

To: Dr. Thompson
From: Dr. Eileen O'Brien
Date: October 21, 1994
Re: Student Advisement in Advanced Practice Pediatric
Nursing
Post Masters Course of Study
Summer N611 and Summer N743

Student Advisement Issues:

I have assigned advisors to all clinical students (first semester and second semester clinical groups: 710/713 and 711/714) in the Advanced Practice Pediatric Program. The following decisions were made regarding this group of students (N=35) during our Pediatric meeting.

1. Students graduating in May 1995 (currently in 711/714) will be offered the option of taking the Pharm N743 this Spring. They have sequenced through the old program and will sit for the certifying exam next year. However, this course might help them with both practice and the exam content.
2. Students graduating in May 1995 have requested the opportunity to attend classes in the revised blended first semester clinical courses (710/713) if topics are of interest to them. Faculty just request prior notice so that class size and room size can be accommodated.
3. Students in the first semester blended program (710/713) will take Pharm N743 this Spring. Due to the State Board of Nursing request that Pharmacology appear on the transcript and the ANCC request for the course to be included in the NP curriculum, students have been expecting this course.
4. Since we are sharing the Pharm course with the NNP program in the Spring, the pediatric program will be adding at the most 25 students to the shared course. This would bring the class size to about 40 students. Due to this increased class size, we need to offer Pharm N743 in the Summer for all other non-clinical students (e.g., part-time students).

I have completed the survey of students who are part-time. You will recall that there were no folders on any of the students who have been taking core courses, and who have been admitted to the PNP program. While the department faculty and Dr. Bell's office have been most helpful in attempting to identify and track these students, their efforts are simply patching a bigger problem with regard to managing student progression through our programs. Although Dr. Bell can tell me which courses students have taken by looking at her files, I have no way of ascertaining what program of

study was promised to individual students by faculty who are no longer with the School. Therefore, I have assigned select faculty to all students identified by the Office of Admissions and Enrollment as accepted to our program. Our goal during the Advisement Period of Oct 18-28 is to 1) ascertain what courses individuals have taken, 2) determine what program of study they expected, and 3) identify what courses need to be planned. We are making every effort to meet individual student needs. However, when students have been incorrectly advised, we have no recourse, but to remind them of certification requirements and the University's responsibility to graduate competent practitioners. In no way does this imply or infer that there are plans to "change curriculum midstream or deny students the plan of study they need". Faculty will work with all students to ensure that plans of study are correct and previous course of study errors will be discussed with Dr. Bell and yourself, and solutions will be identified.

Faculty assigned to these 28+ students are Drs O'Brien, McFadden, Smith, Michael and Winkelstein. Students presenting with unusual patterns of study will be individually resolved through faculty discussion and consultation from Dr. Bell.

During this initial week of Student Advisement, I have been informed by a student that she was promised a program of study that we offer to post-Masters students only. This individual student does not have a Masters degree. In addition, she was not given correct information regarding N608 non-thesis option, nor was she informed about the Pharmacology course. I have since retrieved remnants of her file from boxes in Whitehurst Hall, but the file is obviously not complete. This lack of accountability over the last few years with regard to student information has created problems for both faculty and students.

This student has been assigned to Dr. Michael. After speaking with her, the student was referred to you for verification of the drop/add policy. You asked me to contact the student to determine the problem. Her request was to drop the elective N773 Cultural Diversity and Health because she counted her credits to date and realized she really didn't need the course to graduate. I discussed the student's request with Dr. Bell who assured us that if the student was poorly advised, she would be allowed to drop the course with full reimbursement. I signed her drop/add form to facilitate the process. She was further advised to contact Dr. Michael regarding goals, objectives and completion of the program.

Let me reinforce that this error was not due to our curriculum blending, but rather inaccurate advisement by former faculty. I informed the student that she could drop the course, but that she should talk with the course faculty in N773, reassess the value of the course in that knowledge of cultural diversity is valuable for all advanced practice nurses, and we would work with her to facilitate her progress through the program under the expected credit allotment.

Due to the unusual nature of this student's file, and the number of people involved in her request to drop a course, I have assumed the responsibility for her advisement.

I can only speculate as to the number of "out of sequence" students. However, I cannot overemphasize the effect of inaccountability for student advisement on the reputation of the program and the School of Nursing.

We will have more knowledge of student situations by the beginning of November. Faculty are committed to delivering quality curriculum and working with the program of study that students expected. We will keep you advised of our findings, and expect collegial and administrative support for our efforts to rectify past problems.

Post-Masters Course of Study:

Based on my discussions with Ann Mech, the Pediatric Faculty are proposing the following sequencing for students who already hold a Masters degree in Nursing.

Prerequisite: Pathophysiology
Growth and Development
Assessment course
Stats

Summer

N611 Advanced Assessment
N743 Pharmacology

Fall

N710 Well child
N713 Health problems of infants and children

Minimester

N648 Clinical Elective 1 credit

Spring

N711 Well adolescent
N714 Health problems of adolescents

Summer

N715 Advanced Primary Care
N648 Clinical Elective 2 credits

Program completed in July - 13 months long - accrued hours 495
pharmacology course completed
eligible for ANA certification exam
in October.

We realize that students should have 500 hours, but adding another credit of clinical would bring them to 540 hours. Please let us know what your suggestions are for completing the remaining

five hours efficiently.

Please refer to the September memo regarding problems with the current "fast track" Post-Masters course of study. Faculty have agreed that this revised 13 month program of study makes eliminates most problems. We plan to proceed with the certification process. I will meet with Ann Mech to continue this process through the Curriculum Committees, Grad School, State Board, Certifying Agencies and MHEC.

Summer N611 Advanced Assessment

Since faculty agreed on the above sequencing of courses, we decided that it would be wise to offer N611 to all students in the Advanced Practice Program at the same time. In addition, placing pharmacology in tandem with N611, emphasizes the importance of physical assessment and pharmacology knowledge for the advanced practice nurse. In that manner students enter clinical with both assessment and pharm knowledge, leaving them to focus on differential diagnosis and "fine tuning" assessment skills.

Since Dr. Chung has been teaching the Pharm course in the Spring for the NNP program, she has expressed interest in teaching the course in the Summer for our students. We would expect about 28 students in the course. Since you approved our request to ask her to teach Pharm for the Pediatric students in summer 1995, Dr. Chung has agreed to meet with you to discuss administrative decisions related to salary. If both N611 and N743 could be taught on the same day during the 6 or 8 week summer, that would be ideal for students.

As you can see, coordinating this program has been extremely time-consuming and frustrating, especially with limited information on past advisement. Hopefully, we will gain more information during the Fall advisement period, but you should know that currently it appears that 28+ students will be tracking into the first clinical courses for Fall 1995. This number of practitioner students in one clinical course far exceeds the average for university programs preparing pediatric nurse practitioners (12 students per clinical course in the Balt/Wash area programs). Please advise me regarding your solution for obtaining multiple clinical sites.

Our major placement problems are in the urban/rural community sites (physician's offices, well-baby sites, urgent care, etc). We are aware that the school-based emphasis students will have our nurse-managed clinics, and our tertiary emphasis students will begin in the summer which is less competitive for placements.

In addition, you will need additional practitioner clinical faculty. We have reduced the site visits to one per semester, which is a dramatic decrease considering the history of the program. Nevertheless, our faculty practitioners have commitments in clinics

and are not always available for site visits (as has happened with Beth Miola). Since Karen Bush has agreed to help us with the 710/713 site visits this Fall to replace Beth Miola, perhaps we can evaluate the per diem model for student clinical evaluation this semester and consider applying it to both primary semesters. What do you think?

If we truly have 28+ students ready for Fall clinical, this projected number does not include post-Master's students. If we cannot guarantee clinical placements for the confirmed number of students, then we must be hesitant to accept any "post Master's" students for Fall 1995 clinical courses. Pediatric faculty are requesting a "hold" on Post Masters acceptances at this time. Please review this issue.

cc: Dr. Heller
Dr. Downs
Dr. Mech
Dr. Bell
Dr. Wozenski
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