



## RECEIVE YOUR NEW DEGREE!

Complete remaining one year of nursing coursework.

Meet entrance requirements: complete prerequisites and non-nursing courses.

Apply to nursing program of your choice.

# THE COLORADO NURSING ARTICULATION MODEL

Did you graduate within the last 3 years?

YES

NO

Have you worked 1,000 hours in the last 3 years?

YES

NO

Successfully complete a CCNE approved refresher course or receiving school approved equivalent. Call the nursing program nearest you for information.

You must pass tests to validate your nursing knowledge.

YES

NO

LPNs: Did you graduate within the last 10 years from a practical or vocational nursing program?

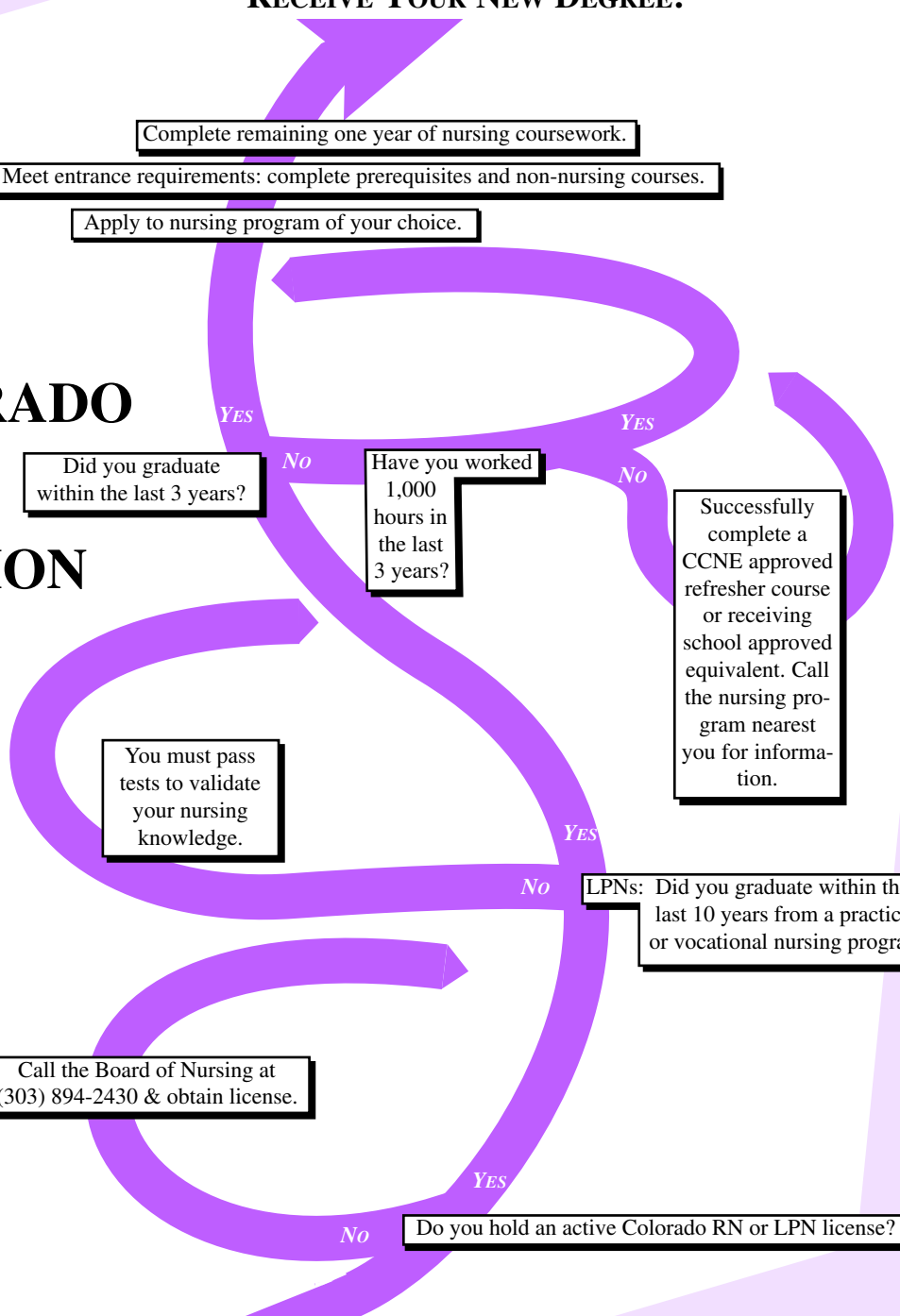
Call the Board of Nursing at (303) 894-2430 & obtain license.

YES

NO

Do you hold an active Colorado RN or LPN license?

## START ON YOUR PATH





## CHARTER COLORADO COUNCIL ON NURSING EDUCATION (CCNE)

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The Colorado Commission on Higher  
Education  
The Colorado Board of Nursing

**COLORADO’S NURSING EDUCATION PROGRAMS:**

Arapahoe Community College  
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Concorde Career Institute  
Delta Montrose Area Vocational Technical  
School  
Emily Griffith Opportunity School  
Front Range Community College/  
Larimer Campus  
Front Range Community College/  
Longmont Campus  
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Colorado Society of Nurse Executives



## EXECUTIVE SUMMARY

**The Colorado Nursing Articulation Model** is the first voluntary statewide model of its kind in the nation. Through it, all public, private and proprietary nursing programs in the state of Colorado are enabling nurses to advance their education more easily. Under the model, initiated and developed by the Colorado Council on Nursing Education (CCNE), nurses are able to progress in the following ways:

- t Licensed practical nurse to the registered nurse, associate degree, and
- t Associate degree or diploma registered nurse to the baccalaureate nurse level.

This advance is accomplished for most nurses *without testing* in nursing content areas. Historically, testing has been required to validate prior learning. The Colorado Model is necessary because students who graduate from associate degree programs earn nursing credits at the lower division (100-200 level courses); the baccalaureate nursing programs in Colorado offer most course work at the upper division (300-400 level courses). Educators do not assume that lower-division course work is comparable to upper-division work and have commonly used challenge testing to verify that specified learning has occurred. Such testing was expensive and time-consuming and had the effect of discouraging many nurses from seeking advanced educational degrees.

Articulation without testing is possible for two reasons. The first is that faculty members from all nursing programs in the state have validated the content of all curricula. The second is that individual validation of prior nursing knowledge occurs by placing nursing credits in escrow at the higher level institution until the nurse

successfully completes one semester of full-time nursing course work at the receiving institution. Nurses articulating from either the practical nurse to associate degree level or the associate degree or diploma to the baccalaureate level receive approximately one year of full-time nursing credit for previous nursing course work. All articulating students must meet program admission requirements and non-nursing course requirements.

If a practical or registered nurse graduated more than three years previously, work experience or an approved refresher course is required. Licensed practical nurses currently have a 10-year time limit from graduation for articulation without testing.

This Colorado Nursing Articulation Model was implemented between January 1, 1991, and January 1, 1992, by all Colorado nursing programs. An evaluation plan overseen by the CCNE has been in effect since January, 1992.



## ASSUMPTIONS

- 1 Each education institution has the prerogative of establishing its unique mission, goals and standards for admission, progression and graduation.
- 2 Articulation is a process through which nursing programs cooperate to facilitate educational progress of students with minimum repetition.
3. There is a common core of knowledge, attitudes, cognitive and psychomotor skills that graduates of all three types of nursing programs should acquire; however, there are distinct differences in the breadth, depth, scope of preparation and knowledge of each type of graduate.
4. Nursing programs in practical, associate and baccalaureate degree nursing must meet standards determined by the Colorado Board of Nursing.
5. All graduates have met minimum course and program objectives.
6. Completion of one level does not mean that a graduate will have the ability and/or desire to progress to the next level.
7. Registered nurses who are pursuing a baccalaureate degree should be treated as mature, adult learners who are employed, self-motivated and capable of independent study. In general, they are more responsible than traditional students, but may need more counseling regarding their return to school.
8. A program should not be judged on the performance of one or two students. All programs have "many shining stars and an occasional clunker."



## THE COLORADO NURSING ARTICULATION MODEL

In response to the need to facilitate nursing education in Colorado, the CCNE convened faculty members from all of the practical, associate degree and baccalaureate nursing programs in the state to formulate a model for statewide program articulation. Articulation is a process through which nursing programs cooperate to facilitate educational progress of students with minimum repetition.

### Need for the Model

The goal of the Colorado Nursing Articulation Model is to facilitate nursing education. This model makes possible the opportunity for many nurses to receive credit for their previous nursing education without the requirement of special testing. The Colorado Model is necessary because students who graduate from associate degree programs earn nursing credits at the lower division (100-200 level courses) while baccalaureate nursing programs in Colorado offer most course work at the upper division (300-400 level courses). Educators do not assume that lower-division course work is comparable to upper-division course work and have commonly used challenge testing to verify previous nursing knowledge. Such testing is expensive and time-consuming and has the effect of discouraging many nurses from seeking advanced educational degrees.

### Validation of Curricula

Under the Colorado Nursing Articulation Model, nurses are able to progress either from a licensed practical to associate degree in nursing or from an associate degree or diploma to a baccalaureate degree in nursing or higher without testing to verify previous nursing education. This is possible for two reasons:

1. Faculty members from each level of

education representing every nursing school in the state validate the content of all curricula at regular intervals. The CCNE assumes that this validation is representative of program outcomes across the nation.

2. There is individual validation of prior nursing knowledge by means of awarding credit for prior learning. These nursing credits are placed in escrow at the higher-level institution. When nurses successfully complete approximately one semester of full-time nursing course work, thereby demonstrating prior nursing knowledge, the credits are placed on their transcripts.

### Transfer of Credits

Under the Colorado Nursing Articulation Model, credits are awarded for transferable nursing and non-nursing courses at the college level. Vocational-technical and non-college general education courses do not transfer, subject to individual college policies.

### Nursing Credits

Practical nurses articulating to the associate degree level and registered nurses articulating to the baccalaureate level are awarded or transfer in nursing credits equivalent to approximately one year of full time nursing courses in the program they are entering. For this to occur, a grade of C or better must have been earned in previous nursing course work.

Nursing credits transferred or awarded under the model are held in escrow. These credits are placed on individual transcripts by the accepting institution after students have successfully completed nursing courses equivalent to approximately one semester of full-time nursing course work.

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### **Non-Nursing Credits**

A grade of C or better is required for non-nursing credits to transfer to baccalaureate programs. The licensed practical nurse should check individual community college requirements because grade requirements for transfer of non-nursing credit may vary according to nursing program policy.

Colorado associate degree programs will require a minimum of 20 semester credit hours of non-nursing courses, to include the following:

- t Anatomy and Physiology, 5 to 8 semester hours
- t Growth and Development (Life-span), 2 to 3 semester hours
- t English Composition 121 or 122 (Community College Core Curriculum), 2 to 3 semester hours
- t At least one course in Social and Behavioral Science or Humanities (from the Colorado Community College Core Curriculum courses)

Students are encouraged to take courses that meet both non-nursing requirements and Colorado Community College Core Curriculum requirements whenever possible. Students are advised that other courses may not transfer.

### **Nursing Work Experience**

Within three years of graduation, nurses may articulate directly from one program to most others without clinical work experience (some schools may have additional work requirements for admission). However, nurses graduating more than three years prior to articulating must meet the following requirements:

- t 1,000 hours of employment (in prior three years) as registered or licensed practical nurse, or
- t successful completion of a refresher course approved by the CCNE or the equivalent thereof (e.g., nursing course work as specified by the accepting institution).

### **Testing**

Practical nursing graduates needing the testing option must successfully complete all CCNE-approved standardized challenge exams with the established passing score to receive credits equivalent to approximately one year of nursing courses. Partial credit may be awarded for successful completion of some, but not all of the tests. Test results are valid for three years.

The model recommends that the test not be taken more than twice. If it is necessary to take the test more than twice to receive a passing score, the student is advised to take a course with comparable content at the receiving school.

### **Periodic Review of the Model**

Periodically, the Articulation Model is reviewed and evaluated by a CCNE committee chaired by the president-elect of CCNE consisting of representatives from each level of nursing education.



**THE COLORADO NURSING ARTICULATION MODEL:  
PRACTICAL NURSE**

**Table I**

**For Progression to the Nursing Associate Degree:\***

- t Must meet program admission requirements.
- t Must be a graduate of a practical/vocational nursing program, any state.
- t Practical/vocational nurses must hold a Colorado license or a permit in good standing.
- t May transfer in or be awarded credit equivalent to approximately one year of nursing courses. Credit to be held in escrow until equivalent of one full-time semester of nursing course work has been completed.
- t Testing may or may not be required (see below).
- t No more than 35 additional semester hours of *nursing* credits may be required for those receiving credit for one year of nursing courses.
- t No more than 78 total semester credit hours may be required for the associate degree.

**VARIABLES:**

**0-3 YEARS  
After Graduation**

**3+ TO 10 YEARS  
After Graduation**

**10+ YEARS  
After Graduation**

**NURSING CREDITS:**

No testing required.  
No work experience required.

No testing required if during last 3 years have had:

1. nursing work experience of 1,000 hours, or
2. a CCNE-approved\*\* refresher course, or
3. an experience approved by the accepting college.

Testing required.  
In addition, during last 3 years must have had:

1. nursing work experience of 1,000 hours, or
2. a CCNE-approved\*\* refresher course, or
3. an experience approved by the accepting college.

\* *Direct articulation from LPN to baccalaureate level is available at some schools. Contact individual schools for information.*

\*\* *Colorado Council on Nursing Education*

*Credits depend on result of testing and individual college policies.*

**NON-NURSING CREDITS:**

May be transferred from colleges (subject to individual college policies); vocational-technical credits are not transferable.

May be transferred from colleges (subject to individual college policies); vocational-technical credits are not transferable.

May be transferred from colleges (subject to individual college policies); vocational-technical credits are not transferrable.



THE COLORADO NURSING ARTICULATION MODEL:  
**REGISTERED NURSE**  
 2000 - 2005

**Table II**

**For Progression to the Nursing Baccalaureate Degree:**

- t Must meet program admission requirements.
- t Must be a graduate of an associate degree or diploma nursing program, any state.
- t Registered nurses must hold a Colorado registered nurse license in good standing.
- t May transfer in or be awarded credit equivalent to approximately one year of full time nursing courses. Credit to be held in escrow until equivalent of one full-time semester of nursing course work has been completed.
- t No more than 38 additional semester hours of *nursing* credits may be required for those receiving credit for one year of nursing courses.
- t No more than 132 total semester credit hours may be required for the baccalaureate degree.

**VARIABLES:**

**0-3 YEARS  
 After Graduation**

**3+ YEARS  
 After Graduation**

**NURSING CREDITS:**

No testing required.

No work experience required.\*

No testing required if during last 3 years have had:

1. nursing work experience of 1,000 hours\*, or
2. a CCNE-approved\*\* refresher course, or
3. an experience approved by the accepting college.

\* *Certain schools may require additional work experience for admission*

\*\* *Colorado Council on Nursing Education*

**NON-NURSING CREDITS:**

Only non-nursing courses that carry college credit may transfer (subject to policies of individual colleges).

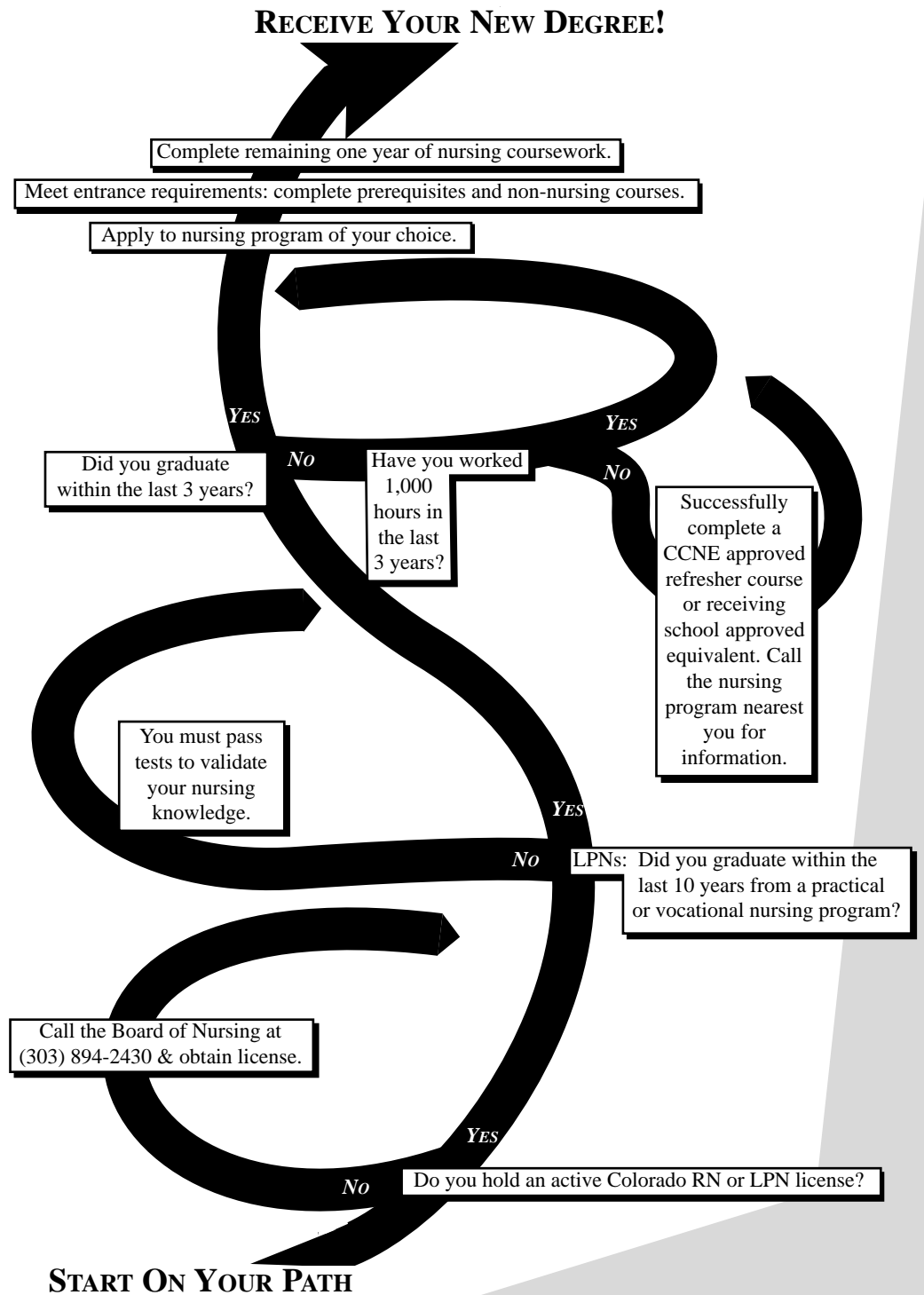
Only non-nursing courses that carry college credit may transfer (subject to policies of individual colleges).

# Smooth out your path to your new degree!

In response to the need for nurses in Colorado to progress in the profession, faculty members of all of the practical, associate degree, and baccalaureate nursing programs in the state have joined together to formulate a model for statewide program articulation. Articulation is a process through which nursing programs cooperate to facilitate the educational progress of students with minimum repetition.

In general, if you completed your coursework with a grade of C or better you may be awarded nursing credits equivalent to about one year of full time nursing courses in the program you are entering. These credits will be placed on your transcript after you have passed approximately one semester of full time nursing courses. To earn your degree, you will need to complete non-nursing requirements and the equivalent of one year of full-time nursing coursework. Employment and other requirements may apply. LPNs more than 10 years after graduation must take standardized exams to receive credit.

For further information about a particular school plan, contact that school's nursing program.



*To see how you fit into this model,  
follow your path to an associate or baccalaureate degree.*



THE COLORADO NURSING ARTICULATION MODEL:

**COMPETENCY STATEMENTS FOR NURSING ROLES**

Nursing, which is committed to holistic care, has an integral role in the health delivery system. Nurses are involved with health promotion, disease prevention, curative and restorative care from birth through death. The scope of nursing practice today includes many roles and requires various levels of educational preparation.

The practice of nursing utilizes the process of assessment, analysis, planning, implementation and evaluation. The process requires the integration of cognitive, affective and psychomotor skills. Practitioners with an extensive knowledge base will have the ability to assess and analyze information, make judgements and assume responsibility at the more advanced level. Conversely, practitioners with a less extensive knowledge base will assess and analyze information, make judgements and assume responsibility at a more basic level.

The competencies defined in this document were designed to reflect current educational programs within the State of Colorado and are *expectations upon graduation from a program*. These programs include practical nursing, associate degree and baccalaureate degree programs. It is recognized, however, that the many diploma graduates currently practicing in Colorado contribute extensively to the quality of nursing practice in our state. For the purpose of articulation into baccalaureate nursing programs, diploma nurses are assumed to meet the competencies defined for the associate degree nurses.

Competency is defined as performance that integrates cognitive, psychomotor and affective skills. The client condition, environment, practice setting and expected health care outcomes indicate which of these skills would predominate. The faculty in Colorado identified the following nursing roles:

- t Provider,
- t Teacher,
- t Manager,
- t Member of the Profession, and
- t Advocate.

The competencies for each level are specified for each role; it is intended that each level expands the knowledge base. The competencies presented here represent guidelines in the State of Colorado for nurse educators, employers and consumers.



**THE COLORADO NURSING ARTICULATION MODEL:  
PROVIDER ROLE**

***Core Role Competency:***

**LPN**

**Assessment**

1. Assists in the identification of a data base for the individual, family or group, based on a holistic assessment of health needs.

**Analysis**

1. Identifies from the data base common needs and problems and assists with the formulation of outcomes with the individual, family or group.

**Planning**

1. Assists in the development of individualized nursing care plans with the individual, family, group and other health care providers utilizing the data base.

**Implementation**

1. Performs therapeutic and preventive nursing measures based upon fundamental knowledge of biological, psychological, social, spiritual, cultural, developmental, environmental, and economic concepts in providing individualized care in structured settings.
2. Shares responsibility for the care of the individual, family and group in structured settings.
3. Uses technology, information, and resources effectively.
4. Utilizes therapeutic communication techniques in structured care settings.
5. Promotes therapeutic relationships with the individual, family or group.

**Evaluation**

1. Participates in the evaluation of outcomes and in implementing the necessary changes.

**THE COLORADO NURSING ARTICULATION MODEL: PROVIDER ROLE**

The nurse, demonstrating caring and critical thinking skills, assists the individual, family, group, or population to identify and meet basic health needs in a wide variety of settings across the continuum of care. The nurse coordinates cost-effective quality care using a culturally competent, collaborative and interdisciplinary approach.

**ADN**

**BSN**

1. Establishes a data base for the individual, family or group based on holistic assessment of health needs.

1. Establishes and coordinates a comprehensive data base derived from a holistic assessment of the individual, family, group or population, with complex and often unpredictable needs.

1. Utilizes established data base to identify actual and potential needs and problems in order to formulate nursing diagnoses and establish outcomes for the individual, family or group.

1. Synthesizes data base to formulate and prioritize comprehensive actual and potential nursing diagnoses and establishes outcomes for the individual, family, group or populations.

1. Develops individualized nursing care plans through utilization of the data base in consultation with the client, patient, family or group and other health care providers.

1. Collaborates with the individual, family, group or population and the health team to plan, facilitate and coordinate optimal health care.

1. Uses nursing knowledge, skills and established protocols to perform dependent, interdependent and independent nursing measures according to the needs demonstrated by the individual, family or group.

1. Coordinates and implements theory guided and evidence-based nursing care of the individual, family, group or population in a variety of settings.

2. Assumes responsibility for care of the individual, family and group in structured settings.

2. Assumes responsibility for an interactive process of health care with the individual, family, group or population in structured and unstructured settings.

3. Uses technology, analyzes information, and selects resources effectively.

3. Uses technology, synthesizes information, and selects resources effectively.

4. Applies theories of communication to therapeutic relationships in a variety of settings.

4. Analyzes the effect of complex variables on the communication process and implements nursing action.

5. Establishes and maintains therapeutic relationships with the individual, family or group.

5. Establishes and guides therapeutic relationships with the individual, family, group or population.

1. Uses established indicators for evaluation of outcomes. Identifies alternate methods of meeting the individual, family or group needs and modifies plan of care as necessary, documenting changes.

1. Develops indicators for evaluation of outcomes. Uses interdisciplinary resources for evaluation and revision of the plan of care for the individual, family, group or population.

2. Participates in the evaluation of established outcomes with the individual, family or group, and other health care providers.

2. Evaluates outcomes of planned health care action through observations and analysis of responses of the individual, family, group or population.



THE COLORADO NURSING ARTICULATION MODEL:  
**TEACHER ROLE**

*Core Role Competency:*

**LPN**

**Assessment**

1. Identifies situations in which the individual, family or group needs information, education and support to promote, maintain and restore health.

**Analysis**

1. Identifies actual and potential needs of the individual, family or group for information.
2. Responds appropriately to questions of the individual, family or group.

**Planning**

1. Assists in the formulation of a teaching plan.

12 **Implementation**

1. Utilizes a specific teaching plan during routine care.
2. Supports and reinforces the teaching plans of other health professionals.
3. Utilizes critical thinking to assemble content in a way that is conducive to learning.
4. Utilizes available and appropriate instructional materials.

**Evaluation**

1. Participates in the evaluation of the individual, family or group learning by identifying outcomes and reporting to appropriate person.
2. Participates in modification of the teaching plan.

## THE COLORADO NURSING ARTICULATION MODEL: TEACHER ROLE

The nurse provides individual, family, group, or population-based education in a variety of settings to promote, maintain, and restore health from birth through death. Promoting a caring environment, the nurse provides culturally appropriate learning activities, effectively utilizing resources and current technology.

### ADN

### BSN

<ol style="list-style-type: none"> <li>1. Identifies and assesses situations in which the individual, family or group needs information, education and support to promote, maintain and restore health.</li> </ol>	<ol style="list-style-type: none"> <li>1. Identifies and assesses situations in which the individual, family, group or population needs information, education and support to promote, maintain and restore health at any point on the continuum of wellness-illness.</li> </ol>
<ol style="list-style-type: none"> <li>1. Formulates teaching plans based upon outcomes with consideration given to biological, psychological, social, spiritual, cultural, developmental, environmental and economic factors.</li> <li>2. Identifies individualized selected teaching strategies applicable to the situation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Formulates individual and population focused teaching plans based upon outcomes with consideration given to biological, psychological, social, spiritual, cultural, developmental, environmental and economic factors.</li> <li>2. Selects teaching strategies applicable to the individual, family, group or population.</li> <li>3. Analyzes strengths and weaknesses in knowledge, skills or attitudes of the individual, family, group or population at any point on the continuum of wellness-illness.</li> </ol>
<ol style="list-style-type: none"> <li>1. Formulates teaching plans based upon outcomes with the individual, family or group.</li> <li>2. Selects an appropriate teaching methodology for the specific situation or problem.</li> </ol>	<ol style="list-style-type: none"> <li>1. Designs a teaching and learning plan based upon outcomes appropriate for the situation, giving consideration to the developmental level of the learners, principles of teaching and theoretical approaches to learning with or without established protocols.</li> <li>2. Plans health education through application of teaching and learning theories.</li> <li>3. Develops a plan to meet identified education needs of the individual, family, group or population along the continuum of wellness-illness.</li> </ol>
<ol style="list-style-type: none"> <li>1. Utilizing critical thinking, implements and documents appropriate teaching of the individual, family or group.</li> <li>2. Uses appropriate content and teaching strategies for the instruction of the individual, family or group.</li> <li>3. Provides the individual, family or group with an environment conducive to learning; provides opportunities to practice the expected behaviors and receive feedback.</li> <li>4. Utilizes appropriate instructional materials.</li> </ol>	<ol style="list-style-type: none"> <li>1. Collaborates with the individual, family, group or population, members of the health care team and the public to implement teaching strategies that promote health and welfare.</li> <li>2. Uses appropriate content, teaching strategies, instructional materials, and relevant resource persons for the individual, family, group or population.</li> <li>3. Creates an environment for learning that includes the individual, family, group or population.</li> <li>4. Develops and utilizes appropriate instructional materials.</li> </ol>
<ol style="list-style-type: none"> <li>1. Evaluates learning outcomes of the individual, family or group through the use of established indicators.</li> <li>2. Modifies the teaching plan as indicated.</li> </ol>	<ol style="list-style-type: none"> <li>1. Identifies and develops indicators for evaluating the learning outcomes of the individual, family, group or population.</li> <li>2. Modifies the teaching plan as needed.</li> <li>3. Systematically investigates learning assessment tools, teaching strategies and applicable instructional materials.</li> </ol>



**THE COLORADO NURSING ARTICULATION MODEL:  
MANAGER ROLE**

<b><i>Core Role Competency:</i></b>	The nurse, as manager, works collaboratively to achieve the desired outcomes of quality care, fiscal responsibility, and customer satisfaction by coordinating care of individuals, families, groups, or populations through effective use of technology, resources, information and systems.		
	<b>LPN</b>	<b>ADN</b>	<b>BSN</b>
<b>Management of Care</b>	<ol style="list-style-type: none"> <li>1. Coordinates, organizes, prioritizes and modifies care provided for the individual, family or group.</li> <li>2. Assigns care appropriately.</li> </ol>	<ol style="list-style-type: none"> <li>1. Coordinates, organizes, prioritizes and modifies care provided for the individual, family or group.</li> <li>2. Assigns and delegates care appropriately.</li> </ol>	<ol style="list-style-type: none"> <li>1. Coordinates, organizes, prioritizes and modifies care provided for the individual, family, group or population.</li> <li>2. Assigns and delegates care appropriately.</li> <li>3. Develops, implements and evaluates population-based health care programs.</li> </ol>
<b>Management and Leadership Concepts</b>	<ol style="list-style-type: none"> <li>1. Demonstrates basic management and leadership skills.</li> <li>2. Uses basic communication and conflict management skills.</li> </ol>	<ol style="list-style-type: none"> <li>1. Applies management and leadership concepts.</li> <li>2. Uses effective communication and conflict management skills in promoting a positive milieu.</li> </ol>	<ol style="list-style-type: none"> <li>1. Analyzes the management process and leadership concepts for implementation.</li> <li>2. Uses and coaches others to use effective communication and conflict management skills in creating a positive milieu.</li> </ol>
14 <b>Professional Development</b>	<ol style="list-style-type: none"> <li>1. Uses established guidelines to enhance development of health care providers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Contributes to the professional development of health care providers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Promotes and evaluates professional development of health care providers.</li> </ol>
<b>Nursing Care Delivery Systems</b>	<ol style="list-style-type: none"> <li>1. Functions within traditional and alternative nursing care delivery systems.</li> </ol>	<ol style="list-style-type: none"> <li>1. Participates in implementing and evaluating traditional and alternative nursing care delivery systems.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develops and evaluates traditional and alternative nursing care delivery systems.</li> </ol>

**THE COLORADO NURSING ARTICULATION MODEL: MANAGER ROLE**

<p><b><i>Core Role Competency:</i></b></p>	<p>The nurse, as manager, works collaboratively to achieve the desired outcomes of quality care, fiscal responsibility, and customer satisfaction by coordinating care of individuals, families, groups, or populations through effective use of technology, resources, information and systems.</p>		
	<b>LPN</b>	<b>ADN</b>	<b>BSN</b>
<b>Management Goals</b>	<p>1. Complies with established management goals.</p>	<p>1. Identifies and participates in influencing management goals.</p>	<p>1. Demonstrates a beginning leadership role in establishing and influencing management goals.</p>
<b>Standards of Care</b>	<p>1. Acts in accordance with standards of nursing care.</p>	<p>1. Participates in evaluation and development of standards of nursing care.</p>	<p>1. Develops and evaluates standards of nursing care.</p>
<b>Change</b>	<p>1. Demonstrates flexibility and participates in change.</p>	<p>1. Demonstrates flexibility and effectively influences the change process.</p>	<p>1. Evaluates the need for change and demonstrates flexibility in promoting planned change.</p>



**THE COLORADO NURSING ARTICULATION MODEL:  
MEMBER OF THE PROFESSION ROLE**

<b>Core Role Competency:</b>	The nurse is accountable for the ethical, legal, and professional responsibilities related to nursing practice.		
	<b>LPN</b>	<b>ADN</b>	<b>BSN</b>
<b>Values</b>	Performs within the values framework of the nursing profession.	Practices within the values framework of the nursing profession.	Expands and performs within the values framework of the nursing profession.
<b>Ethics, Law and Profession</b>	Performs within the ethical and legal framework of nursing.	Promotes ethical, legal and professional awareness and responsibility in others.	Fosters ethical, legal and professional awareness and responsibility in others.
<b>Issues and Trends</b>	Demonstrates an awareness of current issues and trends in nursing, health care and policy development.	Participates in identifying current issues and trends in nursing, health care and policy development.	Analyzes the impact of current issues and trends in nursing and health care, and influences policy development.
<b>Self-Development</b>	Assumes responsibility for self-development and life-long learning.	Assumes responsibility for self-development and life-long learning.	Demonstrates self-development and life-long learning.
<b>Collegial Relationships</b>	Participates in collegial relationships.	Participates in the establishment of collegial relationships.	Promotes an environment conducive to collegial relationships.
<sup>16</sup> <b>Peer Review</b>	Participates in the peer review process.	Participates in and actively supports the peer review process.	Participates in and evaluates the peer review process.
<b>Image of Nursing</b>	Participates in promoting the positive image of nursing within the context of own practice.	Participates in promoting the professional image of nursing to society.	Participates in promoting and developing the positive image of nursing to society.

**THE COLORADO NURSING ARTICULATION MODEL: MEMBER OF THE PROFESSION ROLE**

<b><i>Core Role Competency:</i></b>	The nurse is accountable for the ethical, legal, and professional responsibilities related to nursing practice.		
	<b>LPN</b>	<b>ADN</b>	<b>BSN</b>
<b>Professional Organizations</b>	Demonstrates knowledge of the functions of professional organizations.	Understands the impact of professional organizations on nursing practice.	Verbalizes and analyzes the impact of nursing organizations on nursing practice.
<b>Accountability</b>	Demonstrates accountability for the quality and cost-effectiveness of own nursing practice.	Assumes accountability for cost-effective quality nursing practice.	Demonstrates and promotes accountability for cost-effective quality nursing practice.
<b>Research</b>	Develops an awareness of research and its relevance to nursing practice.	Utilizes research results in evidence-based nursing practice.	Critiques research studies, promotes utilization for evidence-based practice, and identifies opportunities for research.



**THE COLORADO NURSING ARTICULATION MODEL:  
ADVOCATE ROLE**

<b><i>Core Role Competency:</i></b>	The nurse promotes a climate in which individuals, families, groups, or populations may act in their own interest, including accessing available resources, and intervenes when they are unable to act in their own interest.		
	<b>LPN</b>	<b>ADN</b>	<b>BSN</b>
<b>Consumer Rights and Responsibilities</b>	<p>Informs the individual, family or group about rights and responsibilities as health care consumers.</p>	<p>Explains to the individual, family or group about rights and responsibilities as health care consumers, confirms understanding and acts to uphold these rights.</p>	<p>Demonstrates a leadership role in increasing knowledge of the individual, family, group or population about rights and responsibilities as health care consumers, including accessing the health care system.</p>
<b>Spokesperson</b>	<p>Identifies and reports situations that may impact the welfare of the individual, family or group.</p>	<p>Identifies, reports and intervenes with members of the health care team on behalf of the individual, family or group.</p>	<p>Demonstrates leadership role in intervening with members of the health care team on behalf of the individual, family, group or population.</p>
<b>Individual Values</b>	<p>Utilizes knowledge of individual worth, uniqueness and differences in the values of the individual, family or group in the delivery of nursing care.</p>	<p>Identifies and assesses impact of the health care system as it affects the individual, family or group. Gives recognition to variations in value systems.</p>	<p>Uses comprehensive knowledge of consumer rights and responsibilities to plan care for the individual, family, group or population.</p>



## GLOSSARY

### **Alternative Nursing Care Delivery Systems**

Innovation and/or non-traditional methods of delivering nursing care, i.e., methods new to a given setting.

### **Common Well-Defined Health Needs**

Health needs about which an essential core of knowledge exists and for which standardized regimes are in most instances utilized.

### **Complex Health Needs**

Multi-system health needs that are complicated by factors affecting the predictability of the outcome.

### **Dependent Functions**

The behaviors individuals perform that are delegated by another.

### **Escrow**

To be put in trust. Escrowed nursing credits will be put on the transcript after successful completion of one semester of full time nursing course work at the receiving institution.

### **Independent Functions**

The behaviors of individuals for which they alone assume responsibility and accountability for the process and outcomes.

### **Interdependent Functions**

The behaviors of individuals in which responsibility and accountability for the process and outcomes are shared with others.

### **Nursing Diagnosis**

A descriptive interpretation of the data collected and categorized that indicates problems or needs of the client, patient or family that can be affected by nursing care.

### **Nursing Process**

The means of using assessment, analysis, planning, implementation and evaluation to facilitate the optimal level of functioning for the client, patient, family or group.

### **Peer Review**

A systematic evaluation conducted by colleagues for the purpose of improving the quality of health care delivery.

### **Predictable Outcomes**

Results that can generally be anticipated in advance.

### **Structured Setting**

An organized environment in which policies, roles, responsibilities and the decision-making process regarding nursing care are clearly defined.

### **Unpredictable Outcomes**

Results that generally cannot be anticipated in advance.

### **Unstructured Setting**

An environment in which policies, roles, responsibilities and the decision-making process regarding nursing care are not clearly defined.



**THE COLORADO NURSING ARTICULATION MODEL:**

**TESTING INFORMATION**

For Graduates Who Fall Under the Guidelines Requiring Testing

**LPN to ADN**

If you DID NOT graduate:

- t within the last 10 years,
- t from a state approved practical nursing program,

you are required to take national standardized exams on nursing content to obtain credit for your first year of nursing knowledge.

All Colorado associate degree nursing programs accept the following Regents College Examination (RCE) or National League for Nursing (NLN) national standardized exams and scores for this credit:

<i>Test</i>	<i>Required Score</i>
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**Regents College Exam (RCE)**

#403 Fundamentals of Nursing	45
#453 Maternal and Child Nursing, Associate Level	40
#554 Adult Nursing	40

**National League for Nursing (NLN)  
Mobility Profile I**

Overall Score	75
---------------	----

Book One: Foundations of Nursing  
 Book Two: Nursing Care During  
 Childbearing and Nursing  
 Care of the Child

Take either the RCE or the NLN exams. Do not take both. Test results are valid for three years. The tests should not be taken more than twice. If it is necessary to take the test more than twice to receive a passing score, it is recommended that you take a course with comparable content at the receiving school. If you have already taken other national standardized nursing exams, check with the school you are interested in attending to see if they will accept your other tests.

*Check with the counseling department at the college you are interested in for information on how to take these exams and to answer further questions.*



# REFRESHER COURSE GUIDELINES

For Those Without Work Experience in the Last Three Years

The CCNE has created the Colorado Nursing Articulation Model to facilitate mobility between one level of undergraduate nursing education to another. Within three years of graduation, nurses may articulate directly from one program to most others without clinical work experience. However, nurses graduating more than three years prior to articulation must have worked at least 1,000 hours within the past three years or must have successfully completed a refresher course that has been approved by CCNE or the equivalent (e.g., nursing course work as specified by the accepting educational institution).

Nurse refresher courses seeking CCNE approval status for articulation must meet the following standards:

1. Course materials submitted for review must include course description, objectives, content outline, learning activities and methods and evaluation tools.
2. Course materials must substantiate that key elements and essential content are included in the course.
3. Courses must have a broad-based general medical/surgical nursing focus.
4. Courses must have a minimum of 80 hours of theory and 80 hours of clinical contact. Nurses out of nursing practice 10 years or more must have the opportunity for more clinical time as needed.
5. Separate courses should be developed for the licensed practical nurse and registered nurse. If both practice levels are admitted to the same course, course materials must clearly differentiate appropriate skill level and knowledge base taught to each.

## Key Elements

### 1. Course Description

- a. General medical/surgical focus
  - ™ Specialities may be included
- b. Contact hours
  - ™ Theory - 80 minimum
  - ™ Clinical - 80 minimum
  - ™ Additional clinical time for nurses out of practice more than 10 years
- c. Clinical resources
- d. Audience
  - ™ RN - must emphasize RN practice
  - ™ LPN - must emphasize LPN practice
  - ™ Both - must clearly differentiate knowledge and skill level for both

### 2. Objectives

- a. Overall course
- b. Specific unit

### 3. Content Outline

### 4. Learning Activities and Teaching Methodology

### 5. Evaluation and Grading Criteria

- a. Theory evaluation tool
- b. Clinical evaluation tool
- c. Skills list
- d. Criteria for successful completion
  - ™ Documentation of successful completion
  - ™ Method of permanent record keeping for three years post-completion
- e. RN and LPN - must clearly differentiate knowledge and skill level for both

## Essential Content

### 1. Physical Assessment

- a. Review all systems
- b. Adult focus
- c. History-taking

### 2. Medication Administration

- a. Procedures

- b. Dosage calculations

### 3. Nursing Process

- a. Assessment
- b. Diagnosis
- c. Planning
- d. Implementation
- e. Evaluation

### 4. Nursing Skills Update

- a. Sterile technique review
- b. Universal precautions
- c. Cardiopulmonary resuscitation

### 5. Pharmacology

- a. Major categories only
- b. Drug interactions
- c. Patient responses

### 6. IV Therapy

- a. Fluids and electrolytes
- b. Acid base
- c. Equipment (peripheral, central lines, pumps, PCA, IVACs)
- d. Medication
- e. Blood administration
- f. Complications

### 7. Nursing Knowledge Update

- a. Anatomy, physiology, pathophysiology
- b. Pharmacology
- c. Medical/surgical intervention
- d. Nursing care
- e. Major systems
  - ™ Cardiac
  - ™ Respiratory
  - ™ Neurological
  - ™ Endocrine (diabetes)
  - ™ Gastro-intestinal
  - ™ Orthopedic
  - ™ Oncology
  - ™ Immunology (infections, including AIDS)

### 8. Legal and Professional Issues

- a. Documentation
- b. Patient confidentiality
- c. Patient rights
- d. Nurses' Rights
- e. Liability and malpractice
- f. Scope of practice (Nurse Practice Act)



## EVALUATION COMPONENTS

<i>Mechanism</i>	<i>Indicators</i>	<i>Time Frame</i>
<b>FORMATIVE PHASE:</b> <b>OVERALL MODEL</b> <i>Is student articulation easy in nursing and non-nursing components of programs?</i>		
School survey developed by the Evaluation Committee	<b>School or program:</b> Number of applicants Number of admissions Number of enrollments Progression/retention/attrition rate Number on waiting lists Number of hours needed for graduation Number of out-of-state students Number of students who need to test Student data (education, graduation, experience)	Annual
Student survey at graduation	<b>Students:</b> Concerns regarding educational mobility Reduce repetition in coursework (nursing and non-nursing) Program satisfaction Course satisfaction Attitudes toward education process	Annual
State Board of Nursing license renewal information	<b>Licensed nurses:</b> Nurses who drop out of programs Nurses seeking higher degrees Type of degree sought Likelihood of seeking degree if prior education is credited Factors influencing return to school	Annual
<b>OVERALL MODEL</b> <i>What is the impact on schools?</i>		
22 School Survey	Survey I: LPN & Generic ADN graduates Survey II: Articulating Students LPN ° ADN ADN ° BSN Program Director Survey	Annual
CCNE Evaluation Committee reviews program reports for CCNE report and convenes as needed to revise evaluation forms	Evaluation Committee Review	As Needed
<b>COMPETENCY STATEMENTS</b> <i>Are current educational objectives reflected?</i>		
Program Directors	CCNE review	Reviewed Periodically

<i>Mechanism</i>	<i>Indicators</i>	<i>Time Frame</i>
<b>REFRESHER COURSE</b>		
<i>Is the refresher course adequate?</i>		
Program Director	Students' preparation for and success in next-level courses Faculty suggestions regarding changes and problems	Annual
Refresher Course Committee	Refresher course curriculum	Every two years in even-numbered years
<b>WORK EXPERIENCE</b>		
<i>Is work experience adequate?</i>		
Program Director Survey	Students' success in next level courses	Annual
<b>TESTING PROCESS</b>		
<i>Is there confirmation of continued need for and consensus on testing mechanism?</i>		
CCNE Review	In 1996, the Colorado Council on Nursing Education determined that testing of out-of-state RN to BSN articulating students was not a factor in their ability to succeed so testing was eliminated  In 1996, the Colorado Council on Nursing Education also determined that testing of out-of-state non-NLN accredited and non-collegiate practical nursing graduates was not a factor in their ability to succeed, so testing was eliminated.  The 10 year limit for required testing for practical nurses articulating into the associate degree was maintained.	Periodically as needed
<b>CONTENT</b>		
<i>Is there on-going validation of program content between educational levels?</i>		
Validation of program content done on a rotating basis among major content areas, as outlined under 'Summative Phase'	Changes in curriculum	Annual

<i>Mechanism</i>	<i>Indicators</i>	<i>Time Frame</i>
<p><b>SUMMATIVE PHASE</b></p> <p>Annual Report includes an analysis and summation of the data collected from each school. Periodically competency statements are reviewed and revised as needed. On-going validation of program content will be conducted annually on a rotating basis between the four major content areas of medical/surgical nursing, obstetric nursing, psychiatric nursing and pediatric nursing. Periodically leadership content will be evaluated.</p>	<p><b>Dissemination will be to:</b>                      Participating schools                      State Board of Nursing                      Colorado Commission on Higher Education                      Affiliate Organizations                      The Colorado Trust</p>	<p>Ongoing</p>



## CONTENT VALIDATION SUMMARY

To develop the Colorado Nursing Articulation Model to facilitate educational mobility for licensed practical nurses, associate degree and diploma registered nurses, a method to validate prior learning without testing had to be established. Content validation was chosen as this method. All of the curricula from the licensed practical nurse programs had to be reviewed for similarity of content with associate degree nurse curricula, and associate degree nurse curricula had to be compared to junior-level baccalaureate nursing curricula. Currently, there are not any diploma registered nurse programs in Colorado; therefore, their content could not be validated.

Since faculty have responsibility for curricula, it was decided that they would be the most appropriate groups to perform this task. Representatives from each program in the state in the specialty areas of medical/surgical, pediatric, maternal and child, and psychiatric nursing were asked to serve on committees to accomplish this task. The first attempts to review each course without a framework to match content were not very successful. Therefore, with permission, the ACT Proficiency Examination Test Outlines were utilized as a framework, because many of the programs used them to award credit for previous nursing knowledge.

Faculty from each of the five specialty areas met to discuss the content covered and its depth in their area of teaching. Each group was asked to record if the content areas listed on the outline were not taught at all (0), or in an introductory (1), basic (2), moderate (3) or in depth (4) level. A score of 0-4 was then assigned to each content area. Following this procedure, which took several days of meetings, a form was developed for each program that clearly showed what material was covered and at what level in each specialty area. A composite form was then compiled by the project staff representing licensed practical nurse and associate degree

nurse programs in each specialist area. Each program could determine what adjustments were needed in its content to meet these newly defined minimums.

Baccalaureate nursing programs did not participate in this process because the articulation process stops there. However, faculty participated to determine if the content recorded was equivalent to that of the junior year of each program. Each program was therefore able to determine if any redundant content or areas of deficiency existed that would need strengthening. Every program in the state had to make adjustments in its curriculum in order to meet the challenge of the articulation model.

After this initial content validation was completed, each specialty area and an area of leadership content have been validated periodically. Frameworks for this content review have been revised as needed by faculty groups.

Validation through curriculum comparison is a major component of content validation. However, because it is recognized that all students may not learn or retain what has been taught, an escrow system for nursing credits was also established. Nursing credits for each student's prior learning are placed in an escrow account at the receiving institution. This credit is placed on the transcript after the nurse successfully completes approximately one semester of full-time nursing course work. Through success at a higher level, the nurse demonstrates prior nursing knowledge, resulting in the award of credit.

The process of content validation is not an easy one to deal with, but it is critical to the articulation process; in the Colorado Nursing Articulation Model there is content validation both through curriculum validation and individual validation.



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