

Redeveloping a DNP Program to Meet Local to Global Healthcare Needs

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Creating a program that is easily accessible, affordable, while maintain quality outcomes

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Objectives

- The learner will be able to evaluate the factors that led to the redesign.
- The learner will be able to analyze the need for the unique expertise of each of the groups that were key in the redesign.

Recognizing the Time for Change

- DNP first proposed by AACN in 2004
- Professional entry to practice degree to replace the specialty level of master's practitioners.
- Education credentials in parallel to those in other disciplines, such as pharmacy and physical therapy.

Demand versus Supply

- AACN's June, 2017 "Fact Sheet",
- 303 DNP programs
- 124 new DNP programs are in the planning stages (58 post-baccalaureate and 66 post-master's programs).
- DNP programs are now available in all 50 states plus the District of Columbia. States
- Enrollment increased from 21,995 to 25,289.
- Graduates increased from 4,100 to 4,855.

History of UTA's On-line Experience

- Online environment since 2008
- Started with RN-BSN
- 11 programs currently on-line

The Importance of the Right Partnership

- Academic Partnership (AP) since 2008
- Areas of expertise
 - Mapping
 - Alignment
 - Process improvement
 - Program design
 - Blueprinting, and
 - Course development

Outcome of Collaboration

- In collaboration with AP, faculty have designed the curriculum to transition to an accelerated online program that will align with the current on campus
- The course descriptions and course outcomes adhere to the American Association of Colleges of Nursing's essentials for doctoral education for advanced practice registered nurses.
- Students benefit when our educators conduct such rigorous course review and refinement, because the same course is taught in seat as will be offered online.

Lessons Learned

- Faculty have to be open to rethinking the content of each course.
- We typically overfill each course with too much content
- Recognizing student will only take away a portion of what we teach.
- Learn to ask, “What is nice versus what is necessary”.

Conclusions

- The UT Arlington College of Nursing and Health Innovation has forged a decade long history of successful partnerships in delivering innovative educational programs that meet the needs of working nursing professionals.
- More than 10,000 nurses have graduated from UT Arlington online programs since they began in 2009.
- With its full array of on campus and online nursing programs serving approximately 17,000 students, the CONHI is the largest public college of nursing in the United States.
- It is distinguished for its educational excellence, and received the prestigious Center of Excellence designation from the National League for Nursing in 2015.

References

American Association of Colleges of Nursing.
(August, 2015). *The doctor of nursing practice: Current issues and clarifying recommendations, report from the task forces on the implementation of the DNP*. Retrieved from:
<http://www.aacn.nche.edu/news/articles/2015/dnp-whitepaper>

American Association of Colleges of Nursing.
(October, 2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from:
<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>



An Hourglass Approach to Program Development and Curriculum Redesign

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- By the end of the session participants will be able to:
 1. Describe the hour glass approach to program development and curriculum design/redesign
 2. Examine the detailed processes involved in program development and curriculum design/redesign

- Minimal discussion has occurred regarding program level design in nursing
- Focusing on program level development early and spending extra time upfront aids in long term program cohesion and course development.

- Tyler rationale
 - Deductive method

- Saylor, Alexander, and Lewis
 - Deductive Model

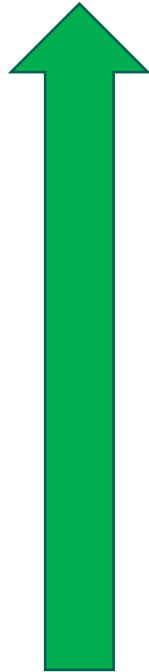
- Taba Model
 - Inductive Model

Deductive and/or Top Down Approach



- Accreditation Standards
- Industry standards
- University Mission and Vision
- School of Nursing Mission and Vision
- Etc.

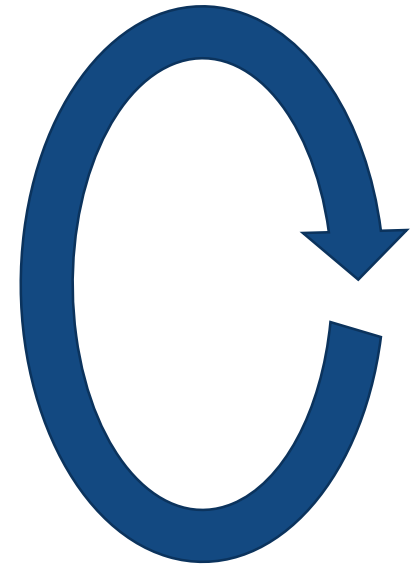
Inductive and/or Bottom Up Approach



- Generation of Ideas from Data
- Grounded in Real World Issues and/or Ideas
- Focuses on Industry

Hourglass Method









- Program Mapping to ensure no overlap and/or gaps

Doctor of Nursing Practice Program						
AACN - DNP Essentials and Course Alignment						
AACN DNP Essential #	AACN DNP Essentials Standard	AACN DNP Essentials Sub-components	AACN DNP Essentials Detailed Elements	Course #1	Course #2	
AACN DNP #1	Scientific Underpinnings for Practice	<p>Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.</p> <p>Use science-based theories and concepts to:</p>	<p>determine the nature and significance of health and health care delivery phenomena</p> <p>describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as evaluate outcomes.</p>			
		Develop and evaluate new practice approaches based on nursing theories and theories from other				
AACN DNP #2	Organizational and Systems Leadership for Quality Improvement and Systems Thinking	<p>Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.</p> <p>Ensure accountability for quality of health care and patient safety for populations with whom they work.</p> <p>Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.</p> <p>Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.</p> <p>Develop and/or monitor budgets for practice initiatives.</p> <p>Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.</p> <p>Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.</p> <p>Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.</p>				
AACN DNP #3	Clinical Scholarship and Analytical Methods for Evidence-Based	<p>Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.</p> <p>Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a</p>				
<div> ◀ ▶ AACN - DNP Essentials DNP - SLO Alignment DNP - Values Alignment DNP - T's and O's + </div>						

- Transition from program to course details



- Weekly meetings with an Instructional Designer
- Weekly webinars to discuss important concepts and share ideas

- American Association of Colleges of Nursing. (October, 2006). The essentials of doctoral education for advanced nursing practice. Retrieved from: <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- Bastable, S.B. (2008). Nurse as educator: principles of teaching and learning for nursing practice (3rd Ed.). Syracuse, NY: Jones and Bartlett.
- De Villiers, L. (1999). A study for the development of a curriculum development model for nursing education. *Journal of Interdisciplinary Health Sciences*, 4(3), 3-11. DOI: 10.4102/hsag.v4i3.298
- Frantz, R. A. (2013). Resource requirements for a quality doctor of nursing practice program. *Journal of Nursing Education* 52(8), 449-452. doi: 10.3928/01484834-20130713-01
- Keating, S.B. (2014). Curriculum development and evaluation in nursing (3rd Ed.). New York, NY: Springer Publishing Company.
- Litchfield, B. C., & Dempsey, J. V. (2015). Authentic assessment of knowledge, skills, and attitudes. *New Directions For Teaching & Learning*, 2015(142), 65-80. DOI:10.1002/tl.20130

- Poindexter, K., Hagler, D., & Lindell, D. (2015). Designing authentic assessment: Strategies for nurse educators. *Nurse Educator*, 40(1), 36-40. DOI: 10.1097/NNE.0000000000000091
- Raymond, J. E., Homer, C. S. E., Smith, R., & Gray, J. E. (2013). Learning through authentic assessment: An evaluation of a new development in the undergraduate midwifery curriculum. *Nurse Education in Practice*, 13(5), 471-6. DOI: <http://dx.doi.org/10.1016/j.nepr.2012.10.006>
- Saylor, J. G., Alexander, W. M., & Lewis, A. J. (1981). *Curriculum planning for better teaching and learning* (4th ed.). New York, NY: Holt, Rinehart, & Winston.
- Taba, H. (1962). *Curriculum Development: Theory and Practice*. Chicago, IL: Harcourt, Brace, & World.
- Tyler, Ralph W. (1949). *Basic Principles of Curriculum and Instruction*. Chicago, IL: The University of Chicago Press.

Multi-Faculty Participation in Redesign of Curriculum Courses

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Objectives

1. Describe the purpose of multi-faculty involvement in curriculum redesign
2. Discuss concepts of a Doctor of Nursing Practice (DNP) graduate to consider in curriculum redesign
3. Compare outcomes of an online format to an on-campus format in the DNP curriculum

Multi-faculty involvement

- Use the concepts of inter-professional team to achieve a 360° approach to developing a program
 - Content experts (Faculty)
 - Educational curriculum design consultants
 - Online educational curriculum design consultants
 - Nursing pedagogy consultants

Challenges: Vision to Action

- Defining the finished product: DNP graduate
- Curriculum restructure:
 - Using the DNP essentials (AACN, 2006) as the guide to develop program objectives
 - Developing courses aligning with the program objectives

Define the Finished Product

- Concept of the Doctor of Nursing Practice:
 - Capable of leading the healthcare organization at the local, state, national, or global level
 - Target vulnerable populations (most challenging for improving healthcare outcomes)
 - Has the underpinnings to implement evidence-based practice using translational science

Curriculum Re-structure

- Faculty
- Course determinants

Faculty

- Individual faculty experience
 - Holistic experience
 - Understanding course fit
 - No unnecessary overlap
 - Cover essentials
 - Promote creativity
- Team member
 - Share ideas for assignments
 - Share same texts
 - Employ technology for new approaches
 - Real life applications

Course Determinants

- Course building
 - Block system: Each course provides a foundation and skill to contribute to the next course
 - Identify skills with inclusion in a course
 - E-Portfolio
 - Courses incorporated vision of DNP graduate within course curriculum
 - Leadership emphasis in each course
 - Emphasis on vulnerable populations
 - Local to global applications

DNP Pathway to Graduation

- Orientation
- Resources
- Technology

Curriculum Results

- Leadership in Healthcare Systems
 - PICO/Gap Analysis/SWOT
 - Change Theories
 - Inter-professional Education
- Translational Research
 - Evaluation of studies determining evidence
- Clinical Information Systems
 - Clinical informatics
 - Data design/interpretation
 - Dashboard development
- Epidemiology
 - Data interpretation
- Health Care Policy
 - Advocacy
 - Health care financing
 - Policy analysis
 - Political negotiation

Curriculum Results

- Population Health
 - Vulnerable populations
 - Community project design
- Evidence Appraisal
 - Systematic Review
- Project Plan Proposal
 - Framework and project design
 - IRB
- Practicum I
 - Project initiation
 - Practice hours
- Practicum II
 - Project evaluation/report/dissemination
 - Practice hours

Outcomes of Programs

Campus-based	Online Accelerated	Results
3 face to face meetings per semester; Utilization of web-based conferencing software	Online asynchronous; Utilization of web-based conferencing software	Students converse online in both environments
2 courses per semester = 4 per year	2 course per semester and summer = 6 per year	Campus is 3 year to graduation Online is 2 year to graduation
Practicum Courses 15 weeks	Practicum Courses 14 weeks	No major difference
Applications: For fall start	Applications for start 6 times a year	Online fits the schedule of the professional nurse executive or APRN
Grade average	Grade Average	Same for both groups
Course curriculum	Course curriculum	Same for both groups
Faculty	Faculty	Same for both groups

References

- American Association of Colleges of Nursing. (August, 2015). *The doctor of nursing practice: Current issues and clarifying recommendations, report from the task forces on the implementation of the DNP*. Retrieved from: <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>
- American Association of Colleges of Nursing. (October, 2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from: <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- Frantz, R. A. (2013). Resource requirements for a quality doctor of nursing practice program. *Journal of Nursing Education* 52(8), 449-452. doi: 10.3928/01484834-20130713-01
- Kirkpatrick, J. M. & Weaver, T. (2013). The doctor of nursing practice capstone project: Consensus or confusion? *Journal of Nursing Education*, 52(8), 435-441. doi: 10.3928/01484834-20130722-01
- Ketefan, S., & Redman, R. W. (2015). A critical examination of developments in nursing doctoral education in the United States. *Rev. Latino-Am.Enfermagem*. 23(3), 363-371. doi: 10.1590/0104/1169.0797.2566