DNP Meeting with Consultant Donna Hathaway

May 2, 2012

<http://www.uthsc.edu/nursing/faculty%20and%20staff/hathaway.php>

They currently have 90 students. The PHD admits 4-6 per year. Their total number of PHD students is 25. DNP adds around 12 per year. They currently have around 45 faculty teaching this program. They designed their curriculum in 1996.

\*\*We have twice as many PHD students. We currently have 24 students progressing to Capstone in the Fall. We need faculty to become more involved with mentoring, possibility of shifting to portfolio. Dr McCaffrey would like to see more experimenting with portfolio, group projects and deliverables.

Capstone Project –

\*\* They began with parallel courses for curriculum w/ PHD with focus on practice morphed away from this idea. They did a project at the end called clinical dissertation. Students realized they could do research. They had problems with graduates ... Students took jobs doing research even though both the employers and students were advised against this and they did not do well.

Dr Hathaway feels that with the current volume of people needed to take on the primary care division, we need to step up to the plate. She said we have every opportunity and if we don’t then shame on us. We should not compare the Capstone project to a dissertation. A big problem they had was the labor intensive demand of the Capstone project on faculty.

Graduates are staying in practice. People in faculty are staying there. Students do not feel they are prepared to do research.

Of our graduates, 1 is in faculty practice, 2 are teaching and 1 is in a non-tenured position at Palm Beach State College. We are now offering Essentials of Practice Management as many of our students are interested in opening their own practice. Maria Ordonez spoke regarding her project regarding Older Adults with cardiac Issues and how she looked for gaps in care associated with them. This was eventually developed into a model of care for improvement at the site where she did her project.

Dr McCaffrey mentioned that our Capstone is nothing like the one in medical programs. It should really be called capstone residency, and she would like to see it going more towards practice. Also we are partnering with the Graduate Nursing education program in Miami. Nurses could be paid for practice hours. She would like to see the portfolio done by courses like Cultural Immersion. The DNP students might be able to combine and work with dissertations by the populations they are working with. Dr McCaffrey suggested a 3 credit course with instructor for project instead of a mentor. She would like to capture elements of Capstone for AACN. How do we evidence leadership, informatics, we could identify these outcomes early. Seminar I would be a perfect course to identify.

Dr Tappen said we could consider using requests we’ve had by way of opportunities that have been mentioned.

Dr Hathaway would like to see it similar to what was given in the Masters program with a paid residency of 1 year with practice research being driven by actual problems (requested from sites). Suggested downsizing the project, using the Immersion course as a good example, combining preceptor and quality improvement, environmental assessment. Students should develop a learning knowledge of skills and ability.

What are the program outcomes? Students could have a portfolio that evidences each of the program outcomes. What are we focused on? How could a portfolio show this? They could progress each semester and let it evolve.

Dr Tappen mentioned it would be more manageable if the portfolio projects were done by semester and that it should be nothing like the dissertation.

Dr Liehr mentioned she would like to hear ideas on how to conduct the final project.

Dr Hathaway’s response was it depends on what the purpose is and how they plan to use the project. They have done group projects and an example of this is including a dissertation seminar where students help each other depending on their area of interest. Then the faculty teaching the course would need to refer back to a chair or other faculty after identifying gaps in the students project so that the bulk of the work would not fall on one person. Try to determine how portfolio could show this and let it evolve.

Dr McCaffrey would like to look at objectives listed by AACN for Capstone and have students meet these objectives. Students from the DNP have graduated with a great sense of accomplishment based on their projects. Dr Tappen suggested including how to write a business plan which Dr McCaffrey mentioned is part of the essentials of practice management course.

Dr Liehr asked what the percentages are regarding practice and teaching. (around ½ and ½)

They then discussed a student who has been able to negotiate same pay for DNP as MD. Dr Hathaway was very interested in this.

Their programs are all practice based. They also combine between programs such as FNP, Acute CNA, Forensic etc.

Not a clear direction between the PHD and DNP to teach. Tenure is each institutions prerogative.

Dr Edwards would like to see more of a clear direction and focus on competencies.

Dr Liehr mentioned they had a faculty meeting and discussed how to separate and map outcomes for DNP and PHD. Must be evaluative or QI and most of our projects are evaluative.