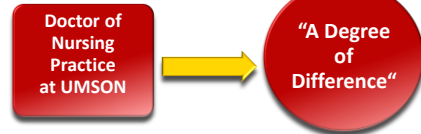


From Planning to Action: Starting a New DNP Program

Shannon Idzik, DNP
Helen Melland, PhD
Kimberly Udilis, PhD

From Planning to Action: Starting a DNP Program

Shannon Idzik, DNP, CRNP, FAANP



Where do I start?

- Buy-in
 - You will need cheerleaders
 - Leadership
 - School
 - Campus
 - Faculty council
- Appoint a transition taskforce/committee
 - Consider having a faculty member not an administrator.



Resources

- Human
 - Doctoral prepared faculty?
 - For the increase in core
 - For the specialties
 - Faculty development
- Financial
 - Workload for development
 - Potential drop in admissions
 - Break between MS and DNP
 - Faculty development



Important things to decide early

1. Is this the priority for the school now?
2. What do you want your "product" to look like?
3. MS stop out?
4. Ways to manage running remaining MS and DNP at the same time



Important things to decide early

1. One specialty at a time or all at once?
2. Are you combining your old MS specialty courses with your old MS-DNP or are you going to blow them all up and start over?
3. Sustainment of remaining MS programs-
 - Which MS programs continue?
 - Do those specialties have a BS-DNP option?
 - Advertising strategy

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Approval process

- Internal
 - Curriculum Committee
 - Faculty council
 - Administrative team
 - Finance
- External
 - Legislators
 - Higher Education Commission
 - Board of Nursing
 - Certifiers
 - Accreditors



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Post Bac DNP course plan



- Research/EBP Core**
 - EBP/Research (Grad Core)
 - Biostatistics (Grad Core)
 - Theory (DNP Core)
 - Translation/Outcomes (DNP Core)
- Non Research Core**
 - Organizational Systems/ Health Leadership (Grad Core)
 - Population Health & Promotion(Grad Core)
 - Informatics (DNP Core)
 - Health Policy (DNP core)
 - Leadership (DNP Core)
 - Writing (DNP core)
- Specialty Core**
 - 3 P's (Pathophysiology, Pharmacology, Physical Assessment)
 - Specialty Advanced Pathophysiology
 - 6 Diagnosis and Management Courses/Clinical
- Final Project/Scholarship**
 - DNP Project Development
 - DNP Project Implementation
 - DNP Project Evaluation/Dissemination

79 Credits (55 Didactic/ 24 Clinical [1080 total hours; 765 specialty clinical, 315 practicum hours])
Proposed Courses; DNP Essentials as THREADS throughout curriculum

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Curriculum development

- Threading concepts
 - Assignments
- Course development and process
 - Template syllabi
 - with essentials?
 - Consider burden to curriculum committee
 - 90+ syllabi through curriculum committee

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Project


- Individual
- Group with individual deliverables



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Practicum hours


- Specialty related
- Leadership
- Policy
- Informatics
- Interprofessional
- Etc...




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- Don't bite off more than you can chew
 - One MAJOR project at a time
- Look at schools your size
- You need a Gantt chart and an operations minded taskforce leader
- Don't forget the critical approvals
- Opportunity to fix what's broken




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- Great opportunity to gain collaboration and camaraderie among the specialty groups
- Make realistic expectations about cohort size
- Have a clear financial plan
 - Including faculty workload for projects
- Spend time (a lot of time) thinking about the projects



DNP Program Development


College of Nursing
Montana State University

Helen Melland, PhD, RN
Dean and Professor


 MONTANA STATE UNIVERSITY
 Mountains & Minds

Demographics

- MSU
 - 15,421 students
 - Carnegie Classification: Very High Research Activity
- College of Nursing
 - ~ 1,000 students: 925 undergraduate; 75 graduate
 - 5 campuses; rural
 - Undergraduate: traditional undergraduate + accelerated second degree
 - Master's: CNL
 - Doctorate: DNP (family/individual NP and psychiatric mental health NP)
 - Only graduate program of nursing in Montana


 MONTANA STATE UNIVERSITY
 Mountains & Minds

The Process of DNP Program Development

- **2005-2010:** College of Nursing strategic plan stated “Convert existing APRN option to MN-DNP” – not acted on but discussed - lots!
- **2009-2010:** Four task forces developed a draft DNP Curriculum and submitted them to the Graduate Academic Affairs Committee (GAAC)
- **2012:** New College of Nursing strategic plan states “Implement DNP (post BSN and post MSN) by fall 2013
- **2011-2012:** GAAC developed curriculum – met 2-3 times/month; interest survey done; kept faculty informed; collaboration
- **Fall 2013:** Strategic Plan goal accomplished; 25 DNP students began studies! ☺
- **2013 →:** Course development; scholarly project; comprehensive exam

Approval Process (2011-2013)

- Internal to MSU
 - GAAC approval of curriculum, program objectives, admission criteria
 - College general faculty vote (spring, 2012): 34 yes, 2 no, 5 abstain
 - University Graduate Council
 - University Faculty Senate
 - Deans’ Council
 - Provost and President
- External to MSU
 - MT Board of Regents (approved on September 20, 2012)
 - Northwest Commission on Colleges and University (NWCCU)
 - Commission on Collegiate Nursing Education –Substantive change notice
 - CCNE accreditation visit scheduled for October 2015

The Curriculum

- Master’s NP (being phased out): 56-62 credits
- BSN-DNP: 83 credits
 - 3 year full-time (8 semesters) program of study
 - 4 year part-time (11 semesters) program of study
- MN-DNP if MN is from MSU: 41 credits; others evaluated individually
 - 3 year part-time (8 semesters) program of study
- Screened with AACN Essentials
- Includes separate course or courses as identified in DNP Essentials
 - 3 P’s; EBP; statistics; diagnostic reasoning; health care systems; leadership; advanced clinical care; informatics; program planning and evaluation; ethics, law, and policy; finance and budget; diversity; translational research; scholarly project; and a comprehensive exam

Scholarly Project

- 2 credits of scholarly project seminar (1 lecture; 1 clinical lab); focus is to introduce the DNP student to the process of developing a DNP Scholarly project (semester #2); translational
- Minimum of 9 credits of DNP scholarly project courses
- 5 out of 9 scholarly project credits are clinical credits (225 clinical hours); clinical log required
- Defense of Scholarly Project: one semester before final semester
- Comprehensive Exam: at end of the last semester

Resources

- Early decision to seek base funding as opposed to grant support
- MSU Investment Proposal Process
 - DNP proposal #1 out of 67! (evidence of strong university support)
- Net increase of 21-27 credits from master's to DNP curriculum
- Estimated cost to deliver those credits = ~\$135,000 (includes benefits – funded centrally)
- Requested \$100,000 increase in base dollars beginning AY15-16 for faculty salaries; no funds requested for staff support
- Projected tuition revenue exceeded projected increase in base dollars

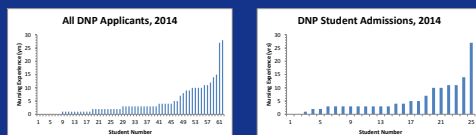
Lessons Learned

- Stayed focused – no new clinical APRN specializations
- Remained focused on directive that there would be no master's opt out
- Increased interest in faculty to earn a doctoral degree; 12 currently enrolled – inbreeding not happening
- Needed additional funding to support faculty seeking the doctoral degree
- Most applicants (~95%) are post-BSN
- Needed additional funding sooner

Where We're at Now

- Current Enrollment
 - 41 DNP Family/Individual
 - 5 DNP Psych/MH
- About 2-3X as many applicants as we accept
- Recruiting for students interested in Psych/MH option
- Working on final project processes and requirements
- Looking forward to \$100,000 increase in base dollars in FY16
- Supporting faculty enrolled in doctoral education at .25 FTE/semester release time

DNP Applicants and Admissions, 2014



STARTING A NEW DNP PROGRAM

Kimberly Udils, PhD, FNP-BC
 Graduate Program Director/Associate Professor
 Bellin College School of Nursing

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THE CHALLENGES

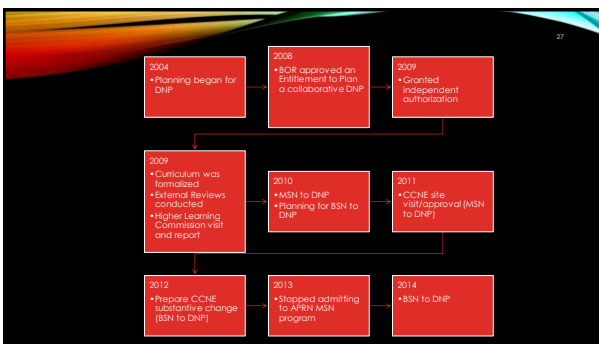
- Gaining Approval
- Curriculum Development
- Clinical Hours
- Capstone



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79%

- The rules or requirements associated with the establishment of a new education program was an important reason for not offering or planning a DNP program



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GAINING APPROVAL

- Top-down support/bottom-up participation
 - Strong champion
 - Faculty support
 - Faculty development
- Financial considerations
- Engage communities of interest

Lessons Learned

- Organize the various layers of approval

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80% - Already having a strong and successful MSN program was an important reason for not planning or offering a BSN to DNP program

- If you have a strong MSN program, you are half way there!
- Increasing credit requirements in many MSN programs
 - APRN programs 10-20 credits higher than other master's degrees
- Approach your curriculum design based on the DNP Essentials and your Program Outcomes and **NOT** making the DNP **different enough** from the MSN or **equivalent to** the PhD

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CURRICULUM DEVELOPMENT – BSN TO DNP

72% with MSN to DNP - BSN to DNP is too significant a change in curriculum and education to take on

- Get faculty involved; have a DNP planning retreat
- Stay focused on program strengths
- List all MSN courses and course objectives and list all current and/or potential DNP courses and course objectives
 - Evaluate for redundancies
- Evaluate where concepts can be threaded through curriculum

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CURRICULUM DEVELOPMENT – BSN TO DNP

- “Blew up” the MSN
- Integrated DNP courses throughout the curriculum
 - Focus on DNP foundational knowledge early in program
 - FNP specialty courses and practica at end of program
- Capstone introduced early and threaded throughout
- Develop students in the clinical setting with a broader knowledge base
- Have the student **see** the clinical setting differently

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CURRICULAR REVISIONS

- Thread content/concepts of theory, ethics, and population health throughout curriculum
- Revise current MSN level courses to include foundational knowledge in leadership, systems and population health
- Integrate DNP Essentials into specialty courses

MSN/FNP (credits)		BSN to DNP with FNP (credits)	
Core	14	Core	9
3 P's	9	3 P's	9
FNP Specialty	10	FNP Specialty	16
Practica	12 (672 hrs)	Practica	12 (672 hrs)
Elective	1	DNP courses	18
Clinical Paper	3	Capstone	4 (224 hrs)
Total	48-49	Residency	6 (336 hrs)
		Total	74

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Better understanding of how clinical hours are managed would be helpful

71%	Plan/offer BSN to DNP
57%	Do not plan/offer BSN to DNP

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CLINICAL HOURS – MSN TO DNP

- 560 hours
 - Split over 2 practica courses
- Specific course outcomes for each practicum designed to ensure that students met specific DNP Essentials within a practice setting
 - Leadership
 - Interprofessional teams
- 56 additional hours dedicated to Capstone

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MSN TO DNP CLINICAL HOURS LESSONS LEARNED

- Link scholarly activity log back to DNP Essentials
- Most of these students had identified a practice issue and had networks developed in their place of employment
- Need time to integrate new learning into the practice environment and work on Capstone projects
- Flexibility with hours (practica versus Capstone) is needed

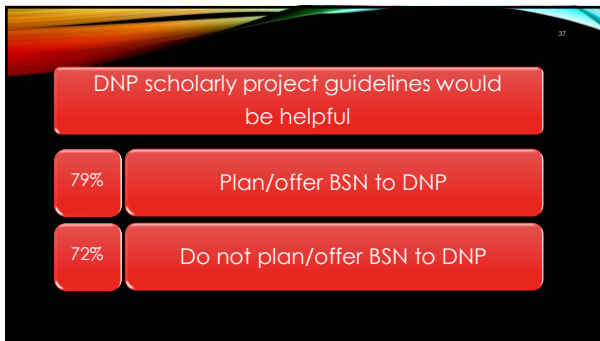


Lessons Learned

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CLINICAL HOURS - BSN TO DNP

- Maintained previous MSN/APRN direct patient care hours (672 hrs)
- **Plus** a DNP immersion/residency (336 hrs) used to further:
 - Clinical competencies and/or
 - DNP Capstone project and/or
 - DNP competencies
- Dedicated Capstone hours in sequential courses



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CAPSTONE

- Put the planning into action
- Systematic review did not allow student the depth and breadth of learning that practice change project provided
- Final product
 - Copy of proposal and abstract,
 - Poster, PPT of dissemination presentation
- Dissemination required
 - Manuscript (if appropriate), presentation at local, state, national level (poster or podium)

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CAPSTONE - MSN TO DNP

- Dedicated hours to completing Capstone
- Hours also were dispersed over practica and private time
- Many students had already identified areas of interest
 - Needed to further develop knowledge and skills to approach project at a DNP level and evaluate results
 - Needed time to navigate their healthcare organizations in ways they haven't in their current position
- Link Capstone idea to all previous courses and coursework
 - How would you apply this knowledge to your Capstone topic?

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CAPSTONE - BSN TO DNP

- A different group from the MSN to DNP with different needs
- Depending on past experience, may or may not be able to identify practice issues
- Maintain rigor of the "process"
- Student feedback told us to start the Capstone process early in the curriculum

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CAPSTONE – BSN TO DNP

- Linked DNP/capstone hours together into sequential courses that guided student through the capstone process
 - 4 capstone courses – 56 hours each
 - Provided a more guided/prescriptive approach to Capstone
 - Ensured students met key DNP outcomes
- Strategically placed in the curriculum to ensure that students had prerequisite or corequisite courses to support knowledge progression

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CAPSTONE – BSN TO DNP – STRATEGIES FOR SUCCESS

- Provide ideas and examples of DNP projects
- Searching the various databases of DNP projects was built into Foundations course to allow student time to explore topics
- Get them connected to health care organization early
 - Prepare for this in planning phase



- Don't do it alone
- Engage communities of interest early
- Plan and prepare
- Focus on program outcomes that link to DNP Essentials
- PDSA on steroids
 - Know that improvements/revisions will be needed
 - Don't be afraid to revise courses, change order of courses or add courses where needed
- Begin Capstone process early in the program
- Be flexible with clinical hours/Capstone hours
 - Use them to meet the DNP Essentials, but allow students to explore possibilities that align with DNP Essentials and EOP outcomes

THOSE WHO SAY IT
CAN'T BE DONE ARE
USUALLY INTERRUPTED
BY OTHERS DOING IT.

-JAMES A. BALDWIN



Thank you.
Questions.