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January 29, 2008

Dr. Gail M. Morrison
Director & Deputy Director
Academic Affairs and Licensing
SC Commission on Higher Education
1333 Main St, STE 200
Columbia, SC 29201

Dear Dr. Morrison:

Enclosed is a Program Planning Summary for a Doctoral of Nursing Practice Degree for your consideration from the Medical University of South Carolina, College of Nursing. Please feel free to contact me or Dr. Gail Stuart, Dean of the College of Nursing, should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Raymond S. Greenberg". The signature is written in a cursive style with a large, looping initial "R".

Raymond S. Greenberg, M.D., Ph.D.
President

Enclosure

PROGRAM PLANNING SUMMARY

Doctor of Nursing Practice Program Proposal

I. Designation

Program: New Program Proposal
Credits: 61-82 semester hours, depending on major¹
Field: Health Care Program
Proposed implementation: Fall 2009

II. Program Description

The proposed Doctor of Nursing Practice Program at the Medical University of South Carolina (MUSC) College of Nursing is a practice-focused doctoral program in nursing that will award the terminal degree of Doctor of Nursing Practice (DNP). Innovative educational strategies will include online delivery of all coursework, clinical training in simulation laboratories, and practice sites located near place of residence. Graduates will use clinical scholarship and analytical methods to practice nursing at the highest level; improve quality and safety in health care systems through organizational leadership, systems thinking, and practice management acumen; foster interprofessional collaboration in the improvement of population health outcomes; and influence health care policy that determines the financing, regulation, access, and delivery of care. Graduates will be employed in primary care settings, hospitals, public health agencies, and schools of nursing.

III. Justification for Proposed Program

Development of the DNP Program at the MUSC College of Nursing is a proactive response to the context surrounding nursing education. By producing an increased number of *doctorally* prepared advanced practice nurses and nurse faculty, the DNP Program will lessen the magnitude of demand for highly skilled nurses in acute care hospitals, primary care settings in medically underserved areas such as rural South Carolina, and nursing academic programs.

The aging population not only increases the demand for care, but decreases the supply of the predominantly female nursing profession. In the coming decade, the number of working age women will remain constant, while those over age 65 years will double. According to the U.S. General Accounting Office (2001), the mean age of registered nurses is 45 years, while the mean age of nurse educators is 52 years. The report predicted that 75% of current nursing faculty would retire before 2020. In South Carolina, the proportion of nurses over 54 years has increased from 11% in 1991 to 17% in 2001 (South Carolina Office of Research & Statistics, n.d.). The supply of nurses in South Carolina is expected to increase by 11% in the 20-year period between 2000 and 2020. But during that same period, the demand may increase by as much as 48%. In 2020 it is expected that the supply of nurses in South Carolina will meet 76% of the demand--a shortage of 8,200 registered nurses across the state (Bureau of Health Professions, 2004). Additionally, less than 1% of nurses in South Carolina are doctorally prepared.

Most importantly, professional credentialing standards for nursing and other health-related professions are changing to meet the demands of the current practice environment and the expectations of the public for the highest quality care, which includes increased patient safety. The delivery of care has increased in complexity over the past 15 years due to burgeoning growth in scientific knowledge, technological advances, increased demographic diversity, and the rise in the prevalence of chronic diseases and the incidence of emergent and re-emergent infectious diseases.

¹ Family Nurse Practitioner, 82 sem. hrs.; Adult Nurse Practitioner, 69 sem. hrs.; Pediatric Nurse Practitioner, 72 sem. hrs.; Nurse Administrator, 61 sem. hrs.; Nurse Educator, 76 sem. hrs.

The American Association of Colleges of Nursing (AACN) (2004) has endorsed the DNP as the appropriate credential for all advanced practice nurses. After intensive study of the health care system and the findings and recommendations of national bodies, such as the Institute of Medicine (2000; 2001; 2003), AACN concluded that specialty nursing practice at the masters level must transition to the doctoral level by 2015 to adequately prepare advanced practice nurses. According to the AACN *Position Statement on the Practice Doctorate in Nursing*, "Nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills are most likely to be able to critique nursing and other clinical scientific findings and design programs of care delivery that are locally acceptable, economically feasible, and which significantly impact health care outcomes" (p. 3). Thus programs that prepare nurse practitioners and other advanced practice nurses, should move to doctoral education within the next 7 years to maintain accreditation and ethical standing within the profession (American Association of Colleges of Nursing, 2006a). As of January 7, 2007 there were 55 nursing schools accepting students into DNP programs and more than 140 nursing schools starting a DNP program.

Draft guidelines published by the Commission on Collegiate Nursing Education (CCNE), an autonomous accrediting agency for baccalaureate and graduate nursing programs, state that "Faculty with primary responsibility for teaching didactic courses in baccalaureate, master's, and doctoral programs will have doctoral preparation that contributes to their productivity as a teacher, scholar, and clinician." CCNE accredits 520 schools of nursing in the United States. Currently five schools in South Carolina are accredited by CCNE and will be affected by the guideline when implemented. These are the University of South Carolina-Columbia, University of South Carolina-Upstate, Clemson University, South Carolina State University and the Medical University of South Carolina.

During the transition period masters-prepared nurse practitioners will continue to be recognized. They will be grandfathered into their positions and scope of practice, as certificate-prepared nurse practitioners were in past years (Stanley, 2006, p. 211). However, the MUSC College of Nursing, as the only nursing program in the state that is part of an academic health sciences center, would be remiss if it did not provide its graduates with educational opportunities for evidence-based practice, translation of research to improve practice, and leadership in influencing health policy.

IV. Anticipated Program Demand & Productivity

An online survey regarding interest in DNP education was conducted from October to December 2007 on the College of Nursing Web site. Of the 308 respondents, 56% were interested in obtaining a DNP. Over half of respondents (54%) indicated that they would like to enter a DNP program within the next 2 years. More respondents preferred part-time study (44%) than full-time study (20%). Interest was highest for the nurse practitioner focus of study (58%), followed by education (22%), and leadership/management (12%). The large majority of respondents (79%) lived in South Carolina.

Transition from the MUSC Master of Science in Nursing Program to the Doctor of Nursing Practice Program is designed to maintain enrollment at the current level (140 students [75 FTE]). The program of study will enable those wishing to exit with a Master of Science in Nursing (MSN) degree prior to completion of doctoral degree requirements to do so. Thus 55 new students will be admitted annually to the DNP and MSN Programs.

Projected* Number Students Enrolled and Graduates, DNP Plan of Study, 2009-2020

Year	2009-10		2011-12		2013-14		2015-16		2017-18		2019-20	
	No.	FTE										
No. enrolled	41	33	122	97	157	122	172	129	177	138	179	140
No. graduated	0	--	14	--	38	--	42	--	46	--	48	--

*Projections assume 40% full-time enrollment, 10% attrition, and a ratio of 75% DNP to 25% MSN students admitted in 2009-10 that increases to 100% DNP students admitted in 2015-16. MSN-exit option students and graduates are excluded from DNP projections.

V. Extent of Duplication of Existing In-State Programs

The University of South Carolina offers a Doctor of Nursing Practice (DNP) degree in 16 specialty areas, requiring 83 semester hours for all specialties, partial interactive television/videocassette course delivery, and a required 3-semester-hour leadership residency (University of South Carolina, 2005). In contrast, MUSC will offer five specialty areas, 61-82 semester hours depending on specialty, total online course delivery, and a required 9- to 12-semester-hour advanced practice residency that incorporates a capstone project.

VI. Relationship of Proposed Program to Existing Programs at the Medical University of South Carolina

Implementation of the DNP degree program will be commensurate with practice doctorates offered by the College of Dentistry (DDS), College of Health Professions (DHA, DPT), College of Medicine (MD), and College of Pharmacy (PharmD). The DNP degree will be distinct from the PhD in Nursing offered through the College of Graduate Studies.

Characteristics of the DNP and PhD in Nursing Programs

Characteristic	DNP Program	PhD in Nursing Program
Objectives	The practice of clinical nursing at the highest level	The conduction of research for the advancement of nursing science
Curricular emphasis	Analytical methods for evidence-based practice, organizational and systems leadership and management, and the translation of research to improve practice	Theoretical, methodological, and analytic approaches to discovery, testing, application and dissemination of new knowledge
Program outcome	Nurse practitioner, nurse administrator, clinical nurse educator in practice or professional education settings; eligibility for national certification exam	Nurse scientist in an academic or research-intensive settings
Final scholarly product	Evidence-based, population-level practice, health, or policy improvement project	Original research project

VII. Relationship of Proposed Program to Other Institutions Via Interinstitutional Cooperation - Not applicable.

VIII. Total New Costs

The DNP Program will be implemented by consolidating resources, including faculty and staff support, from the existing MSN Program. A minimal recurring investment will be required to ensure that information technology remains as current as possible and that program outcomes are evaluated on an ongoing basis. Costs will also include recruitment materials to aid in the marketing of the DNP program to a broad array of interested nurses. During the first year of the program, nonrecurring expenses will be necessary to retain a qualified consultant to review the program and make recommendations for quality improvements. Likewise, an investment in information technology will be required. All costs, both recurring and non-recurring will be financed using tuition and fees as well as the current state appropriation. The College will request from the University a tuition structure that mirrors that of the current PhD in Nursing Program.

Total Annual New Costs (Dollars), DNP Program, 2009-10

Item	Expenditure
<i>Year 1 Non-recurring Costs</i>	
Consultant	5,000
Recruitment materials	2,000
Information technology	15,000
<i>Annual Recurring Costs</i>	
Information technology	10,000
Outcomes evaluation	5,000

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