

Ensuring Quality During a Pandemic: Curricular Adjustments Do Not Have To Be a Crisis

Bridgitte Gourley, DNP, FNP

NSP II Grant # 17-121

Abstract

Planning for each semester begins approximately six months ahead of the first day, and the 2019-20 academic year was no exception. For the Family Nurse Practitioner Doctor of Nursing Practice (DNP) specialty offered at both the Baltimore and Shady Grove campuses, expansion funded through NSP II in 2016, planning began even earlier this year because there were lessons learned from the launch of the first clinical group the year prior. Scheduling of content and lecturers face to face for two campuses requires thoughtful planning to ensure content is delivered in a timely fashion to each cohort of students and that assessments and evaluations can be conducted for content mastery without compromise. Access to the appropriate level of clinical experiences for each student requires collaboration with community stakeholders, the clinical placement office, and course coordinators. As we embarked upon the second clinical cohort in the fall of 2019, all of the moving parts were in place and working in sync. Planning for the spring included getting the first cohort aligned with DNP project sites and their clinical courses and planning for the second cohort to enter their first clinical rotation while ensuring both were meeting the criteria for National Task Force competencies and DNP essentials.

Early in March 2020, preliminary discussions began about what contingency plans would need to be made should COVID-19 shutter clinical opportunities for students and move instruction online. On March 12, the university moved instruction to online, and students were removed from face-to-face clinical activities.

In many ways, moving didactic content to online simplified having access to congruent content across two campuses. Students could all gather together for one lecture, and speakers could deliver the content once on the same day. Exams already offered via an online platform could be on the same day, and item analysis could be expedited. For clinical, guidance was provided from credentialing bodies and the National Organization of Nurse Practitioner Faculties stating which activities could be counted as clinical simulation in light of the current health care crisis that so students could continue to progress in their plan of study. The School of Nursing leadership, specialty directors, and curriculum committee held meetings daily to define and provide models for clinical simulation that met our standards and refine policies to reflect the changes while meeting certification requirements. With this, faculty on both campuses collaborated to adjust the remaining clinical hours to either telemedicine or simulation while maintaining high standards for curricular excellence our students expect and deserve.

Many schools of nursing develop online programs over months and years. This temporary switch to an online model occurred under dire circumstances and within 14 days. Fortunately, the high quality of the faculty and face-to-face program facilitated the transition rather seamlessly and has informed plans for summer 2020. Lessons have been learned about best use of online technologies and how this can augment our face-to-face platform after this health care crisis resolves, and our faculty and graduates will be stronger after facing this challenge.