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.

Objectives

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
Program Development

- 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.
Historical Program Design Models

- Tyler rationale
  - Deductive method

- Saylor, Alexander, and Lewis
  - Deductive Model

- Taba Model
  - Inductive Model
General Approaches

Deductive and/or Top Down Approach

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

Inductive and/or Bottom Up Approach

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

- Program Mapping to ensure no overlap and/or gaps
Detailed Processes

- Transition from program to course details
Ongoing Team Discussions

- Weekly meetings with an Instructional Designer

- Weekly webinars to discuss important concepts and share ideas
References


Multi-Faculty Participation in Redesign of Curriculum Courses

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DNP Program Director & Faculty Member
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

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


