

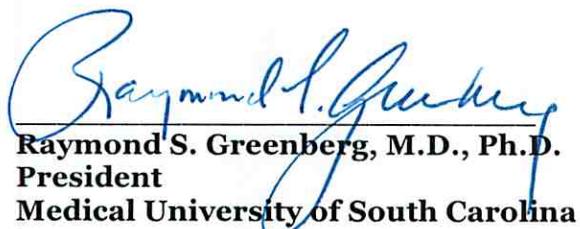
**Medical University of South Carolina
College of Health Professions
Department of Health Professions**

Proposed New Program:

Doctor of Nurse Anesthesia Practice (DNAP)

Post-Master's, Completion

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Date

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Program Planning Summary: Doctor of Nurse Anesthesia Practice (DNAP)

Program title:	Doctor of Nurse Anesthesia Practice
Concentrations, options, tracks:	Post-Master's
Designation, type, level of degree:	Clinical doctoral degree
Proposed date of implementation:	Summer 2015
Qualifies for Palmetto Fellows or Life Scholarship awards:	No
Delivery mode:	Blended instruction, traditional and distance

JUSTIFICATION OF NEED FOR THE PROPOSED PROGRAM

The accrediting organization for nurse anesthesia programs, the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs, has mandated that "all students accepted into an accredited program on January 1st, 2022, thereafter will be required to graduate with doctoral degrees" ¹ Therefore, all nurse anesthesia programs must have already developed curricula and achieved accreditation of their doctoral programs prior to this date.

Precisely when each of the 114 nurse anesthesia programs will transition to a doctoral degree is unknown. As of November 2012, there are sixteen nurse anesthesia programs that have been accredited for the entry into practice at the doctoral level. The COA has accredited eleven nurse anesthesia programs to offer the post-master's completion doctoral degree. Additional post-master's completion doctoral degrees exist within colleges of nursing, however, these programs are not nurse anesthesia focused and are not required to be accredited by or reported on by the COA. Because the proposed DNAP program will not be housed in a college of nursing, accreditation by the COA will be required.

The primary reason for this transition as dictated by COA is to improve the quality of care delivered by nurse anesthetists in a variety of current and emerging healthcare delivery systems and to develop and strengthen the leadership skills necessary for innovative clinical practice. In 2010, the Institute of Medicine (IOM) released its report on the Future of Nursing. ² The IOM recognized the need to educate nurses and advanced practice nurses to a higher level to meet today's healthcare challenges. According to the IOM, as the clinical needs of our patient population and the clinical environment itself become more complex, Certified Registered Nurse Anesthetists (CRNAs) will need to attain higher-level competencies to provide a foundation for care across all practice settings and for all populations. These competencies will include increased development of clinical care as well as in evidence-based practice, informatics, health policy and leadership. Furthermore, the IOM recommends "doubling the number of nurses with a doctorate by 2020."

CRNAs will be able to meet the ongoing and future challenges in healthcare in South Carolina by obtaining clinical doctorate degrees that focus on managing patients based on clinical evidence; by becoming partners in improving healthcare through leadership and financial management; and by improving the flow of patient information through education in healthcare informatics. The addition of a post-master's DNAP degree program will allow existing CRNAs to complete their doctorates and remain competitive for future practice opportunities and leadership positions.

In preparation for establishing an entry-level post-baccalaureate DNAP at MUSC, a post-Master's DNAP degree completion program would be implemented first. Currently, out of the eight primary faculty in the nurse anesthesia programs in South Carolina, only two have

¹ Council on Accreditation of Nurse Anesthesia Programs. (2012) Policies and Procedures Manual.

² Institute of Medicine. (2011) Report on the Future of Nursing: Leading Change, Advancing Health. Washington DC: The National Academies Press

doctoral degrees and are therefore eligible to direct doctoral level courses. In addition to the primary goal of increasing clinical knowledge and healthcare leadership, the implementation of a post-Master's DNAP will create critically needed doctoral faculty.

Without a DNAP degree program in South Carolina, candidates for both the entry-level and post-Master's completion DNAP may choose to leave the state and apply to out-of-state doctoral programs. This would result in a potential loss of qualified nurse anesthesia practitioners. Furthermore, if the registered nurses wishing to obtain a degree in nurse anesthesia are required to leave South Carolina to obtain their education, many may not return upon graduation. This degree with blended instruction will allow current CRNAs to continue to live and work in South Carolina while pursuing a doctoral degree.

ANTICIPATED PROGRAM DEMAND AND PRODUCTIVITY

Although statistics are not available on the need for doctoral prepared clinical CRNAs, vacancies continue to exist for CRNAs across the country. The demand for the proposed post-Masters Doctoral degree will be strong initially as existing CRNAs complete their doctoral degrees and as nurse anesthesia programs seek doctoral prepared faculty. The post-Masters degree will continue to be offered as long as the applicant pool remains strong. There are currently 996 licensed CRNAs in SC. It is expected that a significant number of those CRNAs will seek additional education as new graduates enter the workforce with doctoral education.

ASSESSMENT OF DUPLICATION TO EXISTING PROGRAMS IN THE STATE

The MUSC Nurse Anesthesia program is one of only two programs in the state of SC. The other program is at the University of South Carolina (USC). Although one of the USC nurse anesthesia faculty is pursuing doctoral education, the USC Nurse Anesthesia Program currently does not have any doctoral prepared nurse anesthetists on faculty. Therefore, it does not meet the COA requirements to offer a post-Master's doctoral degree. In personal conversation, the USC Program Director revealed that the USC nurse anesthesia program is not currently seeking approval for a doctoral degree.

RELATIONSHIP OF PROPOSED PROGRAM TO EXISTING PROGRAMS AT MUSC

Housed in the College of Health Professions (CHP), the MUSC Nurse Anesthesia program enjoys opportunities for interprofessional collaboration with others healthcare practitioners, researchers and administrators. The MUSC Anesthesia for Nurses program has developed a strong reputation for producing excellent clinicians and leaders in its current location in CHP. Also, recognized leaders in healthcare have promoted the concept of interprofessional collaboration and coordination as playing a critical role in improving the US healthcare system (IOM: The Future of Nursing). Students in the AFN program in the CHP have opportunities to work with faculty and students from a variety of clinical specialties, health administration, and health sciences research.

Although the MUSC College of Nursing (CON) offers an advanced degree, the Doctor of Nursing Practice (DNP) degree in adult, pediatric or family nursing, the nurse anesthesia program does not fit into any of these categories. Also, the current structure of Doctor of Nursing Practice (DNP) does not allow for matriculation of CRNAs into the post-Masters DNP as one of the admission requirements states that "CRNA's cannot apply for our Post-MSN DNP program."

RELATIONSHIP OF PROPOSED PROGRAM TO OTHERS VIA INTER-INSTITUTIONAL COOPERATION

Currently none

OUTLINE OF CURRICULUM

The post-Master's DNAP degree will consist of a 29 credit hour curriculum with a focus on healthcare policy development, leadership, and advanced clinical management. Courses denoted by the * are currently offered in the MUSC Doctor in Health Administration curriculum and will

be taught by faculty already engaged in teaching these courses. The existing nurse anesthesia faculty will teach the additional five courses with adjunct CRNA content experts providing lecture support within the courses.

The post-Masters DNAP will be offered primarily through distance education with a requirement for two three-day on-campus sessions per semester.

Summer I	Fall I	Spring I	Summer II	Fall II
Managing Health Care Information Systems* (3cr)	Foundations in Leadership* (3cr)	Strategic Management of Change* (3cr)	Management Principles for Nurse Anesthesia (2cr)	Principles of Pain Management (2cr)
DNAP Seminar (1cr)	Principles of Evidence-Based Practice (3cr)	Foundations in Health Policy* (3cr)	DNAP Seminar (2cr)	Introduction to Teaching and Learning (2cr)
	Clinical Simulation for Crisis Management (1cr)	DNAP Seminar (2cr)		DNAP Seminar (2cr)

COSTS OF IMPLEMENTATION

It is anticipated that this proposal will result in additional \$50,000 of expenses for the additional course instruction in the doctoral program and to replace current AFN doctoral faculty in the Master's in Nurse Anesthesia curriculum. This program will run concurrently with the existing AFN Master's in Nurse Anesthesia program initially and the majority of the faculty will teach in both programs. Any additional faculty will not be included in year-one budget but will be added over the first two years of the program. Upon initiation of the proposed post-baccalaureate DNAP program, the current Master's in Nurse Anesthesia program will be phased out and students will not longer be admitted to this degree program. Therefore, the post-Master's program will run currently with the proposed new post-baccalaureate DNAP program. No additional revenue will be requested from the State in relation to this proposal.

<i>New Course Personnel</i>	\$44,600
4 new courses @ 8400/course plus two additional adjunct faculty for 2 courses @ 5500/course	
<i>Student recruitment</i>	\$1,500
<i>Supplies and materials</i>	\$1,000
<i>Staff Support</i>	\$4,000