

## Creating Curriculums that Prepare NP Education for the Future

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## IOM REPORT

- **Nurses should practice to the full extent of their education and training.**
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- **Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.**
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

- Nurses should practice to the full extent of their education and training
- Education and Training of advanced practice nurses should include the following holistic concepts:
  - The patient is whole and complete in the moment
  - Creating a partnership with patients
  - Patient and family centered care
  - Authentic Presence of the health care provider

- Hearing the patient's story
- Coming to know the patient as person
- Honoring the patients personhood

- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Redesigning health care to foster patient centered holistic care
- Team approach – listening and respecting all members of the team
- Patient as a team member to form a holistic and patient centered approach to care

## Healthy People 2020

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

- **One of the four foundation health measures will serve as an indicator of progress towards achieving these goals:**
- Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional and social functioning. It goes beyond direct measures of population health, life expectancy and causes of death, and focuses on the impact health status has on quality of life.

## Holistic View of Quality of Life

- Respect for person and family
- Mentoring patients and families – navigation through the health care system
- Advocate for patients
- Counseling and teaching – always with the patient as partner in health care decision making

## Future Advanced Nursing Practice Roles

- Medical Homes
- Include holistic ideas and therapies
- Working on interprofessional teams – helping other team members understand the person as a whole and perfect human being at any given moment.
- Respect for other professionals as well as patients and families

*It has been predicted that our greatest advances in the next decade will not come from technology but from our deeper understanding of what it means to be a human, spiritual being.*

—Aburdene, 2007

## The Doctorate of Nursing Practice

- The Doctorate of Nursing Practice (DNP) is a new approach to doctoral education for clinical practice
- In 2006, the American Association of Critical Care Nurses (AACN) provided guidance for the development of the DNP and published eight essentials that provided a focus for the degree and the educational institutions that chose to incorporate the new degree program within schools and colleges of nursing

## Conceptual Framework

- These guidelines provided guidance for the creation of doctoral programs for advance practice
- In our college, the philosophy for the curriculum was based on a caring model, integrating Carper's (1978) patterns of knowing, White's (1995) sociopolitical knowing and Munhall's (1993) unknowing, Watson's (1988, 2005, 2008) concepts of caring and transpersonal healing, and Newman's (2008) concepts of nursing
- This model was expanded to include the unitary transformative paradigm embracing reflective practice (Johns, 2004, 2009) and unitary appreciative inquiry (Cowling, 2008; Cowling and Repede, 2010) as the conceptual framework for the DNP program.

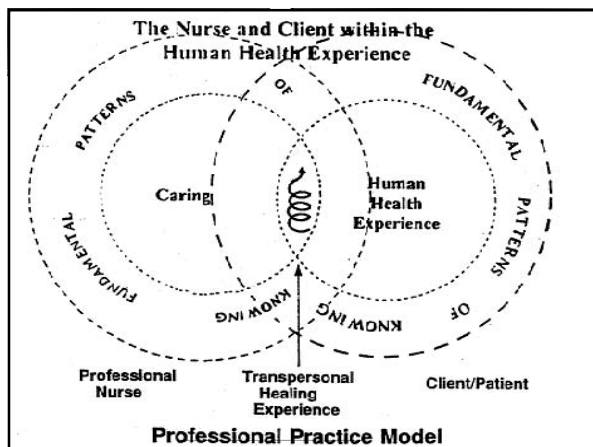
## Curriculum

- The curriculum for all three programs at the college (Baccalaureate, Masters, DNP) is grounded in a holistic philosophy with an understanding of nursing as a practice discipline with caring as its core. "To study nursing is to study caring, to grow in an understanding of self and other as caring person, and to be committed to the development of caring knowledge and the value of caring to the health and wholeness of persons nursed" (Boykin and Shoenhofer, 2001, pp. 55-60).

## Program Guides

For this graduate program, six major guides underpin the program

- nursing is a practice discipline
- nursing knowledge comes from multiple patterns of knowing
- nursing is a profession with caring at its core
- person/client/ patient are whole beings that are interconnected with their environment and others through caring
- nurses are informed and experience caring in their interactions with self and other
- reflective practice transforms the experiences and knowledge gained in practice to envision future practice.



### 10 Caritas

- Practice loving-kindness and equanimity.
- Be authentically present; enable and sustain the deep, internal, and spiritual belief system of oneself and the person being-cared for.
- Cultivate one's own spiritual practice and transpersonal self, going beyond "ego self."
- Develop and sustain a helping-trusting, caring relationship.
- Be present to and supportive of the expression of both positive and negative feelings as a connection with the deeper spirit of self and the person being cared for.
- Creatively use oneself and all ways of knowing as part of the caring process; engage in artistry of caring-healing practices.

### 10 Caritas

- Participate in genuine teaching-learning experiences that attend to unity of being and meaning attempting... to stay within other's frame of reference.
- Create a healing environment at all levels (physical as well as nonphysical), subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentates.
- Assist with basic needs, with an intentional caring consciousness; administer 'human care essentials,' which potentiate alignment of mind/body/spirit, wholeness, and unity of being in all aspects of care; attend to both embodied spirit and evolving spiritual presence.
- Open and attend to spiritual mysteries and existential dimensions of one's own life-death; soul care for self and one being cared for.

### Central Tenets of Caring Human Science Curriculum

- Human beings are unitary beings, unique, whole, indivisible, and ever changing. **Concepts include:** energy fields, consciousness, lived experience, and human becoming.
- The environment is unitary; unique, whole, indivisible, infinite, and inseparable from human beings. **Concepts include:** energy fields, consciousness in energy, human-universe process, human-environment field process, and global and universal field of consciousness.
- Health and healing are processes, experienced and expressed uniquely. **Concepts include:** energy fields, pattern, expanding consciousness, dynamic flow and becoming as human-living health.
- Health and healing processes are manifestations of human emergence. **Concepts include:** meaning, choosing, value priorities, transformation, transcendence with the possible, choice points, re-patterning, creative emergence, and expanding consciousness.
- Living, health and healing are boundary-less in space and time. **Concepts include:** multidimensionally transcending, human-universe process, pandimensionality, universal consciousness, past-present-future, infinity, and pandimensional space-time.
- Nurses are unitary beings in caring relationships with human beings living health and healing. **Concepts include:** energy fields and graceful energy, caring consciousness, bearing witness, unconditional love, intentionality, multiple ways of knowing, and mutuality of transpersonal caring-healing relationship within caring field.
- The relationships nurses have with the human beings living health and healing is the essential purpose of nursing. **Concepts include:** centering, true presence and authenticity, caring-healing relationship, life energy, field-universal energy field, caring moment, transpersonal caring relationship, and search for meaning.
- Transpersonal caring-healing modalities as healing arts and choices for transformation and self-healing by human beings. **Concepts include:** "ethical relational, and energetic through caring consciousness, intentionality, presence, authenticity, noninvasive, nonintrusive, natural-environmental healing modalities; those modalities that help to connect with universal field to access inner healer; intention use of form, color, light, energy, sound, touch, visual, consciousness, etc." (Watson, 2005, p. 5).

From Watson, J. (2005). Caring Science as Sacred Science

Reflective Practice		
Reflection on Experience	Reflecting on a situation or experience after the event with the intention of gaining insights that may inform my future practice in positive way	<div>Doing Reflection</div> <div>↓</div> <div>Reflection as a Way of Being</div>
Reflection in Experience	Pausing within a particular situation or experience in order to make sense of and reframe the situation in order to proceed towards desired outcomes	
The Internal Supervisor	Dialoguing with self while in conversation with another in order to make sense	
Reflection in the Moment	Being aware of the way I am thinking, feeling, and responding within the unfolding moment whilst holding the intent to realize my vision. It involves dialoguing with self to ensure I am interpreting and responding congruently to whatever is unfolding and having mental acuity to change my ideas rather than being fixed to certain ideas	
Mindfulness	Seeing things for what they really are without distortion, while holding the intention of realizing desirable practice  From: Johns, C. (2009). <i>Becoming a reflective practitioner</i> (3 <sup>rd</sup> ed.). IA: Wiley-Blackwell, p. 10	

The Model for Structured Reflection	
<ul style="list-style-type: none"> <li>• <b>Reflective Cue</b></li> <li>• Bring the mindful home</li> <li>• Focus on a description of an experience that seems significant in some way</li> <li>• What issues are significant to pay attention to?</li> <li>• How do I interpret the way people are feeling and why they felt that way?</li> <li>• How was I feeling and what made me feel that way?</li> <li>• What was I trying to achieve and did I respond effectively? (aesthetic)</li> <li>• What were the consequences of my actions on the patient, others, myself?</li> <li>• What factors influence the way I was/am feeling, thinking and responding to the situation? (personal)</li> <li>• What knowledge did or might have informed me? (empirical)</li> <li>• To what extent did I act for the best and in tune with my values? (ethical)</li> <li>• How does the situation connect with previous experiences? (personal)</li> <li>• How might I reframe the situation and respond more effectively given this situation again? (reflexivity)</li> <li>• What would be the consequences of alternative actions for the patient, others, myself?</li> <li>• What factors might constrain me responding in a new ways?</li> <li>• How do I NOW feel about this experience?</li> <li>• Am I more able to support myself and others better as a consequence?</li> <li>• What insights have I gained?</li> <li>• Am I more able to realize desirable practice? (framing perspective)</li> </ul>	
From: Johns, C. (2009). <i>Becoming a reflective practitioner</i> (3 <sup>rd</sup> ed.). Ames, IA: Wiley-Blackwell, p. 51	

Ethical Mapping		
Patient/family's perspective/other patients	Who had the authority to make the decision/act within the situation	The doctor's perspective
If there is conflict of perspectives/values, How might these be resolved	<b>The situation/dilemma</b>	What ethical principles inform the situation? (Beneficence, malevolence, autonomy, utilitarianism, duty and virtue, moral imperative)
The nurses perspective	Consider the power relationships/factors that determined the way the decision/action was actually taken  From: Johns, C. (2009). <i>Becoming a reflective practitioner</i> (3 <sup>rd</sup> ed.). Ames, IA: Wiley-Blackwell, p. 77	The organization's perspective

Framing Perspectives of Reflection		
<b>Philosophical framing</b> How has this experience enabled Me to confront and clarify my beliefs and values that constitute desirable practice	<b>Role framing</b> How was this experience Enabled me to clarify my role Boundaries and authority Within my role, and my power relationships with others?	<b>Theoretical framing/mapping</b> How has the experience enabled me to draw on extant theory and research in order to help me make sense of my knowing in practice, and to juxtapose and assimilate theory/research findings with personal knowing
<b>Developmental framing</b> How has this experience enabled me to frame becoming a more effective practitioner within valid and appropriate theoretical frameworks/learning outcomes?	<div>Insights</div>	<b>Reality perspective framing</b> How has the experience enabled me to understand the barrier of reality whilst helping me to become empowered to act in more congruent ways?
<b>Parallel process framing</b> How has this experience enabled me to make connections between learning processes within my supervision process and my clinical practice?		<b>Problem framing</b> How has this experience enabled me to focus problem identification and resolution within the experience?
From: Johns, C. (2009). <i>Becoming a reflective practitioner</i> (3 <sup>rd</sup> ed.). IA: Wiley-Blackwell, p. 78.		

Bringing the Soul of Nursing back into Advanced Practice	
<ul style="list-style-type: none"> <li>• Historical Perspectives of the Development of NP programs</li> <li>• Political, Clinical Environmental and Educational Issues</li> <li>• The Effect of the Medical Model Versus a Holistic Nursing Clinical Model on NP Practice</li> <li>• The Reality of the Work Experience of NP graduates</li> <li>• Experience of NPs returning to post Masters' DNP Programs</li> <li>• Development of a Re-entry Model to Regain the Soul of Nursing into Advanced Practice</li> </ul>	

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<ul style="list-style-type: none"> <li>• Aburdeen, P. (2007). <i>Megatrends 2010</i>. VA: Hampton Roads Publishing Company, Inc.</li> <li>• Boykin, A. &amp; Schoenhofer, S. (2001). <i>Nursing as caring: A model for transforming practice</i>. Audbury, MA: Jones &amp; Bartlett</li> <li>• Carper, B. (1978). Fundamental patterns of knowing in nursing. <i>Advances in Nursing Science</i>, 1(1), 13-23.</li> <li>• Cowling, W.R., (2008). An essay on women, despair, and healing. <i>Advances in Nursing Science</i>, 31(3), 249-258.</li> <li>• Cowling, W.R. &amp; Repede, E. (2010). Unitary appreciative inquiry evolution and refinement. <i>Advances in Nursing Science</i>, 33(1), 64-77.</li> <li>• Johns, C. (2004). <i>Becoming a reflective practitioner</i> (2<sup>nd</sup> ed.). MA: Blackwell Publishing.</li> <li>• Johns, C. (2009). <i>Becoming a reflective practitioner</i> (3<sup>rd</sup> ed.). IA: Wiley Blackwell.</li> <li>• Munhall, P. (1993). "Unknowing": toward another pattern of knowing in nursing. <i>Nursing Outlook</i>, 41, 125-132.</li> <li>• Newman, M. (1994). <i>Health as expanding consciousness</i> (2<sup>nd</sup> ed.). MA: Jones and Bartlett.</li> <li>• Newman, M. (2003). A world of no boundaries. <i>Advances in Nursing Science</i>, 26(4), 240-245.</li> <li>• Newman, M. (2008). <i>Transforming Presence: The Difference That Nursing Makes</i>. PA: F.A. Davis.</li> <li>• Newman, M., Sime, A., Corcoran-Perry, S. (1991). The focus of the discipline of nursing. <i>Advances in Nursing Science</i>, 14(1), 1-6.</li> <li>• Newman, M., Smith, M., Pharris, M., Jones, D. (2008). The focus of the discipline revisited. <i>Advances in Nursing Science</i>, 31(1), E16-E27.</li> <li>• Rogers, M. (1970). <i>An introduction to the theoretical basis of nursing</i>. PA: F.A. Davis.</li> <li>• Rogers, M. (1986). Science of unitary human beings. In V. Malinski (ed.), <i>Explorations on Martha Rogers' science of human beings</i> (pp. 3-8). CT: Appleton-Century-Crofts.</li> <li>• Rogers, M. (1990). Nursing: Science of unitary, irreducible, human beings: Updated 1990. In E. Barrett (Ed.), <i>Visions of Rogers' science-based nursing</i> (pp. 5-11). NY: National League for Nursing.</li> <li>• Watson, J. (1988). <i>Nursing: Human science and human care: A theory of nursing</i>. NY: National League for Nursing.</li> <li>• Watson, J. (2005). <i>Caring science as sacred science</i>. PA: F.A. Davis Company.</li> <li>• Watson, J. (2008). <i>Nursing the philosophy and science of Caring</i> (Revised ed.). CO: University Press.</li> <li>• White, J. (1995). Patterns of knowing: Review, critique, and update. <i>Advances in Nursing Science</i>, 17(4), 73-86.</li> </ul>	