are major areas that need to be
addressed in order for the articulation agreements to
be successful (Carey, 1986).

Factors that have been previously mentioned were
once again discussed. The problem of turf was one of
the most significant obstacles to successful
articulation. Scheduling and resources were also again
mentioned. The amount of funding was directly related

to the breadth and complexity of the articulation plan.
Vocational Education funds are available for the
development of agreements. Federal officials have
identified this as a major focus of future legislation
and funding (Carey, 1986).

There are similar factors that contribute to
success in articulation as identified by Parnell, Doty,
and Carey. These include top level commitment, formal
structure, regular meetings, faculty involvement, and
clear/simple goals. Articulation must be a systematic
and regular activity, not something that happens once a
year (Carey, 1986). Community college and secondary
school articulation is a major issues in California.
They have identified articulation as an important
educational policy for all students (Carey, 1986).

SUMMARY

Higher education institutions are examining their
goals, missions, and responsibility for improving the
quality of public education. Improving the high school
programs has been the result when the initiative was
taken from the college level. These "trickle down,"
concepts have historically worked. However, currently

all aspects of education are being reviewed. Educators today are beginning to look at both what works and why it works as well as what fails and why it fails. These efforts are aimed at motivating high achieving students and reducing the redundancy in curriculum as well as early admission of students into the college curriculum. With this concept in mind, the high school teachers were trained by college and university personnel to renew faculty competency. The goal was to contribute to the teacher, not the student. From this information it was concluded from the 1940's to 1980's that more satisfied teachers by itself will not appreciably improve the educational achievement levels of the students. Therefore, other avenues need to be investigated (Lieberman, 1985).

Focus now was turned to the student. What programs will best exemplify the ability of the student? What differences are there between a 17-and an 18-year old teenager? Our educational system has the 17 year old in a setting where compulsion, dependence, and control are a demand placed on him. Yet, at 18 the same individual was located in a college where autonomy, independence, freedom, and financial aid structure are more common place. Recognizing the

major problems of teenagers, educators can move the
focus from the teacher to the psychosocial needs of
today's student (Lieberman, 1985).

The "Neglected Majority", or the middle 50% of
high schools students are currently overlooked by most
collaborative approaches from education. Eleven
million students will not complete high school. The
drop out rate is 27% nationally and about 50% in large
urban settings (Lieberman, 1985). As long as the
adolescent of the 1980's can drive, live with a lover,
shoot or be shot, travel to Europe alone, and parent a
child, the current structure of the secondary school
will not hold the attention of these adolescents. The
tough problem was not in identifying winners; it was in
making winners out of ordinary people. That, after
all, was the overwhelming purpose of education.
(Parnell, 1985). When educational institutions have
accepted the need for structural reform and used the
developmental needs of the student as a guide, the
institutions have prospered (Lieberman, 1985).

Partnerships between secondary schools and
colleges promote students being well served. There
must be a sense of mission involved, and leadership
from both institutions. Faculty needs to be identified

with commitment to the programs developed. Time and
money are necessary to develop the plan and guarantee
its acceptance at the high school and college level.
There must be advantages for all parties involved. All
must share the cost and benefits. The advantages of
more students being better prepared serves everyone.
The burden of learning must be on the student instead
of on the institution and its staff. Collaborative
efforts between high school and colleges work for the
institution but mostly for the student (Parnell, 1985).

The high school student needs to know what to
expect when they enter the college atmosphere.
Entering the upper level institutions may be
accomplished, but staying in these schools may be
difficult for the student. A cooperative effort
between the two institutions can emphasize what it
takes to complete successfully a program rather than
just enter into the program (Lieberman, 1985).

There are several methods of collaboration. Joint
enrollment was one of the most common cooperative
programs for high school and Community Colleges. It
provides a stimulating program for the student with
rewards of college credit. Sharing of faculty and/or
facilities is another form of cooperation. Classes are

taken by the high school student in a nearby community college. Advanced placement was a program aimed at motivating academically gifted students to earn college credits while in high school (Lieberman, 1985).

Another cooperative program was the written articulation agreement. These agreements are most often found in vocational/technical programs. This was one of the most difficult to develop, but was the most important type of cooperation effort. Some issues that Parnell describes that inhibit this type of cooperation are discussed. The single most often cited problem was that of turf. All schools are reluctant to give up anything in their program. The articulation needs to be viewed as no threat to any of the involved institutions. Secondly, state leadership was imperative to establish linkage between community colleges and high schools. The availability of resources, such as equipment and staff time to develop and implement the programs, was important. Scheduling, college image, and communication are additional issues described (Lieberman, 1985).

Looking to the year 2000, one must conclude that for most students, 12 years of schooling will be insufficient. Today's graduates will change jobs

several times. New skills will be required and new
citizenship obligations will be confronted. Of
necessity, education will be lifelong (Parnell, 1985).
Learning is a continuing process with periods of
acceleration and deceleration that are influenced by
the person and his or her life events. Individuals do
change, and when their goals and aspirations change so
does what they thought was a terminal goal change. At
different points in life, decisions may become an
intermediary goal toward another terminal goal
(Feldman, 1987).

Articulation of practical nursing programs to
institutes of higher learning can allow the individual
the opportunity to change his or her focus on life, and
continue this life-long process of learning. This idea
is especially true for the adult learner. Learning is
cumulative, involving problem solving and reasoning.
Individuals change their career goals and have a right
to alternative approaches to advanced levels of
education. One cannot continue to insist that students
must repeat every act of their entire educational
experience (Feldman, 1987).

CHAPTER 3

METHODOLOGY

This chapter discussed the selection of the sample

and the practical nursing programs and their location

in Virginia as illustrated on a map in Figure 4. The

research questions are described as well as the

instrumentation used for the survey and the data

analysis.

SELECTION OF SAMPLE

A survey was used to collect information

concerning practical nursing programs and their

articulation agreements. The anonymous and voluntary

survey was mailed to the aggregate Directors of the 43

Practical Nursing Programs. This type of survey has

several advantages of being inexpensive, simple, self-

administering, and anonymous. A stamped, self-

addressed envelope was supplied to encourage all the

Directors to respond.

Of the 43 programs, 35 are located in high

schools. The student may begin the program in the 12th

grade of high school and complete the course nine

months after graduation. Eight practical nursing

programs are 12 months in length and consist of only adult students. The Practical Nursing programs either in combination with the high school or post high school have a mean of 1235 hours in their curriculum.

The location of the 43 schools are illustrated in Figure 4. There are seven regions throughout the state. Each of the regions are labeled and separated by a dark line. The number of Practical Nursing Programs in each region is indicated by the large black dot. The number of schools range from one in region three to 10 in regions two and seven. Even though the regions do not have the same number of schools, the schools are geographically scattered throughout the state.

These 43 practical nursing (PN) programs represent all the PN programs in the state of Virginia. Because of the small n, the aggregate population was used. The survey was sent to three of the Directors prior to the complete mailing. They were ask to comment on any problem they may have encountered while completing the survey. All three completed and returned the survey. There were no negative responses regarding the survey. All indicated it took approximately 15 minutes to complete the survey.

figure 4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HIGHWAYS
AND TRANSPORTATION
INFORMATION SERVICES DIVISION
COUNTY AND CITY CORPORATE LIMITS
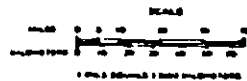
VIRGINIA REGIONS

Region I   - Central
Region II   - Tidewater
Region III - Northeast
Region IV   - North
Region V   - Northwest
Region VI   - West
Region VII - Southwest
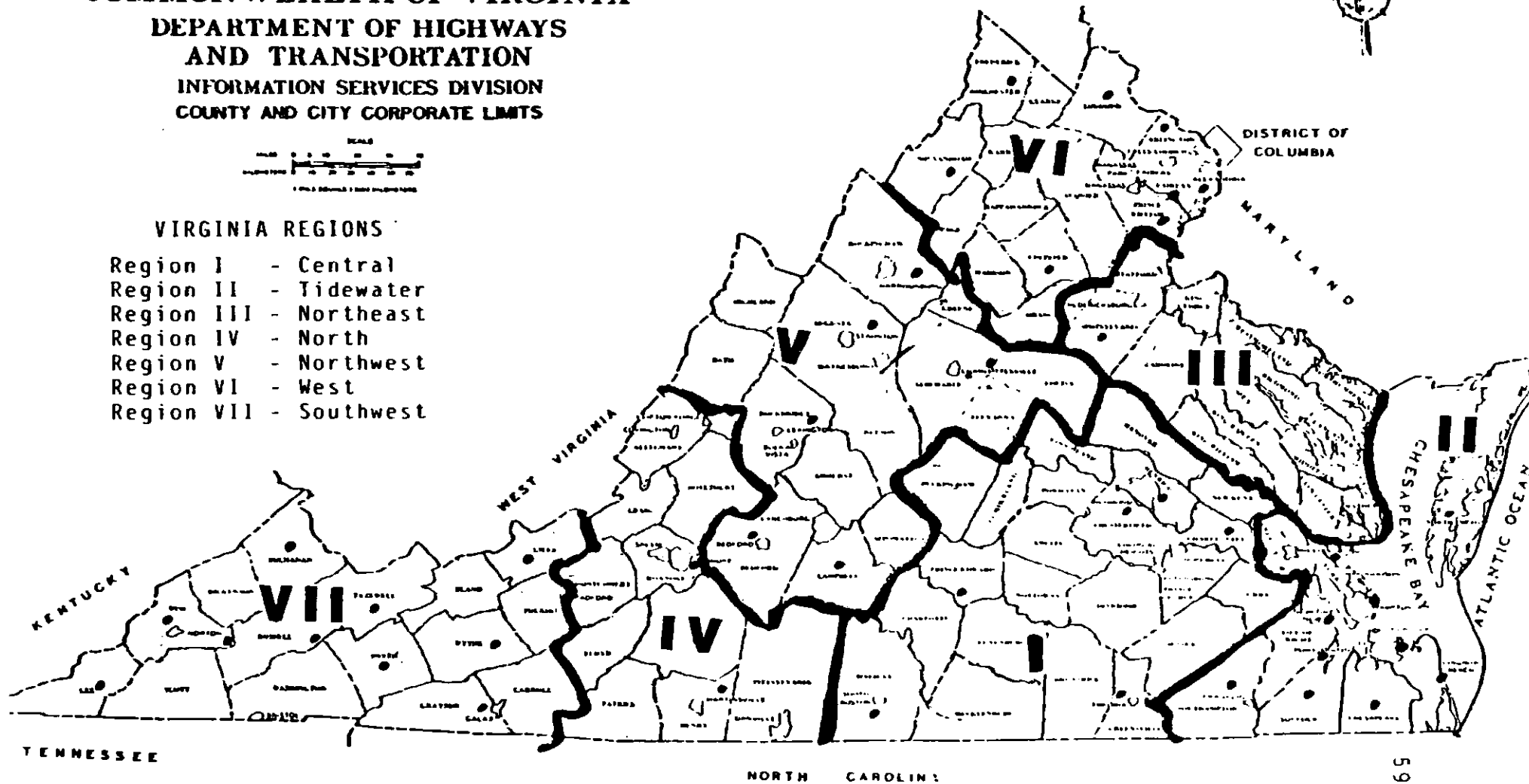
SOURCE: VIRGINIA DEPARTMENT OF EDUCATION

RESEARCH QUESTIONS

The following research questions were investigated in this study:

1. What are the curricular and demographic characteristics of the Practical Nursing Programs?

2. What different types of institutions of higher learning have articulation agreements with practical nursing programs?

3. What are the characteristics of any "Bridge Course" mandated by the articulation agreement?

INSTRUMENTATION

The instrument used for the survey contains four parts. The first part asks General Information of Practical Nursing Programs. This data showed the size of the student and faculty population. It assessed the faculty/student ratio in the clinical setting and the classroom. The second part described the admission process. It detailed persons involved with admission,

the interviews, as well as the students that are
admitted. Part three dealt with the curriculum, and
whether or not the school is on the semester or quarter
system. The specific courses and the time allotted to
specific clinical experiences was also investigated.
In addition, questions relating to any current
articulation agreement were asked. Part four asked
questions regarding student information. Concerning
the past three years, information was requested
relating to the number of students and previous college
work, reasons for student attrition, student ages, and
distance from school were also assessed in the last
part of the survey.

The type of questions included in the survey were
a combination of closed-and open-ended questions.
There were a variety of types and lengths of questions
in the survey. The survey had a total of 43 questions.

DATA ANALYSIS

The SPSSx Program was used for development of the
statistical analysis. The analysis consisted of a t-
test and correlation. The t-test was used to determine
if a significant difference existed between two sample

means, and is particularly appropriate for small samples. The critical values are expressed as z scores since the sample is larger than 30 (Rubinson, 1987).

The measurement of central tendency can be determined by the mean, median, and mode. The mean is the arithmetic average that is determined by adding all the observations and dividing by the total number of observations. This is used when the greatest reliability is desired. The median is the number that is most in the middle of all the numbers or observations. This may be used when there is not time to compute the mean or when one needs to know the numbers that fall above or below the middle. The mode is the number that occurs most frequently. It is the quickest estimate of central value and can be used if only a rough estimate is needed (Rubinson, 1987).

SUMMARY

This chapter discussed the sample selection, research questions, instrumentation, and data analysis of this project. The participants of the study were selected from the Directors of the 43 Practical Nursing Programs. A map of Virginia was included which

indicated the location of the programs. The research
questions asked information that included the
characteristics of the Practical Nursing Programs, the
articulation agreements with institutes of higher
learning, and the characteristics of any Bridge Course
required by the articulation agreements. A survey of
43 questions was used to gather the needed data. In
the data analysis, the mean of each question was used
to determine any correlation among the 43 programs.

CHAPTER 4

ANALYSIS OF RESULTS

The purpose of this study was to provide practical

nursing educators with empirical data that will enable

them to better understand the similarities among the

aggregate practical nursing school population in

Virginia. Secondary purposes were to increase the

breath of awareness of the articulation movement, to

communicate and cooperate with institutes of higher

learning, and to develop articulation agreements with

these schools. This chapter presents an analysis of

the research data collected from the practical nursing

programs. This chapter is divided into three sections:

1. Demographics

2. Discussion of Research Questions

3. Summary

DEMOGRAPHICS

The participants of this study represented the

Practical Nursing Programs in Virginia. The aggregate

population was used due to the small n with 43 programs

located in seven regions throughout the state. The

range of schools in each region are from one to 10.

They are, however, geographically scattered through
most of the state to provide good access of practical
nursing to the entire population of Virginia.

DISCUSSION OF RESEARCH QUESTIONS

This section states the research questions and
respective results.

1. **What are the curricular and demographic**

    characteristics of the Practical Nursing Programs?

    The demographic information was obtained from a
number of the survey questions. The size of the
schools was assessed with eight of the programs having
25 or less students (30.8%), five programs had 26 to 35
students (19.2%), nine of the programs had 36 to 50
students (34.6%) and four programs had 51 to 100
students (15.4%).

    The length of the various programs was addressed.
In an overwhelming majority of the 26 valid responses,
there were 22 schools whose length was 18 months
(84.6%), one school was 11 months (3.8%) and two were
12 months in length (7.7%). Eighteen schools (69.2%)
were on the semester system and three (11.5%) were on
the quarter system. Five of the schools (19.2%) did

not respond to that part of the question.

The full-time faculty ranged from one full-time faculty in a school (7.7%) to two schools having five full-time faculty (19.2%) members. The majority of the schools, however, had three full-time faculty (42.3%). The part-time faculty ranged from four schools having none (15.4%) to six schools having one part-time faculty member. In addition, one school (3.4%) had eight part time faculty members.

Student-to-faculty ratio in the classroom setting ranged from 10 to 35 with a mean of 20.7 to 1.0. The ratio for the student-to-faculty in the clinical environment was ranged from five to 17 students with a mean of 9.8 to 1.0.

All 28 returned surveys indicated the programs had a selective admission process. Also, they all have a pre-admission interview requirement. Those persons who participated in the pre-admission interview include the Director of the Practical Nursing Program in the majority of the schools (77%) and the faculty (54%). Others who were involved in the pre-admission were the vocational director, the guidance counselor, the director of nursing at the hospitals, and the school principles.

Admission to the program was determined by the
recommendation of the admissions committee in most
cases (88.5%) and the program faculty in 11 schools
(42.3%). All of the responses indicated that a high
school diploma or GED equivalent was necessary for
admission to the practical nursing program. Algebra
and chemistry were requirements in one of the programs.
One school admitted students in January to March
(3.8%), and five schools admitted their students in
April to June (19.2%), and 18 of the programs admit
students in July to September (69.2%). There were two
schools (7.7%) that did not respond to this question.

The number of semesters or quarters required to
complete the program ranged from two to eight with a
mean of 4.5. The number of hours per day the students
attended the program ranged from three to eight with a
mean of 5.7. Several schools indicated more than an
eight-hour-day for the student. However, it was felt
by the researcher that these responses were not
accurate and were excluded from the analysis. The
number of hours per week also was misrepresented and
any number of hours over 40 was disregarded.
Therefore, the remaining schools ranged from 21 hours
to 40 hours per week with a mean of 28 hours.

The total hours in the curriculum for the
practical nursing programs ranged from 540 to 1980 with
a mean of 1235 hours. Hours in the classroom setting
and in the clinical were also part of the survey
questions. However, the responses were skewed and
thought not to be an accurate representation of the
actual hours in those two settings; therefore they were
not included in the report.

Curriculum of each program was one of the
questions asked on the survey. The number of the hours
are illustrated in Table 5. There were 11 classes
listed on the survey plus an "others" category.
Of these 15, 13 described the "other" as maternity.
The range of hours spent on a maternity rotation was 30
to 150 with a mean of 86. One survey included
community health as the "other category" with 30 hours
required and one had growth and development listed with
45 hours. In the class listed as medication
administration, some of the programs integrated
medication administration in the medical-surgical
nursing. Therefore, the range may not accurately
indicate actual hours of medication administration.
Not counting a zero response and the outlier responses,
the range was 5 to 108 with a mean of 49.6 actual hours

TABLE 5

THE NUMBER OF HOURS REQUIRED IN
THE PRACTICAL NURSING CURRICULUM
FOR EACH OF THE CLASSES

	CLASS	(RANGE HOURS)	MEAN
1.	PEDIATRICS	30-200	89.9
2.	GERIATRICS	20-165	59.6
3.	MEDICAL/SURGICAL	125-780	385.9
4.	MENTAL HEALTH	20-120	62.3
5.	DRUG CALCULATIONS	9-100	44.2
6.	PERSONAL & VOCATIONAL	26- 95	48.2
7.	NUTRITION	30- 60	41.7
8.	ANATOMY	55-130	87.2
9.	MEDICAL TERMINOLOGY	0- 75	28.0
10.	NURSING PRINCIPLES	93-250	174.5
11.	MEDICATION ADMINISTRATION	5-108	57.2
12.	MATERNITY	30-150	86.0

of medication administration.

The type of faculty advising/counseling system that is most often being used by the practical nursing program is open advisement (88.5%). In other words, the student is allowed to have a conference with the faculty when needed. Pre-admission counseling is the second most frequently cited type of counseling (69.2%), and followed by mid-term counseling (61.5%).

Ranking the factors according to their importance in decreasing student attrition, admission criteria was the most important factor (38.5%) according to the respondents of this study. Second was on-going academic counseling by the faculty (30.8%) and pre-admission career counseling (30.8%), student faculty ratio (29.8%), clinical education program (26.9%), pre-admission interview (23.1%), and finally the practical nursing curriculum (23%)

Student information was collected regarding the number of graduates the schools had in the past three years, the amount of college work the students had prior to entering the practical nursing programs, and the level of nursing assistance training before coming into the programs. Table 6 illustrates the mean of admissions into the schools and the mean of graduates

TABLE 6

MEAN NUMBER OF PN STUDENTS ADMITTED AND GRADUATED
PER PROGRAM IN 1986, 1987, AND 1988

	1986	1987	1988
ADMITTED (MEAN)	29.9	28.7	27.4
GRADUATED (MEAN)	17.3	15.9	14.2
Attrition Rate	43%	55%	59%

and attrition rate for the years 1986, 1987, and 1988.
The attrition for those years were 43%, 55% and 59%
respectively. The average number of graduates for the
three combined years was 16 students.

Responses to the question regarding students with
prior college coursework was negligible. For the most
part, the survey responses indicated this data is not
collected on this item.

The range of practical nursing students with
nursing-assistant preparation was from zero to 30 with
a mean of 8.6 for the year 1986. For 1987 the range
was from zero to 36, and in 1988 the range was from
zero to 38. The mean for 1987 and 1988 are 7.25 and
10.41 respectively. There were ten schools that did
not respond to the question and indicated that data had
not been collected in the area.

The data on age and distance traveled to the
academic program were collected. The average age of
the practical nursing student ranged from 18 to 35 with
a mean of 27.2. The average distance the students
traveled to school from where they lived ranged from
3 to 35 miles with a mean of 14.1.

Other characteristics of the practical nursing
student were gender, number of children, and marital

status. Forty-six percent of the students were married
females and 36% were single females. Ten percent were
single males and without children. The female students
with children were 42 percent and without children were
33 percent. Eight percent of the females were divorced·
and none of the males were reported as being divorced.

2. **What are the different types of institutions that
   Practical Nursing Programs have articulation
   agreements with?**

Eleven of the 43 practical nursing programs
had an articulation agreement. Of those, six had the
agreement one to two years, and five had the agreement
in effect for three to four years. No school had the
agreement longer than four years. There were 15
schools that responded to the survey and did not have
an articulation agreement with institutes of higher
learning. The percent of schools that had agreements
of the 26 valid returned survey was 42.3%. However,
the percentage for all the schools with agreements from
the entire practical nursing population was 25%.

There were three types of institutes of higher
learning that the practical nursing programs had
articulation agreements with in Virginia. These three
are hospital-based registered nursing schools,

community colleges, and universities. One practical

nursing program had an articulation agreement with a

hospital-based program. Two schools had agreements

with a university, and ten practical nursing schools

had agreements with community colleges. This is a

total of 13 agreements. There were 11 total schools

that had agreements and two schools had two agreements

in effect.

3.   What are the characteristics of any "Bridge

      Course" required by the articulation agreement?

      Of the 11 practical nursing schools with an

articulation agreement, seven had a bridge course that

was required of the Licensed Practical Nurse. The

bridge course consists of a variety of requirements.

Algebra and chemistry were required in three of the

situations as was the National League of Nursing

Profile Mobility I Test. Three schools also required

the student entering the bridge course to be a graduate

of a practical nursing program and to be a licensed

practical nurse. One school required college

transcripts and one school insisted the student must

have had a "C" average in the clinical phase of his or

her practical nursing experience. One school also

required the students to take competency examination

for the areas in which they were to receive credit.

SUMMARY

Forty-three practical nursing programs in Virginia were utilized in the survey with twenty-eight surveys were returned for a response rate of 65%. The survey was divided into four parts. The demographics of the practical nursing program revealed that 34.6% of the programs had 36 to 50 students admitted between July and September. The length of the curriculum (84.6%) of the valid surveys was 18 months. The clinical and classroom setting had a student-to-faculty ratio of 20.7 to 1.0 and 9.8 to 1.0 respectively.

All schools had a selective admission process. Recommendations from the Admission Committee (88.5%) were required for admission. A high school diploma or its equivalent was required for the entrance into the programs. The average attrition rate for the years of 1986, 1987, and 1988 was 52.3%, and the average numbers of graduates for the same years was 16 students per year.

Ages 18 to 35 were the range for the practical nursing students who traveled an average of 14.1 miles

to school.   Forty-six percent of the students were

married females, and 36% were single females.   Ten

percent were single males without children.

Eleven (25%) of the 43 practical nursing schools

had articulation agreements.   Ten of these schools had

agreements with community colleges.   Seven articulation

agreements had a bridge course as part of the

requirements.   In the data analysis, cross-tabulation

was completed.   However, the information between the

program variables produced no statically significant

relationships.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The following discussion presents the summary and
recommendations for this study.   This chapter is
divided into three parts: summary, conclusions, and
recommendations.

SUMMARY

The purpose of this study was to provide practical
nursing educators with empirical data that will enable
them to better understand the similarities among the
aggregate practical nursing school population in
Virginia.   Secondary purposes were to increase the
breath of awareness of the articulation movement and of
the need to communicate and cooperate with institutes
of higher learning.   The following research questions
were generated from these purpose:

1.   What are the curricular and demographic
     characteristics of the Practical Nursing Programs?

2.   What different types of institutions of higher
     learning have articulation agreements with
     practical nursing programs?

3. What are the characteristics of any "Bridge Course" required by the articulation agreements?

The participants of the study were selected from all the 43 practical nursing programs in Virginia. The survey was sent to three of the directors to test the content validity of the instrument. Twenty-eight of the surveys were returned with a 65.0% response rate.

The size of the schools was assessed in the survey. Nine of the schools reported having 36 to 50 students, and eight schools indicated they had 25 or less students. The length of the majority of the programs were eighteen months (84.6%). The percentage of schools with three full-time faculty members (42.3%) and the percentage of schools with one part-time faculty (66%). Student-to-faculty ratio in the classroom was an average of 20.7 and in the clinical setting the average was 9.8.

All 28 returned surveys indicated they had a selective admission process and a pre-admission interview requirement. Admission to the programs was determined by the recommendation of the admissions committee (88.5%). Students are admitted in the late summer or early fall in 69.2% of the schools.

All schools that responded indicated that a high school diploma or its equivalent was required for admission. The most important factor that was concluded from this survey in decreasing student attrition is the admission criteria. The mean attrition rate was 52.3 for the three years of data collected in the study for 1986, 1987, and 1988. The average number of graduates for the same three years combined was 16 students.

The average age of the student was 27 and lived an average of 14 miles from the school. Forty-six percent of the students were married females and 36 were single females. Forty-two percent of the females had children and thirty-three percent of the females did not have children. Ten percent were single males without children.

Eleven of the forty-three practical nursing programs currently have articulation agreements. This is 25% of all the schools with agreements. Ten of the practical nursing schools have these agreements with a community college and seven of the articulation agreements have a bridge course as part of the articulation requirement.

CONCLUSIONS

The following review of findings is based upon
research questions and information outlined in Chapter
3 and data provided in Chapter 4.

1. Awareness of the necessity of articulation
    agreements is not widespread or well known in
    Virginia.

2. It appears that Practical Nursing Programs in
    Virginia are "healthy" in that there are adequate
    numbers of programs for Virginia and enough
    students for each of the programs.

3. The demographics of the programs reflect that
    the majority of the students are 27-year-old
    married females, with children, living 14 miles
    from the educational institution.

RECOMMENDATIONS

The following recommendations are made as a result
of this research.

1. Adapt state curriculum with current established
    competencies which will be available to all
    schools.

2. Conduct a nation-wide study of Practical Nursing
    Programs regarding their articulation agreements.

3. Develop a method of tracking the students who
    access articulation agreements from the Practical
    Nursing Programs to institutes of higher learning.

4. Collect more data regarding the bridge course at
    the college level.

5. Re-survey the number of hours in the classroom
    and the clinical experiences.

6. Collect data on students with college credit

7. Collect data on students with nursing assistance
    background prior to entering the practical nursing
    programs.

8. Develop a state-wide articulation program for
    the practical nursing schools with institutes of
    higher learning.

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SURVEY OF PRACTICAL NURSING PROGRAM DIRECTORS

Instructions:

There are four (4) parts to this survey: Part I: General
Information, Part II: Admissions Process, Part III: Curriculum,
and Part IV: Student Information. Please complete all parts as
accurately as possible.

If the question is not applicable to your program, please put N/A
in the blank provided for that item.

Please do not give your name, social security number, or any other
identifying data so that this survey will remain anonymous.

PART: I: General Information

1.   Title (not name) of person completing survey:

     _____

2.   Size and type of institution: (check one in each column)

     _____25 or less students   _____10 months public

     _____26 - 35 students   _____11 months public

     _____36 - 50 students   _____12 months public.

     _____51 - 100 students   _____18 months public

3.   Is the institution on the semester or quarter system?

     _____ Semester   _____ Quarter

4.   Number of Practical Nursing Instructor faculty: (please
     differentiate between full time and part time)

     _____Full-time faculty   _____Part-time faculty

5.   Student to faculty ratio in Practical Nursing lecture courses:

     _____ : 1.0

6.   Student to faculty ratio in Practical Nursing clinical courses:

     _____ : 1.0

1

PART II: Admissions Process - Practical Nursing Program

1. Is the admissions process:

_____ a. Selective (students must meet certain criteria to
           be accepted in to Practical Nursing Program)

_____ b. Open admission (no criteria established for
           entrance into Practical Nursing Program)

If you answered "a" to Number 1, please continue to question 2.

If you answered "b" to Number 1, please go to Part III on Page 3.

2. Is a pre-admission interview required?

_____ Yes   _____ No

3. Titles of those who participate in the pre-admission interview?

    _____

    _____

4. Admission to the program is determined by the recommendation of:
    (check all that apply)

    _____ Program Director only
    _____ Admissions Committee (including non faculty)
    _____ Division Chairman
    _____ Program Faculty
    _____ Department Chairman/Director
    _____ Dean
    _____ Others (please specify) _____

5. What are the program's pre-admission requirements? (check all
    that apply)

    _____ High School Diploma   _____ Other (please specify)
    _____ GED
    _____ High School Chemistry   _____
    _____ High School Algebra   _____

6. What month are students admitted? (check all that apply)

    _____ January - March   _____ July   - September
    _____ April   - June   _____ October - December

2

PART III: PRACTICAL NURSING PROGRAM INFORMATION

1. Number of semesters/quarters required to complete program:

   _____

2. Number of contact hours per day required of students
   (including lecture, laboratory, and clinical)?

   _____

3. Number of contact hours per week required of students
   (including lecture, laboratory, and clinical)?

   _____

4. Total credits/hours required in curriculum: _____

5. Total credits/hours required in clinical: _____

6. Total credits/hours required in class: _____

7. Please give the number of credit/hours required during the
   curriculum in each of the following areas:

   _____ Pediatrics   _____ Personal & Vocational
   _____ Geriatrics   _____ Nutrition
   _____ Medical-Surgical   _____ Anatomy
   _____ Mental Health   _____ Medical Terminology
   _____ Drug Calculations   _____ Nursing Principles
   _____ Other (please specify)   _____ Medication Administration

   _____

   _____

8. Do you have any articulation agreement/s in place?

   _____ Yes   _____ No

   If you answered yes to question 8, continue to question 9.

   If you answered no to question 8, please go to question 14.

9. How long have you had an articulation agreement?

   _____ 1 - 2 years   _____ 5 - 6 years
   _____ 3 - 4 years   _____ longer than 7 years

3

10. How many articulation agreements do you have with each of these
    different institutions of higher learning.

    _____ Hospital Based (Diploma Program)
    _____ Community College (Associate of Arts Degree)
    _____ University (Bachelor of Science in Nursing)

11. · If you have an articulation agreement with institutions of
    higher learning, do they require a "Bridge Course".

    _____ Yes   _____ No   _____ Don't know

    If you answered Yes to question 11, continue to question 12.

    If you answered No to question 11, please go to question 14.

12. If a Bridge Course is required, what does it consist of:

    _____

    _____.

13. If a Bridge Course is required, how much time is needed to
    complete the course. _____.

14. What are the prerequisite admission requirements of the
    institutions of higher learning that Practical Nursing Programs
    have articulation agreements with or plan to have them with?

    _____

    _____.

15. What type of faculty advising/counseling system is currently
    being used by the Practical Nursing Program (check all that
    apply)
    _____ Pre-admission academic counseling
    _____ Mid-term counseling
    _____ Open Advisement
    _____ Other (please specify) _____

16. Describe the program's policy on academic probation and
    expulsion from the program: _____

    _____

    _____

17. Rank the following factors from 1 to 8 according to their importance in decreasing student attrition (1 is most important, 8 is least important).

_____ Career counseling (pre-admission)
_____ Admission criteria
_____ Pre-admission interview
_____ On-going academic counseling by faculty
_____ Student-to-faculty ratio
_____ Practical Nursing curriculum
_____ Clinical educa⁻ion program (total hours and variety of facilities)
_____ Other (please specify) _____

PART IV: STUDENT INFORMATION

If data requested is not known or not available, please put a question mark (?) in the space provided for the answer.

		Graduation Class of:		
		1986	1987	1988
1.	Number of students originally admitted into this class	_____	_____	_____
2.	Number of students at end of 1st semester in this class	_____	_____	_____
3.	Number of students at end of 2nd semester in this class	_____	_____	_____
4.	Number of graduates	_____	_____	_____
5.	Number of students with prior college coursework:			
	a. 1 - 6 credit hours	_____	_____	_____
	b. 7 - 10 credit hours	_____	_____	_____
	c. 11 or more credit hours	_____	_____	_____
	d. some college, but do not know hours completed	_____	_____	_____

6. Number of students   1986   1987
    with nursing assistant   1988
    preparation   _____   _____   _____

7. What are the three most important reasons your students give
    for dropping out of the program (in priority order)?

    a. _____

    b. _____

    c. _____

    Have you collected data on this?   _____ Yes _____ No

8. What is the average age of your students? _____

9. What is the average distance your students live from school?
    _____

10. What percentage of the current students are:

	FEMALE	MALE
Married		
Single		
Have Children		
Have No Children		
Divorced		

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE FILL IN YOUR NAME AND
ADDRESS ON THE ENCLOSED POSTCARD IF YOU WOULD LIKE A COPY OF THE
RESULTS. THE RESULTS SHOULD BE AVAILABLE BY MAY, 1989.

SAMPLE ARTICULATION FORM

COLLEGE _____

ARTICULATION AGREEMENT

_____

PROGRAM TITLE

Based upon mutual concern for providing programs in _____,
which will build upon past experiences of students and eliminate unnecessary
duplication of instruction, the _____ faculties of _____
and _____ College subscribe to the following memorandum of
understand.

Following discussion between the faculties at the two institutions, it
was concluded that there is substantial agreement between competencies
developed in the _____ programs.

Consequently, it was agreed, subject to the following conditions, that
the College Dean will forward to the Records Office his recommendation
that _____ elective credits be granted in either the
certificate or the Degree Program to each _____ graduate .

1. To be eligible for elective credit, a student must have
   a B or better average in his or her respective program.

2. This transfer of credit can only be used to replace _____
   and _____ elective courses. The transfer of credit may
   not be used to replace required courses. This transfer of
   credit proposal might be appropriately described as "Credit"
   for experience.

The College, through its procedure for advanced placement credit, reserves
the right to make the final determination concerning the advanced placement
of all students. This procedure requires an interview with the College
faculty member designated below.

_____   _____
Chairperson/Faculty Member   Director/Program Supervisor
College   School

_____   _____
President/Dean Designee   Superintendent/Designee
College   School

VITA

Name: Gwendolyn Tharrington Sweat

Program: Community Health Professions

Education: Old Dominion University

                       Norfolk, Virginia 23508

                       1986-1989

                       Master Science Community

                          Health Profession

                       Old Dominion University

                       Norfolk, Virginia 23508

                       1980-1982

                       Batchelor of Science in Nursing

                       Chowan College

                       Murfreesboro, North Carolina

                       1965-1968

                       Associate Degree in Nursing

Thesis Title: Articulation of Practical Nursing

                          Programs to Institutes of Higher

                          Learning

Thesis Advisors: Dr. Gregory H. Frazer

                       Dr. Collin E. Box

                       Dr. John L. Echternach

Employment: 1. Suffolk Public Schools/Obici Hospital

School of Practical Nursing (Director)

1987 - current

Suffolk, Virginia 23434

2. Suffolk Public Schools/Obici Hospital

School of Practical Nursing

(Instructor)

1982-1987

Suffolk, Virginia 23434

3. Suffolk Public Schools

School Nurse

1979-1982

Suffolk, Virginia 23434

4. Clayton General Hospital

Head Nurse (Med-Surg Unit)

1971-1973

Jonesboro, Georgia

5. Duke Medical Center

Medical Staff Nurse

1968

Durham, North Carolina