

Why JCI?

- ☐ Shortages of nursing faculty in the US have limited the ability of graduate programs to meet the demand for the terminal degree in nursing
- ☐ IOM report: The Future of nursing: Leading change, advancing health (2011)
- We must double the number of nurses with doctorates by 2020 as one solution to meeting the faculty shortage
- ☐ Fewer than 1% of nurses have a doctoral degree in nursing
- ☐ New models of efficiency are needed to produce more nursing doctorates annually and to meet the IOM goal for 2020

Jesuit Consortium Initiative



JCI is a consortium
of 20 US Jesuit
Schools of Nursing
to assure increased capacity for
students in DNP programs

Goals: JCI

- > 1~ expands access for students seeking a Jesuit education for the DNP degree
- > 2~ provides a centralized resource for DNP program curriculum and program materials as well as faculty capacity and expertise
- > 3~ provides an organizational structure and commitment to the achievement of JCI goals
- 4 ~ promotes the conduct of scholarly activities on cost effectiveness and best practices in doctoral education

Jesuit Consortium Initiative Project Planning Team



Outcomes

- JCI became the #1 strategic priority for 20 Jesuit Consortium of Nursing Programs (JCNP) governing body
- A pilot project between Research College in Kansas City and Loyola University New Orleans tested JCI for: administrative features, institutional permeability, pedagogical access, and faculty expertise characteristics
- Marketing message "By selecting our Jesuit institution, you (may) have access to additional DNP coursework, within the network of Jesuit Schools of Nursing, whon approval of your advisor. This option may expand your network of colleagues, faculty, and experiences unique to your goals in the DNP program"

Outcomes

- Thirty-four (34) graduate students took advantage of the JCI option in the pilot.
- ❖ Students secured over \$500,000 in Nurse Faculty Loan (NFLP) money for graduate education
- Pilot project institutions realized cost savings (\$106,000) over 2 years for institution A by reducing the expenses of designing and offering course work for small class enrollments; and, in Institution B improving revenues (\$40,800) by meeting class size capacity
- ❖ Institution A also realized increased retention-tograduation rates

Project Beneficiaries in 2011 DNP Students!



Lessons Learned in Project Leadership

- Choosing clarity over certainty facilitates the outcome of risk-taking
- Change needs to be articulated as an expectation of the fabric of the organization and the people with whom \tilde{I} serve
- I do not have to possess all the right answers but rather need to be able to ask the right questions
- While I thrive in change, others do not
- · Change management is challenging work:
 - ~keep your eye on the goal
 ~support others to develop a confidence for change, or
 ~assist them to follow their passions through alternatives

Policy Implications for Higher Education

- New experimental models of inter-institutional cooperation and programming should be funded by federal, state and foundational initiatives with economic and quality improvement metrics (costs, access, progression, graduation rates for doctoral education, employer satisfaction)
- Programs yielding quality and cost effective metrics should be incentivized to expand access to more DNP students
- Interprofessional collaboration development should be \$funded/mandated to expand to doctoral students obtaining degrees/majors in education.
- Education and training of interprofessional work teams creates a higher education professional culture that will endure in the marketplace as newly educated graduates apply their collaborative skills to create high performing systems of higher education in the future

SECOND SECOND

With gratitude...

Special thank you to the Robert Wood Johnson
Foundation and Loyola University of New Orleans
for financial and leadership support, and to my
Jesuit Conference of Nursing Program colleague
deans who joined the JCI national vision, came to
the table, and refused to be on the menu of
"business as usual" in higher education in nursing!

Acknowledgement
Partial support for this presentation was supplied by funds from the Division of Nursing (DN), Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) to Loyola University New Orleans under grant number D09HP18996-01-00, and Post-Masters Doctor of Nursing Practice: Access to Comprehensive Care Systems for \$1,213,924 for 2010-2013.
The information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any official endorsement be inferred by, the DN, BHPr, HRSA, DHHS, or the US Government.
Thank you
The state of the s