Ohio | Department of Higher Education

Ohio Values Veterans:

Medic to Nursing Project

Prepared by

The Ohio Department of Higher Education

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Thank you

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Introduction

For several years, Ohio has been working to evaluate and convert military training, experience, and coursework into college credit. Ohio is particularly interested in areas of overlap between military training and Ohio's in-demand occupations. Nursing and military medics are prime examples of that overlap. This project looked at the potential for credit alignment and the potential for removing any unnecessary barriers to nursing programs for veterans and service members.

Research

To understand this project, it is important to know how "medic" is defined. For this project, the Ohio Department of Higher Education (ODHE) referred to U.S. Army Healthcare Specialists, U.S. Navy Hospital Corpsmen, and U.S. Air Force Medical Technicians as "medics" for ease of reference.

Understanding the training and coursework involved with military medics required basic research. Through information sessions with the Multi-State Collaborative on Military Credit (MCMC), it was noted that the Medical Education &Training Campus (METC) was the common institution for all of the medic training. MCMC coordinated an educational trip for nursing-type faculty members to travel to METC and see the curriculum firsthand. This experience and curriculum would be heavily leaned on for this project.

Questions also arose about the credentials for which service members attending the medic courses at METC might be eligible, if any. METC directed many questions to its webpage at https://www.metc.mil/.

Significant work was also needed to understand more about the nursing landscape for Ohio's public colleges and universities. This work was done via meetings and surveys.

Methodology

To understand the work undertaken by Ohio, it is important to understand the statewide transfer guarantees that exist in Ohio, and in this case, the lack thereof. Ohio has various statewide transfer guarantees: the Ohio Transfer Module (OTM), Transfer Assurance Guides (TAGs), Career Technical Assurance Guides (CTAGs), and Military Transfer Assurance Guides (MTAGs). The Ohio Transfer Module is a set of agreed-upon general education courses. TAGs are entry courses for a degree or major that have been pre-identified for transfer. CTAGs are agreed-upon career technical courses. Once courses have been pre-identified, faculty panels are established consisting of faculty from two-year and four-year institutions. Those faculty members create learning outcomes that should be consistent with the courses that were pre-identified. Once learning outcomes are established, they are sent out to be endorsed by all 36 public colleges and universities. After successful endorsement, the courses and learning outcomes are given an Ohio Articulation Number (OAN). Every institution then has to send in its appropriate syllabus for each OAN. The faculty panel reviews those syllabi and, if accepted, the institution's course will carry the OTM, TAG, or CTAG guarantee. Once the guarantee is in place, that course will transfer and equal whatever course has been aligned to the OAN at the institution. An MTAG effectively works the same way; it is simply a military course that is sent to the same faculty OTM, TAG, or CTAG panel. If the panel approves of the course, then it becomes an MTAG and can transfer to any of the public institutions based on the common OAN number. More information about Ohio's transfer initiatives can be found at https://www.ohiohighered.org/transfer.

One significant problem for Ohio in the nursing area is the lack of any TAG courses. The content of nursing programs is set by the Ohio Board of Nursing (OBN); however, the organization of the content of nursing coursework is up to each individual institution. Therefore, the nursing programs at those public colleges and universities in Ohio that have them are set up quite differently. One area that does have a transfer guarantee is the Licensed Practical Nurse (LPN) program. This area aligns to a CTAG.

With few options as far as transfer guarantees at the state level, it was determined that nursing experts were needed to assist with this project. Over the course of the project, ODHE hosted four events inviting nursing experts in pre-licensure programs with curriculum experience and/or transfer evaluation experience.

First Meeting

The first meeting of nursing experts was held to establish a baseline of knowledge around the state and gather ideas for how to move forward. The overwhelming majority of those in attendance knew they had military students in their programs, but had never seen any

curriculum. The medic curriculum from METC was shared at this meeting. Another document that was mostly unknown to the individuals was the National Council of State Boards of Nursing-Gap Analysis document (found at https://www.ncsbn.org/16_NCSBNAnalyiss_MilitaryLPNVN.pdf), which compares medic programs to LPN standards. An explanation of the lack of transfer guarantees for Ohio in nursing was mentioned and explained. However, it was noted that research into METC yielded that Army and Air Force medics were trained to the National Registry for Emergency Management Technicians (NREMT) standard. Ohio does have a CTAG for EMT programs. Thus, an actual MTAG awarding EMT credit for Army and Air Force service members was shown to audience members, who again were mostly unaware of its existence. As the meeting was closing, next steps were discussed. A few people mentioned that the OBN had recently created an advanced standing policy to encourage evaluation of credit from adult learners and veterans, as well as some discussion about possible program barriers. It was decided to further discuss this at the next meeting and to invite the Board of Nursing as well as professional nursing organizations to attend.

Second Meeting

The registration for the second meeting required those attending to list college or university nursing program entrance requirements. For meeting preparations, these requirements were all combined into an Excel document to share for ease of discussion. This became the focal point of the morning portion of the meeting. Many items were discussed, but it was noted that Associate Degree in Nursing (ADN) programs had much more consistent entrance requirements than Bachelor of Science in Nursing (BSN) programs. The focus then shifted to ADN programs. The main areas of discussion were pre-admission testing, CPR requirements, and State Tested Nursing Aide (STNA) requirements. The ADN program experts in attendance felt that, after reviewing the curriculum at the previous meeting, entrance requirements needed to be revised or adapted for medics. They determined that the curriculum for medics far exceeded the requirements of the STNA program. Also, in some cases medics might have to maintain their American Heart Association CPR card, which could be used for meeting CPR requirements. Lastly, since military medics have received course-based education and have served in roles providing direct patient care, they agreed to consider waiving pre-admission testing designed to determine readiness for nursing education. Some of the nursing experts present were also members of the Ohio Council of ADN Education Administrators (OCADNEA), which is the professional organization for ADN programs in Ohio. They decided to develop a position statement on the three areas noted above and took it to their next meeting, where the resolution passed. That position statement is attached as ***Appendix A***.

The afternoon session of the second meeting involved three small breakout groups. These breakout groups focused on how to handle EMT-level students (medics) at the LPN, ADN, and BSN levels. The groups eventually reconvened to share their conversations. It was

noted that the OBN was in the process of drafting legislation to support the U.S. Army's LPN program (different from the Army medic) and the Air Force's medic program at the five-skill level as being the educational program equivalents of an Ohio LPN program. The breakout discussion kept coming back to the advanced standing policy, which can be found in Appendix B. The Ohio Board of Nursing had representatives at this meeting and they helped lead the conversation around the advanced standing policy and answered many specific questions from the audience. The OBN created a useful document to better explain "advanced standing" and "accelerated programs," which can be found at http://www.nursing.ohio.gov/PDFS/Education/Summary_of_Chapter_4723-5_OAC_%20Amend.pdf.

Third Meeting

The third meeting started with institutions sharing their examples of their own advanced standing policies. This showed how they had all increased their knowledge and activities around evaluating transfer work (including medic training) and they were now tracking those students as well. For nursing programs, this is a big leap forward. The past sharing of the medic curriculum from METC was foundational in that process. The conversation then shifted to ways to make transfer of certain credentials easier. There was interest in some type of ADN (RN) block of credit that could be transferred easily to BSN programs. It was noted that it should, if possible, build on the existing EMT and LPN blocks of credit that currently exist. This idea also arose due to Ohio pursuing statewide associate to baccalaureate program pathways. Those pathways build on Ohio's transfer guarantees, and since nursing programs currently have little on which to build, the concept of a block of RN credit seemed to attract support. The nursing experts present communicated that issues existed around general education credit imbedded within RN training that was not appropriately being recognized at the BSN level. ODHE agreed to conduct research and pursue that concern.

During the afternoon session, time was spent discussing program barriers at the BSN level. It was determined that there was too little consistency among the BSN programs to try to do a position statement similar to the OCADNEA statement created at the previous meeting. However, a member from the BSN organization agreed to present the OCADNEA statement to the statewide group of BSN programs and directors just to make sure they were all aware of what was taking place. The meeting ended with a presentation about the new statewide College Level Examination Program (CLEP) policy. This was intended to be a simple information session, but the nursing programs that were represented were interested and largely unaware that this had taken place. They were excited to have another mechanism to suggest that students take more general education options prior to transfer or during their program work in order to alleviate the heavy burden of a full-time course load. They were also intrigued to hear that the military will pay for these exams while the service member is on active duty.

Fourth Meeting

ODHE and some nursing experts conducted research comparing EMT, LPN, and RN curriculums to that of the Ohio Transfer Module. That research was presented at the beginning of this meeting. In each credential (EMT, LPN, & RN), there seemed to be elements of learning outcomes from general education courses that were completed. It was then determined that ODHE should present this information to the faculty panels involved with the Ohio Transfer Module. A deeper explanation of this can be found in Appendix C. Research was also presented that showed potential comparisons between military medic training and LPN and RN curriculum that were more specific to OBN standards. This was done to help improve transfer credit evaluations for medics and also help with the advanced standing policy requirements from the OBN. More explanation regarding this can be found in Appendix D.

The afternoon session started with ideas centering on a special nursing transition course for veterans. There is currently a statewide common nursing transition course that has already been developed and is in use. There was debate as to whether the military medic training should be incorporated into the statewide course or created as its own stand-alone course. This topic is still being discussed and pursued further, and additional insight can be found in Appendix D. New MTAGs were officially announced regarding the Army's LPN program and the Air Force's Medic program at the 5 skill level. The announcement memos for these MTAGs can be found in Appendix E. This was mentioned originally during the second meeting, but this became official just prior to this fourth meeting. Lastly, the METC bridge programs were highlighted and discussed, particularly the medic to nursing options. Instructions for how to pursue joining the METC bridge program were provided by METC and given to the attendees. Currently, one school has joined and another is in the process.

Initial Success

Table 1 below highlights some initial success in awarding direct credit to military medics entering nursing programs; 2016 also happens to be the first year that a military medic MTAG was announced. However, it should be noted that this data is self-reported by the nursing programs to the OBN. More accurate data collection that will be able to track MTAGs (medic training) has been implemented at the beginning of 2019 and should yield a true picture of the number of medics in nursing programs around the state from 2019 forward.

Table 1 *Data provided by the Ohio Board of Nursing, self-reported data from nursing programs regarding how many military students were awarded advanced standing nursing credit.*

Year	Number of students awarded advanced standing nursing credit based on military training
2013	2
2014	5
2015	2
2016	17
2017	15
2018	24

Of the 33 public colleges and universities in Ohio that offer nursing programs, one has officially joined the METC bridge program and one more is currently in the process. Several others have expressed interest, but have not yet formally started the process.

Next Steps

Maintaining a relationship with METC will be important to keep up with future medic curriculum changes. Also, some METC programs are pursuing regional accreditation under the umbrella of the Uniformed Services University of the Health Sciences, which would also help bring more publicity and notoriety to their programs. More awareness and encouragement are needed to get more institutions to participate in the METC bridge program. More accurate data need to be collected and analyzed to make better decisions about the success of the work being done in this area. Also, further research is needed into learning general education outcomes that might overlap with credentials such as EMT, LPN, and RN.

Conclusion

This project dramatically expanded the knowledge levels of nursing programs around the state. At the beginning of this work, many had never seen any medic curriculum; by the end of this grant extension, they were making alignment decisions within their respective programs and altering entrance requirements. Data show us that the number of medics in Ohio's nursing programs has increased since this project started, but better data collection will be forthcoming.

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APPENDIX A

OCADNEA - Ohio Council of A.D.N. Educational Administrators

POSITION STATEMENT

ADMISSION OF MILITARY VETERANS TO THE ASSOCIATE DEGREE NURSING PROGRAM

In June of 2013, Governor John R. Kasich signed Executive Order 2013-05K to support Ohio's veterans by ensuring they are receiving the appropriate credit and credentialing for their military training and experience. The Executive Order seeks to streamline the occupational licensing process for veterans and HB488, signed into law in June 2014, ensures that their relevant military education, skills training and experience are taken into account when determining equivalency for issuing licenses and certificates. https://www.ohiohighered.org/ohio_values_veterans

Nursing education programs agree with the position of the National Council of State Boards of Nursing (NCSBN) in support of legislative efforts to transition veterans into the civilian workplace. https://www.ncsbn.org/16_NCSBNAnalyiss_MilitaryLPNVN.pdf The associate degree nursing education leadership in Ohio values the contributions veterans have made in the military and acknowledge their training and experience. We support the goal of helping appropriately trained veterans to safely and competently enter the profession of nursing. To that end, we support the removal of unnecessary barriers to the admission of veterans to nursing education programs.

Many associate degree nursing education programs require state tested nurse's aide (STNA) registry, certification in cardiopulmonary resuscitation (CPR), and pre-admission testing for entry into the nursing program. As we work together to remove barriers to entry, let us consider the military training provided to veterans that may equate to our program pre-admission requirements:

1. **STNA:**
   The various branches of the military provide training in excess of the hours required by Ohio Department of Health (no less than 75 hours). In comparison, the military provides:
   a. Navy: 560 hours. Program/position: HM0000 Basic Medical Technician Corpsman
   b. Air Force: 558 hours. BMTCP 4N0X1 Basic Medical Technician Corpsman, BMTCP 4N031 3 Skill Level
   c. Army: 621 hours. 68W Army Healthcare Specialist

   Nursing programs should analyze the veteran's prior medical training to confirm the inclusion of basic STNA skills and waive the requirement or award credit without additional time or cost to the veteran.

2. **CPR:**
   a. Navy: HM0000 Basic Medical Technician Corpsman
   b. Air Force: BMTCP 4N031 (3 Skill Level). Military Training Network (MTN) equivalent to AHA.
   c. Army: 68W Army Healthcare Specialist (American Heart Association)

   Nursing programs should analyze the veteran's prior medical training to confirm the inclusion of cardiopulmonary resuscitation training and waive the requirement or award credit without additional time or cost to the veteran.

3. **Pre-admission testing:**
   Since military veterans with medical training (as noted above) have already received course-based education and served in roles providing direct patient care, it seems appropriate to consider waiving pre-admission testing requirements that are focused on determining readiness for nursing education.

Associate degree nursing education administrators in Ohio therefore support and encourage nursing education programs to remove barriers to program entry where appropriate.

For consideration of credit or waiver for other nursing program requirements, each nursing program is expected to comply with OAC 4723-5-12(A)(3). Careful review of the individual's military training transcript as well as assessment of skills and abilities is appropriate to assist in accelerating the education process.

APPENDIX B

OAC 4723-5-12(A)(3)

4723-5-12 Program policies

(A) The administrator of the program and the faculty shall establish and implement written policies for the following:

(1) Student admission;

(2) Student readmission, including a requirement that the readmitted student meet the curriculum requirements effective at the time of readmission;

(3) The process for determining the amount of credit to be granted to an applicant for advanced standing in a program;

For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, the program shall have a process in place to:

(a) Review the individual's military education and skills training;

(b) Determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 4723-5 of the Administrative Code;

(c) Award credit to the individual for any substantially equivalent military education or skills training;

Military Medic Training & Nursing Credentials Outcomes Comparison with the Ohio Transfer Model

Patricia Allen
Columbus State Community College

This work, as a Columbus State Community College (CSCC) nursing department consultant for the Ohio Department of Higher Education (ODHE) has been carried out in an effort to award college credit for military training, experience, and coursework. The outcomes required by EMT programs and LPN programs were compared with the outcomes specified in the Ohio Transfer Module (OTM) to see if there was any potential OTM credit embedded within EMT or LPN programs.

LPN Education Curriculum

The Ohio Board of Nursing (OBN), through the Ohio Legislature, sets rules governing nursing practice and nursing curriculum, and can be found in the Ohio Revised Code (OAC 4723-5-14). The curriculum standards guide programs toward areas of study that must be present, but there is great latitude with whether to integrate, combine, or present as separate courses such areas as basic biological, physical sciences, human anatomy and physiology, mathematics, and chemistry to name a few (OBN, 2018).

EMT Education Curriculum

The US Department of Transportation, National Highway Traffic Safety Administration is the clearinghouse for the National Emergency Medical Services Educational Standards. The EMS standards are strictly prescribed, with each standard listed such as communication/documentation, anatomy and physiology, pathophysiology, life span development and public health (US Department of Transportation, National Highway Traffic Safety Administration, 2009). The content to be covered is listed under each standard. There can be little variance in coursework using this curriculum.

OTM Courses that May Overlap

In relation to Arts and Humanities coursework such as Ethics, Culture, and Religion there is some area of overlap. Content related to ethics, culture, and religion tend to be integrated into the curriculum of most LPN programs. In the EMT curriculum there is a standard with prescribed content to teach Medical and Legal ethics.

English Composition coursework is composed of two separate writing courses. Again the LPN curriculum can have effective communication integrated in the program's curriculum or it can be stand-alone coursework. The EMT curriculum again has a standard for communication and documentation that may meet one of the OTM course requirements.

In Mathematics, Statistics, and Logic coursework some overlapping competencies can be found using ratios, decimals, and dimensional analysis to solve real world problems. There is a math component for LPNs related to medication administration and safe patient care. The other OTMs in this area are higher level coursework.

There is no overlap in Oral Communication. Although both LPN's and EMT's need to learn therapeutic communication techniques, this content may be integrated into specific technical courses. In order to meet

OTM requirements there must be a primary focus on presentation and extemporaneous speaking which neither LPN's or EMT's coursework offers. Oral Communication is not included in a standard except for those students who more forward into paramedic curriculum.

In the Natural Sciences such as Biology and Chemistry, both can be integrated into the LPN curriculum, but would not be considered meeting OTM requirements due to lack of a laboratory component. Biology is only a standard for the paramedic curriculum and not the EMT.

In Social and Behavioral Sciences such as Psychology and Sociology there can be some overlap. Within the LPN curriculum the courses could be integrated or be listed as separate courses, as well as in the EMT curriculum one of the standards is Life Span Development, which is considered a psychology course.

Curriculum Examples from Columbus State Community College

Reviewing the plan of study for the LPN program it includes the non-technical courses of Human Anatomy and Physiology, and English Composition I. The EMT certificate consists of technical credits only, which means national standards are integrated into the coursework. Only if the EMT moves on to the AAS degree will there be coursework that fully meets the OTM.

Recommendations for the Future

Make sure all schools have access to military medic curriculum. There still seems to be some question as to what military medics have been taught and what they can be given credit for in the nursing curriculum. Also, it would be helpful to have resource people to discuss questions and changes.

Work toward a block of credit that transfers through nursing tags with a set of outcomes being met at baseline for the whole state. The idea of a block of credit seems possible at this point since all programs were required by the OBN to have a plan in place for awarding credit to military medics several years ago. It would be wonderful to have some consistency.

References

Ohio Board of Nursing. (2018). OAC 4723-5-14. Retrieved from codes.ohio.gov/oac/4723-5

US Department of Transportation, National Highway Traffic Safety Administration. (2009). *National Emergency Medical Services Educational Standards*. Retrieved from https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/EMT_Instructional_Guidelines.pdf

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Final Report – Dr. Sherrill Smith, Wright State University
ODHE Military Medic Training and Nursing Transition Course Research

The following are recommendations based on the analysis. Bridge course syllabi sent to Jared for sharing with faculty.

- Each service specific medic training has unique characteristics
- Only the Army LPN program and Air Force (BMTCP 4N051 level) programs have standard curriculum approved as equivalent to the LPN/LVN.
- Each veteran has varying levels of experience in addition to training; evaluating skills individually should assist in accelerating education process
- Bridge programs for LPNs and RNs should be based on individual assessment of each veteran with goal of assisting students to acquire knowledge, skills, and abilities needed to practice safely without repeating content
- All medics receive comprehensive and rigorous coursework. However, all must learn the role of the nurse, the nursing process, and science of nursing care acquired through didactic and clinical coursework in an approved nursing program. This includes physical assessment techniques, therapeutic communication, and teaching/learning principles so must be included in a bridge course (these are covered in the OLN bridge course)
- Other important components of a bridge course include role transition concepts, facilitating understanding of new roles, how to facilitate transition and prevention of role strain. (this is covered in the OLN bridge course)
- However, the OLN bridge course is geared toward students who have already had training in how to use the nursing process and think like a nurse across the life span both clinically and theoretically. A transition course for veteran medics would need to include more on the theoretical aspects of the nursing process and nursing care across the lifespan; these students have primarily given emphasis on clinical/hands-on nursing skills with healthy adults. Specific bridge course syllabi would also need to reflect individual programs of study and curricula.

The results of the analysis with recommendations related to bridge coursework was provided at the November 29, 2018 nursing meeting. Based on the meeting of faculty on November 29, the faculty in the state of Ohio are interested in continuing the work of the military working group. Interest seemed to revolve around understanding the Ohio Transfer Module and how to incorporate general education credit for veterans (and all students), understanding more about how to transition veterans given the Ohio Board of Nursing Advanced Standing Policy—especially the implications for being on the 'bridge' map of the Military Education and Training Campus (METC) website. Another meeting in Spring 2019 was suggested.

Medic to LPN/RN Gap Analysis
Fall 2018

Curriculum LPN and RN*	Met by Medic Training	Not Met by Medic Training	Met by AF IDMT Training
Arts and Sciences (RN)			
Chemistry of the body, electrolytes, and body fluids		x	LPN level
Structure/function of cells and tissues		x	LPN level
Structure/function of body systems		x	LPN level
Common diseases of the body systems		x	LPN level
Microbiology and Infectious processes*		x	
Arts and Humanities*		x	
Mathematics/Statistical analysis concepts*		x	
Social Sciences*		x	
Pharmacology			
Pharmacological calculations	LPN Level		LPN Level
Classification of medications	LPN Level		LPN Level
Medications for common disease classifications	x		x
Pharmacokinetics and pharmacodynamics of medications		x	
Nursing considerations in medication administration (critical thinking/six rights)	X partially met		LPN Level
Intravenous medications/medication administration*		x	
Nursing Fundamentals			
Incidence/prevalence of disease and the healthcare system	LPN Level (4N031 only)		
Issues in healthcare	LPN Level (4N031 only)		
Therapeutic communication	LPN Level (4N031, 68W only)		
Cultural considerations in health/illness	LPN Level (68W only)		
Health promotion activities	LPN Level (4N031 only)		
Infectious processes and infection control	LPN Level (68W only)		
Basic nursing care including nutrition	x		
Pain management across the lifespan		x	
Nursing assessment (full vs. focused assessment)		x	
Nursing process/critical thinking		x	
Documentation within health information systems		x	
Communication with patients, families, and significant individuals*		x	
Medical-Surgical			
IV fluids and calculations and role of LPN/LVN	LPN Level (68W only)		

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Diagnostic studies and LPN/LVN role	LPN Level (4N031 only)		
Care of the surgical patient		x	
Care of the oncology patient/death and dying		x	
Bloodborne pathogens training and standard precautions (integrated)	x		LPN Level
Psychosocial, cultural, spiritual, and ethnic considerations (integrated)	LPN Level (4N031 only)		
Community services (integrated)	LPN Level (4N031 only)		
Provide safe and effective care	x		
Physiological implications of disease processes (integrated)		x	LPN Level
Obtaining laboratory specimens/interpreting results	LPN Level (68W only)		
Informed consent (integrated)	x		
LPN/LVN role in physical assessment (integrated)	LPN Level (4N031 and 68W only)		
LPN/LVN role in patient education (integrated)	LPN Level (4N031 only)		
Care of the older patient (integrated)		x	
Care of patients with CV and PVD disorders	LPN Level (4N031 only)		LPN Level
Care of the patient with respiratory disorders	LPN Level (4N031 only)		LPN Level
Care of patient with GI disorders	LPN Level (4N031 only)		LPN Level
Care of patients with endocrine disorders	LPN Level (4N031 only)		LPN Level
Care of patients with immune disorders	LPN Level (4N031 only)		
Care of patients with skin disorders	LPN Level (4N031 only)		LPN Level
Health promotion activities (integrated)		x	
Care of the patient with blood and lymphatic disorders	LPN Level (4N031 only)		LPN Level
Care of the patient with reproductive disorders	LPN Level (4N031 only)		LPN Level
Care of the patient with musculoskeletal disorders	LPN Level (4N031 only)		LPN Level
Care of the patient with GU disorders	LPN Level (4N031 only)		LPN Level
Care of the patient with a sensory disorder (eye or ear)	x		LPN Level
Care of the patient with a neurological disorder	LPN Level (4N031 only)		LPN Level
Care of the patient with a mental health disorder (separate or integrated)	LPN Level (4N031 only)		LPN Level

Community health nursing	LPN Level (4N031 only)		
Organ donation*		x	
Role of the RN in patient education of the adult/geriatric patient*		x	
Role of the RN in physical assessment of adult/geriatric patient*		x	
Role of RN in IV care and fluids including CVAD, TPN in the adult/geriatric patient*		x	
Maternal-Child Health Nursing			
Impact of family in maternal child health (integrated)	LPN Level (4N031 only)		
Ethical issues in perinatal nursing (integrated)	LPN Level (4N031 only)		
Physiological changes during the perinatal period (integrated)	LPN Level (4N031 only)		
Health promotion in maternal child nursing (integrated)	LPN Level (4N031 only)		
Cultural impact (integrated)	LPN Level (4N031 only)		
Community resources (integrated)		x	
Normal growth and development	LPN Level (4N031 & 68W only)		
Providing safe patient care during the perinatal period	LPN Level (4N031 only)		
Introduction to maternal/child health with review of reproduction	LPN Level (4N031 only)		
Prenatal aspects and complications	LPN Level (4N031 only)		
Providing safe care to pediatric patients	LPN Level (4N031 & 68W only)		
Labor and delivery	LPN Level (4N031 & 68W only)		
Postnatal and family; women's healthcare and care of newborn including congenital anomalies	LPN Level (4N031 only)		
Normal infant, toddler, preschooler, school-aged and adolescent child	LPN Level (4N031 only)		
Care of the pediatric patient, including data collection procedures	LPN Level (4N031 & 68W only)		
Care of the child with fluid and electrolyte imbalance		x	
Care of the child with sensory of neurological conditions	LPN Level (4N031 only)		
Care of the child with musculoskeletal disorders	LPN Level (4N031 only)		
Care of the child with respiratory disorders	LPN Level (4N031 only)		

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Care of the child with CV disorders	LPN Level (4N031 only)		
Care of the child with blood, blood-forming organs, or lymphatic disorders	LPN Level (4N031 only)		
Care of the child with GI disorders	LPN Level (4N031 only)		
Care of the child with GU disorders	LPN Level (4N031 only)		
Care of the child with skin disorders	LPN Level (4N031 only)		
Care of the child with endocrine disorders	LPN Level (4N031 only)		
Care of the child with communicable disease	LPN Level (4N031 only)		
Care of the child with psychosocial disorders	LPN Level (4N031 only)		
Role of the RN in patient education of the adult/geriatric patient*			
Role of the RN in physical assessment of the maternal/child dyad and pediatric patient*		x	
Role of RN in IV care and fluids including CVAD*		x	
Issues in Nursing			
Legal aspects of nursing	LPN Level (4N031 only)		
Ethical aspects of nursing	LPN Level (4N031 only)		
History of nursing		x	
Role Transition		x	
Nursing theory*		x	
Information management as it pertains to health records, nursing science, and EBP*		x	
Manager of care role including delegation*		x	
Professional role of the RN*		x	
Prioritization and resource allocation*		x	
Nursing informatics*		x	
Interprofessional collaboration*		x	
Concepts of teaching and learning*		x	
Performance improvement/quality improvement*		x	
Disaster and emergency response plans*		x	

* Indicates RN tasks/functions based on OBN 4723-5-13 and RN NCLEX Test plan

References:

National Council of State Boards of Nursing (NCSBN). (2016). NCSBN Analysis: A comparison of selected military health care occupation curricula with a standard Licensed Practice/Vocational Nurse curriculum.

National Council of State Boards of Nursing (NCSBN). (2015). 2016 NCLEX RN basic test plan. Retrieved from: https://www.ncsbn.org/8354.htm.

Ohio Board of Nursing. (2017). 4723-5-13 Curriculum for a registered nursing education program. Retrieved from: http://codes.ohio.gov/oac/4723-5-13v1.

Ohio | Department of Higher Education

John R. Kasich, Governor
John Carey, Chancellor

Memorandum

To: Chief Academic Officers and Provosts

From: Paula Compton, Associate Vice Chancellor, Articulation and Transfer

Date: December 20, 2018

Subject: NEW – Military Transfer Assurance Guides Announcement

I am pleased to announce a new Military Transfer Assurance Guide (MTAG) - Effective immediately.

The following military training, experience and coursework has been aligned to the Practical Nursing to Pre-Licensure Associate Degree Nursing CTAN - CTPNNUR 001 as listed in the table below:

Reviewed and Approved Military Transfer Assurance Guide (MTAG)

ACE ID From Joint Services Transcript	Military Course Number	Name of Military Training Experience and Coursework	Effective Date -Course date range	Approved Course Alignments with Current Statewide Course/Program Equivalency Guarantees	Credit Hours
AR-0703-0037 V3* (Course 1 of 2)	300-M6 Phase I	Practical Nurse	1/2006 – 12/2011	CTPNNUR 001 – Practical Nurse Technical Learning Outcomes	30% of technical nursing credits
AR-0703-0036 V3* (Course 2 of 2)	300-M6 Phase II	Practical Nurse			
AR-0703-0037 V4* (Course 1 of 2)	300-M6 Phase I 300-68C10	Practical Nurse	1/2012 – 9/2016	CTPNNUR 001 – Practical Nurse Technical Learning Outcomes	30% of technical nursing credits
AR-0703-0036 V4* (Course 2 of 2)	300-M6 Phase II 300-68C10	Practical Nurse			
AR-0703-0037 V5* (Course 1 of 2)	300-68C10 Phase I	Practical Nurse	10/2016 – Present	CTPNNUR 001 – Practical Nurse Technical Learning Outcomes	30% of technical nursing credits
AR-0703-0036 V5* (Course 2 of 2)	300-68C10 Phase II	Practical Nurse			

For more information: **go to https://transfercredit.ohio.gov and click on "military."**

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This MTAG guarantee awards credit based on the service members' successful completion of the US Army practical nurse curriculum **and** successful passing of the National Council Licensure Examination for Practical Nurses (NCLEX-PN).

More information regarding how to verify an Ohio LPN license or other state license (through reciprocity) can be found at http://www.nursing.ohio.gov/Verification.htm

The Ohio LPN license or other state license (through reciprocity) should be verified before the student is placed in a nursing program.

It is highly recommended that nursing programs utilizing this credit should have a discussion with their Registrar about the most effective manner to post this credit award.

This military program of study has been added to *Ohio Revised Code 4723.09 License Application* as amended by the 132nd General Assembly HB49.

Thank you to those involved in this process for their dedication and support.

For more information about the MTAG process or the MTAG listed above, please contact Jared Shank at (614) 466-5812, or jshank@highered.ohio.gov.

For more information about the CTAG process or the CTPNNUR 001 credit block, please contact Shane DeGarmo at (614) 644-6767, or sdegarmo@highered.ohio.gov

Ohio | Department of Higher Education

John R. Kasich, Governor
John Carey, Chancellor

Memorandum

To: Chief Academic Officers and Provosts

From: Paula Compton, Associate Vice Chancellor, Articulation and Transfer

Date: December 20, 2018

Subject: NEW – Military Transfer Assurance Guides Announcement

I am pleased to announce a new Military Transfer Assurance Guide (MTAG) - Effective immediately.

The following military training, experience and coursework has been aligned to the Practical Nursing to Pre-Licensure Associate Degree Nursing CTAN - CTPNNUR 001 as listed in the table below:

Reviewed and Approved Military Transfer Assurance Guide (MTAG)

CCAF Degree Awarded	Name of CCAF Training Program	Air Force Specialty Code	Effective Date -Program date range	Approved Course Alignments with Current Statewide Course/Program Equivalency Guarantees	Credit Hours
Associate of Applied Science	Practical Nursing Technology (7GAL)	4N0X1, 4N0X1B, 4N0X1C, 4N0X1F	Started to be awarded Mid-2016	CTPNNUR 001 – Practical Nurse Technical Learning Outcomes	30% of technical nursing credits
Associate of Applied Science	The Allied Health Sciences (7GAL)	4N0X1	Awarded between 1999 and mid-2016	CTPNNUR 001 – Practical Nurse Technical Learning Outcomes	30% of technical nursing credits

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This MTAG guarantee awards credit based on the service members' successful completion of the Community College of the Air Force Associate in Applied Science Degree in "Practical Nursing Technology" (after 2016) or "The Allied Health Sciences" (prior to 2016) **and** successful passing of the National Council Licensure Examination for Practical Nurses (NCLEX-PN). Because the service member will complete an AAS from the CCAF, there are likely other credit equivalencies outside of the LPN credit which should also be evaluated.

More information regarding how to verify an Ohio LPN license or other state license (through reciprocity) can be found at http://www.nursing.ohio.gov/Verification.htm

The Ohio LPN license or other state license (through reciprocity) should be verified before the student is placed in a nursing program and credit awarded.

It is highly recommended that nursing programs utilizing this credit should have a discussion with their Registrar about the most effective manner to post this credit award.

This military program of study has been added to *Ohio Revised Code 4723.09 License Application* as amended by the 132nd General Assembly HB49.

Thank you to those involved in this process for their dedication and support.

For more information about the MTAG process or the MTAG listed above, please contact Jared Shank at (614) 466-5812, or jshank@highered.ohio.gov.

For more information about the CTAG process or the CTPNNUR 001 credit block, please contact Shane DeGarmo at (614) 644-6767, or sdegarmo@highered.ohio.gov

APPENDIX F

Grant Expenses Utilized for This Project

ODHE utilized a few contractors to assist with this project. Two nursing faculty members conducted research into METC and shared that information with the group during the various nursing meetings held for this project. Those same two faculty members presented alignment work done with medics at their own institutions. One additional nursing faculty member was asked, along with the previous two, to conduct research into learning outcomes that are embedded in the EMT, LPN, and ADN credentials. Another expense involved with this project was the cost of food for each of the meetings. This portion of the overall grant provided to Ohio used $9,078.72 of the available grant funds.

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