THE OREGON ACADEMIC PROGRESSION MODEL PROGRESS AND LESSONS LEARNED.

3RD ANNUAL STATEWIDE RIBN CONFERENCE!
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On the Edge of Possibility

- Transforming Nursing Practice and Education requires:
  - Acknowledging new realities
  - New Curriculum
  - New Pedagogy for New Learners
  - New Models for Clinical Education
  - New Organizations
  - New Leadership
Oregon's Innovations: In the beginning...

- Oregon Nurse Leadership Council/Collaborative
  - A conflict in practice created opportunity for collaboration
- Five Member Organization
  - Oregon Council for Associate Degree Nursing
  - Oregon Council of Deans
  - Oregon Nurses Association
  - Northwest Organization of Nurse Executives
  - Oregon State Board of Nursing
2 Goals related to nursing education

- Double Enrollment
- Transform Nursing Education to align with today’s practice environment
OHSU (6 Campuses)
9 Community Colleges
New Curriculum to Prepare a “New Nurse”
- with competencies beyond those in our traditional nursing programs
- with deeper understanding of prevalent health care conditions and situations
- prepared to function in times of chronic nurse shortage
- prepared to lead and influence policy
The Oregon Consortium for Nursing Education

A Partnership of Oregon nursing programs designed to:

- Prepare the “new” nurse with competencies needed for changing health care demographics
- Increase capacity in nursing programs
- Increasing number of baccalaureate graduates by creating shared 4 year curriculum
- Prepare leaders needed to influence new health care systems
Redefining and Redesigning Curriculum

- Competency-based, directed toward knowledge & abilities needed to provide:
  - Patient/relationship centered care
  - For an aging & increasingly diverse population
  - In highly complex environments
  - That increasingly require interdisciplinary teamwork, leadership and use of quality improvement, informatics and technology
The OCNE Curriculum

- Baccalaureate curriculum with opportunity for community college students to complete AAS and sit for NCLEX on the way to BSN
  - Built on redefined fundamentals
  - Competency-based
  - Integrated
  - Spiral
Redefined Fundamentals

- Evidence-Based Practice
- Relationship Centered Care
- Clinical Judgment
- Leadership

In the context of Health Promotion and across populations.
Competency-based:
10 competencies which reflect:

- Ethical practice
- Intentional (self-directed), reflective learner
- Engage in teamwork and provide leadership
- With strong communication skills and capable of systems thinking
- Skillful clinical judgment and evidence-based practice
Courses organized around foci of care:
- Health Promotion
- Chronic Illness Management
- Acute Care
- End-of-Life Care

And “cross-cutting competencies”
- Leadership & Outcomes Management
- Population Based Care
- providing for multiple encounters with most important concepts, dimensions of competencies, & health & illness context in varying populations & settings
The New Pedagogy

- Draws on tremendous advances in the science of learning from a variety of disciplines (cognitive science, psychology, higher education)

- Emphasizes deep understanding of the discipline’s most central concepts
Active engagement in authentic practice situations: Case-based

- Cases that integrate across competencies, relate to highly prevalent health problems, across age span and diverse populations
- Dilemma cases underscoring ethical issues
- Unfolding cases, demonstrated clinical situations as they unfold
- Student narratives of their own experience
Purposeful Design of Clinical Education

Considering development of
- Practical knowledge
- Skilled Know-how
- Habits of Thought
- Understanding of self as caring clinician
OCNE Front Story: Planned Processes

- Coordinating Council
- Faculty committees
  - Curriculum
  - Learning Activities
  - Research & Evaluation
- Co-Leadership
Consortium-wide consensus building approach

- By-laws describe decision making process
  - Scheduled curriculum review process
  - 3 year cycle
  - Official Decision made in Coordinating Council

- Faculty development & involvement
Agreements

- Admission & Progression
  - Community College are Co-admitted to OHSU
- Competencies
- Courses – Course Descriptions/Course Outlines
- Megacases/Cases
- Student Services – Financial Aid and Disability
Guidelines

- Faculty Sharing
- Library
Faculty Resources

- Annual New Faculty Orientation
- LAR-GO
- Course Teams
- Annual Faculty Conference
Transition Options - Past

- Pre AAS – Students transitioned after completing 5 quarters at a partner community college - 100% Retention!
  - Students did not earn AAS
  - Unlimited Entry
  - Conflicted with Governors 40-40-20 plan and affected community college reimbursement
  - Extreme challenges for OHSU r/t clinical placements and faculty
1. Post AAS

- Full time – Hybrid/Blended on Portland
  - Limited Entry
  - Pilot – OCNE Scholars
- Full time or Part-time Online across the state
Post-AAS Portland Options

Fall Option – Full Time Primarily a Community Based Clinical Focus

- Students join the senior class after completing AAS at partner community college

- Population-Based Nursing

- Leadership and Quality Management

- Integrated Practicum
Post-AAS Portland Options

- Summer Option – Full Time Pilot - OCNE Scholars Program – Primarily a specialty acute care clinical focus.
  - In partnership with OHSU University Hospital
  - Applicants interview with SON faculty and Unit Manager
  - Entire Senior Year Clinical Placement in the Specialty Unit
  - Small Pilot cohort to begin Summer 2014
Post AAS Online Option

- Full or part-time
- Offered Statewide
- Clinical in home community with service learning emphasis – some online simulation
- Most Subscribed
- Least cost
Hi Linda:
I just wanted to drop a line or two to thank you. I had no idea how revolutionary the OCNE experiment was and ahead of its time. The IOM report of 2010 hopes to have 80% of ADN have their BSN by 2020. I’m listening to a webinar from NJ talking about the wonderful job that was done in OR and they hope to implement it there.
I am so proud to write my papers and say that I was in the first year of the OCNE program. I’m also happy to tell them about the seamless transition to OHSU. I just wanted you to know.
Mare
Consortium Funding

- OHSU- SON
- Community College Work Force Development
- Loads of Volunteer Time
The OCNE Vision

Front story – the statement of vision, tag line “Working together for healthy communities”

Back story – commitment to collaborative process and preparing a new kind of nurse for future health care
Habit 1 – Keep the vision of the new nurse front and center
Habit 2 - Nourish relationship-centered leadership

- Create and communicate group norms
- Revisit and renew them frequently
- Provide visible symbols of your commitments to work together
Habit 3 – Embrace Ambiguity!

- Flexible and goal oriented
- Take risks – Extrapolate from your successes
- Refine your mission and vision as emerging roles, studies, practice become evident (due to the ACA IOM, Carnegie)
Habit 4 - KNOW your Competencies

- Patient Centered Care
- Professionalism
- Leadership
- System-Based Practice
- Informatics and Technology
- Communication
- Teamwork and Collaboration
- Safety
- Quality Improvement
- Evidence-based-practice
Habit 5 – Learn from successes, false starts, mistakes, and failures

- Give me a fruitful error any time, full of seeds, bursting with its own corrections. You can keep your sterile truth for yourself.
- Vilfredo Pareto
Habit 6 – Recognize and respond to the Black Swans that come your way
Habit 7
Acknowledge and celebrate your accomplishments at regular intervals
“My question is: Are we making an impact?”
If you want to go quickly, go alone.
If you want to go far, go together.
FOR MORE INFORMATION

Visit us at

www.ocne.org
References


