Curriculum Coordination Committee (CCC): Summary of November 20, 2017 Meeting

Attending: Marianne McGrath (Chair), Phil Longstreet (Co-Chair; attended via Skype), Denise Cooper; Cam McLeman (rep from CACBSP), Kui-Bin Im (rep from AAAC), Tom Wrobel (rep from FC)

Absent: Molly Brennan, Pamela Ross McClain

Guests: Doug Knerr, Connie Creech and Donna Fry

The following is a summary of the notes taken by members of the CCC at the November 20, 2017 meeting. These notes include the main points presented by the guests as well as the CCC recommendations for next steps.

Provost Douglas Knerr:

Provost Knerr said the Master of Science Physician Assistant (MSPA) is a new, high profile program, and that President Schlissel is excited about and supportive of the program. Provost Knerr also said that the MSPA program has the opportunity to demonstrate SON/SHPS faculty-faculty collaboration. One of his closing points was the main goal should be to “determine what makes the student experience excellent.”

Constance Creech, RN, EdD, ANP-BC (on behalf of the SON Governing Faculty)

Prof. Creech spoke of the 5 major issues surrounding the MSPA program. These include course duplication, clinical placement issues, lack of adequate classroom space, competition for students, and advising of students about DNP vs MSPA programs. Prof. Creech stated that the Deans of SHPS and SON should have discussed the MSPA program before it went to Graduate Board and through the other processes for program approval. Further, Prof. Creech requested that the CCC hear this case because Nursing faculty met with other SHPS faculty “four years ago and nothing got any farther.”

Prof. Creech stated that 40 MSPA students per year will negatively impact the already taxed clinical placement of students. Seven students in the DNP program were not able to be placed with a preceptor in the Fall of 2017 due to lack of available sites. Clinical placements will be difficult to find when 40 or more MS PA students will be competing with DNP students for those placements; “huge amount of additional stress.” Prof. Creech mentioned that SON has established and maintained hundreds of contracts with clinical sites. There is concern that these sites could be lost if the MSPA program offers payment for preceptor services. SON does not offer payment, and there are state and national regulations that prohibit them from doing so.

According to Prof. Creech, Dean Fry has agreed to one course being taught jointly—Prof. Creech believes this is not sufficient. Dr. Creech stated that Epidemiology and Pharmacology courses, already taught at the graduate level in nursing, and aimed towards health care providers, are two examples of courses that DNP and MSPA should take together.

Dr. Creech spent a few days visiting the University of California-Davis, which has a combined NP/PA program. Her evaluation of the joint program is positive.
Prior conversations between SON and SHPS have been contentious, particularly on issues such as the science background of students in the DNP program compared to the type of students who would apply to the MSPA program.

Prof Creech requests a neutral 3rd party arbitrate clinical placement/sites and she also requests that a neutral 3rd party decide on classroom/lab space.

Prof. Creech also stated that Graduate Board recommended an impact study to examine the role of campus advisors in students’ knowledge of/preference for MSPA vs DNP programs.

Finally, Prof. Creech stated that NPs and PAs will seek out and work in the exact same positions, and thus are in direct competition with one another.

**Donna Fry, Dean of School of Health Professions and Studies**

July 2018-Jan 2019 is the general timeline for MSPA Program. Dean Fry mentioned that there is a search for a PA director, who should be hired by July 2018. A medical director will be hired by January 2019.

Dean Fry stated that DNP students do not have as strong a background in science as students seeking the MSPA degree. [Prof. Creech strongly disagrees stating that NPs have as many science course as PAs and have clinical practice experience as nurses prior to entering the NP programs].

Dean Fry stated that PA and NP programs are taught on different principles and models. [Prof. Creech disputed this and stated that NP programs have student with a strong nursing theory background, but are also taught on the medical model theory, just as physicians and PA students are taught. Nursing has an additional layer of theory].

Dean Fry mentioned that she spoke with the director of the combined NP/PA program at UC Davis (by phone). The program used to be housed in the medical school although it was moved to the nursing school. She said the pass rate for PAs was 100% prior to the move to nursing, and now is 70% since the move. She did not report on the pass rate for NPs before and after.

Dean Fry gave the example of the course in Epidemiology (PAP 552; Epidemiology and Public Health) as needing to be taught by Public Health faculty because they are the “experts” in the subject. At present Nursing teaches Epidemiology and Disease Prevention (NSC 502).

Board certification exams are different for MSPA and DNP students.

**Next Steps to be completed by DNP Director/faculty representative, the MSPA Director/faculty representative and the Provost:**

1. The directors/faculty directly involved in the DNP and MSPA programs, as well as the Deans of SON and SHPS each need to make a clear and compelling case for their competing claims.
SON/DNP stakeholders should provide evidence that several of their courses, including clinical placements, are (virtually) identical to what will be offered by the MSPA program (provide specific and compelling examples of course duplication). MSPA stakeholders should provide evidence that their program is substantively different from the DNP program (will attract a different set of students than the DNP program, coursework rarely overlaps). For instance, Dean Fry gave the example of the MSPA Epidemiology course needing to be taught by Public Health, not Nursing faculty, due to a difference in expertise. At the very least, examples of course syllabi that include detailed course objectives and assignments should be shared among DNP and MSPA directors and faculty as well as with the CCC. An independent, outside review of materials is also recommended (see # 3 below).

2. University of California-Davis was mentioned as one institution that offers graduate degrees in Nursing Practice (Master of Science in Family Nurse Practitioner) and in Physician Assistant Studies (Master of Health Science/Physician Assistant). Prof. Creech seemed to indicate that the two programs are in collaboration, and are running successfully. Dean Fry seemed to indicate that after the ‘merger,’ Physician Assistant students were less likely to pass the Physician Assistant National Certifying Exam (PANCE) exam. The CCC suggests that representatives from both our DNP and MSPA programs meet together with the dean/director of the UC-Davis program to gain additional perspectives on the strengths and challenges of a collaborative program. Moreover, if separate programs are successfully run at other universities, provide documentation to SON, SHPS and to CCC of these programs.

3. The CCC believes that Nursing has a legitimate worry that by the time the MSPA program director and medical director are hired, the program will have been finalized to the extent that it will become difficult to begin a CCC inquiry into course duplication. That said, the specifics of assessing the extent of course duplication and other concerns raised by Prof. Creech and Dean Fry call for experts to evaluate, at the very least, the course descriptions, syllabi, and other materials of all the relevant courses in the DNP and MSPA programs. The Provost should support a consultant, from UC-Davis or another university that houses both NP and PA programs, to review the course materials and to provide other input as part of an impact study.

4. Information on the certification processes for Nurse Practitioners and Physician Assistants should be shared with SON/DNP stakeholders and to the CCC. This may further clarify the extent to which the programs are distinct. For instance, within the DNP program, are particular courses designed to prepare DNP students for certification by the American Nurse Credentialing Center/American Academy of Nurse Practitioners? Does the MSPA program offer courses to prepare students for the Physician Assistant National Certifying Exam?

5. With regard to clinical placements, having a single coordinator for the DNP/MSPA clinical sites would be the optimal use of resources. The CCC strongly believes that two of our own programs should not be ‘competing’ for the same spots. We have this philosophy across campus -- we have coordinators for the placements of teachers in schools, we have coordinators for the applications of grants to public and private grant-funding agencies-- all with the idea that we gain more collectively by presenting a unified front with a single contact point. One option voiced at the November 2017 meeting was to establish a new position in charge of all placements. Another option would be to use the funds that the MSPA program was planning to pay for a coordinator to instead finance the existing DNP coordinator to do both. The CCC acknowledges that DNP preceptors are not paid for their clinical supervision, whereas
PA preceptors are often paid to supervise PA students. Again, it would be useful to have an outside consultant/expert weigh in on how this is handled at other institutions.

6. The Provost’s office should fund an ‘impact study,’ ideally incorporating the recommendations made in several of the points above. The study should also include information on how students will be advised about the DNP and MSPA program(s).

7. Related to #2 above, The CCC notes that the Chancellor is often highlighting—across campus and in the media—offerings at our university that showcase our unique strengths and talents. Being one of the few institutions in the country to successfully run these programs—either jointly or separately—would greatly benefit our university and the surrounding community. A case needs to be made for the best program that would use our resources most cost-effectively (classroom space, faculty expertise) and one that would give our students a competitive edge when seeking careers as a DNP or a MSPA.