

"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

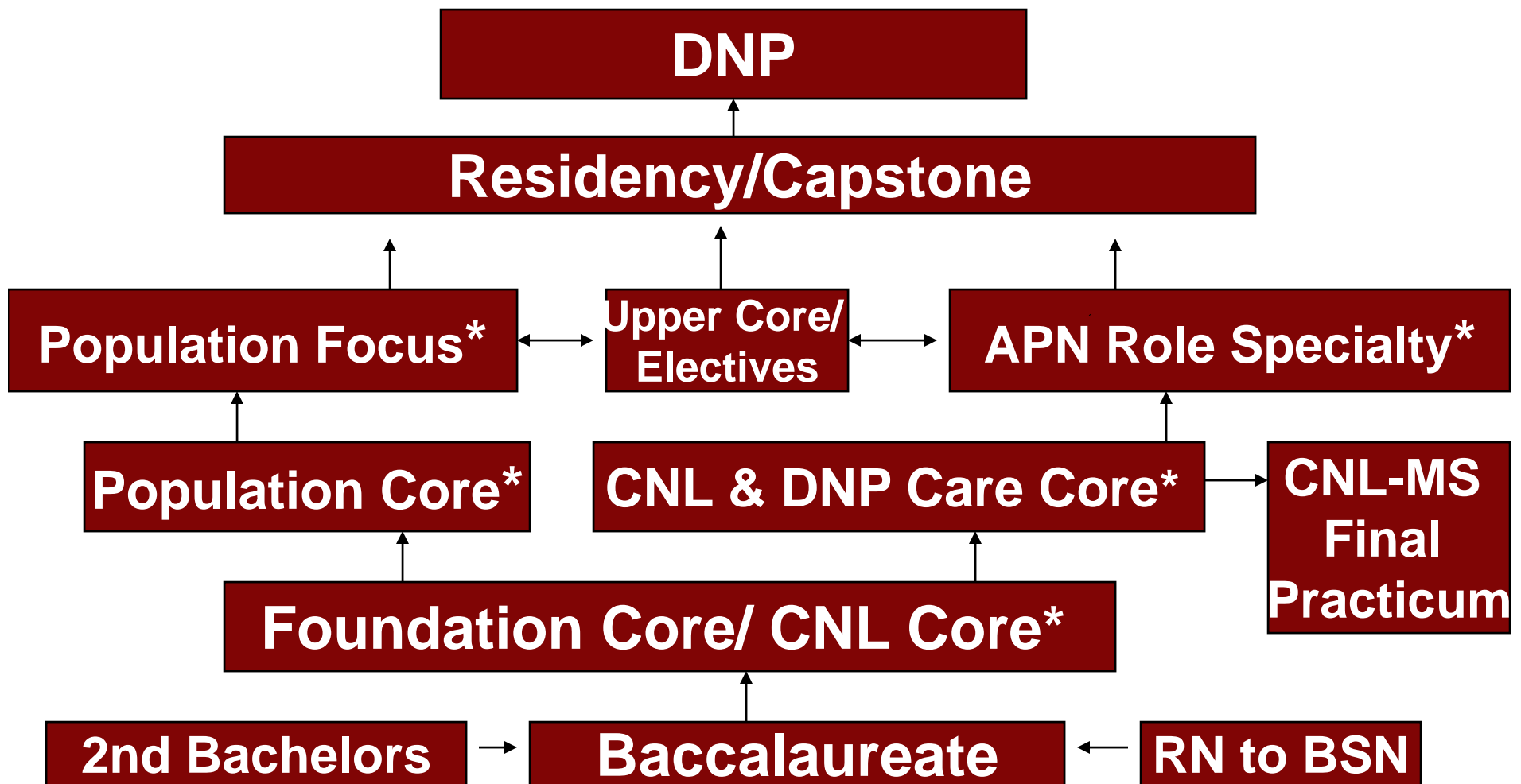
- **Master of Science - Clinical Nurse Leader – 37 Credits**
- **N630 Research Methodology in Nursing (3)**
- **N603 Theory of Nursing Science (3)**
- **PubHlth 630 Principles of Epidemiology (3)**
- **N735 Informatics for Nursing Practice (3)**
- **N619 Advanced Pharmacology (3)**
- **N615 Advanced 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



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”**