

**New Program Proposal  
Doctor of Nursing Practice  
Tracks in Adult Nurse Practitioner, Family Nurse Practitioner, and Pediatric  
Nurse Practitioner  
Medical University of South Carolina  
On-Line Delivery**

**Summary**

The Medical University of South Carolina requests approval to offer a program leading to the Doctor of Nursing Practice (DNP) degree with three clinical tracks (Adult, Family, and Pediatric Nurse Practitioner), to be implemented in Fall 2009.

As required by the policy on new program approval for doctoral-level programs, this proposal was reviewed by an external evaluator prior to submission. The MUSC Board of Trustees approved the proposal on April 11, 2008. It was submitted to the Commission on May 13, 2008, and reviewed by the Advisory Committee on Academic Programs without substantive comment on July 17, 2008. Because of a number of changes which had occurred since the submission of the original proposal, a revised proposal was submitted to the Commission on July 21, 2008. The original proposal (May 13, 2008) had contained five tracks in the proposed program, but two of these five tracks—Nurse Administrator and Nurse Educator—were removed from the revised proposal because they were not clinically-based. This staff analysis is based on the revised proposal and subsequent correspondence with the institution.

At the meeting of the Advisory Committee on Academic Programs on July 17, in keeping with the perceived needs of the nursing profession to create more doctorally-prepared faculty to address the nursing shortage, institutional representatives expressed enthusiastic support for this new program. The program will be offered to students full-time as either a three-year, post-baccalaureate model or as a one-year, post-masters model. Students may also take the post-master's model on a part-time basis. The proposal states that the proposed program is a "clinically-focused doctoral program in nursing that will award the Master of Science in Nursing degree and the terminal degree of Doctor of Nursing Practice (DNP)" (underline included in proposal).

The program will be offered only on-line. However, students enrolled in the program will be required to demonstrate clinical competencies in psychomotor and psychosocial skills through performance-based assessments which "will be

conducted in our simulation laboratory or one located near the student's residence," since the institution has found this practice improves student pass-rates on national certification examinations required in order to gain designation as an Advanced Practice Nurse in the state.

The proposal states that employment opportunities for graduates of the DNP will be excellent. Since current Advanced Practice Nurses (prepared at the masters level) are employed at exceptionally high levels, it must be assumed that such employment opportunities for DNP graduates will be at least equal to MSN-prepared nurses who have passed their certification examinations as Advanced Practice Nurses. The proposal states that it is not possible to get accurate data from hospitals about their future needs for DNPs owing to the dynamic situation of employment in the healthcare industry. Thus, no data on hospital demand for graduates is provided.

The purpose of the program is two-fold: 1) to provide sufficient breadth and depth of preparation for advanced practice nursing, which the narrative states is inadequate in the current MSN program; and 2) to produce significant numbers of doctorally-prepared nurse faculty members for baccalaureate and above programs who are "primarily responsible" for curriculum, consistent with a March 2008 policy of the American Association of Colleges of Nursing (AACN) that by 2015 all such faculty be doctorally-prepared.

The revised proposal 1) limits clinical tracks in the new DNP to three; 2)states that the Nurse Administrator and Nurse Educator tracks will lead only to the MSN, but that graduates of one of these tracks may continue to a doctorate in the Ph.D. program, but not in the DNP program; 3) requires that all coursework within the MSN will be offered at the doctoral level; and 4) clarified several other points. The revised proposal also makes clear that any student in one of the three clinical tracks within the DNP will be able to "stop out" and receive the MSN, albeit only after taking more semester hours than is currently the case to earn the MSN. According to institutional officials, these added credit hours enhance the psych-mental health and geriatric portions of the curriculum for today's health needs.

The proposal states that the institution will award both the MSN and the DNP to all students who complete the DNP. Finally, the revised proposal states that students in the clinical tracks will also be able to take a "minor" in education. This minor will consist of a total of nine semester hours of coursework (in addition to the coursework required in the student's chosen DNP clinical track) for the purpose of providing students interested in teaching nursing with skills in curriculum, instructional methods, and evaluation.

Depending upon the clinical track of study which a student selects, the curriculum will consist of 69 (Adult Nurse Practitioner), 72 (Family Nurse Practitioner) or 78 (Pediatric Nurse Practitioner) credits for those entering the program at the post-baccalaureate level (i.e., without any graduate degree in Nursing at the master's level). For those entering the DNP who have already completed a master's degree in Nursing, the program will require a minimum of 42 additional credit hours, according to the chart on page 8 of the revised proposal. Thus, a student completing the entire degree path post-baccalaureate at MUSC will be advantaged by having to take a reduced number of semester hours.

A total of 19 new courses, according to the revised proposal, will be added to the Medical University's catalogue to initiate this "practice" doctorate degree program. At the same time, a total of 66 courses which have been offered under the MSN degree will be eliminated. This paring down will result both from the elimination of three tracks previously offered in the MSN and from the sharing of many core courses by the remaining tracks to be offered in the DNP. One of the tracks eliminated will be Gerontological Nurse Practitioner which the institution argues is no longer necessary because of its low productivity and because the redesigned core at the DNP level will essentially incorporate gerontology.

If approved, this program at MUSC will become the second DNP program in the state. The other program, located at USC-Columbia, was approved in 1999. At that time, USC-Columbia administrators estimated that between 10-20 students per year would graduate with DNP degrees after Spring 2002. Until 2007-2008 (when it graduated seven students) the program had graduated a total of four students since its inception. The USC-Columbia DNP program has never reached the minimum annual number of graduates that USC estimated in its program proposal. A total of 52 students were registered in the USC-Columbia DNP in the Fall 2007, but in the past many students who enrolled as DNP students have terminated studies at the MSN level.

According to the MUSC proposal, a comparison of the DNP at USC-Columbia with the proposed MUSC program is invalid, since the USC-Columbia program is provided through blended delivery (a mix of on-site and interactive off-site delivery) rather than on-line; advertises that it has 16 different concentrations (including several non-clinical concentrations), and is focused on "leadership." However, research shows that both the USC and MUSC programs are DNP programs by nomenclature, both contain all three of the clinical specializations to be part of the MUSC program, both promote the concept of "nursing leadership," and both lead to certification of Advanced Practice Nurses once graduates pass the respective national certification examination. As such, this program will constitute duplication within the state, although the program modality (i.e., on-line vs. "blended") is different.

An on-line DNP with a track in Family Nurse Practitioner is also offered through the University of Tennessee Health Science Center campus at Memphis (UTHSC-Memphis), but the proposal states that implementation of the new DNP at MUSC will not constitute unnecessary duplication of programs in the Southern region by pointing out that the program at UTHSC-Memphis is a post-master's program and offers only the Family Nurse Practitioner track. Yet, the MUSC program has a post-master's track available. Historically, the Family Nurse Practitioner track has been the most highly enrolled and market-accepted of all nurse practitioner offerings. Thus, by name, by delivery method and function, the MUSC degree will also be duplicative of the on-line UTHSC-Memphis program in the Southern region.

A second partial revision to the MUSC proposal (received August 12, 2008) projects the DNP students and graduates during the first five years of implementation as follows: DNP students will account for a total of 31 (35.6 FTE) in the first year, rising to 61 (74.7 FTE) in the second, 94 (104.3 FTE) in the third, 118 (128.2 FTE) in the fourth, and 142 (142.1) in the fifth year. The number of graduates in the program will be zero in the first and second years; rising to 11 in each of the third and fourth years; and then rising to 31 in the fifth year. These numbers mirror the kind of optimistic (but never yet realized) projections presented in the 1999 proposal for the DNP at USC-Columbia. If these estimated numbers of enrolled students and graduates are met, the program will exceed the statewide productivity standards for doctoral programs by the fifth year of the program's implementation.

No new faculty, staff, and graduate assistants will be necessary to initiate the program in its first year, according to the proposal. In the next four years, however, a total of two new faculty (.3 FTE) will be necessary to add to the faculty. No net increase of staff members will be added the first five years of the program.

The program will be accredited by the Commission on Collegiate Nursing Education (CCNE), one of two national nursing accreditation bodies recognized by the Commission on Higher Education and the USDOE. The program proposal for the DNP at MUSC notes that the CCNE is "likely" to require preparation of all "advanced practice nurses" at the doctoral level by 2015. However, attendees from South Carolina at the June 26-27, 2008 National Summit on Nursing Education Capacity in Washington, DC, have reported that a CCNE spokesperson who spoke at that meeting did not confirm any commitment by the CCNE to change accreditation standards to require the DNP to be the entry-level professional practice degree for clinical Advanced Practice Nursing.

Neither the proposal nor other information suggests an imminent crisis related to accreditation or need for the program will result if the DNP proposal at MUSC were not implemented. For example, 1)MSN graduates through 2015 will be grandfathered into advanced practice for their entire careers; 2) the other national accrediting body for nursing does accredit doctoral programs; 3) the DNP is so novel that the American Nurses Credentialing Center (ANCC) has not even developed a separate credentialing examination for its graduates; 4) the DNP at USC-Columbia has a record of low productivity and another program in the region is available electronically; 5)market demand figures are not supplied in the proposal; 6) other states, including North Carolina, are continuing to initiate MSN clinical track programs; and 5) the proposal acknowledges that 140 competing programs of the DNP in the near future are being developed throughout the country.

According to the proposal, facilities and library needs are adequate to initiate the DNP in its first year. New costs for the program are estimated to begin at \$22,000 in year one and include supplies/materials, equipment, and a consultant. Estimated new costs decrease in the second and third years of the program's implementation to \$15,000 in each of those years; costs then increase to \$40,000 in the fourth and \$53,400 in the fifth year. Total new costs for the first five years of the program's implementation are listed in the proposal at \$145,000. These include faculty salaries, supplies/materials, library resources, equipment, consultant, and outcomes evaluations.

The institution also estimates revenues for the first five years at \$545,406, of which \$508,406 are shown in Table 9 of the proposal to be coming from "other" legislative appropriations which the institution defines as existing, internal funds transfers to the DNP program. Likewise, because the institutionally provided Table 9 shows no revenue coming from new students' tuition, staff has used the tuition figures from the CHE analysis, based upon the semester hours of coursework the institution has estimated.

Shown below are the estimated Mission Resource Requirement (MRR) costs to the State and new costs not funded by the MRR associated with the implementation of the proposed program for its first five years. Also shown are the estimated revenues projected under the MRR and the Resource Allocation Plan as well as student tuition.

**Estimated Program Costs and Revenue**

	Estimated Program Costs		Estimated Program Revenue				(G) Total Revenue - Total Costs (F-(A+B))
	(A) MRR Cost	(B) Other Costs*	(C) Actual State Funding	(D) Tuition	(E) Additional Revenue	(F) Total Revenue (C+D+E)	
<b>Year 1</b>	\$548,838	\$0	N/A	\$715,646	\$0	\$715,646	\$166,807
<b>Year 2</b>	\$1,150,763	\$0	\$170,738	\$1,498,558	\$0	\$1,669,296	\$518,533
<b>Year 3</b>	\$1,607,985	\$0	\$358,000	\$2,097,481	\$0	\$2,455,481	\$847,495
<b>Year 4</b>	\$1,975,305	\$0	\$500,947	\$2,575,412	\$0	\$3,076,359	\$1,101,054
<b>Year 5</b>	\$2,190,216	\$0	\$615,194	\$2,855,297	\$0	\$3,470,491	\$1,280,274

\*Includes costs of an extraordinary nature not otherwise included in the MRR cost calculation (e.g., costs for a new building required to support a program).

These data demonstrate that if the Medical University can meet the projected student enrollments and contain costs as they are shown in the proposal, the program will be able to cover new costs with revenues it generates in the first year of implementation and every year thereafter.

In spite of the duplication described above, MUSC insists that it is vitally important for its institutional mission and student acceptance to offer this program. The program could, therefore, be approved on condition that in five years time the productivity of the program be reviewed and, at that point, the program be discontinued unless it absolutely meets the state's productivity requirements.

**Recommendation**

The staff recommends that the Committee on Academic Affairs and Licensing commend favorably to the Commission the program leading to the Doctor of Nursing Practice (DNP) degree with concentrations in Family Nurse Practitioner, Adult Nurse Practitioner, and Pediatric Nurse Practitioner at the Medical University of South Carolina, to be implemented in Fall 2009, provided that the program be reviewed for productivity and be terminated in Fall 2014, if it

has failed to meet program productivity requirements, and provided further that no “unique cost” or other special state funding be required or requested.