

FROM COACH TO COLLEAGUE: ADJUSTING PEDAGOGICAL APPROACHES AND ATTITUDES IN ACCELERATED NURSING PROGRAMS

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Accelerated nursing programs are an innovative approach to training nurses and advanced practice nurses that are growing steadily in number and popularity. Although there is ample evidence to show that these programs have good outcomes, acceptance by both faculty and nurses in the community remains low. This article gives a description of the accelerated nursing student, which provides some insight as to why this student is both a challenge and a joy to mentor. In addition, an overview of pedagogical approaches that may be helpful in teaching this bright group of accelerated nursing students is provided. Accelerated nursing students enrich the nursing profession with the myriad of skills and varied backgrounds they bring to nursing. As professionals, mentors, and educators, we need to not only embrace accelerated students but also be advocates and mentors for them as they assimilate into our profession. (Index words: Accelerated nursing program; Pedagogical approach; Professional formation) *J Prof Nurs* 0:1–7, 2013. © 2013 Elsevier Inc. All rights reserved.

AS HAS BEEN noted in many publications over the past decade, 55% of registered nurses (RNs) will reach retirement age by 2020 while the demand for nurses will increase, thus predicting a shortfall of approximately 260,000 RNs by 2025 (Beurhaus, Auerbach, & Staioder, 2009). In addition to the RN shortage, the current shortage of primary care physicians is also expected to worsen over the next two decades because the majority of medical school graduates choose subspecialties that offer higher reimbursement from third party payers (American Association of Colleges of Nursing [AACN], 2010; Bodenheimer & Pham, 2010; Doherty, 2010). The Institute of Medicine (IOM) 2010 Report on the Future of Nursing calls for the utilization of advanced practice nurses to not only fill the critical need of primary care providers but also

to deliver these services at the community level, something that nurses are uniquely qualified to do (IOM, 2010).

An innovative approach to producing more RNs and advanced practice nurses has been the advent of accelerated programs, where students with a bachelor's degree in other fields may achieve a secondary career as an RN and, often, an advanced practice degree, in a shortened, intensely concentrated period. A particular challenge in working with accelerated students is facilitating the formative role transition, so critical to becoming a nursing professional, while affirming the diversity and richness these students bring to nursing from a myriad of professional backgrounds. An additional challenge arises from the generational differences between nursing faculty and the accelerated students. According to a 2011 AACN report, the average ages of nursing faculty with doctoral degrees holding the ranks of professor, associate professor, and assistant professor were 60.5, 57.1, and 51.5 years, respectively. Accelerated students are not the typical group of younger, less mature undergraduate nursing students. However, accelerated students, having grown up as what Walker et al. (2006) refer to as “digital natives”, growing up integrating digital technology into every aspect of their lives, frequently have

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high expectations for the teaching/learning environment and expect it to be infused with instructional technology and delivered in an efficient, comprehensive manner.

The purpose of this article is to review the literature on pedagogical approaches specific to accelerated students, identifying best practices, challenges, and areas in need of additional research. Prior to summarizing this literature, a brief history of accelerated nursing programs and a portrait of the typical accelerated student will be provided, drawing from both the literature and the authors' own institutional demographics. Faculty experiences with accelerated students, as reported in the literature, will also be summarized to motivate a further examination of the unique needs of this growing population of students.

The Accelerated Nursing Degree Student Characteristics

On their accelerated programs fact sheet, the AACN (2011) depicts the accelerated nursing student as “motivated, older and with higher academic expectations than traditional entry-level nursing students.” At our own college of nursing, we have certainly found this characterization to be true. Table 1 provides an overview of the demographics of Seattle University's accelerated nursing applicant pool and accepted student cohorts for the academic years 2009 through 2011. A robust and ethnically diverse applicant pool has consistently yielded an extremely bright cohort of accelerated nursing

students with an average undergraduate grade point average (GPA) of 3.4 on a 4.0 scale, high graduate record examination (GRE) analytical scores, and above average GRE quantitative scores. Accelerated students are young with an average age of 27–28 years (range = 22–53), making cohorts largely composed of generation X and millennials or digital natives (Prensky, 2001). The mean age of accelerated students over the past 3 years is 29–31 years, and approximately 28% hold post baccalaureate degrees in areas such as business, public health, public administration, or the physical sciences.

Most of the students come into the program after successfully pursuing careers in areas such as health education, strategic planning, laboratory science, grant writing, community advocacy, or teaching. Very few students enter the program with 2 or less years of working experience after achieving their baccalaureate degrees. The presence of such rich and varied experience during classroom discussions can be both exhilarating and overwhelming for the nursing professor.

The following profiles of three students are representative of the type of students who typically enter Seattle University's accelerated nursing program. Each brings a very different type of experiential and educational background to his or her embarkment on a career in nursing. Most are truly exceptional.

Amy is 31 years old and holds a bachelor of arts degree in medical anthropology with a minor in women's studies. Amy was homeless for a few years and, then,

Table 1. Demographics of Applicant Pool and Accepted Cohorts 2009–2011

	Applicant pool		
	2009	2010	2011
No. of applications received and reviewed	231	312	352
Average GPA of applicants	3.417	3.431	3.419
Average GRE analytical	4.48	4.37	4.38
Average GRE verbal	516	515	517
Average GRE quantitative	595	586	589
Average age	27.4	28	28.3
Age range	20–54	18–55	19–54
Ethnicity			
African American/Black	11	13	13
Asian American	25	42	49
Hispanic/Latino	5	11	17
Native American/Alaskan Native	2	1	0
Mixed/Multicultural	3	9	12
Pacific Islander	0	2	0
Non-Hispanic White	104	181	209
Unknown	84	52	48
Nonresident	0	2	4
Accepted students in each cohort			
No. of students	44	50	50
Average GPA	3.5	3.7	3.5
Average GRE analytical	4.6	4.6	4.5
Average GRE verbal	552	554	557
Average GRE quantitative	598	590	611
No. of students with master's degrees	11 (25% of cohort)	18 (36% of cohort)	12 (24% of cohort)
Average age	30.8	31	29.7
Age range	25–50	23–51	22–53

began her undergraduate studies at age 24 when she could legally fill out her own Free Application for Federal Student Aid papers. She started her undergraduate degree at a community college and, then, transferred to a public university after completing her Associate of Arts degree. She has been financially independent since she was 18 and financed her entire education via grants and scholarships. Amy states that she came to the accelerated nursing program understanding what it means to be vulnerable with the hope of helping other women who have been through similar hardships.

Tim holds a bachelor's degree in psychology and a master's in behavioral neuropsychology. At 39 years old, Tim has held a variety of positions, including research technician, teacher, and massage therapist. His master's thesis title was Dopamine Dynamics Associated With and Resulting From Schedule-Induced Alcohol Self-Administration: Analysis in Mice Lacking the Dopamine Transporter. Tim also participated in a religious mission as a part of his faith journey for 2 years.

At 27 years old, Susan has served 2 years in the Peace Corps in Mozambique and speaks Spanish, Portuguese, French, and some American sign language. She has a bachelor's degree in both international studies and psychology, with a minor in Spanish. Her international volunteer work experience includes public health and disaster mitigation projects in Panama, Peru, and Ecuador; HIV/AIDS Mainstreaming Officer in Mozambique; and working with Nicaraguan children with disabilities.

Other institutions offering accelerated programs have described similar demographics of students. Meyer, Hoover, and Maposa (2006) reported that of 53 accelerated bachelor of science in nursing (BSN) students from the 2004 academic year, 77% were women, and 88.6% were European American. Undergraduate majors were mostly in the physical sciences (30.2%) or social sciences (22.6) with seven students having advanced degrees. Seldomridge and DiBartolo (2007) reviewed accelerated program student records for 5 years ($N = 71$) and found that 87% were women and 81% were European American. Forty-nine percent of the undergraduate degrees were in the sciences, and 10% of the students held post baccalaureate degrees. Each of these authors emphasized that the percentage of males was at least twice that of traditional baccalaureate programs.

Performance

Seldomridge and DiBartolo (2007) compared the academic performance of accelerated students with traditional BSN students across several variables, including test averages and final GPA, and found that accelerated students outperformed traditional students on each variable. Eighty-four percent of accelerated students passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN) compared with 80.6% of traditional RN students. When Ouellet, MacIntosh, Gibson, and Jefferson (2008) examined outcomes on the Canadian nursing licensure examination and competency-to-practice rankings for 42 accelerated students,

they found scores to be comparable to traditional students, demonstrating high pass rates. Bentley (2008) also compared traditional and accelerated student success on the NCLEX-RN and found that accelerated students had a higher pass rate (92.3% vs. 89.5%). In addition, the researchers found that accelerated students performed significantly better than traditional students on the exit Health Education Systems Inc. (HESI) examination; however, traditional students performed significantly better on the specialty HESI examinations (maternity, medical surgical, pediatric, and psychiatric).

Our own NCLEX-RN pass rate for accelerated students over the past 10 years has been extremely high, nearly 100% almost every year, as compared with an equally high pass rate in the 90% range for the traditional nursing students.

Challenges Identified by Faculty

The accelerated student's experience and maturity can provide a gratifying teaching experience; however, faculty also identify challenges in working with this group of students. In their hermeneutic study of faculty experiences teaching accelerated nursing students, Cangelosi and Moss (2010) found that every faculty member who was interviewed expressed that accelerated nursing students were challenging to teach. Two themes emerged from the interviews: "at the top of my game" and "teaching to think like a nurse." In general, faculty characterized accelerated students as "bright, motivated, not afraid to question authority, and ready to buck the system" (Bentley, 2008). Participants expressed the importance of needing to be extremely prepared to teach accelerated students, thus the theme of needing to be at the top of my game. A successful teaching strategy identified by several faculty was to build on students' prior experiences whenever possible. Faculty also expressed the concern that an accelerated program did not allow enough time to assist students in their socialization into the profession of nursing, for example, to think like a nurse. They observed that students were often focused on the tools and tasks of nursing and were unable to adopt a systems approach to problem solving. One participant noted that this later observation is not unlike traditional nursing students; however, accelerated students must socialize to the critical thinking skills necessary for a nurse much more rapidly. Faculty recommended frequent reminders to students of the overarching goals of the program woven throughout the curriculum.

Lockwood, Walker, and Tilley (2009) found similar themes when performing faculty focus groups to determine strengths and weaknesses of an accelerated nursing program after the first year. Faculty expressed that students were more focused on content and technical skills rather than the critical thinking necessary to becoming a successful nurse. A theme that emerged from the focus groups was "effectively teaching a different kind of student." Faculty stated that while, in general, writing and analytical skills were at a higher level than traditional students, accelerated students could also

be more demanding of faculty time, particularly one-on-one evaluation of written assignments and examinations.

Both of these articles emphasize that the teaching of accelerated students is not for everyone. Similar to our experience, [Cangelosi and Moss \(2010\)](#) interviewed faculty who were uncomfortable teaching accelerated students. Other faculty “held firm to the belief that accelerated second-degree students are ‘no different’ from traditional BSN students, because we hold them to the same objectives and outcomes,” and therefore, they utilize the same pedagogical approaches, which indicates some rigidity. [Lockwood et al. \(2009\)](#) stress that faculty need to be willing to adapt and revise teaching approaches quickly to meet the varied needs of the students. Faculty need to be confident, experts in their fields, and accepting of the varied learning styles and backgrounds of their students ([Cangelosi & Moss, 2010](#)). Based on the experiences of these authors and our own, it is recommended that faculty not be recruited to teach accelerated students unless they have a good understanding of this population and are committed to the success of this model for educating nurses. If faculty hold to the belief that a traditional model of education is necessary to educate and socialize student nurses, they may not be up to the challenge of teaching accelerated students and may experience frustration and burnout.

We now know enough about accelerated nursing students to devise successful pedagogical approaches for the unique needs of these highly motivated adult learners. [Cangelosi and Moss \(2010\)](#) note that although many faculty recognize that accelerated students are indeed different from traditional students, few consider utilizing different teaching strategies to meet the needs of these students. Because the professional formation of nurses is such a critical and necessary step in nursing education, an overview of the process of assisting students to socialize into the nursing profession is provided next. Then the remainder of this article is devoted to exploring the best practices for the education and socialization of accelerated nursing students and overcoming possible barriers.

Educating and Socializing Accelerated Nursing Students

Professional Formation

Becoming a nurse is much more than mastering clinical theory and tasks; it is also the transformation into the role of professional nurse. In their book, *Educating Nurses: A Call for Radical Transformation*, [Benner, Sutphen, Leonard, and Day \(2010\)](#) identify major themes from senior nursing student stories that served a role in their formation as nurses. It has been our observation that some of these themes, such as treating a patient as a person rather than an object of care, the ability to respond effectively to ethical challenges, and act as an advocate for the patient, come more easily to the accelerated student than to a traditional BSN student. Unlike the 20-year-old nursing student, who has limited life experience, the accelerated nursing student brings a myriad of work and

life experiences to the profession and is often able to transfer skills from other professions easily. Because of the shortened time frame for their formation, however, other themes may be more difficult for the accelerated student to master. For example, although accelerated students receive the same number of laboratory and clinical hours as traditional BSN students, the hours are concentrated over a shorter period, making the mastery of technical skills more challenging. In one quarter, specialty areas, such as pediatrics and medical–surgical nursing, may overlap or dovetail with each other, making it difficult for students to absorb the rationale and steps necessary to perform technical skills. We know from Benner's novice to expert research that no nursing student feels completely comfortable with technical skills upon graduation; however, the accelerated student may experience a steeper learning curve in this area ([Benner, 1984](#)). Augmenting clinical experiences with simulation laboratory case studies that become more complex as the term progresses can be very helpful in assisting students to master clinical skills. It is also helpful to make resources available to students so that they can practice clinical skills repeatedly on their own in the clinical laboratory setting prior to observation and check off by faculty.

Coaching, a critical piece of formation into the nursing profession, was identified by [Benner et al. \(2010\)](#). Although all nursing students receive the benefit of coaching in clinical settings, the relationship between mentor and student may be affected by the mentor's beliefs about the effectiveness of an accelerated program model. Anecdotal reports by our own students have highlighted some of the barriers to effective mentoring when staff nurses and our own faculty make comments such as “I don't think it is possible to become a competent nurse in a fast track program such as yours.” [Hegge and Hallman \(2008\)](#) stress the importance of disseminating outcome data demonstrating the success of accelerated nursing students in order to shift nurses' beliefs about accelerated programs. However, as [Benner et al. \(2010\)](#) state with regard to professional formation “...learning usually occurs in the context of membership and participation in a community of learning or practice” (p. 191). Therefore, it is critical that, if accelerated nursing students are to successfully assimilate into the profession of nursing, the nursing community facilitate this process and a necessary first step is acceptance of the accelerated nursing education model. Nursing faculty, in particular, need to be advocates for these students, seizing opportunities to educate colleagues throughout the health care system about program goals and outcomes, student profiles, and the depth and breadth of experience accelerated students bring to the nursing profession.

Pedagogical Approaches

Other authors have reported useful strategies for meeting the teaching challenges and learning needs of accelerated nursing students; therefore, prior to describing a recommended shift in teaching philosophy, these strategies are summarized in [Table 2](#).

Table 2. Strategies for Educating Accelerated Nursing Students as Reported in the Literature

Teaching challenge	Recommended pedagogical strategy
Students come with diverse backgrounds and experience	<ul style="list-style-type: none"> • Use a variety of teaching methodologies; avoid one-way presentation of materials (Rico, Beal, & Davies, 2009) • Employ case study methodology (Cangelosi & Whitt, 2005) • Build on student experience and expertise by designing assignments that use teams and talents of students (Cangelosi & Moss, 2010) • Foster collaboration across student groups and with faculty (Rico et al., 2009; Kruszewski, Brough, & Killeen, 2009)
Students tend to challenge old ideas and nursing traditions	<ul style="list-style-type: none"> • Appreciate accelerated students as adult learners (Rico et al., 2009; Cangelosi & Moss, 2010) • Use expert clinicians as faculty and avoid novice teachers. Use strong teachers who welcome student feedback (Cangelosi & Moss, 2010)
Assimilation into the nursing role	<ul style="list-style-type: none"> • Deliberately connect theory to practice (Robert, Pomarico, & Nolan, 2011) • Create context for theoretical and professional role development concepts in both the clinical and classroom setting (Lockwood et al., 2009)
Shortened time frame to absorb material and become competent practitioners	<ul style="list-style-type: none"> • Direct, constructive feedback quickly because time is of the essence (Cangelosi & Moss, 2010) • Use a reflective practice model where the emphasis is on reflective problem solving and a moderate level of uncertainty (Lockwood et al., 2009) • Streamline curriculum, avoid redundancies (Hegge & Hallman, 2008)
Students are primarily digital natives, and faculty are digital immigrants.	<ul style="list-style-type: none"> • Creatively utilize information technology in the curriculum (Axley, 2008; Stewart, Pope, & Duncan, 2009)

As several authors have suggested, employing adult learning principles with accelerated students is both helpful and necessary if we are to assist these students to assimilate quickly into the community of nursing (Rico et al., 2009; Cangelosi & Moss, 2010). However, as noted earlier, accelerated students tend to be high achievers with a proven track record both academically and professionally. In our own program, the application process is competitive with over 300 applicants for 50 slots, yielding a class of exceptionally bright students. Therefore, we feel it is not enough to simply streamline redundant curriculum and insert case studies as needed. Rather, we recommend partnering with students more as a mentor and applying approaches such as Collins, Brown, and Newman's (1989) cognitive apprenticeship model, where teachers:

- identify the processes of the task and make them visible to students,
- situate abstract tasks in authentic contexts so that students understand the relevance of the work, and
- vary the diversity of situations and articulate the common aspects so that students can transfer what they learn (Collins, Brown, & Holum, 1991).

A cognitive apprenticeship approach is a fundamentally different method of teaching in that material is introduced to students in order to provide them with the tools to apply knowledge in strategic ways rather than simply attaining a knowledge base (Stahmeijer, Dohmans, Wolfhagen, & Scherphier, 2009). Students are introduced to material as a means of launching them on an inquiry process. Students are then introduced to increasingly complex problems and encouraged to take control over their own learning.

The instructor acts as a coach by modeling how he or she might approach the problem, inviting students to compare and contrast different approaches. The method is suited to second-degree accelerated students in that it validates the skills and knowledge they bring to the problem-solving process. The method also demonstrates the complexity of problem-solving approaches in nursing, encompassing more and more variables and layers as the student progresses.

Use of the unfolding case is an example of a teaching strategy that can be used with a cognitive apprenticeship approach. The unfolding case, a situational learning strategy, helps students “think like a nurse or advanced practice nurse” by combining the frequently used case study method of teaching with opportunities for group and individual interactive learning as the ever-changing clinical situation unfolds (Glendon & Ulrich, 1997, 2001). Faculty provide the initial stem of the case or situation for the students to work through pertinent background information related to the characters included in the case, the initial situation they encounter, and focused questions. After this information is provided, a series of questions are presented to the group for discussion. “What else do you need to know?” elicits further assessment strategies. “What do you think is going on?” elicits discussion of possible nursing diagnoses, and “What are you going to do about it?” stimulates thinking and discussion on nursing interventions. “Does anyone else need to know about it?” encourages students to think about collaborative or interdisciplinary aspects of care. “What follow-up is needed?” helps students think through what patient education is needed, how care might be evaluated, when should the patient receive follow up, and/or when the situation should be reassessed. The unfolding case can be made more

complex by introducing a second scene, building on the first, with a change in time, patient condition, laboratory results, or procedure.

Perhaps, most importantly, when faculty adopt a coaching role, students feel supported and are pulled into the community of nursing as partners in the learning process, albeit in a novice role, but partners nonetheless. The cognitive apprentice model in general and the use of situated learning in particular also aid in the socialization to the role and the profession. When we treat adult students as the colleagues they are to become, telling our stories, getting to know each other as persons, celebrating our successes, and supporting each other through challenges and problem solving, we create collegiality, mutual respect, and sense of community, as well as cognitive and metacognitive learning (Dennen & Burner, 2008).

Accelerated nursing students are digital natives, who are described as always connected, multitasking, and collaborating (Skiba, 2005). These students frequently have high expectations for the teaching/learning environment and expect it to be infused with instructional technology and delivered in an efficient, comprehensive manner. As Prensky (2001) points out, most of the nursing faculty are learning a “new language” as digital immigrants when teaching digital natives. Therefore, we have made a concerted effort to utilize digital technologies and enhance our technological and multimedia approaches both in and out of the classroom. For example, we require our nurse practitioner students to utilize pharmacology software and other electronic resources for clinical practice on their smart telephones, use closed circuit television to review physical examinations in real time (with a group of students or, retrospectively, with a performing student), and develop podcasts and enhance PowerPoint presentations that students can download anytime. We also use Turning Point[®] clickers to increase student engagement in the classroom and Skype technology on a large screen to hold clinical group debriefings with students who are in other states or countries.

Conclusion

Accelerated programs are not only viable options for streamlined entry of well-qualified individuals into nursing and advanced practice nursing but are also increasing in number and popularity. In 2010, 13,605 students were enrolled in U.S. accelerated nursing programs; an increase of 123% or 7,515 students since 2004 (Walker et al., 2006). Educational options, such as the baccalaureate in a non-nursing field to the master's of science in nursing, provide a significant pathway directly to the advanced practice nursing role and could help alleviate the nursing and primary care provider shortage (Siler, Debasio, & Roberts, 2008). These programs also offer opportunities to increase the overall diversity of the profession in terms of age, gender, ethnicity, and the background experience and education of nurses. Accelerated programs serve an important purpose, and nursing faculty need to rise to meet the needs of these students.

The IOM Future of Nursing Focus on Education Report (2011) supports the development of new models and approaches in nursing education to produce increased numbers of baccalaureate-prepared nurses, capable of systems thinking, advanced decision making, and able to provide complex care in the hospital and the community. Combining the rich backgrounds of the accelerated student with a challenging, adult-oriented curriculum can enrich and add to the nursing workforce of the future. These articulate, well-prepared nurse graduates are poised to achieve even higher levels of education and, eventually, serve as nurse educators, nurse researchers, and advanced practice nurses, providing primary care in a variety of settings in the future.

References

- American Association of Colleges of Nursing (AACN, 2011). Fact Sheet: Accelerated Baccalaureate and Master's Degrees in Nursing. Retrieved from <http://www.aacn.nche.edu/media/factsheets/acceleratedprog.htm>.
- American Association of Colleges of Nursing. 2010-2011 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing. Retrieved from <http://www.aacn.nche.edu/Media/pdf/FacultyShortageFS.pdf>.
- Axley, L. (2008). The integration of technology into nursing curricula: Supporting faculty via the technology fellowship program. *Online Journal of Issues in Nursing*, 13, 1–11.
- Bentley, R. (2008). Traditional and accelerated baccalaureate nursing graduates. *Nurse Educator*, 31, 79–83.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco: Jossey-Bass.
- Benner, P. (1984). *From novice to expert. Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing Company.
- Beurhaus, P. L., Auerbach, D. I., & Staider, D. O. (2009). The recent surge in nurse employment: Causes and implications. *Health Affairs*, 28, 657–668.
- Bodenheimer, T., & Pham, H. H. (2010). Primary care: Current problems and proposed solutions. *Health Affairs*, 29, 799–805.
- Cangelosi, P. R., & Moss, M. M. (2010). Voices of faculty of second-degree baccalaureate nursing students. *Journal of Nursing Education*, 49, 137–142.
- Cangelosi, P. R., & Whitt, K. J. (2005). Accelerated nursing programs: What do we know? *Nursing Education Perspectives*, 26, 113–116.
- Collins, A., Brown, J. S., & Newman, S. E. (1989). *Cognitive apprenticeship: Teaching the craft of reading, writing and mathematics!* In L. B. Resnick (Ed.). *Knowing, Learning, and Instruction: Essays in Honor of Robert Glaser*. (pp. 453–491). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Collins A., Brown, J. S., & Holum, A. (1991). Cognitive apprenticeship: Making thinking visible. *American Educator*, 15, 6–11, 38–46.
- Dennen, V. P., & Burner, K. J. (2008). *The cognitive apprenticeship model in educational practice*. In J. M. Spector, M. Merrill, J. van Merriënboer, & M. P. Driscoll (Eds.). *Handbook of Research on Educational Communications and Technology*. (3rd ed, pp. 425–440). New York: Routledge.
- Doherty, R. B. (2010). The certitudes and uncertainties of health care reform. *Annals of Internal Medicine*, 152, 679–682.

- Glendon, K., & Ulrich, D. L. (1997). Unfolding cases: An experiential learning model. *Nursing Education*, 22, 15–18.
- Glendon, K., & Ulrich, D. L. (2001). *Unfolding cases: Experiencing the realities of clinical nursing practice*. Upper Saddle River, NJ: Prentice Hall.
- Hegge, M. J., & Hallman, P. A. (2008). Changing nursing culture to welcome second degree students: Herding and corralling sacred cows. *Journal of Nursing Education*, 47, 552–556.
- Institute of Medicine. (2010). The Future of Nursing: Focus on Education. Report Brief. Retrieved from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.
- Kruszewski, A., Brough, E., & Killeen, M. B. (2009). Collaborative strategies for teaching evidence-based practice in accelerated second-degree programs. *Journal of Nursing Education*, 48, 340–342.
- Lockwood, S., Walker, C. A., & Tilley, D. S. (2009). Faculty perceptions of an accelerated baccalaureate nursing program. *Journal of Nursing Education*, 48, 406–410.
- Meyer, G. A., Hoover, K. G., & Maposa, S. (2006). A profile of accelerated BSN graduates, 2004. *Journal of Nursing Education*, 45, 324–327.
- Ouellet, L. L., MacIntosh, J., Gibson, C. H., & Jefferson, S. (2008). Evaluation of selected outcomes of an accelerated nursing degree program. *Nursing Education Today*, 28, 194–201.
- Prensky, M. (2001). *Digital natives, digital immigrants. On the horizon*. Lincoln, NE: NCB University Press. Vol. 9, No. 5. Retrieved from http://www.albertomattiacci.it/docs/did/Digital_Natives_Digital_Immigrants.pdf.
- Rico, J. S., Beal, J., & Davies, T. (2009). Promising practices for faculty in accelerated nursing programs. *Journal of Nursing Education*, 49, 150–155.
- Robert, T. E., Pomarico, C. A., & Nolan, M. (2011). Assessing faculty integration of adult learning needs in second-degree nursing education. *Nursing Education Perspective*, 32, 14–17.
- Seldomridge, L. A., & DiBartolo, M. C. (2007). The changing face of accelerated second bachelor's degree students. *Nurse Educator*, 32, 240–245.
- Siler, B., DeBasio, N., & Roberts, K. (2008). Profile of non-nurse college graduates enrolled in accelerated baccalaureate curricula: Results of a national study. *Nursing Education Perspectives*, 29, 336–341.
- Skiba, D. (2005). The millennials: Have they arrived at your school of nursing? *Nursing Education Perspectives*, 26, 370–371.
- Stahmeijer, R. E., Dohmans, D. H., Wolfhagen, I. H., & Scherphier, A. J. (2009). Cognitive apprenticeship in clinical practice: Can it stimulate learning in the opinion of students? *Advances in Health Science Education*, 14, 535–546.
- Stewart, S., Pope, D., & Duncan, D. (2009). Using second life to enhance an online accelerated nursing BSN program. *Student Health Technology Information*, 146, 636–640.
- Walker, J. T., Martin, T., White, J., Elliott, R., Norwood, A., Mangum, C., et al. (2006). Generational (age) differences in nursing students' preferences for teaching methods. *Journal of Nursing Education*, 45, 371–374.