THE PROCESS OF R.N. Re-Entry INTO THE Nursing Workforce IN THE STATE OF VERMONT

A project of the Office of Nursing Workforce Research, Planning, and Development.

MARCH-AUGUST 2003

Funded by
VERMONT DEPARTMENT OF HEALTH
OFFICE OF RURAL HEALTH

Project Staff:

Mary Val Palumbo MSN, APRN
Manager
Office of Nursing Workforce Research, Planning and Development
University of Vermont
College of Nursing and Health Sciences

Barbara Murray MS,
Professor Emerita
University of Vermont
College of Nursing and Health Science

Judith Gray MS, RN
Burlington, VT

We would like to acknowledge the assistance of the following people in the preparation of this report:

Betty Rambur DNSc, RN
Dean
University of Vermont
College of Nursing and Health Sciences

Anita Ristau MS,RN
Executive Director
Vermont Board of Nursing

Peg Gagne MS,RN PhD (c)
Fletcher Allen Health Care
Department of Nursing Education and Research

Irene Bise MS, RN
Dartmouth Hitchcock Medical Center
Center for Continuing Education in the Health Sciences

Mary Godin MS, RN
Dartmouth Hitchcock Medical Center
Center for Continuing Education in the Health Sciences

and all of the re-entering nurses who were interviewed for this report.

CONTENTS

I. Executive Summary

What is needed to entice this group to re-enter nursing practice?

PURPOSE OF REPORT

Many approaches for easing the shortage of registered nurses are currently being investigated. The existence of a sizeable population of nurses with lapsed or inactive licenses has been identified in both national (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000) and Vermont nurse workforce studies (Rambur, Palumbo, McIntosh, & Mongeon, 2003). Questions have arisen about what is needed to entice this group to re-enter nursing practice. Furthermore, if significant numbers of individuals were interested in re-entering nursing, would the current system accommodate their needs? The purpose of this report is to provide guidance for a statewide plan to improve the process of re-entry into nursing practice in Vermont.

METHODS

All Vermont Board of Nursing approved re-entry programs, which are offered in-state at Fletcher Allen Health Care, out-of-state at Dartmouth Hitchcock Medical Center, and a self study program offered through the North Dakota Board of Nursing, were reviewed for this report. The experience of recent participants of these programs was obtained through confidential, voluntary interviews that were arranged with the assistance of re-entry faculty and preceptors. In order to determine the necessary resources, challenges and successes of their programs, the faculty and preceptors involved in current re-entry programs were also interviewed. The executive director of the Vermont Board of Nursing and her staff provided important background information, assistance with interpretation of the current regulations, and an understanding of the creation of the inactive and lapsed license data base.

RESULTS

Barriers to re-entry were identified with recommendations for elimination. Sample budgets were created for the delivery of the clinical component of a Web-based program, as well as a School of Nursing based program. These sample programs would compliment the two hospital based programs and one self-study program, which are currently approved by the Board of Nursing. Needs in rural areas of the state might be served by the sample programs with the caveat, that it would be challenging, if not impossible, to have these programs become financially self-supporting.

CONCLUSIONS

Opportunities to improve the re-entry into nursing practice in the state of Vermont do exist. It is yet to be determined if communicating with the population of nurses with inactive and lapsed license will spark significant increased interest in re-entry. Work to implement the outlined recommendations may yield rewards on an individual as well as societal basis.

II. Introduction

A. Background

According to the Vermont Health Workforce Assessment (2003), the demand for Vermont nurses has reached a serious level, with statewide nurse vacancy rates of 19% in long-term care facilities and 12% in hospitals and home health agencies. Due to a worsening shortage of nurses, the next five to ten years will require creative options to prevent a health care crisis. The retirement of many nurses in combination with years of declining nursing school enrollments, and with decreased nursing school capacity due to dwindling numbers of nursing faculty, will result in problems caring for an aging "baby boom" population.

Due to a worsening shortage of nurses, the next five to ten years will require creative options to prevent a health care crisis.

Recruitment into nursing, retention of the current nurse workforce, expansion of nursing school capacity, and re-entry into nursing for those with inactive or lapsed licenses are examples of initiatives being used to address the nursing shortage. This project specifically investigates the process of re-entry into nursing practice in the state of Vermont.

B. Objectives of Project

1. Review the components, content and curriculum necessary to meet the Vermont Board of Nursing requirements.
2. Determine the type of educational programming best suited to implement Objective 1 in settings throughout the state, including two rural areas.
3. Determine the costs needed to implement re-entry programs in various settings.
4. Determine the number of enrollees, charges, and the income and expenses necessary to sustain the program, include the costs of infrastructure development.
5. Determine the potential number of individuals who would utilize this program, and make recommendations regarding the feasibility of sustaining the program based upon these potential enrollees.
6. Explore the potential for utilizing or expanding existing national or local programs through other methods such as teleconferencing, Web-based, etc.
7. Explore options for clinical placement sites (i.e. long term care or home health).

C. Methods

The existing mechanism for re-entry into nursing practice in the state of Vermont was explored. This report includes information collected on-line and through interviews regarding all current options offered in-state, out-of-state through book or Web-based resources, and re-entry programs within 50 miles of the Vermont border. The experience of recent participants of these programs was obtained through interviews. The number of individuals inquiring about re-entry was tracked for a one-year period. The faculty and preceptors involved in current re-entry programs were interviewed to determine the necessary resources, challenges and successes of their programs.

From this, two detailed re-entry program sample budgets were constructed, for a School of Nursing-based program and a supplement to a Web-based program. Employers from home health agencies, long-term care facilities, hospitals and health care provider offices were queried about their experience with or desire to hire nurses who are re-entering the workforce. An extensive literature search revealed a number of articles that were written regarding re-entry in response to the nursing shortage of the 1980s. This historical input was used in combination with more recent literature throughout the report. Problems with the current re-entry mechanism are discussed along with suggestions for improvement.

III. Findings

A. Current Process of Re-Entry

A Vermont registered nurse's license is considered lapsed by failure to meet the renewal requirements of practicing nursing for 120 days in the last five years or 50 days in the last two years. Failure to renew a nursing license during the biennial relicensure period will also result in the license lapsing. The definition of a lapsed license is "The termination of an individual's privilege to practice nursing due to the individual's failure to renew or notify the Board to place in inactive status the nursing license within the specified period of time" (p.19, State of Vermont Board of Nursing, 1998). With a written request, a license can be placed on inactive status from the date of expiration for no fee. The license can then be reactivated by paying the current biennial renewal fee, meeting the practice requirements of 120 days in the past five years, or attending an approved re-entry program.

The process of re-entry is illustrated in the following flow chart:

Process For an R.N. to Renew an Inactive License in the State of Vermont

Have you met these clinical practice requirements for renewal as set forth by the Vermont Board of Nursing?
- 400 hours in past two year period, or
- 960 hours in the past five year period

If No

A reentry program consisting of a minimum of 120 hours of both theory and clinical must be completed. Programs currently available and approved by Vermont Board of Nursing

Self-Study

North Dakota Board of Nursing Refresher Course

Phone: 1-701-223-7105
email-marna@ndna.org
Offers theory through independent learning modules. Need to arrange for clinical placement on your own following required guidelines.

On-Site Learning

Fletcher Allen Health Care, Burlington, VT. Dept. of Nursing Education and Research.
Phone: 802-847-9800
Offers classroom instruction and preceptored clinical practice. Currently offered annually.

Dartmouth-Hitchcock Medical Center-Lebanon N.H. Center for Continuing Education in Health Science.
Phone: 603-653-1523
Offers classroom instruction and preceptored clinical practice. Currently offered annually.

A temporary permit which will allow limited practice in the reentry program must be obtained from the Board of Nursing in the state where your clinical practice facility is located.

If Yes

Contact the Vermont Board of Nursing and request a license renewal form.

Phone: 1-802-828-2453

E-mail: bashford@sec.state.vt.us

Website: http//vtprofessionals.org/opr1/nurses

(Note: If inactive status was not previously requested, a late fee will be charged to renew license.)

Problems may exist for nurses with a Vermont inactive or lapsed license who wish to enroll in the Dartmouth Hitchcock Nurse Refresher program. The clinical hours of the program must be completed in Vermont, because New Hampshire will not issue a temporary license for a nurse with a lapsed license from another state. For the nurse who was previously licensed in New Hampshire, this is not a problem. Some nurses have completed continuing education programs in New York and Massachusetts and then received active licenses in one of these states. These two states do not have a practice requirement for nursing relicensure *(see Appendix A for a comparison of state requirements)*. A temporary New Hampshire license could then be obtained so that the clinical component of the refresher program could be completed in New Hampshire.

Re-Entry Programs Approved by

Institution	Program Availability	Enrollment Capacity
Dartmouth Hitchcock Medical Center, Lebanon NH Center for Continuing Education In Health Sciences	Once annually, three days per week for 11 weeks on-site in the summer	20 15 @ Dartmouth 5 @ Concord Hospital
Fletcher Allen Health Care, Burlington, VT, Department of Nursing Education and Research	Once annually, four days per week for eight weeks on-site in the spring	10-12 (minimum 5)
North Dakota Board of Nursing Continuing Nurse Education Network	• Ongoing enrollment • Approved by all Boards of Nursing except Idaho and S. Carolina	N/A

Upon successful completion of the re-entry program, a New Hampshire nursing license can be granted. With a current New Hampshire nursing license, endorsement by the Vermont Board of Nursing can be sought. Both Vermont and New Hampshire have practice requirements that must be fulfilled for licensure.

B. THREE PROGRAMS CURRENTLY APPROVED BY THE BOARD OF NURSING

The following table compares the capacity, model, cost, and requirements of the three programs that have been approved for re-entry into nursing practice in Vermont:

the Vermont Board of Nursing

Model/Format	Cost to Enrollee	Requirements for Completion
Lectures/Demos Clinical Exp. Self-Study Modules. Acute Care Setting Model: Nursing Process	$1300.00 plus text and other professional expenses Grants are available to N.H. residents	• 104 Hrs. Classroom • 88 Hrs. Supervised Clinical • CPR Certification • Successful completion of: Pharmacology. Learning Module Blood Therapy Module 16 self study modules on procedures and equipment functioning. • Current permit from SBN
Lectures/Demos Clinical Experience Teacher made pre- and post-test. Acute Care Setting 1:1 Student Preceptor Ratio Model: 1) Major health concerns across life span 2) Client and Caregiver safety 3) Profession Role	$1300.00 Inclusive Refunded after working one year post-completion at FAHC	• 120 Hrs. Classroom • 128 Hrs. Supervised Clinical • Pass Med/Surg. Test 75% and • Pass Pharm. Post Test 75% and (May repeat tests X 1) • Demonstrate safe clinical practice • Perform defined clinical competencies • Current permit from SBN

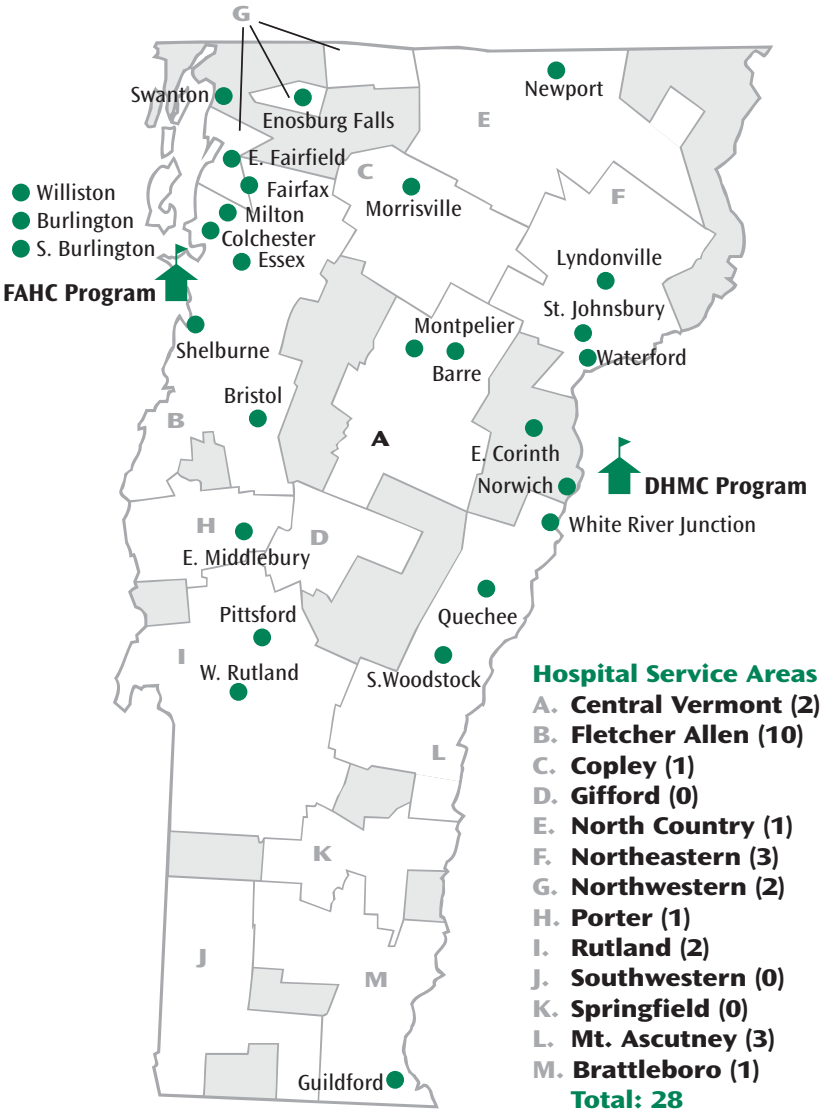
• Independent Home Study.
• Self-Paced (one year for completion)
• Modules plus one final exam
• 12 modules
• Study guide
• Clinical performance criteria
• Clinical can be in:
  • Hospital
  • Nursing Home
  • Home Health
  • Combination of above
	$598.00
	list of possible financial resources is provided
		• 100 Hrs. Theory
		• 100 Hrs. Clinical with “approved RN preceptor”(120 in VT)
		• Completion of all modules
		• Successful completion of final exam with 75% and
		• Successful completion of clinical skills (course list plus additional list for Vermont)
		• Must obtain temporary permit to engage in clinical portion (from own state)

c. Rural Issues

The re-entry process is complicated in rural Vermont because of limited programs. Participants may need to travel many miles to attend one of the two on-site re-entry programs. The option of the North Dakota Independent Home Study program is considered ideal for some, while others prefer the more traditional classroom interactions. Bellack (1995) found that 70% of participants in South Carolina preferred the structured format, while 25% preferred self-study. Growth of on-line reentry programs is an important advance for nurses in rural areas; however, not all learners are comfortable with this format, and The Vermont Board of Nursing has not endorsed any of these on-line programs to date.

The map that follows shows the locations of the re-entry programs, all the hospital service areas in Vermont, and the towns of individuals who received temporary licenses from January 2001 to April 2003 for the purpose of reinstatement of a lapsed license. The lack of a critical mass of re-entering nurses in any hospital service area without a re-entry program is evident.

Location of Applicants for Reinstatement of Lapsed License January 2001 – April 2003



D. Funding and Cost Analysis

Re-entry programs have been funded in a variety of ways, including state-supported funding. For example, the Minnesota Job Skills Partnership program funded the tuition for re-entry of over 45 nurses in the first year of the hospital and community college-based program (Sharp & Frederick, 1990). Another example of a state-supported program comes from North Carolina. In 1990, funding was allocated for the development and initiation of refresher programs that would reach North Carolina nurses in rural areas (Alden & Carrozza, 1997). This program was a collaborative effort of North Carolina Area Health Education Centers, the University of North Carolina at Chapel Hill (UNC-CH) School of Nursing and the UNC-CH Department of Continuing Education for the delivery of a self-paced program.

A more recent and local example exists of federal support for re-entry initiatives. New Hampshire's use of H1B federal funding has established a collaboration among five New Hampshire hospitals (Mary Hitchcock Memorial Hospital, LRG Healthcare, Cheshire Medical Center, Parkland Medical Center, and Monadnock Community Hospital) and Colby-Sawyer College School of Nursing (Ceppetelli, 2003). This funding has helped train preceptors that will supervise re-entering nurses. Subsequent to the H1B funding, the number of re-entry programs available for New Hampshire nurses has increased.

The most common funding method is tuition payment by the participant, with reimbursement by the providing hospital after successful completion of the re-entry program and a period of employment. Costs for Vermont re-entering nurses range from $598 for the North Dakota program without clinical to $1,300 plus books and other equipment for the Fletcher Allen Health Care (FAHC) and Dartmouth-Hitchcock Medical Center (DHMC) programs. Many of the nurses who attended one of the three programs spoke of tuition cost as a significant hardship and a barrier to enrollment.

Many of the nurses who attended one of the three programs spoke of tuition cost as a significant hardship and a barrier to enrollment.

Sweetwood (1985) found that hospitals were more likely to report a loss and colleges were more likely to report a profit from re-entry programs. However, if 20-25% of participants were subsequently employed, Sweetwood concluded that the programs were cost-effective for the hospitals. One Michigan hospital chose to market a longer, ten-week "High Touch" refresher course that was more expensive than traditional orientation programs (Walsh, 1990). The Lahey Clinic in Burlington, Mass. has found the investment in a re-entry program to be worthwhile because of the experienced nurse's maturity and assessment skills, in comparison to a new graduate (Dixon, 2003). A re-entry program can be a marketing advantage for hospitals seeking nurses. In comparison to the expense of hiring traveling nurses, the cost of $20,000 -$30,000 for returning six nurses to safe practice (Roberts, 2001) may be acceptable.

E. Profile of Enrollees in Re-entry Programs

According to the Vermont Board of Nursing staff, it is difficult to compile data regarding the number of Vermont nurses who have let their license lapse as of March 31, 2003 or have requested that their license be placed in inactive status. The database of Vermont registered nurses shows more than 6,000 inactive licenses. The date of a nurse's request is placed in individual records and cannot be determined from the database. The resources to track the nurses with lapsed or inactive licenses are not available at this time. Consequently, giving this group updates on re-entry program opportunities has not been done. Individual request

...70.2% – 97.4% employment after re-entry.

for re-entry information has been estimated at about 200 inquiries per year by the Board of Nursing staff.

The National Sample Survey of Registered Nurses (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000) found that 12% of the RN population is inactive. This group was not employed in nursing, not looking for a nursing position, and not employed in a non-nursing occupation. Most of these nurses were older; however 15% were under 40 and the majority had children at home.

Assuming that there is a substantial pool of inactive nurses in Vermont, understanding those factors that influence re-entry is important. Some reasons for returning to nursing were identified by Loquist (1991) as follows, in rank order: financial reasons, no longer have small children at home, missing nursing, new state Board of Nursing practice requirement, and more flexible hours available. A profile of Michigan returning nurses (Curtis & Schneidenbach, 1991) added these reasons: unemployment, changes in personal lives, desire to update to acute care, professional loneliness, and a desire for professional contact. These reasons are similar to those given by the nurses who were interviewed for this Vermont report.

Regarding demographics, the mean age of the 324 South Carolina nurses returning to practice was 44 years, with 16 years in nursing. The educational distribution of the returning South Carolina nurses was 40% diploma, 32% BSN, 19% ADN, and 9% MSN (Loquist, 1991). In a study of 222 re-entering nurses, Bellack (1995) found 82% were married and 60% had children at home. Another study done by Kerr, Lundrigan, and Brodish (1990) of 311 returning RNs also found 83% were married and 66% had children under 12.

Since individuals may be motivated to return to nursing at times of life-changing events such as divorce or unemployment, it is understandable that Hall and Andre (1999) noted that the number of "life crisis" situations affecting the performance of their re-entering students appeared high. Kalnins, (1986) attributed the students' "high anxiety" to be related to the returnee's situation "and not a sign of permanent inadequacy." Mark and Gupta (2002) also noted high anxiety and low self-esteem to be common in re-entering nurses.

Since the target audience for re-entry into nursing appears to be married women with children, the following recommendations have been made to attract this audience to a re-entry program:

- Effective, widespread information about re-entry programs (Laurice & Brown, 1992)
- Access to career advice
- Opportunity to work flexible hours
- A short study program that is relevant to practice (Nottingham & Foreman, 2000)
- Family support
- Flexible hours (Durand & Randhawa, 2002).

In terms of the outcomes of the re-entry programs, Mark and Gupta (2002) cite four studies with 70.2% to 97.4% employment after re-entry. In two studies, one of 49 nurses (Kalnins, 1986) and the other of 222 nurses (Bellack, 1995), the length of inactivity from nursing was not found to be significantly related to

successful re-entry. According to Davis and Barham (1988), the amount of time in nursing prior to lapsing and the type of nursing done prior to re-entry were most crucial to success. Instructors at both the FAHC and DHMC programs concur with these findings.

RE-ENTRY PROGRAMS: SURVEYING THE PARTICIPANTS

The following charts and graphs summarize data gathered through interviews with 18 Vermont nurses who had been away from the profession for a time, and had enrolled in or completed re-entry programs. Please note that for a number of questions, such as "Previous Nursing Workplaces," those surveyed gave more than one answer.

EDUCATIONAL PROGRAMS PREVIOUSLY COMPLETED

AD 9
Diploma program 5
BS 4
Master's 2
LPN 1
Other 4

PREVOUS NURSING WORKPLACES

Hospital: med/surg or general. 11
Hospital: other unit 7
Nursing home 5
Hospital: ICU 4
Health clinic 4
Hospital: OB/labor & delivery 3
Administration/supervision. 3
Hospital: pediatrics 2
Hospital: OR. 2
Hospital: ER 1
Home health 1
VA hospital 1
Other 12

WORKED IN HOSPITAL BEFORE INACTIVE

Yes 13
No 5

WHY BECAME INACTIVE

Pregnancy/child care 10
Career change 4
Burnout/exhaustion/
discouragement 3
Personal issues apart from work. . . . 2
No nursing jobs available. 1
Other 2

STATUS OF LICENSE BEFORE STARTING PROGRAM

Inactive 12
Active in Vermont 3
Active in other state. 5

WHY BECAME ACTIVE IN NURSING AGAIN

Wanted to be a nurse again 10
Kids grown 5
Financial need 5
Values/9/11 aftermath 2
Unemployment 1
Other 3

TIME THINKING BEFORE DECIDING TO BECOME ACTIVE

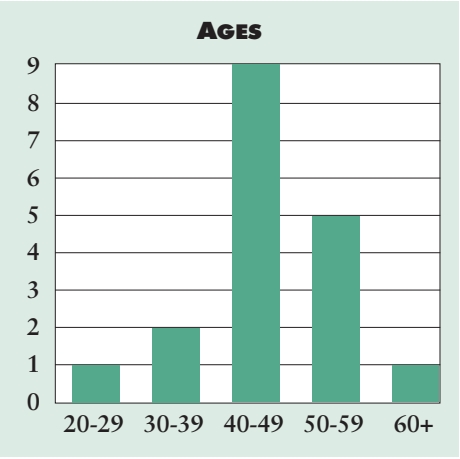
Less than one month 2
1-6 months 6
Over 6 months 8

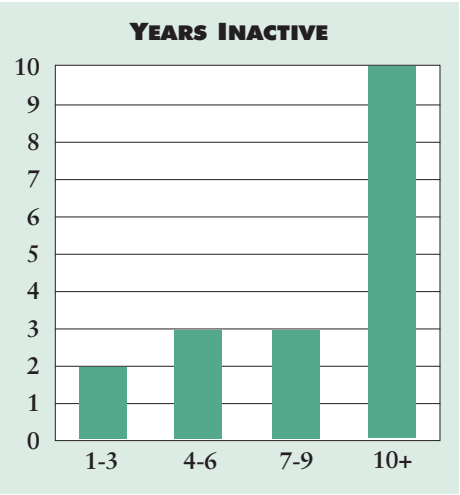
CONSIDERED NORTH DAKOTA PROGRAM?

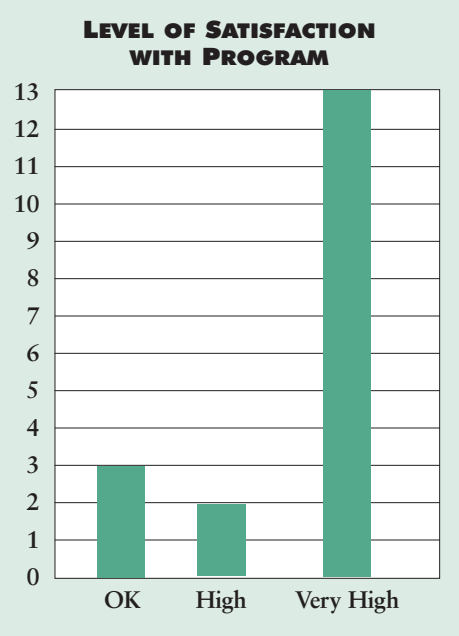
Yes 14
No 3

WHY CHOSE PROGRAM SELECTED

Location/close to home 11
Only option available/known 9
Recommendations/reputation. 4
Wanted to learn with others,
be with peers. 2
Shortest time frame 1







CHALLENGES/BARRIERS TO OVERCOME

Scheduling/juggling school and family	7
Finances	5
Child care	4
Lack of confidence, anxiety	2
Organizational skills	1
None	2

SUPPORTS THAT HELPED

Spouse/family/friends	16
Preceptor/instructor/nurses on site	5
Peers in class	4
Other job	3
Financial assistance	3
Program schedule	2
Self-discipline	1

PLANNED OR CURRENT EMPLOYMENT

Hospital	7
Geriatric/hospice	2
Part-time work	2
Various/undecided	2
Other	2
Home health	1
Doctor's office	1
Seeking more education	1

F. OPTIONS FOR CONTENT DELIVERY

The three options for content delivery available at the present time throughout the United States are: classroom, Web-based, and self study with a learner guide. No Web-based option is currently approved by the Vermont Board of Nursing. Advantages and disadvantages of the three options are discussed below.

The southern, far northern, and northwest areas of the state do not have access to approved classroom-based re-entry programs.

Many re-entering nurses seek out a traditional classroom-based program for the familiarity of a teacher-student relationship as well as peer interaction and support. The two options that currently exist are offered for eight weeks (four days per week) in the spring in Burlington, and 11 weeks (three days per week) in the summer in Hanover NH. These programs are hospital-based and are most appropriate for re-entering nurses with previous hospital experience.
Many graduates seek employment in the hospitals that have offered the re-entry program, and this is a benefit to both the hospital and the nurse, who would then qualify for possible reimbursement of a portion of the program tuition. For the re-entering nurses without previous hospital experience and no desire to work in the hospital setting, these programs are extremely challenging and there is a lower chance of successful completion. Since one program is offered four days per week for eight weeks, these participants are usually unemployed at the time and have need for family support to facilitate adequate child care and study time. If a participant can commute up to one hour to and from the program, then a significant area of the north and central part of the state have access to these programs. The southern, far northern, and northwest areas of the state currently do not have access to approved classroom-based re-entry programs.

In order to meet needs in the southern part of the state, a school of nursing based re-entry program was offered in the 1980s at Castleton State College (Belock, 1983). Initially 20 students were enrolled for a fee that was equal to three college credits. The program ran during the 1980s and early 1990s before being discontinued for lack of students and causing a financial burden to the college (S. Farrell, personal communication, August 12, 2003). Due to the

current nursing shortage and the predictions of its increasing severity, many colleges are once again becoming involved in offering "nurse refresher" programs. Mark & Gupta (2002) cite an AACN 2001 survey of 294 schools of nursing, which found that 23% offer nurse refresher program as continuing education, and 13% are considering such an offering. At the University of Vermont, one student completed the clinical requirements of the North Dakota program by doing self-study credits through Continuing Education. This allowed her to join a group of baccalaureate students, with their faculty member serving as her preceptor for the weeks required. However, the challenge at this time for the colleges in Vermont is to ensure enough faculty to teach the incoming nursing students, who are the priority.

G. OPTIONS FOR CLINICAL PLACEMENT

The hospital setting offers the most convenient site for exposing students to many clinical skills. The hospital-based re-entry programs use their own clinical areas, with the exception of rare arrangements made to have a preceptor at a hospital closer to where the student lives. The North Dakota program requires students to make their own arrangements for a preceptor. The smaller rural hospitals have limited resources for taking on a re-entering nurse, and may require a commitment to work after successful completion of the clinical portion of the re-entry program. Some individuals have arranged clinical placement in long term care facilities and home health agencies.

The completion of several of the required skills (as specified by the Vermont Board of Nursing) may need to be performed under the supervision of a hospital-based preceptor. For example, chest tube care, nasogastric tube care, and IV infusion skills may not be available outside hospital settings.

In order to evaluate the receptiveness of long-term care facilities, home health agencies, and rural hospitals to precepting a re-entering nurse, telephone interviews were conducted. The following table indicates the responses.

Setting	Past experience with a re-entering nurse?	Would you provide a clinical experience for a re-entering nurse?	Would you consider hiring an RN who recently completed a re-entry program?	Would you have the resources to provide the clinical component?
Long Term Care (10)	Yes: 5 No: 5	Yes: 10 No: 0	Yes: 10 No: 0	unknown
Home Health Agency (8)	Yes: 4 No: 4	Yes: 7 No: 1	Yes: 8	unknown
Rural Hospitals (6)	Yes: 4 No: 2	Yes: 5 No:1	Yes: 6	Yes: 3 No: 3 (may charge a fee)

IV. Conclusions by Objective

1. Review the components, content, and curriculum necessary to meet the Vermont Board of Nursing requirements.

Specific curriculum requirements for re-entry programs are in place in the state of Vermont. The available on-site programs are successfully delivering the curriculum that meets the Guidelines for Re-Entry Programs (Administrative Rule Chapter 4, Rule 1 J State of Vermont Board of Nursing, 1998). The Vermont Board of Nursing requires 120 hours of theory and 120 hours of clinical practice. The Fletcher Allen Health Care program is the only program that meets this requirement completely; however, the Board has granted approval of the other two programs with additional hours required for Vermont licensure

Reentry requirements differ considerably from state to state (see Appendix A). A Vermont re-entering nurse will have a problem obtaining a temporary license in New Hampshire to participate in the clinical portion of the Dartmouth Hitchcock program. Some participants have arranged to complete the clinical component at a Vermont hospital after completing the classroom component in New Hampshire. If the participant has an active license from any other state, New Hampshire will grant a temporary license allowing completion of the clinical component in New Hampshire. This has forced some nurses to obtain an active license in New York or Massachusetts in order to get a temporary license in New Hampshire.

The self-study program that is available through the North Dakota Board of Nursing relies on the participant to arrange clinical supervision in order to meet the requirements. Several agencies have voiced concerns about the lack of coordination of experiences, and of supervision, that the re-entering nurses in this self-study program received. Other agencies have had successful experiences with very motivated re-entering nurses in this program. The Vermont Board of Nursing grants approval for re-entry programs at least every five years. Concerns about the North Dakota self-study program should be further validated at that time.

2. Determine the type of educational programming best suited to implement Objective 1 in settings throughout the state, including two rural areas.

The Connecticut League for Nursing had designed an on-line Nurse Refresher course which is offered through Charter Oak State College in New Britain, CT. This program began in September 2000 and has enrolled over 70 students. The format consists of three modules, two of which are offered entirely on-line. The third module is a clinical placement that is arranged by a coordinator using a “nurse mentor” for supervision in a preapproved hospital or long term care setting. The tuition for the first two modules is $500 each and $800 for the third module. The coordinator of this program expressed willingness to collaborate with a Vermont coordinator for the delivery of the third module. Negotiation of this option is pending.

A Web-based program, such as the Connecticut League For Nursing Web-based Refresher Program, should be introduced for Board approval in the next six months. There is evidence that the typical re-entering nurse may not be comfortable with this method of content delivery; however, a trial period of using an existing Web-based program is recommended for the purpose of serving rural areas in northern, southern, and central Vermont. It is anticipated that the familiarity of Web-based educational programs will expand quickly. In addition, a statewide coordinator would be needed to help students become oriented to a Web-based program, and arrange appropriate clinical placements.

3. Determine the costs required to implement re-entry programs in various settings.
Cost estimates for 1) a classroom re-entry program based at a school of nursing and 2) a Web-based re-entry program with a statewide coordinator are detailed in Appendix B and Appendix C. Neither program is self-supporting and would need grant funding during the start up year. The placement of re-entry programs in hospitals is the most logical because the hospital is able to write off some of the orientation expenses for any nurses who choose to become employed there. The Dartmouth Hitchcock Nurse Refresher Program is considered a "community service" by its coordinator Irene Bise, rather than a profitable endeavor.

4. Determine the number of enrollees, charges, and the income and expenses necessary to sustain the program, including the costs of infrastructure development.

Break-even analysis – For a web based program that charged $800 for the coordination of the clinical placement, 23 students per year would be needed to break even. For a School of Nursing based program that charged $1,500 per participant, 16 participants would be needed to break even. Both budgets include an 8% indirect cost for the use of an established educational facility. First year start-up costs are detailed in the two budgets and are not included in the break-even analysis because grant funding should be sought to help the start-up.

5. Determine the potential number of individuals who would utilize this program, and make recommendations regarding the feasibility of sustaining the program based upon these potential enrollees.
Because Vermont nurses with lapsed and inactive licenses are not regularly counted or communicated with, the potential number of program participants must be estimated from the recent past. In 2002-2003, 27 nurses requested temporary licenses for the purpose of participation in a re-entry program. The Board of Nursing staff estimated that they receive approximately five calls per week regarding re-entry. With resources to communicate with inactive nurses, the addition of a Web-based re-entry program, and a statewide coordinator, a goal of re-entering 50 nurses per year should be set.

6. Explore the potential for utilizing or expanding existing national or local programs through other methods such as teleconferencing, Web-based, etc.
A business proposal should be made to the Connecticut League for Nursing to promote their Module 1 and Module 2 web based program of re-entry, with Module 3 (clinical placement) taking place in Vermont. The advantage to Web-based learning rather than teleconferencing is the flexibility available to the learner. The combined cost of the program ($1,800) should be reimbursed to the enrollee during the first year of employment in a Vermont health care setting at $150 per month.

7. Explore options for clinical placement sites (i.e. long-term care or home health). Vermont re-entering nurses express interest in settings other than hospitals. Coordination is needed to ensure that an appropriate learning experience is available for each re-entering nurse. The hospital re-entry programs are recommended for nurses wishing to return to employment in a hospital setting. Alternatives for those wishing to practice in a non-hospital setting are needed and willing agencies and facilities have been identified.

A. BARRIERS TO RE-ENTRY THAT WERE IDENTIFIED:

- Confusing terminology—for example, refresher/re-entry/update program, and inactive and lapsed license.
- Vermont Board of Nursing Web site is not user friendly. Different ways to re-enter nursing practice are not clearly identified. Sharing site with all professions is confusing. Site search for "re-entry programs" did not lead to Chapter 4 of the posted administrative rules.
- Phone calls to Board of Nursing were at times not returned for several days.
- After a nurse's license has lapsed, communication with the Board of Nursing ceases. Nurses feel "cut off" from important information about re-entry.
- Many students in the re-entry programs expressed their need for assistance with payment of tuition for the program ($600 -$1,500).
- License requirements vary from state to state. A re-entry program located in New Hampshire requires a temporary New Hampshire license to participate in the clinical experience.

V. Recommendations

- Include information regarding re-entry on the Office of Nursing Workforce Website, with a link to and from the Board of Nursing site. And/or:
- Update Board of Nursing Web site to include re-entry program information. (See New Hampshire Board of Nursing Web site for an example.)
- Provide resources to update Board of Nursing's license data base to easily identify inactive nurses for periodic marketing mailings by re-entry programs.
- Negotiate in-state preceptorship to accompany an existing out-of-state Web-based program for a trial period.
- Hire a statewide re-entry coordinator (see sample program budget).
- Propose a tuition reimbursement plan for all employers of re-entering nurses.
- Provide a forum for discussion of the problem of Vermont nurses taking a re-entry course in New Hampshire and not being able to obtain a temporary license from the New Hampshire Board of Nursing.
- Determine the availability of, and type of responsibilities feasible for nurses with inactive licenses, in response to a statewide emergency.
- The Board of Nursing grants approval for re-entry programs at least every five years. Concerns about the North Dakota self-study program should be further explored at that time.

These identified barriers and recommendations provide opportunities for improvement of the process of re-entry into nursing practice in the state of Vermont. Communication with the population of nurses with inactive and lapsed license is necessary to determine if significantly increased interest in re-entry can be achieved. Work to implement the outlined recommendations may yield rewards on an individual as well as societal basis.

VI. References

Alden, K. R., & Carrozza, M. A. (1997). "The North Carolina AHEC Self-Paced RN Refresher Program: An Evaluation of the First Two Years." *The Journal of Continuing Education in Nursing,* 28(1), 14-19.

Bellack, J. P. (1995). "Characteristics and Outcomes of a Statewide Nurse Refresher Project." *The Journal of Continuing Education in Nursing,* 26(2), 60-66.

Belock, S. (1983). "Preparing a Re-Entry Program for Inactive RNs." *Journal of Nursing Education*, 22(4), 165-170.

Ceppetelli, E. (2003). New Hampshire Preceptor Consortium: *Preparing New Nurses For the World of Practice*. Retrieved August 3, 2003, 2003, from www.fhconline.org/initiatives/system/workforcefiles/New%20Hampshire%20Preceptor%20Consortium.doc -

Curtis, P., & Schneidenbach, L. (1991). "Brief: Successful Strategies for a Re-Entry Program — One Example." *Journal of Continuing Education in Nursing,* 22(1), 36-38.

Davis, L. L., & Barham, P. D. (1988). "Recruiting RNs." *Nursing and Health Care,* 9, 369-371.

Dixon, M. E. (2003). "Perfect Prescription." *Advance for Nurses,* 3(6), 15-16.

Durand, M. A., & Randhawa, G. (2002). "Nurses' Views About Returning to Practice After a Career Break." *British Journal of Nursing,* 11(7), 477-485.

Hall, C., & Andre, C. A. (1999). "Nurses Re-Entering the Workforce; A Special Needs Group." *Contemporary Nurse,* 8(1), 238-244.

Kalnins, I. (1986). "Outcomes of a Nursing Refresher Course." *The Journal of Continuing Education in Nursing,* 17(1), 12-15.

Kerr, S. D., Lundrigan, C. B., & Brodish, M. S. (1990). "A Profile of the Inactive Nurse: One Solution to the Shortage". *Hospital Topics,* 68(3), 15-18.

Laurice, F., & Brown, L. B. (1992). "A 10-year Follow-Up Study: Nurse Refresher Programs." *Journal of Continuing Education in Nursing,* 23, 220-222.

Loquist, R. S. (1991). "South Carolina Studies Inactive Nurses." *Issues,* 12(2), 4-5.

Mark, S., & Gupta, J. (2002). "Re-Entry into Clinical Practice." *JAMA,* 288(9), 1091-1096.

Nottingham, E., & Foreman, K. (2000). "Creating the Right Environment for Return-to-Practice Candidates." *Nursing Standard,* 14(32), 44-54.

Rambur, B., Palumbo, M., McIntosh, B., & Mongeon, J. (2003). A statewide analysis of RNs intention to leave their position. *Nursing Outlook,* 51(4), 182 - 188.

Roberts, V. W. (2001). "Responding to Code Blue: Workforce in Crisis Community Partnerships Returning Nurses to the Workforce." *Georgia Nursing,* 61(4), 26-27.

Sharp, J. Q., & Frederick, B. J. (1990). "Nursing Refresher Programs. Back for the Future." *Journal of Nursing Staff Development,* 6(3), 118-120.

Spratley, E., Johnson, A., Sochalski, J., Fritz, M., & Spencer, W. (2000). *The Registered Nurse Population, 2003,* from http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey/rnss1.htm

Sweetwood, H. (1985). The Cost-Effectiveness of Nurse Refresher Programs." *New Jersey Nurse,* 18, 19.

Vermont Nurse Practice Act, Chapter 28 (1998).

Walsh, K. (1990). "Recruiting Inactive Nurses: Offering a Gentle-Re-Entry Position." *Recruitment and Retention Report,* 3(5), 6-8

APPENDIX A

Comparison Chart: R.N. Re-Entry Requirements- Selected State Boards of Nursing

State	Requirements for Ongoing Renewal of License	Requirements For Re-Licensure if Lapsed
VT	• 400 hours in two-year period or 960 hours in five-year period • Fee every two years	• Verification of previous licensure • Temporary permit limited to re-entry program activity • Completion of Board approved program • Evaluation by re-entry program personnel
NH	• 400 hours in four years immediately prior to date of applying	• Obtain temporary license • Completion of a Board approved re-entry program option within six months of start date
MA	• 15 hours of C.E. within two years immediately preceding renewal of registration • Fee every two years	• Board approval of plan • Proof of C.E. requirement being met • Voluntary refresher courses available
NY	• License is valid during life of holder unless revoked, annulled, or suspended by Board of Regents • Must "register" every three years and pay fee. • Meet infection control requirements every four years	• Must provide proof of State Ed. Dept. or State Health Dept. approved Course in "Infection Control and Barrier Precautions" specific to nursing.

Options To Prepare For Re-Licensure	Notes
Program: Fletcher Allen Health Care RN Refresher Course *Program:* North Dakota Nurses Association Independent Study RN Refresher Course *Program:* Dartmouth-Hitchcock Medical Center Nursing Update	• Board specifies content and clinical of re-entry program (on file). • NCSBN NURSYS verification of license available
1. Formal refresher course meeting board requirement for content and skills. 2. 320 hours of theory and concurrent practice supervised by R.N. 3. Individual program of study-current nursing theory and supervised practice. 4. Pass NCLEX within two year period prior to application date. 5. Completion of three Excelsior college exams	• Documentation must be received by board within six months of beginning of option. • Board specification for "Refresher Courses". • List of approved programs available.
• Board criteria for a planned program of learning which contributes directly to professional competence of the licensed nurse. • Guidelines for selecting a C.E. offering are clearly spelled out in Rules and Regs. of MBRN	• License in effect forever as long as C.E. requirement of 15 hours is met every two years and fee is paid (unless sanctioned). • No practice requirement.
• Multiple courses available at various sites around state. • Must be approved by State Ed. Dept. or NY Dept. of Health	• All professional licensure under NY Board of Regents. • After original license, only education requirement is infection control

APPENDIX B

SAMPLE SCHOOL OF NURSING PROGRAM BUDGET WORKSHEET

PERSONNEL

Name	Title	# Mos	Effort	Base	Year 1	Year 2
Salaries						
	Faculty Coordinator	3	80%	46,000	9,200	9,568
	Clinical Faculty	3	40%	46,000	4,600	4,784
	Secretary	12	5%	24,942	1,247	1,297
Total Salaries					15,047	15,649
Fringe Benefits	*Year 1:* 39.5%	*Year 2:* 41.3%			5,944	6,463
TOTAL PERSONNEL					20,991	22,112
OTHER DIRECT COSTS						
Consultant Fee for Start-up Curriculum					5,000	
Supplies (Office supplies)					400	
Advertising/Participant Recruitment (Newspaper advertisement)					2,000	
Communications (Toll free number)					1,000	
Postage & Shipping					2,000	150
Printing (Brochure)					1,200	
Computer Costs					500	
Statististic assistance regarding data base upkeep					1,500	
Total Other Direct Costs					15,600	150
Subtotal					36,591	22,262
TOTAL DIRECT COSTS					36,591	22,262
Indirect Cost to School of Nursing					2,927	1,781
TOTAL COSTS					39,518	24,043

APPENDIX C

SAMPLE WEB-BASED PROGRAM — CLINICAL COMPONENT

PERSONNEL

Name	Title	# Mos	Effort	Base	Year 1	Year 2
Salaries						
Project Director		12	5%	71,757	3,588	3,732
Secretary		12	10%	24,942	2,494	2,594
Total Salaries					6,082	6,325
Fringe Benefits	*Year 1:* 39.5%	*Year 2:* 41.3%			2,402	2,612
Wages						
Statewide Re-entry Coordinator (per diem at $30/hr)					5,000	5,200
Total Wages					5,000	5,200
Fringe Benefits	*All years:* 8.0%				400	416
TOTAL PERSONNEL					13,884	14,553
OTHER DIRECT COSTS						
Supplies (Office supplies)					400	
Travel (150 miles per week / $.36 per mile) (100 miles per week/$.36 per mile)					2,592	2,160
Web design (Add re-entry page to existing website)					2,000	
Advertising/Participant Recruitment (Newspaper advertisement)					2,000	
Communications (Toll free number)					1,000	
Postage & Shipping					2,000	150
Printing (Brochure)					1,200	
Computer Costs					500	
Statististic assistance regarding data base upkeep					1,500	
Total Other Direct Costs					13,192	2,310
Subtotal					27,076	16,863
TOTAL DIRECT COSTS					27,076	16,863
Indirect Costs 8.00%					2,166	1,349
TOTAL COSTS					29,242	18,212

Office of Nursing Workforce Research,Planning, and Development
University of Vermont College of Nursing and Health Sciences
Rowell Building, 106 Carrigan Drive
Burlington, VT 05405-0068

(802) 656-0023
www.choosenursingvermont.org