"Maximizing Resources: Sharing Common Foundation Courses Across Graduate Degree Programs"

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Pioneer Valley---still the pioneers 😊
Early Key Points For Us—2003-2006

- We will build the CNL, DNP, and PhD programs on the foundation of the baccalaureate in nursing, fostering post-baccalaureate entry to the DNP and PhD while maintaining a masters’ degree choice.

- Advanced Education Nurse Generalist (CNL) and Advanced Practice Nurse Specialist (DNP) foundation courses & Doctoral PhD “Electives” must be deeply rooted in evidence-based practice models.
Use of Task Force Model

- Linked CCNE standards and AACN Essentials to MS & DNP foundation courses and content; plus NONPF competencies for care core
- Key players on CNL and DNP Task Forces; all also familiar with PhD program
- Retreats: 1/2 to 1 day-long--moved agendas ahead
- CNL & DNP “speak”: Conversations within SON & across campus---added the PhD “elective” thinking
Bloom Where You Are Planted

- Examined existing resources in SON
  - Finite source of Graduate Faculty members
  - Workload issues
- Drew on interdisciplinary resources: School of Public Health and Health Sciences, School of Management
- Closed the MS APN curricula
- CNL our MS exit choice
- Capitalized on “Common Content” leveled across graduate programs
Building Curricula

- Recruited key faculty; Fulltime and Contract
- Underscored the commonalities and “finessed” the differences between curricula---no different levels of assignments; we review similarities and differences of “roles” & investigate “How to Team Build”
- CNL shares 28 of 37 core credits with DNP
- PhD has up to 15 credits that students can use for common core course choices
- Launch pad, not Ladder
- F2005 began CNL; F2006 began DNP; shortly after that we opened the PhD to PB entry
CNL Curriculum—MS Advanced Nurse Generalist Leader

- Master of Science - Clinical Nurse Leader – 37 Credits
  - N630 Research Methodology in Nursing (3)
  - N603 Theory of Nursing Science (3)
  - PubHlth 630 Principles of Epidemiology (3)
  - N735 Informatics for Nursing Practice (3)
  - N619 Advanced Pharmacology (3)
  - N615 Advanced Pathophysiology (3)
  - N614 Adv. Health Assessment and Clinical Reasoning (3)
  - N698A Practicum: Adv. Health Assessment and Clinical Reasoning (1)
  - N690L Leadership in Public Health Systems (3)
  - N701 Healthcare Quality (3)
- Unique to CNL:
  - N698N Clinical Practicum: Clinical Nurse Leader (3)
  - N798N Practicum: Clinical Nurse Leader (6)
What is Not Shared Across Curricula?

- **Degree-specific courses:**

- The 2 Final Practicum courses for CNL are unique to the **micro level** Capstone of the Systems’ Leader actualizing a unit-based change project.

- Advanced practice role courses for both FNP and PHNL DNP’s and the DNP final practicum; students engage in **macro level** population-based capstone research translation projects in primary care or public health.

- Doctoral courses unique to educating nurse scientists geared to advancing students toward their dissertation, a **formalized research study**.
DNP & CNL Program Schemata (launch versus ladder? explained)
PhD students weave in as do PM students

- **DNP**
- Residency/Capstone
  - Population Focus*
  - Upper Core/Electives
  - APN Role Specialty*
  - Population Core*
  - CNL & DNP Care Core*
  - Foundation Core/ CNL Core*
  - CNL-MS Final Practicum
- 2nd Bachelors
- Baccalaureate
- RN to BSN

*Multiple entry points possible after portfolio review*
Barriers, Challenges

- Challenges:
  - Sequencing of Plans of Study for most value
  - Online learning
  - Predicting student numbers in courses
  - Keeping the “Team Building” discussions equal in courses; applying content across roles

- Barriers
  - Ability to find an instructor for second section of course
  - Students making their “own” Plans of Study
  - Some students do not embrace the academic diversity
  - Some faculty do not always embrace the academic diversity
Lessons Learned

- Despite the challenges, the “shared curriculum model” works.. 😊 for students, for faculty, for the SON
  - Diversity of student groups “enriching” and a draw for new applicants; international enrollment
  - Faculty resources maximized; faculty generally like mix
- Student progression matrices are important re “how many” and “when”; no overload creep or known “extras”
- Matrix sharing across staff of each program is essential
Outcomes: All programs have grown!

- **CNL**: 5-8 total in 2005-2006; enroll a carefully chosen 10-12 per year; 34 students 2011, graduating 4 students/yr; attrition low to moderate

- **DNP**: 29 in 2006; over 160 students 2011, enroll 29-54 students per year, avg. 38 students per yr., graduating 9 to 17 students per yr. soon to surpass that within the next two yrs., attrition moderate

- **PhD**—a surprise to some cross-nationally; but a reality to us. Our PhD program has nearly doubled since CNL and DNP programs. We currently have 37 PhD students; still f-2-f program

- **Why?** Crossing programs at certain points early on; > awareness
When students start talking together in our courses the “world” literally opens up to them; and they “spread the word to the world”