

To: Dr. Linda Thompson
From: Dr. Eileen O'Brien *EOB*
Re: Status of Advanced Practice Pediatric Graduate Program
Date: September 7, 1994

Since you have assigned me as the Coordinator of the Advanced Practice Pediatric Nursing (CNS/PNP) graduate program, I would like to review what I have accomplished to this date and what issues need to be addressed:

1. I have developed and initiated the combined CNS/PNP program (Advanced Practice Pediatric Nursing) that I was asked to design.
2. I have presented the program and received approval for the combined CNS/PNP program from the curriculum committees, graduate school, State Board of Nursing and ANA Credentialing groups.
3. I have also made it possible for students enrolled in the old CNS tract to continue along their graduate school plan as described below.

Students enrolled in the old CNS program prior to our combined program initiation, who desire to continue in that CNS option and who have planned on that option, can still register for 641, 642, 643 and 645 with preceptorships with Clinical Specialists (see attached chart). The didactic for those CNS courses is done within the Advanced Practice Pediatric Program courses 710, 711, 643, 645. Students in the old CNS option have accepted these collaborative course offerings with no difficulty. We can either finish this group of CNS students and close-out the CNS option, or leave it available for students who still wish to enroll in a CNS track. Given the fluctuating status of health care reform, I recommend leaving this as an option since it requires a collaborative utilization of existing courses, rather than developing additional course offerings.

4. I have begun an assessment of the status of the old PNP program. Fifteen students are registered for the primary care courses in the old PNP program and will complete their course of study in May 1995. The redesigned CNS/PNP program has begun with 17 students, of which three are admitted to the "fast track" option.

Since I was not working with or assigned to the old PNP program, obtaining the number of "fast track" individuals accepted or even the status of the "fast track" approval was difficult to determine. Since interviews and acceptances were carried out with individuals who had Masters degrees, the assumption has been made

by applicants and some faculty that full approval of a certificate program had been assured. (That is, approval from curriculum committees, graduate school, State Board and MHEC.) However, I had found no documentation to support this assumption. This led to my questions to you on 9/6/94 to verify the status of the "fast track" program as well as to determine if approval had been obtained. Since these questions remained unanswered, you requested I assume responsibility for processing this program through appropriate channels and assure credentialing. My latest communications with Ann Mech indicate that no specific approval for this program has been initiated.

I was not asked to be involved in the initial discussion or development of the "fast track" program. Furthermore I was not apprised of the formal advisement or background steps involved in its design. It is my understanding that the "fast track" PNP program was originally developed by Laurie Scudder with Martha Gibbons and Kathy Feroli facilitating admission. It has been difficult to ascertain the degree and nature of advisement that led to the "fast track" program design, nor is it clear what criteria were applied to meet credentialing requirements.

Historically, we have always enrolled students who have a MS or MSN who would like to be PNPs, advised them to take an additional 20 credits, and signed their application for eligibility to sit for the NAPNAP exam. This program took 4 semesters. With the Advanced Practice Pediatric Program (CNS/PNP) redesign, it would appear that the "fast track" can now be sequenced in 2 semesters. Based on the information I received from you and Kathy Feroli, this is how the "fast track" program is understood by faculty and students:

Semester 1

N611 Physical Assessment
N710 Health Supervision of the Child
N713 Common Health Problems of the Child

Semester 2

N711 Health Supervision of the Adolescent
N714 Common Health Problems of the Adolescent
N715 Advanced Primary Care

Credit total = 20 credits

Based on the above outline of the fast track program, I have some concerns which I believe merit immediate and prompt review followed by firm decisions from Pediatric Faculty and School Administration.

1. The sequencing of N611 Physical Assessment deserves

rethinking. Requiring it in the Fall poses philosophical, as well as pragmatic clinical placement problems. Entering the realm of diagnosis and prescribing requires prior competence in assessment. Preceptors fine tune the assessment skills, as opposed to introducing them. Faculty have discussed offering this as a summer course prior to enrollment into the practitioner clinical courses. This needs to be given priority on our agenda before the October graduate school open house information night.

2. From my experience presenting the advanced practice curriculum to the State Board of Nursing and working through the Credentialing group at ANA, I know that pharmacology is an essential component of any Practitioner program. The "fast track" does not have the Spring N743 Pharmacology course (2 credits) listed. We can easily add it, but clearly our advertisement of this post-masters option needs to identify this requirement.
3. There are three students enrolled in this "fast track" program, who were advised that 20 credits would fulfill requirements (please review item #2). I believe that offering pharmacology to them in the Spring, would eliminate any potential problems they may encounter with eligibility for certification. This will **increase** their tuition costs, and could require an additional day of class. Based upon these implications, you may need to present this to them as soon as possible.
4. The Credentialing groups are moving towards requiring 500 hours of clinical practice for practitioners. The "fast track" provides only 360 hours of clinical mentoring. Since it is clear that an increase in clinical hours will be required for credentialing, the CNS/PNP program is designed for 500 hours of clinical practice. While no one can predict how this will effect the three students enrolled this year, it is definitely a concern that needs to be addressed for future students in the "fast track."
5. It is not clear if we are moving towards a "certification program" which awards a separate Continuing Education certificate or if we are moving towards a "Post Master's Certificate Program". The history on this is unclear and without the faculty who designed this program, the best course of action is to bring it to the new Pediatric faculty group for discussion and immediate decision. Ann Mech would need to assist us in the discussion, as she proved so helpful with my efforts in designing the combined program.

These are the most pressing concerns within the graduate level Pediatric offerings that you need to resolve and/or address in the next week or two. I have offered solutions and ideas, but as you are the Chair, I need to defer to you for resolution. Subsequent issues that appear to need work will include establishing a

computerized Preceptor database, establishing a formal Student Advisement system, establishing Faculty Site Visit Evaluation criteria, and collaborating with the NNP program to incorporate a common Neonatal/Pediatric Physiology course. Our list is longer, but these are the priorities.

Finally, I appreciate your support in facilitating the resolution of these concerns and proactively planning future Pediatric programmatic changes.

cc: Dr. Heller
Dr. Downs
Dr. Mech
K. Feroli

OLD CNS CURRICULUM

ADVANCED PRACTICE PEDIATRICS CURRICULUM

