

DIFFERENCES IN EDUCATIONAL PROGRESSION AND OUTCOMES BETWEEN
MASTER'S ENTRY LEVEL IN NURSING (MEPN) PREPARED AND TRADITIONALLY
PREPARED (BACCALAUREATE) NURSE PRACTITIONER GRADUATES

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Abstract

Being fairly new and deviating from the traditional pre-licensure nursing education approach, many community-based and academic health care partners raise concerns that MEPN students may not have sufficient clinical time to adequately develop their nursing skills before moving on to an advanced practice role. The purpose of this descriptive study is to compare educational progression and certification rates between traditionally prepared (i.e., Baccalaureate [BS]) and Master's Entry Program in Nursing (MEPN) prepared nurse practitioner (NP) graduates. Existing University of Hawai'i at Mānoa (UHM) School of Nursing (SON) aggregate, de-identified data were used for the analysis and included the following variables: total number of leave of absences (LOAs), incomplete grades for course work, repeat courses, withdrawals from the NP Program, dismissals from the program, semesters to complete program; and cumulative graduate nursing grade point averages (GPAs), and certification rates by year of entry into the Master's of Science in Nursing NP programs. Results of the study found significant differences for the average semesters to complete Master's coursework and part-time and full-time status between MEPN and traditional NP graduates. The MEPN NP graduates were more likely to be full-time students and to complete all course work and clinical practicums earlier than their traditional counterparts. Findings suggest that there are no differences academically between MEPN and traditional NP graduates. Future studies involving other schools and populations are needed to generalize results of the study

Keywords: MEPN, masters-entry nursing, second degree accelerated nursing, educational outcomes, MEPN nurse practitioner

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Chapter I

Introduction

The Robert Wood Johnson Foundation states in their Institute of Medicine (IOM) report, “The Future of Nursing: Leading Change, Advancing Health,” states that “nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression” (IOM, 2010, p.4). The IOM report has acknowledged a need for “new models of academic progression that move graduates to advanced degrees more efficiently and with less cost” (National League for Nursing, n.d., p. 3). In response to this need for nurses with higher education, many schools have adopted the Master’s entry level in nursing (MEPN) programs that allow persons who hold a baccalaureate or higher degree in another field without previous nursing preparation to obtain a Master’s of Science Degree in nursing (MSN). Currently in the United States (US), accelerated nursing programs are available in 43 states plus the District of Columbia and Guam. In 2011, there were 63 accelerated MSN programs available at nursing schools nationwide (AACN, 2012).

In 2008, the University of Hawai`i at Mānoa (UHM) School of Nursing (SON) initiated the first MEPN program in Hawai`i. The purpose of the MEPN program is to prepare individuals without experience in nursing to become advanced practice nurses with clinical and leadership skills. The program consists of a MEPN pre-licensure year of study that is delivered across three continuous semesters. After completing the first year, the MEPN student must pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Upon passing the NCLEX-RN, the students then transition into one of several advanced nursing specialty programs. The length of time necessary to complete the Master’s portion in nurse practitioner

(NP) specialty programs is typically 2 years of full time course work and supervised clinical experiences.

The pre-licensure year of the curriculum utilizes learning strategies such as clinical experiences, simulation exercises, and evidence-based approaches to practice that are appropriate for graduate level adult learners. Program obligations typically consist of 5 to 6 days per week of didactic and/or clinical coursework. The content of this first MEPN year incorporates everything that the traditional baccalaureate prepared nursing students would typically learn in 3 years. A considerable amount of the curriculum involves supervised clinical practicums (i.e., experiences) in community and hospital/health care settings with emphasis on: evidence-based practice principles, safety, the role of the nurse, professionalism and cultural diversity.

Problem Statement

The UHM SON has established itself as an advocate for the MEPN model in Hawai`i and in other communities. The MEPN program was introduced to Hawai`i in 2008 by the UHM SON, with the first cohort consisting of 28 students. It is currently educating its sixth cohort of students. Being fairly new, and deviating from the traditional pre-licensure nursing education approach, many community-based and academic health care partners raise concerns that MEPN students may not have sufficient clinical time to adequately develop their nursing skills before moving on to an advanced practice role. Part of these concerns stem from the belief that entry level graduate students need registered nursing experience in order to succeed as an advanced practice nurse, especially as an NP or clinical nurse specialist (CNS). However, those who question the quality of the education that MEPN graduates received do not completely understand the amount of time spent in the pre-licensure year clinical settings where students provide direct patient care, as well as their participation in required clinically relevant simulation

exercises. Despite these concerns, there is little published literature that measures the outcomes between traditional (i.e., BSN) RN-prepared and MEPN-prepared advanced practice nursing students, specifically NPs.

Purpose

The purpose of this study was to compare the educational progression and certification rates between traditionally-prepared (i.e., BSN) and MEPN-prepared NP graduates and determine if there were any significant differences or trends between these two groups of graduates. The findings are intended to be useful in identifying gaps in programs, as well as provide quantifiable evidence to educate health care workers, community partners, and health care organizations in Hawai`i about the competence of the MEPN-prepared NPs.

The specific aims of the study were:

- 1) To compare educational progression and certification rates between traditionally prepared (i.e., BSN) and MEPN NP graduates.
- 2) To determine any significant differences or trends between these two groups of NP graduates,

Methods

This descriptive study focused on the educational progressions and outcomes of the UHM SON's MEPN-prepared and traditionally-prepared NP students. Aggregate, de-identified data were analyzed from existing data kept by the UHM SON in order to compare traditional and MEPN students to determine different outcomes such as length to complete NP program, cumulative graduate nursing GPAs; and number of leave of absences (LOAs), incompletes,

repeat courses, and withdrawals from the programs. In order to obtain certification pass rates and demographic information, a questionnaire was developed and emailed with a consent to participate in the study; and a link to survey monkey to access the questionnaire was sent to all 96 NPs who graduated from their programs between the summer of 2010 to the summer of 2013.

Results

Results of the study found significant differences between MEPN and traditional NP graduates for the average semesters to complete their Master's coursework ($p = .001$) and full-time and part-time status ($p = .05$). The MEPN NP graduates were more likely to be full-time students and to complete all course work and clinical practicums earlier than their traditionally-prepared NP counterparts. There were no significant differences regarding the GPAs, NP certification pass rates; or number of LOAs, repeated courses, incompletes, and withdrawals from their programs.

Implications and Future Research

Findings suggest that there are no academic differences between MEPN-prepared and traditionally-prepared (i.e., BSN) NP graduates. However, there was a significant ($p = 0.001$) difference in the time required for MEPN students to complete course work compared to traditional BS to MS students. In addition, a significant difference ($p = .05$) between full-time and part-time student status was observed, with MEPN graduates more likely to have undertaken a full-time course work compared to the traditional BS-prepared NP graduate. Results also suggest that RN experience prior to enrolling in advanced nursing graduate programs may not be essential to successfully complete Master's nursing coursework. Future studies involving other schools and populations are needed to generalize results of the study. In addition, educational

progression and outcomes are only two aspects that can measure the performance of NP students and graduates. It is important to determine if MEPN NPs are successful in the workforce and are providing the same quality of care as the traditionally-prepared NPs. Research investigating these outcomes would help determine if there are any significant differences between the groups in the workplace.

Chapter II

Literature Review

Since the development of the second-degree accelerated nursing programs (e.g., MEPN), there have been many studies conducted comparing outcomes between the traditional BSN-prepared nurse to that of the MEPN prepared nurse. Common outcomes measured between the groups documented in the literature include factors that are deemed to be necessary in a competent nurse such as critical thinking skills and managerial satisfaction, as determined by employer focus groups and surveys. Many of these studies solidify the necessity and benefits of having the MEPN nurse become a member of the health care work force. In addition, they provide quantifiable and qualitative evidence for managers to use as a basis for what to expect in an individual they employ whose preparation as a nurse is a result of a MEPN program. However, none of the published studies have specifically evaluated graduate level outcomes for these two groups, only pre-licensure educational outcomes were included in the studies.

Literature Search Strategies

Multiple search engines were used to obtain articles for this literature review. These search engines included Medline, Health source, PubMed, and CINAHL. Keywords that were used to identify articles included MEPN, masters entry, accelerated second degree, critical thinking, nurse practitioner, and educational outcomes. Criteria that needed to be met for an article to be chosen for review included: 1) academic performance of MEPN or second degree nursing student; 2) critical thinking skills of the second degree nursing student; and 3) managerial performance of the MEPN student. Articles had to have been published within the last 5 years with the exception of those studies that proved to be pivotal landmarks in MEPN or

second degree nursing student education and outcome studies. A total of 53 articles met the criteria and were initially reviewed for content. After review of the initial 53 articles, 10 articles were selected based on the date of publication (i.e., being published within the past 5 years), content, and relevance to the topic. In addition, two government websites were used as references due to their relevance to the topic.

As a result of this process, a number of different topics were covered in the articles selected for review. These topics included; transitioning to nursing, critical thinking skills, academic performance, performance in the workforce, and characteristics of the MEPN student. Only one study could be found that focused on the accelerated nurse practitioner perspectives and success in the NP workforce (White, Wax and Berrey, 2001). Due to the limitation in studies regarding accelerated second-degree NP student's performance and outcomes, the Robert Wood Johnson Foundation (RWJF) was contacted and a request was made for articles addressing this particular topic. The RWJF confirmed that there was a gap in literature regarding graduate student outcomes and performance of the MEPN NP.

Transitioning to the nursing profession. A qualitative study by Moore et al., (2010) explored second degree pre-licensure Master's graduates' attraction to the nursing profession, their views on nursing and their thoughts regarding their contributions to nursing. A total of 14 graduates of a Midwest university program participated in the study immediately after graduation. The researchers conducted an open-ended individual participant interviews and analyzed the responses using a constant comparison approach. Key thoughts and phrases were identified from each category and were then analyzed for common themes. The findings revealed that participants were typically drawn to nursing because of the economic opportunities and the caring nature of the profession of nursing. In addition, results revealed that their

previous non-nursing education enhanced their communication abilities and broadened their perspectives about nursing and health care. Second-degree pre-licensure Master's graduates also stated that the opportunity to help others and the people for whom they provided care were the two features they enjoyed most about nursing (Moore et al., 2010). These findings described some of the reasons why individuals enroll in a second career accelerated nursing program, as well as their perspectives about the benefits of having a non-nursing education and degree prior to beginning their program of study in nursing.

Critical thinking skills. Critical thinking is a skill that is greatly emphasized in nursing school because of the importance of this skill in the provision of safe, competent care to patients. Utilizing an exploratory descriptive design study, Newton & Moore (2013) examined the critical thinking skills of basic baccalaureate and accelerated second-degree RN nursing students when they entered their nursing programs. Using the Critical Thinking Assessment Entrance test (CTAE), a standardized instrument developed by the Assessment Technologies Institute (ATI), critical thinking was measured using six competencies: interpretation, analysis, evaluation, inference, explanation, and self-regulation. The CTAE is administered to all nursing students at this institution and results are returned to the school from the ATI through ATI scoring and internet-based reports. Of the 283 participants, 181 were traditional BSN students and 102 were accelerated nursing students. Overall, accelerated second-degree students had higher scores on all six of the competencies compared to the traditional BSN students. The CTAE scores were found to be significantly ($p < 0.01$) different between the two groups in four out of the six competencies. Specifically, compared to the traditional BSN student, the second-degree students demonstrated significantly higher scores in the competencies of analysis (p value = 0.000), inference (p value 0.002), interpretation (p value = 0.000), and self-regulation (p value = 0.005)

(Newton & Moore, 2013). The results of the study imply that second-degree accelerated students enter their pre-licensure year of the program with higher critical thinking skills than BSN students in the traditional undergraduate program. Critical thinking skills are nurtured through the education process and then refined with experience. Accelerated and BSN students typically receive the same amount of hours of clinical experiences; therefore, the critical thinking skills of the accelerated nursing student should be equivalent to, if not at a higher level than that of the BSN nursing student upon graduation. The reason for this difference in the critical thinking skills of the accelerated student has not been formerly studied; however, there is speculation that the difference in critical thinking skills may be due to prior life, work, and educational experiences of these students before entry to a nursing program (2013).

Academic performance. As revealed by the results from Newton and Moore's study (2013), accelerated second-degree students perform better in standardized critical thinking tests. However, there is evidence that they also perform well in the academic setting. Fundamentals such as pathophysiology and health assessment are courses that are important in nursing education, as they provide core knowledge and skills needed to comprehend and accurately assess clinical situations.

In a retrospective correlational study, Bentley (2006) investigated if there was a significant relationship among selected variables and success passing the NCLEX-RN licensure examination in traditional BSN nursing students and accelerated nursing degree students. The researchers also wanted to determine if there were significant differences in the academic achievement of accelerated, compared to traditional nursing students in selected variables. The variables included in the study were: science grade point averages (SGPA), Health Education Systems Inc (HESI) specialty examination scores (pediatrics, maternity, medical-surgical and

psychiatric), exit HESI examination scores, and nursing clinical course grades. A total of 224 participants were included in the study, 172 traditional BSN students and 52 accelerated pre-licensure nursing students. Results of the study found that the accelerated students had a higher NCLEX pass rate (92.3%), than the traditional BSN students (89.5%) (Bentley, 2006). In addition, a one way analysis of variance was performed to determine any differences between the two groups in individual subject areas of the HESI (e.g., pediatrics, maternity, etc.). The analysis found that the accelerated students performed significantly ($p < .01$) better on the psychiatric HESI, pediatric HESI, and the exit HESI. There were no significant differences in clinical course grades and test scores in the medical-surgical HESI, or the SGPA. Both accelerated and traditional BSN students scored similarly. The findings of the study suggest that accelerated nursing students perform the same, if not better, in all aspects of their pre-licensure academic work when compared to the traditional BSN nursing student. Moreover, the accelerated students had higher NCLEX pass rates in this study's cohort.

Another study directly compared accelerated second-degree BSN and traditional BSN students under controlled conditions who were matched for identical instruction and performance measures. Korvick et al., (2008) analyzed class test scores, nationally standardized examination scores, skills laboratory performance, and final course grades for the students. The sample of the study included 32 traditional BSN nursing students and 29 accelerated second-degree BSN nursing students. Results of the study found that accelerated second-degree BSN students had a mean GPA of 3.4 compared to a GPA of 3.0 for the traditional BSN nursing students. Additionally, a t-test was performed to evaluate the total differences in points the students received throughout the semester and revealed significant ($p = .001$) differences between the two groups. Traditional nursing students average points were 86% while accelerated nursing

student's average total points were 91% (Korvick et al., 2008). These findings confirmed that accelerated nursing students do perform academically equal to, or stronger than traditional nursing students on national standardized tests. In addition, the accelerated second degree BSN nursing students demonstrated academic maturity from the beginning, and continued to demonstrate high academic performance throughout the semester. Korvick et al., attributed the significant differences in the results of the study to the prior academic experiences and successfully achieving a bachelor's degree (in another discipline) by the accelerated second-degree students (2008).

Performance in the workforce. Although academic and NCLEX-RN pass rates are important, it does not measure how well the accelerated nursing student socializes and adapts to the nursing role and workforce. In order to explore the work activities of graduates from an accelerated second degree BSN program, Raines performed a survey study of individuals 5 years after graduating from a 12 month, accelerated second-degree BSN program. The survey consisted of open-ended questions about the graduates' demographic information and employment; and was mailed out to all graduates completing the program 5 years prior to the survey's distribution. There were 60 graduates from the program with 54 graduates responding to the survey (90 % response rate): 49 were employed in RN positions at the time of data collection. Individuals reported that they worked in various clinical practices ranging from intensive care, maternal-child, medical/surgical, operating room/post anesthesia, psychiatric, and wound care units. The findings provide evidence that 5 years post-graduation, 90% of accelerated second-degree graduates responding to the survey were active in the nursing workforce (Raines, 2013). The reasons cited for the 10% of accelerated second degree graduates that did not hold a register nurse position include: not seeking employment in nursing, care for

children, and return to school in another health science discipline. It also provides evidence that accelerated nursing students are prepared and socialized to enter the workforce. Moreover, within the first 5 years of their nursing career, a number of these graduates had moved into administrative, leadership, or educator positions. Raines posited that the skills that second career accelerated graduates bring from previous work experience, their ability to multitask, and interpersonal skills may be the explanation for the rapid advancement in clinical settings (2013). One of the strengths of the study is the 90% response rate to the survey, which provides a good basis for analyzing the results and interpreting the findings to the larger group of second career accelerated graduates. However, a limitation of the study is that the employment status of those graduates who chose not to respond to the survey is unknown.

Rafferty & Lindell (2011) used a convenience sample of nurse managers attending a professional national nursing conference to measure the nurse managers' perceptions about the clinical competence of accelerated second-degree nursing graduates. Two hundred ethnically diverse experienced nurse managers who practiced in every region of the US participated in the study. The researchers administered the validated (Cronbach's alpha of 0.84-0.90) six-dimension scale of Nursing Performance (Six-D scale) (Schwirian, 1978). The six dimensions that are measured using this scale included: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communications, and professional development. This Likert type scale includes 52 items with responses for each item ranging from 1 (not very well) to 4 (very well). The results of the study found that there were no significant differences in nurse managers' perceptions about the clinical competence of accelerated second-degree nursing graduates and traditional BSN-prepared graduates in all categories (Rafferty & Lindell, 2011). These findings suggest that accelerated programs can educate and graduate competent nurses just

as well as traditional programs. The limitation of this study is that a convenience sample was used, so it may not be an accurate representation of the total population of experienced nurse managers. In addition, those who responded may have been more familiar with and accepting of accelerated nursing program graduates. Also, the survey did not provide information about how many of the managers who responded may have graduated from an accelerated nursing program. However, the large sample size strengthens the findings of the study.

A study by Ziehm et al. (2011) used an exploratory research study design that focused on the employment outcomes of students who completed the pre-licensure segment of the MEPN program and were working as staff RNs. Information regarding workforce demographics (i.e. patient volumes, level of acuity, etc.) of MEPN staff RNs was not identified in the study. Fifteen nurse managers from three tertiary and quaternary care hospitals located in Northern California were asked to fill out a survey that measured 19 performance criteria such as clinical and organizational care skills, knowledge, professionalism, relationship with patients and their families, and relationships with professional colleagues. In addition, focus groups were held with employed MEPN graduates and nurse managers that participated in the study. Thirty-seven MEPN RNs and 15 nurse managers were included in the study. The results of the study found that the managers rated MEPN RNs' performances to be very effective regardless of years of experience. In addition, the nurse managers mentioned in the focus groups that "MEPNS were frequently fast learners compared with nurses from traditional programs" (Ziehm et al., 2011, p. 400). At two of the sites studied, managers felt that the MEPN RNs' clinical skill development evolved as expected and was comparable to other new nurses, whereas at the third site, managers strongly disagreed, expressing that their skill development fell behind that of other new nurses who remained in a full-time RN position. The demographics of the third site were not identified

in the literature. Moreover, at one site, nurse managers' assessment of MEPN RNs clinical and social skills were that the focus of the MEPN RNs was not learning just basic nursing, but instead they viewed their year as an RN as a stepping stone to their future NP or CNS positions. Managers also emphasized that the MEPN RNs contributed to the unit through their "fast pace" of learning, their maturity and professionalism (Ziehm et al., 2011). These findings indicated that, with the exception of one nursing unit, MEPN RNs performed at acceptable levels in the clinical setting and that managers were satisfied with their social and clinical skills. Some limitations mentioned in the study included not comparing MEPN nurses to traditional nurses and that the findings are only limited to the study population.

Characteristics of MEPN students. Ziehm et al., (2011) also investigated the same 15 nurse managers' perceptions of the characteristics of the MEPN graduates in their work as RNs. Results from their analysis found that MEPNs differ from traditional BSN nursing graduates in initiative, resourcefulness, and willingness to ask questions. The nurse managers attributed these differences to the fact that MEPN RNs are generally older, have more education, and have more work and life experience. They also stated that MEPN RNs were able to communicate more effectively and are usually more perceptive about their professional relationships. The nurse managers also expressed that MEPN RNs were quick to question, are more assertive, have stronger personalities, and are more resourceful about getting information. In addition, the nurse managers agreed that MEPN RNs are dedicated to patient advocacy. The results of these findings suggest that being older, having additional education outside of nursing, and having more life experience were assets nurse managers felt that MEPN RNs brought to nursing.

A study by Walker et al., (2007) utilized a survey to compare preferences in teaching methods between traditional BSN nursing students and second-degree students. A 30-item

survey was developed by 10 faculty members from the school. A Likert scale was used for responses with options ranging from strongly agree to strongly disagree. The scale had a Cronbach's alpha coefficient of 0.82, indicating that it was reliable in identifying essential elements with regards to teaching methodologies. One hundred seventy-one nursing students were asked to take the survey and 129 were returned. The final sample consisted of 48 second-degree students and 81 traditional students. The study found that second-degree students rated themselves significantly higher ($p = .043$) in self-directedness and motivation to learn and study. In addition, second degree students had higher expectations for classroom structure and guidance from faculty ($p = .049$) and placed greater importance on the grade received ($p=.041$). Second-degree students also indicated a stronger preference for knowing how the content applied to the end result of the course (69.4%) as opposed to the traditional students (36.2%). This indicated that accelerated second degree students typically would study concepts beyond the curriculum because of their interests in nursing while the majority of traditional students only learned concepts that were needed to pass courses. These data reveal the existence of some differences between traditional students' and the accelerated students' approaches to learning and expectations of the learning environment.

Accelerated nurse practitioners' perspectives. In 2000, White, Wax, & Berrey studied profiles, demographics and job characteristics of a convenience sample 51 second-degree advanced practice nursing graduates. The researchers recruited the graduates by mailing a survey to the 51 recently graduated students and received 30 surveys (1 of which was deemed unusable), for an overall response rate of 59%. The study used a survey questionnaire that was developed by the researchers and included 25 items designed to gather demographic and job-related information and 6 open-ended questions in which participants were instructed to explain

their answers. Examples of the open-ended questions include: “Do you feel experience as a staff nurse (RN) is necessary for the NP scope of practice?” and “Did the accelerated, second degree program adequately prepare you to work as an NP?” Of the 29 participants, 23 (79%) were employed as NPs with 21 of these NPs employed full-time. The specialties that the NPs worked in ranged from family health, children’s health, adult health, women’s health, and psychiatric health. Of the 23 NPs in this study, the average length of time to become certified by their specialty organization after graduation was 3.5 months. Content analysis of the responses to the open-ended questions revealed perceptions of the accelerated advanced practice nursing graduates working as NPs in the workforce. Interestingly, 19 (83%) of the 23 NPs indicated that they did not feel RN experience was necessary to function in the role of the NP; and 20 (87%) believed that the nontraditional second-degree Master’s nursing program prepared them adequately to work as an NP (White, Wax, & Berrey, 2000). Although this study was conducted over a decade ago, its findings suggest that some advanced practice nurses who graduate from accelerated second-degree programs do not perceive prior RN experience to be necessary in order to be a competent NP.

Limitations of Studies

Limitations of the studies in the literature review include participant demographics, quality of data collection, and quality of participants. Many of the studies were conducted in other parts of the US; therefore, the results may not translate to nurses in Hawai`i because second degree accelerated nursing programs may have been established several years prior to the MEPN Program at UHM SON. Therefore, health care professionals and agencies in those areas of the US have had a longer period of time working with and employing accelerated degree graduate nurses and may be more familiar with and accepting of this group of nurses. None of the

publications included graduates from the Hawai`i nursing education system nor collected data about health care professionals' or employers' experiences with and perceptions about accelerated degree graduate nurses. Thus, participants in the studies may have had different values and learning experiences from those of the students who attend UHM SON. In addition, many studies utilized survey data to assess certain trends. Survey data is limited in its interpretation, especially if the response rates are low. Most studies were cross sectional in nature, used convenience samples, and did not randomize their populations. There are limited longitudinal studies that follow students from traditional BSN or accelerated second-degree backgrounds. While cross sectional studies give valuable preliminary information, they only give a snapshot of the participants' opinions or abilities at that point in time. Opinions and abilities can easily change over longer periods of time. Finally, none of the studies reviewed compared traditional BSN-prepared students and second-degree accelerated-prepared student progression through and outcomes associated with their graduate studies. Only pre-licensure comparisons between these two groups have been studied.

Conclusion

When comparing groups, the accelerated second-degree student appears to be different from the traditional BSN student. A consistent characteristic reported in the literature is that second-degree accelerated-prepared nurses (i.e., MEPN nurses) demonstrate high performances in the classroom and have a higher level of academic maturity compared to nurses from traditional programs. Much of the research has validated that the clinical skills and managerial abilities of the second-degree accelerated prepared nurse are satisfactory if not, in some situations, superior to traditionally-prepared nurses. However, the published research has predominantly focused on socialization of the accelerated second-degree nursing student to the

nursing workforce but not specifically to the NP workforce. There exists a gap in information regarding the socialization of the second-degree accelerated prepared nurse as a NP. Moreover, there are no data that compared the academic performance, progression, and certification of second-degree accelerated prepared NPs to traditionally (BSN) prepared NPs. Therefore, the research question that is posed by this study is: “Is there a difference in educational progression and outcomes between Master’s entry level in nursing (MEPN)-prepared and traditionally prepared nurse practitioner students?”

Chapter III

Methods

Research Question, Aims and Hypothesis

The research question addressed by this study was: Is there a difference in educational progression and outcomes between Master's entry program in nursing (MEPN) nurse practitioner students (NPs) and traditionally-prepared NPs? The aims of the study included:

- 1) To compare the educational progression and certification rates between traditionally-prepared and MEPN-prepared NP graduates.
- 2) To determine if there are any significant differences or trends between these two groups of graduates.

The hypothesis of this study was that there are no differences in the academic progression and/or NP certification rates between traditionally-prepared BSN and MEPN-prepared NP graduates.

Study Design

The study used a descriptive design that focused on the educational progressions and outcomes of the UHM SON's MEPN-prepared and traditionally BSN prepared NP students. Aggregate, de-identified data were analyzed from existing UHM SON data about former NP students. The comparison between the groups included: the total number of semesters to complete the NP program, LOAs taken during the program, incomplete grades received, repeat courses, and withdrawals from the program; and GPA. If available, the certification examination pass rates were also to be included. Due to confidentiality issues, the UHM SON does not receive individual certification examination pass rates of the graduates but instead receives a

generalized percentage of those who have passed the examination. In addition, if too few graduates from the UHM SON take a particular certification examination, the certification board will not inform the school about the pass rate in order to protect the identities of the few graduates that took the examination. In addition to analysis of the aggregate data from the UHM SON, a 10-item multiple-choice survey was sent out to all NPs who graduated from 2010 to 2013 and included questions to determine success with passing the certification examination (e.g., how many attempts were required to pass) as well as employment information (e.g., employment status including part-time or full-time employment) (refer to Appendix A).

Sample

There were 96 nurse practitioner graduates who completed the program between the summer of 2010 and summer of 2013 who were invited to respond to the survey. Eligibility criteria were: 1) completion of an NP specialty and graduating from the UHM SON between 2010 and 2013; 2) having enrolled in the NP specialty track after completing pre-licensure as a MEPN student or traditionally prepared (i.e., BSN) student; and 3) willingness to enroll in the study and complete the survey. Those who obtained a post-Master's certificate were not included because they had previous APRN education and certification, and did not fit into the traditional or MEPN population as defined in this study.

Data Collection

In order to obtain certification pass rates, the Office of Students Services (OSS) within the UHM SON sent out an email to all NP graduates from 2010-2013 (refer to Appendix B) informing them about the study and providing the survey monkey link to the questionnaire. De-identified data were returned to the survey monkey interface and analyzed to assess for

differences in responses. In addition, existing data about the progression of the NP graduates who enrolled in the study were obtained from the UHM SON department. An administrative assistant gathered and de-identified all NP graduates' data before distributing it to the researcher to analyze. No names or student IDs were recorded in the report provided by the administrative assistant.

Protection of Human Subjects

The study was reviewed by the University of Hawai'i Institutional Review Board (IRB) and received an exempt status. In addition, the UHM Office of Graduate Education gave the thesis proposal a status of "approved" after the IRB review and decision.

Analysis

All data were analyzed through the statistical program Minitab® 17. Different statistical methods such as t-test, chi square test and fisher's exact test were utilized depending on the presentation of the data. Statistical significance was defined to be a p value of $<.05$. If the p value reached close to .05 it was considered trending, but not statistically significant. Analysis of the data focused on determining any significant differences between the two groups of NP graduates. The hypothesis of this study was that there are no differences in the academic progression or NP certification rates between traditionally-prepared and MEPN-prepared NP graduates.

Chapter IV

Results

Sample

Ninety-six NP students graduated from the UHM SON between the summer of 2010 and the summer of 2013. Of the 96 participants who were emailed and asked to complete the survey, 1 participant chose to have their email confidential and 15 NP graduates' emails no longer existed. A total of 24 participants signed consent forms and completed the surveys (30% response rate). Of the NP graduates who responded to the survey, 14 were MEPN NP graduates (60%) and 10 were traditional NP graduates (40%). The OSS compiled data sheets for the 96 NP graduates that included: the total number of semesters to graduate, LOAs, repeated courses, withdrawals from the program, and incomplete grades; and GPAs. Table 1 provides a summary of results from the analysis of these data.

Table 1: Summary of Results Comparison Between MEPN and Traditional NP Graduates' Progression in the Program

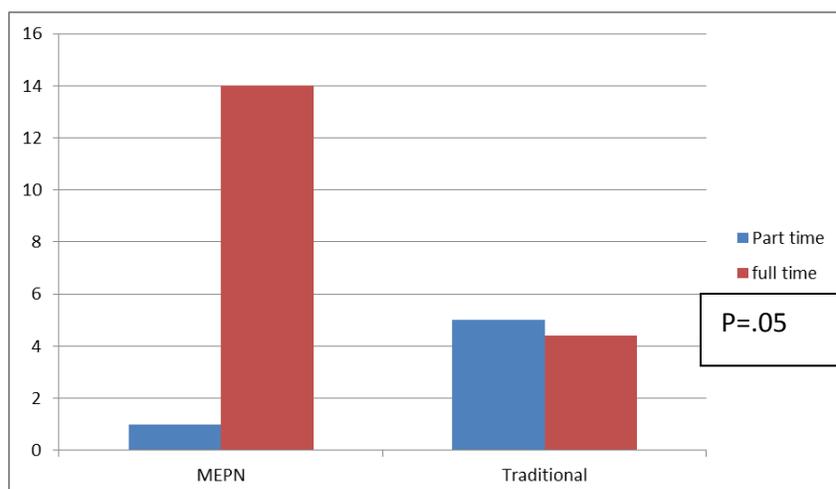
	Test used	P value	Significance
Withdrawal from courses	Chi Square Test	.858	No Significance
Repeated course	Chi Square Test	.955	No significance
Incomplete courses	Chi Square Test	.060	No Significance
Leave of absences	Chi Square Test	.066	No Significance
GPA	<i>t</i> -Test	.206	No Significance
Certification Pass Rates	Fishers exact test	.298	No Significance
Average semesters to finish MS	<i>t</i> -Test	.001	Significant
Full-time and part-time status	Fishers Exact Test	.050	Significant

Data Analysis

Analysis of all of the variables was conducted using Minitab® 17 software. Descriptive statistics of GPAs and semesters to graduate between groups were analyzed using the student t-test because the data regarding GPA and semesters to graduate presented by the OSS were designed to be analyzed using a t-test. Chi square tests were used to analyze the total number of repeated courses, withdrawal from courses, LOAs, and incomplete grades. This test was chosen because the sample size was larger and the chi test has stronger statistical power when the expected values are higher. Finally, the Fisher exact test was used to analyze NP certification pass rates and full-time and part-time student status. This test was used because the expected values for these two variables were low and the Fisher exact test has stronger statistical power when the expected values are low.

Survey data. The first set of questions (Q2-Q4) addressed specialty tracks, full-time or part-time status and whether graduates chose to work while they were enrolled in their NP programs. The survey data revealed that 13 (93%) MEPN NP graduates were enrolled in a full-time program of study and 1 (7%) MEPN NP graduate was enrolled in a part-time program of study. Traditional students were equally divided (50%) between full-time and part-time programs of study. A Fisher exact test revealed a significant difference ($p = .05$) between MEPN and traditional NP graduates full-time or part-time status when enrolled in their programs. Figure 1 shows results of full-time and part-time status between MEPN and traditional NP graduates. Additionally, 12 (86%) MEPN NP graduates stated that they worked during the Master's portion of their program compared to 9 (90%) traditional NP graduates.

Figure 1. Part-Time and Full-Time Student Status by Group

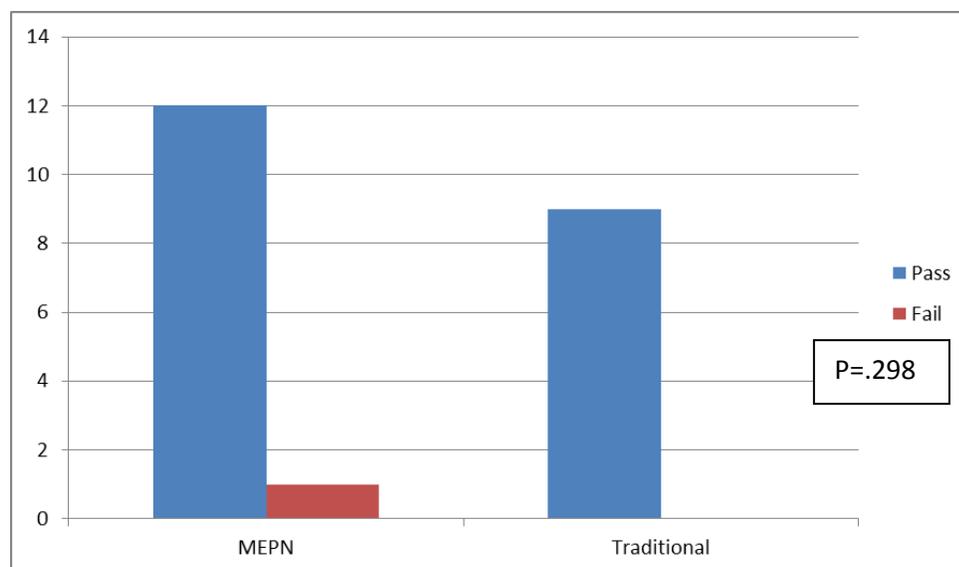


Of the 14 MEPN NP graduates completing the survey, 9 (65%) were family nurse practitioners (FNPs), 1 (7%) was a pediatric nurse practitioner (PNP), 1 (7%) was an adult nurse practitioner (ANP), 1 (7%) was a geriatric nurse practitioner, and 2 (14%) were adult/gerontology nurse practitioners (AGNPs). Six (60%) of the traditional NP graduates were FNPs, 1 (10%) was a PNP, 1 (10%) was an ANP, and 2 (20%) were AGNPs. Question 5 (“How many semesters did it take you to complete your program?”) data were not compared because the aggregate data provided by the OSS for all 96 graduates answered this question.

The next set of questions (Q6-Q7) focused on whether graduates passed their certification examination and how many attempts it took them to pass (Figure 2). Twelve (86%) of the MEPN NP graduates reported passing their certification examination, 1 (7%) reported having not passed, and 1 (7%) reported having not taking the examination yet. Of those MEPN NP graduates that reported passing the certification examination, 12 (92%) passed after their first attempt, and 1 (8%) reported taking having to take the examination twice before successfully passing. Of the traditional NP graduates, 9 (90%) reported passing the certification and 1 (10%)

reported not having taken the examination yet. Of those that passed the examination, 9 (100%) reported passing after one attempt. Fisher exact test showed no significance in the certification examination pass rates between MEPN and traditional NP graduates ($p = .298$).

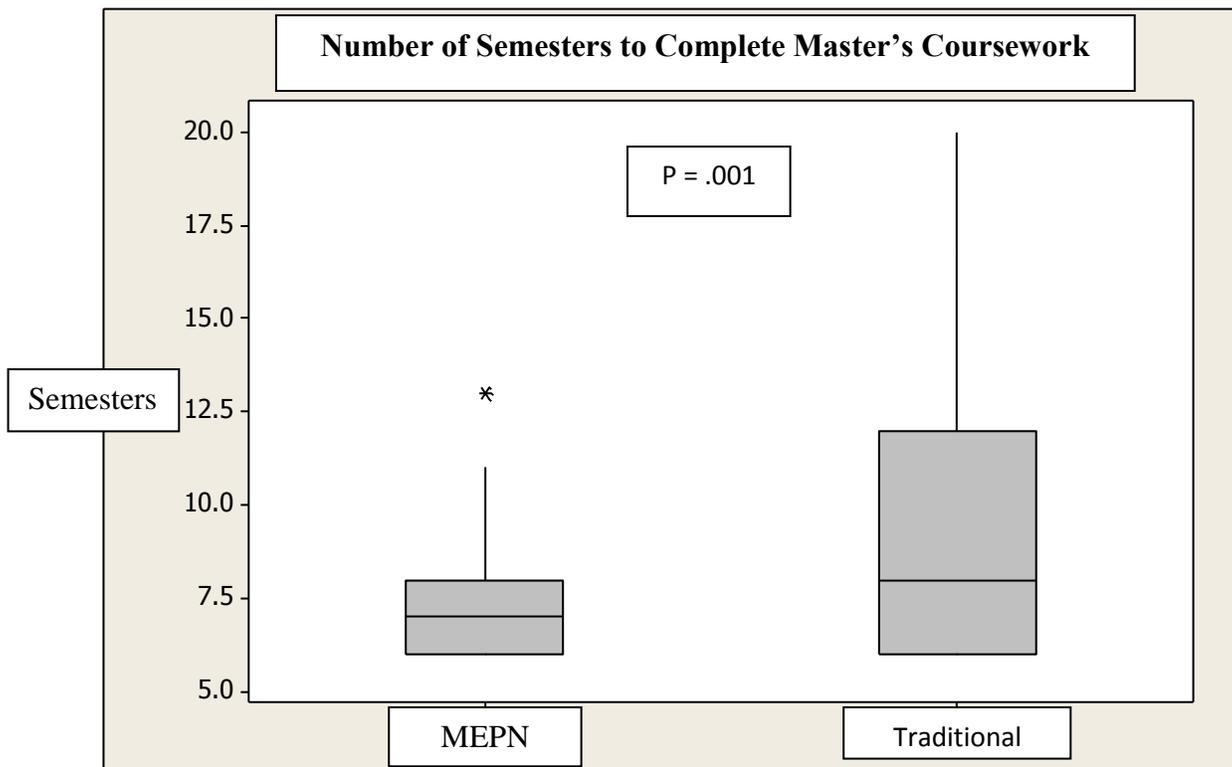
Figure 2. Certification Examination Pass Rates by Group



The final set of questions (Q8-Q10) focused on the occupational status of NP graduates from the UHM SON. The survey responses revealed that 10 (71%) MEPN NP graduates and 7 (70%) of the traditional NP graduates were working as advanced practice registered nurses (APRNs) at the time of completion of the survey. Of the 10 MEPN NP graduates who were employed as APRNs, 3 worked in private practices, 1 in a hospital clinic, 5 in community clinics and 1 in a hospice facility. Those who were not working as APRNs all reported that they were working as RNs. Of the 7 traditional students that stated they were working as APRNs, 1 worked in a private practice, 3 worked in hospital based clinics, and 3 worked in community clinics. One of the traditional NP graduates stated that s/he was working as a RN while 2 traditional NP graduates reported being unemployed at the time of data collection.

Aggregate school data. Aggregate school data from 96 of the former NP students who graduated between summer 2010 and summer 2013 compared several components of the educational progression of the two groups of NP graduates including: the average number of semesters needed to complete their programs, LOAs, withdrawals from courses, repeated courses and incomplete grades; and their GPAs. Of the 96 NP graduates, 43 (45%) were MEPN NP graduates and 53 (55%) were traditional NP graduates. Data analysis revealed that MEPN NPs took on average, a shorter number of semesters to complete the Master's course work compared to the traditional NPs, 7.12 semesters and 8.87 semesters respectively. Average number of semesters did not include the pre-licensure year for the MEPN NP graduates. A t- test revealed a significant difference ($p = .001$) between the two groups. Results are summarized in Figure 3.

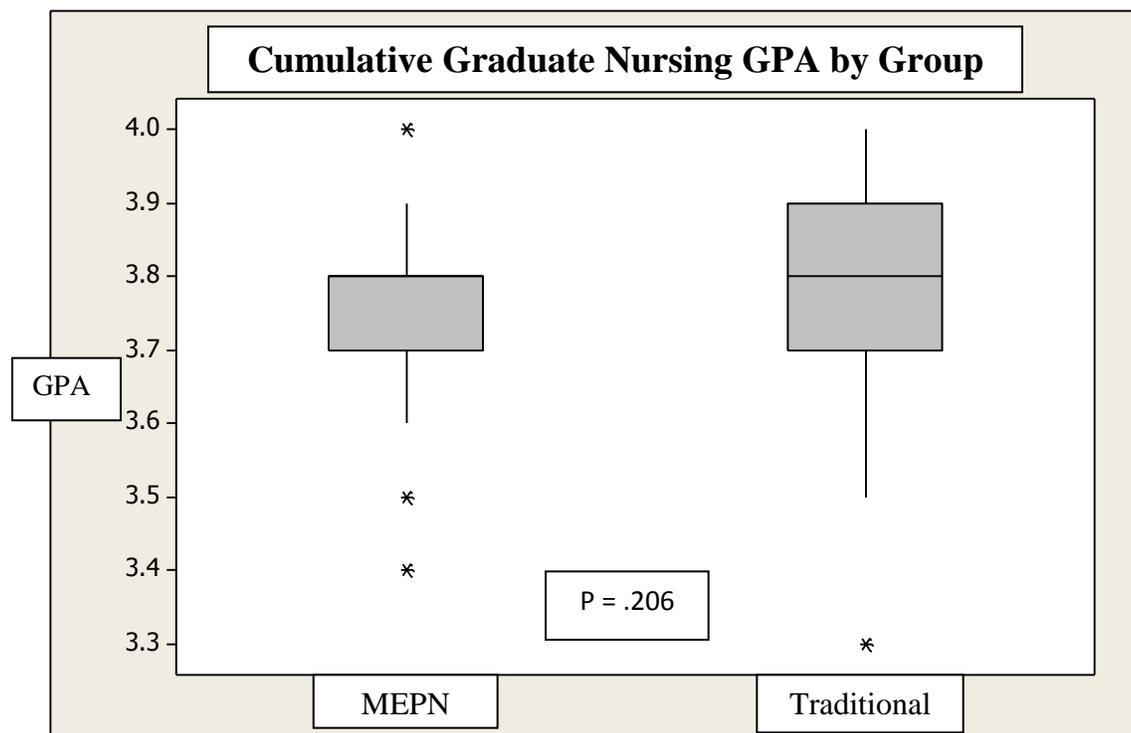
Figure 3. Number of semesters to complete the Master's Program



* Indicates outliers

On average, traditional NP graduates had a slightly higher GPA than MEPN NP graduates, 3.84 compared to 3.8 respectively. Figure 4 depicts the results regarding GPA ranges from MEPN and traditional NP graduates. Regarding repeat courses, 3 MEPN NP graduates had to repeat courses compared to 4 traditional NP graduates. In addition, 2 MEPN NP graduates withdrew from a course, compared to 3 traditional NP graduates. Analysis of data showed no significant difference regarding GPA ($p = .206$), repeated courses ($p = .994$), or withdrawal from courses ($p = .856$) between the groups.

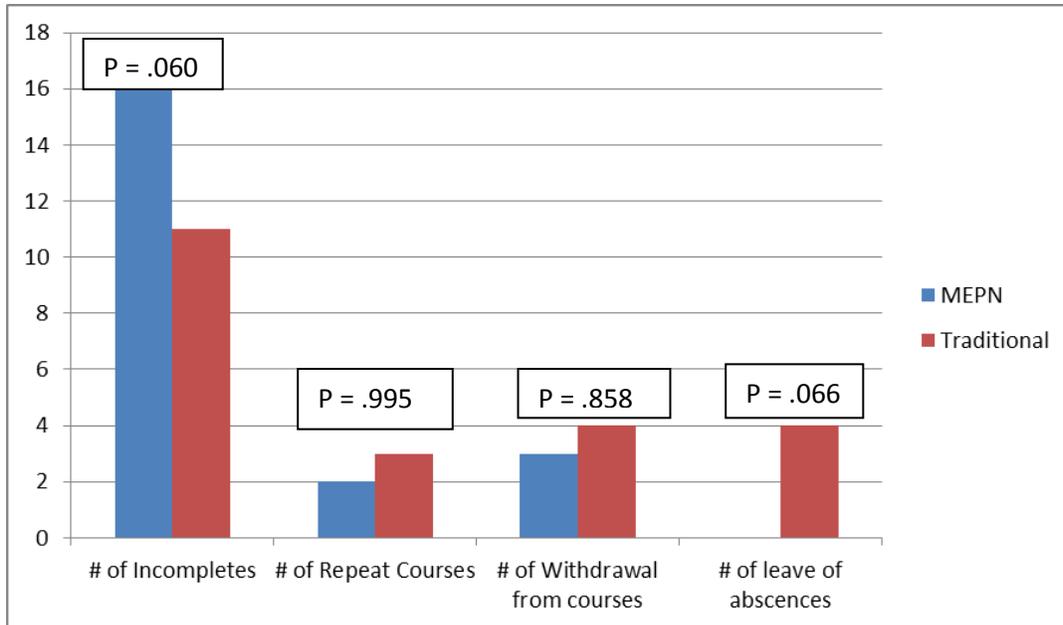
Figure 4. Cumulative Graduate Nursing Grade Point Average (GPA) by Group



* Indicates outliers

Finally, analysis of the number of incompletes for course work revealed that traditional NP graduates had less incompletes compared to that of the MEPN NP graduates. There were 11 (21%) traditional NP graduates who received an incomplete for course work compared to 16 (37%) of the MEPN NP graduates. None of the MEPN NP graduates took a LOA, while 4 (7.5%) of the traditional NP students took a LOA during their Master's coursework. Analysis of the data did not demonstrate a statistically significance difference regarding incompletes and LOAs. However, p values for the comparison between groups for the number of incompletes for course work ($p = .06$) and number of LOAs ($p = .066$) indicate a trend toward significance. It is possible that a statistically significant difference might have been demonstrated if the sample size were larger. Results are summarized in figure 5.

Figure 5. Number of Students Receiving Incompletes, Repeating Courses, Withdrawing from Program, Taking a Leave of Absence by Group



Chapter V

Discussion

Analysis of the data indicates that there are no significant differences between UHM SON MEPN and traditional NP graduates in the areas of educational outcomes and progression such as GPAs; number of repeated courses, incompletes for course work, LOAs, withdrawals; and certification examination pass rates. These results provide evidence that MEPN NPs and traditional NPs are following similar paths regarding their educational progression and outcomes.

The GPA is an indicator for educational outcomes among graduate students at UHM SON. The results of this study revealed that there were no significant differences in GPAs between MEPN and traditional graduate students. The possible reasons for explaining this finding were not explored in this study. However, factors that may play a role in explaining the GPA success of both groups include well-established study habits and a commitment to achieving academic success. Moreover, MEPN NP students go directly from their pre-licensure coursework to their Master's advanced nursing practice coursework, which may work to their advantage in terms of their academic achievement. By entering directly into the Master's coursework, it is possible that the prior intense pre-licensure year of rigorous coursework required of them in order to become licensed as an RN and then enter their Master's program helped them develop appropriate study strategies to succeed in their graduate studies. The content in graduate classes also builds upon nursing foundations. Thus, MEPN NP students are familiar with concepts being taught and are able to progress with traditional NP students.

Withdrawals, LOAs, incompletes, and repeat courses help to identify possible delays in educational progression. Results of the analysis revealed that there were no statistically

significant differences in any of these variables between the two groups of NP graduates, which support the hypothesis that MEPN NP students are similar to traditional NP students in their academic progression. Although there were no statistically significant differences in these variables, two variables did show trending towards significance. First, the MEPN NP graduates in this study did not take LOAs while 4 traditional NP students did require LOAs ($p = .066$). The reasons for the LOAs were not available for analysis; however, it is possible that the traditional NP students were employed as RNs prior to enrolling in their graduate programs and encountered difficulties balancing school coursework with work with the demands of their employment and/or family commitments. It is also possible that the MEPN students who were unable to balance coursework with job demands and/or family commitments may have already withdrawn from the pre-licensure year of the program and, therefore, would not have been included in the data.

There was also a trend towards a statistically significance difference ($p = .06$) between the groups in the number of incompletes received for courses. Traditional NP graduates had 11 incompletes for courses, while MEPN NP graduates had 16. Data were not provided to indicate if the incompletes that were recorded were for didactic or clinical coursework. However, it is possible that many of the incompletes were a result of the inability of the students to complete their clinical hours for a particular semester. Reasons for inability to complete clinical hours can include lack of preceptor ability to provide adequate hours at a particular facility or an inability to match a student's class or work schedule with the preceptor's availability. A larger sample size would be needed to identify if there is any statistically significant differences between the NP graduates for these variables. In addition, having information about the type of course (i.e.,

didactic versus clinical) that received an initial incomplete grade should be considered for inclusion in future studies.

The NP certification examinations by the Commission on Collegiate Nursing Education (CCNE) or the American Association of Nurse Practitioners (AANP) test the NP graduates knowledge and, if successfully passed, provides evidence to regulatory agencies (e.g., the Hawai'i Board of Nursing) that the NP graduate has met a national standard of competencies for practicing as an APRN. The results of this study found no significance differences between the two groups in terms of certification examination pass rates. This finding provides evidence that the MEPN NP graduates are as successful as traditional NP graduates in gaining and demonstrating knowledge critical to providing safe and competent care at a beginning APRN level. It also suggests that MEPN NPs are able to meet the national standards of certification without the need for nursing experience prior to entering their Master's program of study (i.e., moving directly from completing their pre-licensure year into their Master's specialty track course work). Previous studies have indicated that MEPN students typically have other occupational and/or life experiences that contribute to their success as a student (Moore et al., 2010). Although MEPN NP students do not typically have nursing experience prior to entering their MEPN programs, they are able to use the skills learned in other disciplines to help them succeed in their NP graduate. Results from this study also indicate the UHM SON is successful in educating their NP graduate students so they are able to pass national NP certification examinations.

Interestingly, there was a statistically significant difference in the average number of semesters needed to complete the graduate course work ($p = .001$) and part-time and full-time status ($p = .05$) between MEPN and traditional NP graduates. The MEPN NP graduates finished

in a fewer number of semesters and were more likely to be full-time students compared to the traditional NP graduates. One possible factor that could explain the difference may be that traditional NP graduates may have entered their Master's program while still employed as RNs, possibly in full-time nursing positions. The demands of full-time employment may require that a student change from a full-time to a part-time academic plan to complete their graduate coursework. Data showed similarities in MEPN NP and traditional NP graduates regarding whether they worked in their pre-licensure year (85% compared to 90%). However, the survey did not go into depth regarding part-time and full-time status of work during the Master's coursework, as well as the type of position the students held during their graduate education.

Implications for Nursing

This study contributes to knowledge about the successful preparation of MEPN NP students compared to traditional BSN NP students. It provides evidence that, academically, MEPN and traditional NP graduates both reach the same landmarks with no significant differences; and the two groups were equally successful in passing national certification examinations. It also revealed that MEPN NP graduates complete their program of study in fewer semesters compared to traditional NP graduates.

Many studies have explored the characteristics that make MEPN, or other accelerated second-degree students, successful in their pre-licensure nursing education. While not studied in this research project, it is possible that the traits of MEPN students that contributed to their success in their RN education (i.e., pre-licensure education) as documented in previous studies could carry over to their Master's coursework. Ziehm et al., (2011) stated that MEPN graduates from UCSF often exercised initiative, were resourceful, were willing to ask questions, and used

effective communication skills. Additionally, Raines (2013) indicated that accelerated nursing graduates' experiences from previous careers, their ability to multitask, and more developed interpersonal skills may be the explanation for their rapid achievement. Results from both of these studies provide explanations for the findings of this study. It is possible that MEPN students carry over the same traits that help them be successful in completing their pre-licensure year and transition to their Master's coursework. By utilizing past work experiences and applying these to the discipline of nursing, MEPN students bring a different perspective to the RN role and the NP role. They have not been solely educated as nurses but have the experiences and the mindset of their past work lives that are incorporated into the new role they are assuming as a RN and APRN (i.e., NP). It is essential that the nursing community understands and appreciates the unique contributions of RNs and NPs prepared through an accelerated second-degree educational program such as MEPN to the profession, rather than remain skeptical about their ability to successfully function and contribute to nursing and health care because of the accelerated nature of their education.

White, Wax & Berrey (2000) research results found that students valued clinical experiences with NPs and physicians, the quality of preceptors, and the quality of practicum assignments as the most important or useful experiences that prepared them for their NP roles. Nursing experience was also part of the study, and only 17% of accelerated second-degree advanced practice nurses stated that they thought having RN experience was necessary to prepare them for their NP roles (2000). The role of the RN and the role of the NP are different. The findings from this study complement White, Wax & Berrey's results by analyzing data from graduate studies (i.e., post pre-licensure advanced nursing practice education) to determine any differences between the MEPN-prepared and traditional BSN-prepared graduates. Most of the

academic outcomes analyzed in this study (e.g., GPAs, NP certification exam pass rates, incompletes for coursework, LOAs, withdrawals from courses) did not differ significantly between MEPN NP graduates and traditional NP graduates. This finding implies that there are successful outcomes for the accelerated second-degree NP graduates that are equal to those of NP graduates who have had traditional BSN pre-licensure education.

Limitations

Several limitations to the study should be noted. First, the sample for the study was comprised of graduates from one institution and school - the UHM SON. Thus, findings of this study cannot be applied to graduates from other nursing academic institutions because of possible differences in the curriculum and student demographics. In addition, due to confidentiality issues, the UHM SON does not receive individual national certification examination pass rates for their graduates, but instead receives an overall percentage of those graduates who passed. If too few students from the UHM SON take the certification examination, the results will not be released to the school in order to protect the identities of the students. The certification pass rates included in this study's data analysis were obtained from responses to a survey, which could not be verified. Only 30% of 96 NP graduates that qualified for participation in this study responded to the survey. It is possible that those who participated were more successful in passing their certification examinations and obtaining employment than graduates who did not respond to the survey. The survey did not specifically ask about nursing experience prior to beginning or during the Master's program of study. Also, the data provided about GPAs by the OSS were rounded up a tenth of a decimal point, which could have skewed the analysis. Despite these limitations, the results are useful in comparing educational outcomes

and progressions of MEPN-prepared and traditional BSN-prepared graduates of advanced nursing practice programs of the UHM SON.

Implications for Future Research

The results of this study only examined the differences in educational progression and outcomes of MEPN and traditional NP graduates from the UHM SON. This study was designed to be a pilot for future investigations possibly involving multiple sites across the US in order to determine if there are differences between MEPN and traditional NP graduates from other nursing academic institutions. It would be interesting to incorporate data from other schools to observe if data yield similar results to the findings of this pilot study. By incorporating additional student populations across the nation, there would be increased heterogeneity of the sample and a larger sample size, resulting in an increased likelihood of determining significant differences between the groups, validation of findings of this study, and the ability to generalize findings across the MEPN and traditional NP graduate populations.

In addition, educational progression and outcomes are only two aspects that can measure the performance of the NP. It is important to see if MEPN NPs are successful in the workforce and are providing the same quality of care as the traditional NP. White, Wax, & Berrey (2000) indicated that accelerated advanced practice nursing graduates had socialized into the nursing workforce, but recommended that replication of their study be performed in other settings to measure the short-term and long-term profiles of nontraditional graduate nursing education programs. Qualities such as patient safety, quality health care, and patient satisfaction are recommendations of performance measurements for future research regarding NP graduates from MEPN and traditional programs.

Additional research is warranted in this area as there is limited to no research regarding the MEPN NP. The American Association of Colleges in Nursing (AACN) projects a demand for RNs and APRNs of 1.13 million by the year 2022 (AACN, 2014). Research regarding MEPN NPs could help justify establishing, maintaining, or expanding accelerated programs to help address the projected need for more APRNs by 2022. Moreover, research can provide employers and other healthcare professionals a better idea of what to expect from NP graduates of accelerated programs like MEPN. There are no studies published about the quality of care that MEPN NPs provide. Employers are often skeptical about the accelerated education of the MEPN NP and additional research would help address and clarify any concerns potential employers might have about hiring a MEPN NP graduate. Finally, research can help guide students who want to become health care providers about their options to obtain an NP graduate education. MEPN programs are typically developed for individuals who want to change their career paths to become a nurse. Additional research and publications about the qualities that are expected of a successful MEPN NP graduate could help inform potential applicants so that they can choose whether or not an accelerated approach to nursing education is a viable option for them.

Conclusion

This study provides new information about the educational progression and certification rates of MEPN (i.e., accelerated nursing) NP graduates compared to traditional BSN NP graduates. Even though MEPN NPs do not typically have nursing experience prior to entering their accelerated program of study, they are able to successfully progress through their Master's NP course work, adapt to the role of the NP, and pass their certification examinations. The MEPN program at UHM SON has only been in existence since 2008. Initially, there was

skepticism from the nursing community about the ability of graduates of an accelerated nursing education program to be as competent as traditional BSN graduates in terms of their knowledge and skills as NPs. However, as more MEPN NP graduates are employed in the Hawai'i health care workforce, healthcare professionals are starting to recognize the abilities and strengths that MEPN NPs bring to the healthcare team. As healthcare moves to a more interdisciplinary approach to patient care, it is important that team members value the contributions that all healthcare providers bring despite their previous career backgrounds and approaches to obtaining their professional education.

Appendix A. Survey Questions

1. Were you a Master's entry level in nursing (MEPN) student or Traditional (non-MEPN) NP student?

- MEPN student
- Traditional Student

2. Were you a full time or part time student?

- Full time
- Part time

3. Select one specialization

- Select one specialization FNP (FNP-APHN)
- PNP (PNP-APHN)
- ANP
- GNP
- A/GNP

4. Did you work during your program?

- yes
- No

If yes, please specify

5. How many semesters did it take you to complete your program? (If you are a MEPN student do not count your pre-licensure year)

- 5
- 6
- 7
- 8
- 9
- 10+

Appendix A. Survey Questions continued

6. Did you pass your nurse practitioner certification exam?

- Yes
- No
- Did not take it yet
- Do not intend to take it

7. How many attempts did it take to pass your certification exam?

- 1
- 2
- 3
- 4
- 5+

8. Are you currently employed as an advanced practice nurse?

- yes
- no

9. If employed as an APRN please select the type of site you are employed at (select all that apply)

- private practice outpatient
- hospital based clinic
- community clinic
- long term care facility
- Hospice
- not applicable

Appendix A. Survey Questions continued

10. If you are not employed as an advanced practice nurse, what type of occupation are you currently holding?

- Certified nurse assistant
 - Medical assistant
 - Registered nurse
 - Medical technician
 - Non-health related job
 - Unemployed
 - Not applicable
- Other (please specify)

Appendix B. Consent

University of Hawai`i

Consent to Participate in Research

Comparison Between University of Hawai`i at Mānoa MEPN and Traditional (BSN) NP Graduates' Progression Through The Program and Certification Rates

My name is Gregory Gee, and I am a graduate student at the University of Hawai`i at Mānoa (UHM). I am currently conducting a descriptive study to determine any possible differences in educational progression and outcomes between Masters Entry Program in Nursing (MEPN) and traditional (non-MEPN) nurse practitioner students. Participation in this study will involve the completion of an anonymous on-line (Internet) survey.

Project Description – Activities and Time Commitment: Participants will fill out a survey that is posted on the Internet. Survey questions are primarily multiple choice. However, there will be several opportunities to expand upon your answer with an open-ended response. Completion of the survey will take approximately 10 minutes. Around 80 people will take part in this project.

Benefits and Risks: There will be no direct benefit to you for participating in this survey. The findings of this study may be useful in determining differences in these two groups of students' progression through their MS programs as well as provide quantifiable evidence about similarities in program outcomes for these two groups of students. The results may also serve to assist faculty in revising existing curriculum to enhance MS NP students' knowledge as well as facilitate their successful completion of their programs. There is little risk to you in participating in this project.

Confidentiality and Privacy: This survey is anonymous. I will not ask you to provide any personal information that could be used to identify you. Likewise, please do not include any personal information, such as your name, in your survey responses.

Voluntary Participation: Participation in this project is voluntary. You can freely choose to participate or to not participate in this survey, and there will be no penalty or loss of benefits for either decision. If you agree to participate, you can stop at any time without any penalty or loss of benefits to which you are otherwise entitled.

Questions: If you have any questions about this study, you can contact me at gee6@hawaii.edu. You can also contact my faculty advisory, Dr. Maureen Shannon, at maureens@hawaii.edu. If you have any questions about your rights as a research participant, you can contact the UH Committee on Human Studies at 808.956.5007 or uhirb@hawaii.edu.

To Access the Survey: Please click on the next link. Submittal of the survey will be considered as your consent to participate in this study.

Please print a copy of this page for your reference.

Appendix C. Email to Participants

Dear Prospective Participant,

My name is Gregory Gee and I am currently conducting a descriptive study to determine any possible differences in educational progression and outcomes between Masters Entry Program in Nursing (MEPN) and traditional (non-MEPN) nurse practitioner students. As part of this study I have developed a short survey (10 questions) to collect demographic information, length to complete the program, and national certification information (i.e. how many attempts to pass the examination). The information collected from this survey will be collected anonymously (i.e., participants' names or other identifying information will not be collected), and the data will be analyzed and reported as aggregate (group) data. The findings of this study may be useful in determining differences in these two groups of students' progression through their MS programs as well as provide quantifiable evidence about similarities in program outcomes for these two groups of students. The results may also serve to assist faculty in revising existing curriculum to enhance MS NP students' knowledge as well as facilitate their successful completion of their programs.

The survey will not be linked to any personal identifiers and will be strictly confidential. Please answer the questions honestly, and to the best of your ability. Below is the link to the survey.

Thank you for your helping in improving the experience for future nurse practitioner students.

Link to the survey

<http://www.surveymonkey.com/s/FHM3H8P>

Respectfully,

Gregory Gee, RN

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