Doctor of Nursing Practice Curricula Redesign: Challenge, Change and Collaboration

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ABSTRACT

Changes in health care, including an increasingly complex health care delivery system, require advanced practice nurses to lead the charge toward meeting the triple aim target of improved cost-effective, patient-centered care. Nurse educators are challenged with developing curricula that meet national core competencies while addressing leadership, policy, and compassionate care skills. This article presents 1 university's experience with curriculum revision including assessment, collaboration, and transition with application to both the redesign process and curricular outcomes.

Keywords: delivery of health care, nurse educators, nurse practitioners, teaching

High-quality, cost-effective health care delivery and the preparation of advanced practice registered nurses (APRNs) to serve as leaders in affecting change have fueled curricula review and redesign in many educational institutions. The Institute of Medicine[1] published a detailed report in 2011 titled *The Future of Nursing: Leading Change, Advancing Health* in which APRNs are noted as key contributors to reaching the triple aim[2] (improve population health, improve individual health, and reduce cost per capita) of health care reform. The challenge faced by nurse educators is to lead and evaluate APRN students toward meeting nationally recognized competencies,[3] with a focus on the triple aim.[4] Additionally, nurse educators are charged to develop expert nurse clinicians within their specific discipline who have an inherent drive for lifelong learning.[3] This includes paying attention to knowledge and clinical skill acquisition and role development, all of which promote transition to practice with the fullest extent of these competencies. These APRNs are prepared to meet the demands of a complex health care environment. The strength of nurse practitioner (NP) clinical judgment may be attributed in part to the quality of education and training accessed in formative preparation before entering the workforce. As such, it lies on the shoulders of educators to review the process by which workforce demands may be met.[1] With the need for APRNs growing, it is imperative that academic preparation be current and include content aligning with the triple aim[2,4] of highlighting safe, competent, and cost-effective care for individuals and communities. This belief is supported by Earnest and Brandt,[4] who offered for health care and education systems to create the "triple aim for alignment," the way forward is *together*. Health systems and educators need to develop a common understanding of transformation and reform, define new workforce competencies and the educational resources needed to meet them, and repurpose existing resources to meet shared goals.[4(p499)]

With the dissemination of the 2013 population-focused NP competencies of the National Organization of Nurse Practitioner Faculty (NONPF),[3] the 2006 American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice*,[5] and the 2015 AACN white paper *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations-Report from the Task Force on the Implementation of the DNP*,[6] NP programs are identifying curricular gaps in providing vital education to achieving competencies. Achieving competencies requires collaboration between leadership at the academic and clinical practice levels. Innovative and enhanced learning methods,

including the use of emerging technologies, facilitate knowledge and skill acquisition and promote clinical expertise.[7] A primary recommendation of *The Future of Nursing: Leading Change, Advancing Health* Institute of Medicine report[1] is the ability of NPs to practice to the fullest extent of their education and training. Our current complex health care environment provides a compelling argument for effective and well-trained clinicians.

The purpose of this article is to describe the processes used by 2 DNP NP programs (family [FNP] and psychiatric mental health [PMHNP]) in a research-intensive university to redesign their respective curricula based on the new 2013 NONPF competencies[3] and AACN DNP essentials,[5] including the development of shared learning opportunities. Descriptions of future work and expected implementation challenges will be provided. Additionally, disseminating this information will contribute to a thin body of knowledge on competency-based curriculum design.[8]

COMMITMENT

A commitment to align the triple aim[2,4] and the health care education system requires a closer evaluation of where we currently stand. A complex and rapidly developing health care system beckons curricular reform that aligns with market need. To prepare advanced practice nursing students to meet the needs of the health care market, pedagogical approaches must consider not only the knowledge and skills necessary but also critical reasoning, data access and application, policy and governance, and team-based care approaches to clinical problem solving in preparing students to meet clinical environmental changes. Attention to these changes constitutes a commitment to meeting the needs of a broad stakeholder pool including students, faculty, community partners, and consumers. One approach to addressing this commitment is consideration of transition to a competency model of teaching and learning. Although *competency* has yet to achieve a clear definition in nursing,[9] there is a commonly accepted point and that is to ensure nurses have the knowledge, skills, and abilities expected and required for their practice settings.[10] Several important elements are incorporated in competency-based learning including collaboration among and between stakeholders. It is essential that teaching-learning institutions move toward meeting the needs of a complex and changing work environment through the identification of outcomes for initial and progressive evaluation of competency specific to the discipline. This should occur at scheduled intervals through assessments using a variety of approaches and distributed throughout the learning process.[10,11]

CHANGE

The change process used at this university for curriculum evaluation and redesign was a multifaceted approach using an iterative process with multiple stakeholders to achieve a highly informed curriculum. The lead faculty for each of the NP tracks began curriculum evaluation during participation in the self-study preparation for reaccreditation by the Commission of Collegiate Nursing Education. Engagement with the College of Nursing leadership team was the initial step to securing support for robust curriculum assessment followed by ongoing discussions with program-specific faculty.

NONPF Population-Focused Competencies[3] and AACN *Essentials of Doctoral Education for Advanced Nursing Practice*[5] served as the basis for comparing courses and determining outcomes. Peer faculty from each program conducted gap analysis and redefined the curricula with attention directed toward stakeholder input and review of the mission, vision, and values of the college and institution. Program-specific curriculum retreats were held separately and were attended by the majority of the faculty that teach in each of the NP specialties, the respective program lead faculty, and the DNP director. A Strengths, Weaknesses, Opportunities, and Threats analysis framed the discussion of the curriculum and was used to conceptualize curriculum changes. Each retreat occurred over a 2-day period and ended with a complete outline of the expected curriculum changes. The lead faculty of the NP programs shared with one another the proposed curricula and the identified gaps to detect opportunities for collaboration across programs. This iterative curriculum assessment process was completed over a 3-month period, which offered the opportunity to review