

Minutes
Committee on Academic Affairs and Licensing
September 4, 2008

Members Present

Dr. Bettie Rose Horne, Chair
Mr. Hood Temple
Mr. Neal Workman

Members Absent

Ms. Cindy Mosteller

Guests

Ms. Candice Borchik, University of
Phoenix
Ms. Marilyn Burstein, The Art Institute
of Charleston
Mr. Shane Clem, University of Phoenix
Dr. Cheryl Cox, SCTCS
Dr. Denise DeZolt, Walden University
Dr. Helen Doerpinghaus, USC-
Columbia
Ms. Claudia Dreyfus-Levi, ECPI
Dr. Bill Ferrell, Clemson
Dr. Marti Garlett, Walden University
Dr. Anand Gramopadhye, Clemson
Dr. Martha Hanks, Midlands Tech
Dr. Doris Helms, Clemson
Dr. Debbie Jackson, Clemson
Ms. Karen Jones, Winthrop
Dr. Learie Luke, S.C. State
Dr. Robert Long, ECPI
Dr. Robert Knight, Midlands Tech
Ms. Jodie Ploessl, University of
Phoenix
Ms. Sandra Powers, College of
Charleston

Staff Present

Dr. Argentini Anderson
Ms. Laura Belcher
Ms. Renea Eshelman
Ms. JoAnne Gardner
Dr. Paula Gregg
Ms. Trena Houp
Ms. Lane Jeselnik
Dr. Lynn Kelley
Dr. Gail Morrison
Dr. Mike Raley
Ms. De'Nitra Reese

Mr. Phillip Quintana, University of
Phoenix
Mr. James Rund, ECPI
Dr. John Sabatini, Walden University
Dr. Sally Stroud, MUSC
Dr. Gail Stuart, MUSC
Dr. Aileen Trainer, USC-Columbia
Ms. Susan Wigley, The Art Institute of
Charleston

Dr. Horne called the meeting to order at 1:05 p.m. and stated that the meeting was being held in compliance with the Freedom of Information Act. Dr. Horne asked all attendees to introduce themselves.

Dr Horne **moved** that Mr. Hood Temple be elected as Vice Chairman of the Committee on Academic Affairs and Licensing and the motion was **seconded** by Mr. Workman. The motion was **approved unanimously**.

1. Consideration of Minutes of April 3, 2008

Mr. Temple **moved** that the Minutes of April 3, 2008, be accepted with one correction and the motion was **seconded** by Mr. Workman. The motion was **approved unanimously** to accept the amended Minutes.

2. Consideration of New Programs Proposals

a. A.H.S., Emergency Medical Technology, Midlands Tech

Dr. Horne introduced the item and recognized Dr. Knight. It was **moved** (Workman) and **seconded** (Temple) to accept the staff's recommendation. Dr. Temple asked if Midlands Technical College had considered partnerships with private businesses to offset the cost of this expensive program. Dr. Knight stated that private businesses have expressed interest only in assisting with tuition for their employees to enroll in this program. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission the program leading to the Associate in Health Science degree with a major in Emergency Medical Technology at Midlands Technical College, to be implemented in Fall 2009, provided that no "unique cost" or other special state funding be required or requested.

b. M.Engr., Industrial Engineering, Clemson

Dr. Horne introduced the item and recognized Dr. Helms. It was **moved** (Workman) and **seconded** (Temple) to accept the staff's recommendation. Dr. Morrison asked if this program will be added to the Academic Common Market Program. Dr. Helms replied that Clemson has not considered that yet but does not have any objections to adding the program to the Academic Common Market. In response to Dr. Horne's inquiry, Dr. Helms stated that it is offered only as distance education, so that students can continue the program regardless of where they are physically located. She added that this program targets working professionals. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission the program leading to the Master of Engineering degree in Industrial Engineering with a concentration in Supply Chain and Logistics at Clemson University, to be offered through the internet and to be implemented in Spring 2009, provided that no "unique cost" or other special state funding be required or requested.

c. D.N.P., Doctor of Nursing Practice, MUSC

Dr. Horne introduced the item and recognized Dr. Stuart. It was **moved** (Workman) and **seconded** (Temple) to accept the staff's recommendation. (Please refer to the attached transcript.)

3. Consideration of Requests for Amendments to Existing License to Add New Programs

a. Art Institute of Charleston, A.A., Wine, Spirits, and Beverage Management

Dr. Horne introduced the item and recognized Ms. Burstein. It was **moved** (Workman) and **seconded** (Temple) to accept the staff's recommendation. Dr. Horne stated that the default rate for this College is 5.4% and inquired about efforts by the Art Institute of Charleston to ensure that students understand their responsibilities to repay this money. Ms. Burstein replied that each student receives an entrance and exit interview to explain all responsibilities concerning repayment. Dr. Horne asked for more information on the adjunct faculty member. Ms. Burstein replied that one full-time faculty member has one more level to complete and then will receive a grand diploma in wine, spirits, and beverages. In response to Dr. Horne's inquiry about the course titled "Ideas of Mathematics," Ms. Burstein stated that it is an upper-level math course very similar to college algebra. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission an amendment to the license of The Art Institute of Charleston to offer a program leading to the A.A. degree in Wine, Spirits, and Beverage Management for implementation in January 2009.

- b. ECPI: Greenville, Columbia, and Charleston, B.S.; Computer and Information Science; Electronics Engineering Technology; Business Administration; Healthcare Administration

Dr. Horne introduced the item and recognized Mr. Rund. It was **moved** (Temple) and **seconded** (Workman) to accept the staff's recommendation. Dr. Horne inquired about the default rate and steps the institution might be taking to prevent students from going into default with student loans. Mr. Rund stated that students are counseled and reminded of their responsibilities to repay the student loans. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission an amendment to the license of ECPI College of Technology to offer in Charleston, Columbia, and Greenville programs leading to the Bachelor of Science degree in (1) Business Administration; (2) Computer and Information Science; (3) Electronics Engineering Technology; and (4) Healthcare Administration, to be implemented when enrollments support offering the junior- and senior-level courses.

- c. **Walden University, to recruit into M.A.T., Early Childhood Education; M.A.T., Special Education**

Dr. Horne introduced the item and recognized Dr. Sabatini. It was **moved** (Workman) and **seconded** (Temple) to accept the staff's recommendation. In response to Dr. Horne's inquiry about the default rate, Dr. Sabatini stated that students are counseled at the beginning of each term and are encouraged to borrow only the money they need to cover the expenses of school. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission an amendment to the license of Walden University to allow the institution to begin recruiting South Carolina residents immediately into programs leading to the M.A.T. degree in (1) Early Childhood Education (Birth – Grade three) and (2) Special Education.

- 4. **Consideration of Requests for Amendment to Existing License of University of Phoenix to Add a Site at Greenville: B.S., Business, Criminal Justice Administration, Health Administration, Human Services, Information Technology, Management; M.B.A., Business Administration; M.H.A., Health Administration; and M.M., Management**

Dr. Horne introduced the item and recognized Ms. Borchik. It was **moved** (Workman) and **seconded** (Temple) to accept the staff's recommendation. Dr. Horne asked how students take lab courses that are offered on-line. Mr. Quintana stated that wet laboratories are not offered and courses do not have laboratory requirements. He also stated that students are able to perform laboratory-like activities in their own environment. Dr. Horne asked if the institution had

completed an analysis of program need and reviewed the *Occupational Outlook Handbook*. Dr. Horne added that these are not unique programs to the state and there are many public institutions that offer the same programs at a lesser cost. Mr. Quintana responded that the University of Phoenix had studied the demographics including age and whether students will be offered employer reimbursement and concluded that the need exists, based on the results of the study.

Dr. Horne asked if the University is aware of Greenville University Center and its offering of evening courses. Mr. Quintana added that adult evening courses are in high demand and the Columbia Campus proves this theory by enrolling over 800 students with many taking evening courses. Mr. Temple asked if the coursework can be transferred to other University of Phoenix campuses. Mr. Quintana replied that University of Phoenix is an international institution and all courses can be transferred to any campus throughout the world. Dr. Horne requested more recent figures of the default rate status. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission approval of an amendment of the license of University of Phoenix to establish a site in Greenville to offer programs leading to the B.S. degree in (1) Business, (2) Criminal Justice Administration, (3) Health Administration, (4) Human Services, (5) Information Technology, and (6) Management; and programs leading to the Master's degree in (1) Business Administration, (2) Health Administration, and (3) Management. The staff further recommends that the Committee commend to the Commission delegation to the staff of authority to license a site in Greenville when the facility is developed.

5. Consideration of Revised Guidelines for Centers of Excellence (Teacher Education) Competitive Grants Program, FY 2009-10

Dr. Horne introduced the item and recognized Ms. Burstein. It was **moved** (Workman) and **seconded** (Temple) to accept the staff's recommendation. Dr. Horne stated that she would suggest that low performing schools are given priority. Dr. Morrison stated that the program is geared towards these types of schools. Dr. Gregg suggested that priority points can be assigned to proposals that include schools that have a school rating of "Below Average" or "Unsatisfactory." Dr. Horne recommended that a column be added to show Year 6 on page 5 of the proposal. Dr. Horne added that throughout the document, the acronym PACT (Palmetto Achievement Challenge Tests) should be changed to PASS (Palmetto Assessment of State Standards). Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission approval of the attached *Guidelines for Centers of Excellence (Teacher Education)* for FY 2009-10.

6. Consideration of Revised *Guidelines for Improving Teacher Quality (ITQ) Competitive Grants Program, FY 2009-10*

Dr. Horne introduced the item and recognized Dr. Gregg. It was moved (Workman) and seconded (Temple) to accept the staff's recommendation. Dr. Gregg distributed a colored map to provide Committee Members with a clear sense of the school districts that qualify as primary partners. Dr. Gregg stated that the federal government identifies school districts where more than 20% of the students are from families with incomes below the poverty line and a large percentage of teachers who are not highly qualified would be identified as high-need Local Education Agencies (LEAs) and can partner with colleges and universities. She also added that the Commission and the South Carolina Department of Education have agreed on standards for identifying districts that meet both standards. Dr. Gregg stated that the "Highly Qualified Teacher" requirement is being met in many districts because of the hiring of international teachers. Dr. Horne asked if technical colleges can participate in this grant. Dr. Gregg responded that Technical Colleges are only allowed to be secondary partners and cannot be principle institutions. Without further discussion, the Committee voted unanimously to commend favorably to the Commission approval of the attached *Guidelines for the Improving Teacher Quality Higher Education Grant Program* for FY 2009-10.

7. Consideration of Annual Report on English Fluency Act, FY 2007-08

Dr. Horne introduced the item and recognized Dr. Morrison. It was moved (Workman) and seconded (Temple) to accept the staff's recommendation. Without any discussion, the Committee voted unanimously to commend favorably to the Commission this report for transmittal to the appropriate chairpersons of the education committees of the S.C. Senate and House of Representatives.

8. Consideration of Operating Budget for Centers of Economic Excellence, FY 2008-2009

Dr. Horne introduced the item and recognized Dr. Morrison. It was moved (Workman) and seconded (Temple) to accept the staff's recommendation. Dr. Morrison stated that the General Assembly only appropriated \$10 million and the Review Board voted to use \$12 million of the interest and some carry-forward money to award additional proposals. Dr. Horne asked if the perception of this program is negative among legislative members. Dr. Morrison stated that the perception of the program and its importance is not necessarily negative, but lottery funds are declining and the focus of how to use those funds is shifting.

She added that the first priority of lottery funds is and always has been for student scholarships. With declining funds, availability to provide funds to research is very limited. Dr. Horne asked for more detailed information on the audit. Dr. Morrison explained that the amount paid for the audit service is for a four-year span audited at one time. In the future, the fee will be greatly reduced because the audit will now be done annually. Dr. Morrison also added that the consultant fee of \$400,000 is also a one-time fee for a high powered consulting firm in Washington D.C. She added that the cost appears to be high but covers three different consultants to come to the state on few occasions and interview over 100 people involved in the program. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission the budget approved by the Centers of Economic Excellence Review Board for FY 2008-09.

9. Consideration of Nominees for Elected Positions to Deans' Committee on Medical Education

Dr. Horne introduced the item and recognized Dr. Morrison. It was **moved** (Mosteller) and **seconded** (Workman) to accept the staff's recommendations. Dr. Horne asked who nominated the two new nominees. Dr. Morrison stated that the nominations come directly from the Deans' Committee. Mr. Temple asked to whom the Deans' Committee reports. Dr. Morrison stated that the pattern has been for the Deans' Committee to nominate position candidates and for the Commission to approve these nominations. Mr. Workman inquired about the purpose of this Committee. Dr. Kelley stated that the Deans' Committee is charged legislatively with coordinating and planning programs at the two institutions. Dr. Morrison stated that in the future staff will submit a report on the work of this Committee. Without further discussion, the Committee **voted unanimously to commend favorably** to the Commission the nominations of Drs. Garr, Raymond, Youkey, Floyd-Buckhouse, and Nagarkatti for election to four-year terms of office as members of the Deans' Committee on Medical Education to run from October 2008 to October 2012.

10. Informational Report on Staff-Approved Mission Changes

Dr. Horne introduced the item and recognized Dr. Morrison. Dr. Morrison stated that the report lists those institutions that have requested mission statement changes within the last year. She added that this report is being presented for information only.

11. Informational Report on Approved and Terminated Programs, FY 2007-2008

Dr. Horne introduced the item and recognized Dr. Morrison. Dr. Morrison stated that there were two corrections to the report. She stated that Clemson University has terminated four concentrations rather than one. Dr. Morrison stated that this report is being presented for information only. Dr. Horne requested that staff submit a licensing activity report in the near future.

Adjournment

Dr. Horne thanked those in attendance for their participation and staff for their work. Hearing no further business, Dr. Horne adjourned the meeting at 2:15 p.m.

Respectfully Submitted,

De'Nitra Reese

Attachment 1

Edited Transcription of Questions and Answers about Proposed Doctor of Nursing Practice with Tracks in Adult Nurse Practitioner, Family Nurse Practitioner, and Pediatric Nurse Practitioner

Participants in Discussion

Dr. Bettie Rose Horne, Chair of Committee
Mr. Hood Temple, Member of Committee
Mr. Neal Workman, Member of Committee
Dr. Gail Stuart, Dean of Nursing at MUSC
Dr. Sally Stroud, Associate Dean of Nursing at MUSC
Dr. Doris Helms, Clemson
Dr. Aileen Trainer, University of South Carolina
Dr. Cheryl Cox, South Carolina Technical College System
Dr. Gail Morrison, Commission Staff
Dr. Lynn Kelley, Commission Staff

Horne: From the Medical University we have Dr. Gail Stuart, the Dean; Dr. Sally Stroud, the Associate Dean. Thank you for coming. We appreciate it. All right. Do I have a motion to accept for discussion the Medical University of South Carolina's request for a new program Doctor of Nursing Practice with three tracks: Adult Nurse Practitioner, Family Nurse Practitioner, and Pediatric Nurse Practitioner?

Workman: So moved.

Horne: All right.

Temple: Second.

Horne: This is online delivery, of course, as you know. Here we have a motion and a second. Are there questions for Drs. Stuart and Stroud, please?

Workman: Yes, I have a couple of questions. First, you know, [the staff paper] goes through and talks about how [a similar program] did not work well with the University of South Carolina and then you point out or it has been pointed out that there are significant differences in what was done there versus here. With an enrollment of five what makes your program different [from USC's DNP]? I see what you're saying but you're using a

forecast as to why this program is going to work. That may be just as optimistic as the one that USC used that was so far off the mark in predictions for students and graduates.

Stuart: Let me respond in two ways to that. First of all, I do not want to speak for USC, but they established their program in 1999. This degree program is one which really was not endorsed by the nursing profession until more recently—the last four or five years. So they were an earlier innovator and it really didn't take off. Now I believe they have 52 enrolled since this was endorsed by the profession. We have had just innumerable requests from students who would consider not taking the master's program for this. I think you are looking at a ten-year period in nursing where things have changed.

In addition, we started our Ph.D. program in 2002, we faced some of the same challenges about enrollment numbers, etc. [that USC faced with beginning its DNP]. We are now at capacity with 39 students in our Ph.D. program. So we believe that there is a demand out there, and we are the state's only higher education academic health sciences center. I think this proposed program also reflects where Nursing has moved in the last decade.

Workman: Specifically, having a doctorate in Nursing versus a master's degree---how do you distinguish what that difference is? I can see what is written here but elaborate.

Stuart: In many ways the DNP is the equivalent of an M.D. It's the terminal professional degree, and a masters is not a terminal degree. So, you have a scope of practice issue but the additional coursework in the DNP really involves financial aspects of the healthcare system. It involves translating research into practice and case management. These are the kinds of skills that I think our healthcare system needs now. It will be the terminal professional degree, and so nurses would either have a DNP or a Ph.D. much as a physician could have a M.D. and a Ph.D.

Temple: I have a couple of questions. One of the things is obviously that on first read I think this gives us all some concerns because of the failure or the perceived failure of the USC-Columbia program [i.e., the difference between what they said they'd produce as graduates and what they have produced as graduates]. My first question is--as I look at your estimated program cost and revenue--what number of students are you all using to show that your financial projections are likely to be a success? The reason I ask that is if you fall short of those projected numbers of students, how will the numbers be different? What are the assumptions for your one, two, three, four, five years? How many students do you have to have before you can break even and make it a success?

Stuart: We are thinking that we will have a cohort similar to the numbers we have now for the master's program, and we actually have the largest cohort of students working to become master's-prepared in the state. We are expecting that we will hold to that same total number of students, but they will become a mix of master's-level and doctoral (DNP) students—and, of course, we'll have some who will drop out. So we are seeing that number as being a constant [in the first year]. We believe we have that market.

Temple: Okay.

Stuart: Again, I think to explain the situation of the DNP at USC-Columbia a little bit. We have to understand that they also lost their Dean during that time period and also had some other transition issues that I am sure played into [the discrepancy between projected and actual enrollments and graduations.]

Temple: Well, we certainly don't hold that against you. I guess practically speaking, you do such a great job but we are talking about the need and where it is. Could you in this DNP program have the ability to have courses transfer into, say, a nurse anesthetist [program] or something like that? Does it benefit people going into other areas or is this doctoral program in nursing just something very specialized?

Stuart: There are three clinical tracks, so it is not for nursing anesthetists, in fact, that area—i.e., nurse anesthetist—is not in our College of Nursing. It is in the College of Health Professions. Really the three areas for which we have the greatest demand from students are Family Nurse Practitioner, Adult Nurse Practitioner, and Pediatric Nurse Practitioner. Those are our largest tracks and there is a market demand for those folks. So the DNP which we are proposing doesn't really tackle all the other specialties.

Temple: Is the end result of the salary increases for students taking the DNP going to justify the additional cost of the education [beyond the master's program] to get there or is there [a cap to the salaries for these advanced practice nurses]? If you are talking about pediatrics, those guys are the lowest in terms of salary to start off with. So then you have to wonder what the benefit to these folks is going to be in completing the DNP—a year or more in addition to the current MSN. On the other hand, there are a lot of MSN-prepared nurses who are probably making close to what the doctors are making right now. So, for two reasons—those in specialties that don't pay that much and those in specialties that are paying a lot already—what would be the incentive of the DNP over the existing MSN?

Stuart: It's one extra year of schooling over and above the traditional master's, and it's hard to know what's going to happen with the economics of healthcare, especially with the election coming up. But, clearly, nurses in practice make a very good salary--better than the nurse faculty instructors who are teaching them. So, will it add tens of thousands of dollars to their salaries? At this point in time, we don't know, but we do know there are good clinical salaries for nurses with advanced practice degrees.

Temple: How is this proposed degree being received in healthcare circles? There were some comments made early in this discussion which I tend to agree with. How is this being received by the MD community in terms of doctoral level? Likewise, is there a push at some point if a DNP program is successful for these nurses to be able to write prescriptions and things of that nature? Is that going to be part of it as well?

Stuart: Right now, a master's prepared nurse practitioner can write prescriptions and so these nurses will do this as well. In South Carolina the physicians are very supportive of advanced practice nurses. They hire nurse practitioners into their practice for rural areas of the state. We really need those advanced practice nurses prepared in South Carolina. In other states maybe there is a little bit more competition between advanced practice nurses and physicians, but basically the AMA has endorsed it. There is a group of nurses and physicians working together to develop a potential certification exam for the DNP. They are working on that. But in our region, these nurses are clearly in demand to work in our community.

Temple: Do you foresee a time when an advanced practice DNP nurse could open up a practice in a rural area without being under the supervision of a medical doctor, do evaluation, treatment and prescription of medicine?

Stroud: A physician and a nurse practitioner together? Or just the DNP?

Temple: Just the DNP.

Stroud: Currently not. No. The advanced practice nurse—whether it be one who is master's-prepared or doctorally-prepared--has to work in collaboration and have supervision from a physician.

Workman: Is there any chance that this new degree might create a question in the mind of the consumer? In other words, "Doctor, doctor which doctor." Do you know what I'm saying?

Stroud: I know what you're saying, but I believe the nurse practitioner groups have said that we will always say to patients, "I am Sally Stroud, Advanced Practice Nurse. I have a doctorate in nursing. I am not a medical doctor." We would not present ourselves as a medical doctor. We are a doctor of nursing practice.

Stuart: Any more than a pharmacist or a psychologist is a physician.

Temple: I was going to make that comment because Pharm D's are called Doctors.

Stuart: Psychologists are as well. Now there is even a doctor of physical therapy, so there are a lot of doctorally-prepared healthcare providers of different backgrounds out there in the field. You have to be very clear to consumers that they have to ask for and want to have a nurse practitioner take care of them if that is what they want. A lot of them feel they are grateful for the quality of that care.

Horne: I think it is probably naive on our part to think, though, that the general public is interested in and knowledgeable about all of the differences between Ed.D., Ph.D. M.D., DNP, and that kind of thing. I don't think we should wear badges that say, "Not a real doctor." I just think there is a lot of confusion. We have a lot of questions here because this DNP proposal is an extremely expensive program and we are trying to be fair and get all of these questions answered. We appreciate your patience. One of my questions is based upon the proposal's statements that the new program will require a total of 19 new courses, but, of course, 66 courses previously offered under the MSN are being eliminated. So, I really thought you would show some decrease in faculty, but I see, on the one hand, no new faculty, except a graduate assistant necessary to initiate the program, but within the next four years here, the program will need two more faculty. I thought we would see that with those 66 courses disappearing, we would get to see we are actually saving some faculty salaries.

Stuart: Let me explain that. Right now, with the 66 courses it is a very inefficient system. We have small numbers, very small numbers, being taught in many of these classes--almost what I consider tutoring, they are so small. By consolidating the courses, we are not reducing our overall number of students. They still need to be taught, and they will need to be taught in larger groups that are broken down. But if you look at the student numbers, you can see that our student:faculty ratio stays the same because we're not reducing students. We're just reducing our inefficiencies which we feel very good about.

Horne: I am glad to hear that. Was there consultation with the University of South Carolina? Do they have any thoughts on the program proposal?

Stuart: Yes, we work closely with them and with our colleagues in Clemson. This state needs us to work collaboratively together. If we can ever share resources, we're always looking for those opportunities. And, in fact, we have a program going right now with those two campuses regarding simulation. We're working more closely together. We believe that's the way we need training for nurses to do things in the future.

Horne: Are we going to see Clemson wanting one [a DNP] of its own? Of course, Dr. Stuart, you can't speak for Clemson, but you can understand how that has to be a question that arises in our mind. That if you're having this collaboration with Clemson . .

Workman: If your program is to be offered on-line where it can be accessed by anyone and everyone, why have it in several institutional places?

Stuart: We see the on-line [feature] as being a very valuable piece of this. We have nurses all around the state who aren't going to leave their communities or their jobs to relocate for education, so this allows them to stay working where we need them to grow as with their families. And we've been very successful with our on-line program.

Temple: So apparently if it is on-line, the same things we talked about earlier with the wet lab and all that clinical part? All the clinical supervision and laboratories are done by the time the students have risen to the master's level. . . so the doctoral level degree programs are administrative solely?

Stuart: No, this would involve clinical courses as well. There would be some clinical. The majority of their clinicals are in their home environment, but there will be a period of time when they must come to Charleston for intense clinical skills as well.

Temple: So it's not a 100% on-line program after all?

Stuart: The coursework is 100% on-line, but in order to assess clinical skills they will have to come on campus for a short period of time for us to complete those assessments.

Horne: And so by mentioning the local hospitals, clinics and what not--will you require an agreement with all of those around the state as well? How will that be handled?

Stroud: We currently do have---I think--over 300 agreements around the state. For every agency that is willing to have our master's students on-site to provide patient services, we have to have an agency contract.

Horne: So this will automatically roll in as one more program?

Stuart: Right and the agencies are happy to have those contracts. They like having students who learn the latest. It is good for a hospital's staff to have students like that on board working with you. So, nothing will change in that regard.

Horne: Do you have to follow the same set of proscriptions that the site can accommodate no more than X number of students per each clinical supervisor?

Stuart: Right.

Horne: You come well within those guidelines?

Stuart: Yes, absolutely.

Horne: Let us move to questions about duplication. It appears that much of the proposed MUSC DNP is really duplication of the Tennessee program which is in fact on-line also, correct?

Stuart: Let me point out the distinguishing features of the programs. First of all, the University of Tennessee program is only a post-master's program whereas ours will be post-baccalaureate as well as post-master's. So theirs is just for folks who already have their master's and it only duplicates our program in one track--family nurse practitioner. Not pediatric, not adult. But at MUSC half of our accelerated students go right on for a graduate degree and become leaders in the state. They want a post-baccalaureate program in order to continue their advancement immediately after receiving their BSN. So what Memphis represents or Tennessee represents is just one small little piece of the pie, and that in no way would meet the needs of the students in this state or the registered nurses in the state.

Horne: Then I am reminded of in the write-up that notes there are 140 such programs throughout the country now planned for immediate implementation. Given that fact and given the fact that we cannot enroll students or get graduates at the levels they projected in USC's program which is near Charleston, I think I am not yet convinced that the need seems to be overwhelming. I asked Dr. Morrison to pull some information and to tell us a little bit about these programs, which are so expensive. In fact, this will be the fifth nursing doctoral program requested and approved for our research institutions since 1994. That's just a lot--just a lot of programs for a state as small as South Carolina, particularly given that the one at Carolina is [historically] underperforming. And, if you go back to 1986, that's the sixth nursing doctoral program that will have been approved in South

Carolina. Then I have some fears that Clemson's name may be raised. I don't know about the rest of you but that makes me really nervous.

Stuart: If I may just address the issue: MUSC is the only academic health science center in this state. We attract the core of students who want to be exposed to the latest clinical and academic research. We are the largest producer of graduate students for any program in this state. These students are hearing what's being said nationally that they need the terminal degree--which is the DNP. My fear is that if we do not offer this program, these students will go out of state and we will see a reduction in our enrollment which will put us in financial jeopardy, quite honestly. So, we are wanting to give to the students and nurses in this state something in-state so they don't leave in order to fulfill their educational expectations.

Temple: Do you believe that five years is the amount of time necessary to see whether it's a success or not?

Stuart: You can see in the first two years we obviously will be enrolling [i.e., not yet graduating students]. So, in five years we will have our first graduates, but I will have to say our Ph.D. program is the most successful one in the state. Our graduation rate is 95%. I truly believe that we can deliver.

Horne: Anticipating that answer I also asked Dr. Kelley to do a little research on the difference in these various degrees because some of them seem to overlap into other ones, even though they might be slightly different. He says nursing personnel historically have made distinction between the Ph.D. as the research degree and the DNP as the practice degree, but now we're hearing that the DNP-prepared faculty members will be eligible for tenure and will do "patient-based" research (or "evidence-based" research as opposed to double-blind studies and bench research as do the Ph.D. students. So would you respond to that?

Stuart: Yes, I appreciate that. The Ph.D. is a researcher. They have a research-intended program of study. The DNP is a clinical program. They are to apply research. They are not intended to be independent researchers. They can take someone's research and the findings that they have to apply in practice, but it is not a research degree.

Kelley: But we do hear things about DNPs doing "evidence-based research."

Stuart: Evidence-based practice, yes.

Kelley: But they will do research work themselves?

Stuart: Yes, they will identify a question, a problem that the patient has. Other researchers will have worked with this question in answering that problem or that question, then transfer it into practice. So that's right. That's what we need in the healthcare system, more evidence-based practice and evidence-based care.

Horne: But if the ultimate goal we are trying to meet is to prepare more teachers for the comprehensive universities and the technical colleges that are producing the nurses, why do we want to give another doctorate if we are just trying to produce more Registered Nurses?

Stuart: What we are trying to prepare are more nurses to practice. That's the importance and reason for this practice degree. Will some of them [i.e., DNPs] teach? Yes. But it is not a teaching degree. If they want to do that, then they can get a master's in nursing education. These [DNP's] are the nurses who hopefully will populate South Carolina in these small communities that can't attract physicians. Patients want the confidence to know that they are trained to be the best they can be.

Workman: I thought you said they could not go to a community and open up.

Stuart: They would have to have a collaborative relationship with a physician

Workman: With an MD.

Stuart: Yes, and that's a benefit as well. I think we want to see team work and partnership. I mean we don't want people solo practicing. So, yes, they will form collaborative relationships and have supervision, but they will also be able to provide healthcare in pockets in this state where we can't really attract and retain [enough doctors].

Kelley: Dr. Stuart, I think part of the confusion is that the proposal states that there are two purposes for the DNP degree program, one of which is to turn out graduates who will be faculty at baccalaureate and above institutions.

Stuart: And with this degree, of course, folks could elect to teach. That is an option for them and we do need teachers. Institutions can hire either Ph.D. or DNP prepared nurses or master's prepared nurses. Obviously in a university setting, I look for more Ph.D.'s. A technical college might look for more masters. So there's a career opportunity for them in various settings. But this is a clinical degree as opposed to a research degree.

Horne: God forbid that in my next transformation I become the CEO of a hospital, but answer this question for me. I am trying to look at the bottom line, and I'm looking for RN's and the most inexpensive RN's that I can attract are clinically strong technical college graduates. Why do I want to hire your DNP as a practicing nurse since you're saying the intended outcome of the DNP program is to produce more of them for the practice setting? Why on earth would I be interested in paying for one of those when I get two clinically sound technical college grads?

Stuart: I'll answer that by [citing] the Institute of Medicine report that says that 94,000 patient deaths are preventable in the hospital due to staffing errors and mistakes. This nurse is the one who can look at a program, look at errors, look at a unit, and analyze patterns of care. There's more than just the person at the bedside. We have a *system* of care and hospitals that are seriously dysfunctional. 94,000 deaths per year among the population of hospital patients represent more than homicides and suicides combined in this country. Those are people who come into the hospital not with a terminal illness. Something bad happens to them while they're in the hospital. You need someone who is watching that, monitoring that, taking the evidence and translating it into a way to prevent those deaths and that is what this nurse is prepared to do. The two- year nurse is simply not prepared to do this. We don't turn out the same kind of nurse. We educate different products from what a two-year nursing program turns out.

Temple: I was just going to say the converse of asking the question would be the fact that it's cheaper to hire a nurse anesthetist than to hire an anesthesiologist. It may be cheaper to hire five nurse anesthetists than one anesthesiologist. Maybe one argument for this program is to have a very well educated person as a DNP supervising a whole floor of nurses.

Stuart: Right. We need to look at our system of care because hospitals are in serious trouble. And that's where we've identified what we need to really change- the way in which we deliver health care, particularly in hospitals.

Horne: Dori, do you want to jump in [to this conversation]? At Clemson, do you want one of these programs?

Helms: No. But I do have a few points. One, we send a lot of our students to the hospital where there is clinical work and clinical nursing and the DNPs who are there not only oversee the nurses in the hospital but also have a lot to do with making sure that the students we send there for their clinical work are overseen by somebody who has the qualifications to teach and oversee them in the clinical setting. The other thing I would

say is that right now we have six vacancies in our nursing department, and we are really having difficulty finding Ph.D. prepared nurses because we are not going to hire master's degree-prepared nurses because they count against us in our ratings.

Cox: We'll take all the MSNs you find, and the ones you don't hire, we'll take them.

Kelley: Dr. Helms, when you say that hiring masters-prepared faculty "count against you" at Clemson, you don't mean this by SACS, do you?

Helms: Not for SACS, but they don't help us reach our goal [of being a top 20 research institution]. They are not research faculty. They are not doctorally prepared so they don't have to do research.

Kelley: You mean that they count against you for the *US News and World Report* ratings?

Horne: Have you been to visit USC, Dori, to let them know you're clamoring for some staff and they are not stepping up and producing? They have an undersubscribed program.

Trainer: I resent the language about the program. It is not a failing program; we bombarded it with way too many credit hours [in the beginning. Then,] we had a change in leadership and over the past ten years we have made modifications. . . but the [current] enrollment number, 52, that's significant. We're getting inquiries from out-of-state nurses with the Academic Common market with the on-line component of it. So, there is significant demand. If we can compare these people with DNPs and be satisfied that they can function as our clinical faculty, we can transition some of the Ph.D. faculty into the research slots. It is a balancing act but our program is not in disarray.

Kelley: The staff report does not indicate that the program is in disarray. The staff paper simply says that it has never turned out the minimum number of graduates the University said it would. That's all it says.

Trainer: I can't argue the sense of that. But I think based on the changes in the program, when you look at the fact that we are enrolling more and more students we consider it a healthy program that meets productivity. So I had to speak on our behalf.

Stuart: May I also interject there are over 32,000 nurses in South Carolina? We just heard that the DNP is at capacity at USC with 52 enrollees and there is such a need for nurses in this state. We don't even prepare enough—over 40% of nurses who work in

South Carolina come from out-of-state. We need to provide ongoing education for nurses in this state. Now there are 32,000. If USC has 50 and let's say we have 50, that's 100 in these programs out of 32,000. I think we have to look at the pool that we are trying to address.

Horne: We don't disagree on that. We're just trying to get at the most efficient way to make sure that the numbers are coming out in ways that make sense to the taxpayers. We have to answer for those folks as well who don't have a voice in this discussion.

Helms: The purpose of USC and MUSC doing this degree is that they both have medical schools. The only way we would ever offer this degree is if it were ever to be required as part of the license to practice. If it ever got to the point where you could not be a nurse practitioner without the DNP or Ph.D.--in other words, if the master's degree no longer works to become an Advanced Practice Nurse---that's the only way we would ever come back and say, "Wait a minute. We're going to have graduates that might not have a job." But we have not discussed this at all at Clemson or among the three research institutions. The level of our collaboration among the nursing group is to say, "You do this, you do that, and we do genetics and then we are not duplicating."

Stuart: Might I also add that there is a shortage of nursing faculty in this state and at the technical colleges. We love our master's prepared but we need doctoral prepared nurses to teach and when we go back to our accreditation group, we have to say that we are not producing them.

Horne: I would agree with that. The problem that I see is that-and perhaps this is an endorsement of the Study Committee's position that we need a strategic plan- it is like we are all in the ball park of saying, "Okay, well now clinical needs this" and they come forward and then you can see that it is easy to assume on the part of those who feel that they've been disenfranchised that this big school gets this piece; and the next one comes forward and gets a piece--and it just goes on. Then nursing educators go before the legislature and do the end run [to get special funding]. And so it does seem like we are in disarray sometimes in trying to make sense of how this is fitting into an overall plan. In actuality, it really isn't fitting; and that lends itself to a lot of [questioning].

Morrison: One of the frustrations is that over the last twenty years the country has invested millions and millions of dollars in establishing doctoral programs (Ph.D.) in nursing- over a hundred and however many there are.

Kelley: Over 106.

Morrison: And so we have all these programs that have not solved the problem of creating sufficient numbers of practitioners or faculty. There are many, many, very small programs all over the country, so building a program is not always the answer. We have tons of programs [nationally] and we all know that you recruit your faculty and Dr. Helms recruits her program faculty nationally, not just in South Carolina. So you have access to all of the graduates of all these hundred-plus programs. What is it about the profession that is making this [producing Ph.D. graduates] such a difficult task? Are people enrolling and then stopping out because of their ability to earn such a good living without a doctoral degree to which you alluded earlier and they are stopping out at the master's degree?

Stuart: I can answer that honestly. The Ph.D. is a research degree. There are five statistics and research methodologies courses. Honestly, that is not what most nurses want. So it is a very small subset of nurses who want to do research and go through the Ph.D. route. The majority of nurses are practicing clinical nurses and that's what this degree addresses. So, if I had a program that had a very small number--and we've seen that in the programs that we closed when there is no longer marketing-- I think that it is only sensible [to close them]. But the Ph.D. is not what the majority of nurses seek in higher education, and it is not where the majority of nurses will ever work. The number of Nurse Researchers will always be small--important but small. With 39 in our Ph.D. program, we are delighted to be producing them, and I do hire the best and brightest to stay on as faculty. But the largest group of nurses are the clinical nurses—that is, the nurses who are really given to patient care, not doing research. It is simply a fact that most nurses don't want a Ph.D.

Horne: Dr. Cheryl Cox, you had a question?

Cox: It was [to address the question of why you as a CEO in a hospital would hire two technical college graduates of associate degree nursing programs at a lower cost campuses to one Advanced Practice Nurse.] Part of that answer is scope of work. The people who graduate within a nurse practitioner program do a very different job than an entry-level RN, whether they have a two- or four-year degree. So that there is a difference. They are apples and oranges; you don't hire the Ph.D. or the nurse practitioner to do the job of an entry-level nurse.

Cox: We do hire frequently in-state whenever we can. So we do need a local supply. Many of the people we hire are career changers, not that they've moved [from another career to become] nurses, but [they have] moved to teach nursing from practice. Many of

those times we have to grow our own from bachelor's on up, and an on-line program will be very beneficial to them. Now, whether that's a master's or a Ph.D., I am not in the profession, so I can't address that question. But the fact that [this proposed DNP program] is an on-line program is very attractive.