

South Carolina Commission on Higher Education

Proposal for a New Program

Submitted By

MEDICAL UNIVERSITY OF SOUTH CAROLINA
College of Nursing

Doctor of Nursing Practice Degree Program

Post-Baccalaureate Specializations

Nurse Administrator

Nurse Educator

Adult Nurse Practitioner

Family Nurse Practitioner

Pediatric Nurse Practitioner

Post-Master's Option

Raymond S. Greenberg, MD, PhD
President, Medical University of South Carolina

Program contact:

Gail W. Stuart, PhD, PMHCNS-BC, FAAN
Dean and Professor

Medical University of South Carolina
College of Nursing
99 Jonathan Lucas Street, MSC 160
Charleston, SC 29425-1600

843-792-3941
stuartg@musc.edu

NEW PROGRAM PROPOSAL
Doctor of Nursing Practice Degree Program

I. Classification

<i>Program title:</i>	Doctor of Nursing Practice Degree Program	
<i>Specializations:</i>	Adult Nurse Practitioner	Nurse Administrator
	Family Nurse Practitioner	Nurse Educator
	Pediatric Nurse Practitioner	Post-master's Option
<i>Academic unit:</i>	College of Nursing, Medical University of South Carolina	
<i>Designation, type, level:</i>	DNP, Doctor of Nursing Practice, doctoral level	
<i>Proposed implementation:</i>	Fall 2009	
<i>CIP codes:</i>	51.1605, 51.1608, 51.1699	
<i>Identification:</i>	New program	
<i>Site:</i>	Charleston, SC	
<i>Scholarship awards:</i>	Palmetto Fellows: No	LIFE: No
<i>Delivery mode:</i>	Off-site via online educational methods	

II. Justification for Proposed Program

A. PURPOSES AND OBJECTIVES

The proposed Doctor of Nursing Practice Program at the Medical University of South Carolina (MUSC) College of Nursing 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). Graduates will be employed in primary care settings, hospitals, public health agencies, and schools of nursing. The purpose of the program is to prepare graduates who will practice nursing at the highest clinical level. Upon completion of the DNP program, graduates will:

1. Demonstrate expertise in advanced clinical nursing practice roles based on mastery of a specialized area of knowledge derived from a strong scientific foundation,
2. Use clinical scholarship and analytical methods to improve quality and safety in health care systems through organizational leadership, systems thinking, and practice management acumen,
3. Implement continuous quality improvement in patient care and provide leadership in practice and clinical decision-making through use of information systems and technology resources,
4. Foster interprofessional collaboration and teamwork in the improvement of population health outcomes, and
5. Influence health care policy that determines the financing, regulation, access, and delivery of care.

B. NEED FOR THE DNP PROGRAM IN SOUTH CAROLINA

1. Demand and Anticipated Employment Opportunities for Doctorally Prepared Advanced Practice Nurses and Faculty

Development of the DNP Program at the MUSC College of Nursing is a proactive response to the changing clinical environment and the context surrounding nursing education. As noted by Fitzpatrick (2007, p. 138), "The current emphasis on master's level education for nurse leaders in clinical settings does not provide either the breadth or depth of knowledge and experience in leadership, health systems design and evaluation, evidence-based practice, health policy, or applied research." By producing an increased number of doctorally prepared advanced practice nurses and nurse faculty, the DNP Program can help meet the demand for highly skilled nurses in primary care settings in medically underserved areas, acute care hospitals, and nursing academic programs in South Carolina in the following ways.

First, South Carolina is one of the unhealthiest states in the nation--ranked 44th in the country by *Health Care State Rankings 2008* (Morgan & Morgan, 2008, p. 5) and 42nd by *America's Health Rankings 2007*, up from 48th in 2006 (United Health Foundation [UHF], 2007, p. 70). The health care needs of the citizens of South Carolina are enormous. The state ranks among the worst in the nation on many health indicators, including diabetes, obesity, hypertension, cardiovascular disease, infectious disease, occupational fatalities, infant mortality, and the uninsured. For example, the prevalence of obesity increased from 25% in 2005 to 29% in 2006 (UHF, 2006, p. 72). South Carolina ranked 2nd among states with the least overall health score improvement from 1990 to 2006 (UHF, 2006, p. 20). Clearly, South Carolina is in need of highly skilled advanced practice nurses and other health care providers who can address the rising chronic care needs of the population and who can intervene at individual, family, and systems levels to impact the health of communities. The proposed DNP Degree Program with its focus on evidence-based practice, organizational and systems leadership and management, and the translation of research to improve practice will prepare graduates to assume such roles and activities in primary care settings, thus reducing costs through the avoidance of preventable hospitalizations.

Second, hospitals in South Carolina are admitting patients who are more acutely ill and who require more complex care planning and management. The quality of care challenges presented to acute care hospitals are reflected in the rising incidence (94,000 per year) of patient deaths in hospitals (Institute of Medicine, 2000), the disparities in health outcomes in South Carolina, and those aspects of health professional education identified by the Institute of Medicine (IOM) that are currently not adequately addressed in health professional educational programs. These include delivering patient-centered care, working as part of interdisciplinary teams, practicing evidence-based medicine, focusing on quality improvement, and using information technology (IOM, 2003). For example, one nursing indicator of quality of hospital care is designation as a Magnet Hospital. Only one hospital in South Carolina (Spartanburg Regional Medical Center) has attained such status compared to 17 Magnet hospitals in North Carolina. Thus there is significant opportunity for improvement in the arena of hospital care in South Carolina. Graduates of the proposed DNP Degree Program at MUSC, with their additional educational preparation, will be able to positively impact the quality of hospital-based care.

Third, there is the need to feed the pipeline of registered nurses (RNs) who practice in South Carolina. Currently, hospitals in the state employ traveling nurses at significantly higher cost. New hospital beds are opening across the state. And over 40% of currently employed RNs in South Carolina have come from other states. The aging population will not only increase the demand for care, but also decrease 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. We have estimated that 50% of our current nursing faculty at MUSC will retire in the next 10 years. In addition, with less than 1% of nurses in South Carolina holding a doctoral degree (South Carolina Office of Research & Statistics [SCORS], n.d.), it can be concluded that faculty shortages are likely to continue and that employment opportunities for doctorally prepared advanced practice nurse faculty will be abundant in the foreseeable future. The scarcity of doctorally prepared nurses to teach is partially due to the fact that not all nurses who would like to teach want to pursue a PhD in nursing. This is because a PhD prepares nurse researchers/scientists, and not all potential nurse faculty want to be nurse researchers. In addition, the PhD is a 4-year post-masters degree or 7-year post-baccalaureate program of study. Nursing programs are in need of clinically expert faculty who are effective teachers. The proposed DNP Degree Program prepares such expert nurse clinicians. It is a 1-year post-masters or 3-year post-baccalaureate program of study. Thus DNP graduates, given their distinct course of study, can positively impact the nurse faculty shortage and provide areas of expertise identified by the IOM that are not addressed in current master degree programs.

Finally, in order to further assess anticipated need and demand, we conducted a mail survey of the heads of medical facilities and nursing programs in South Carolina in October 2007. Of the 43 respondents, half (58%) were chief nursing officers of medical facilities and one third (30%) were directors of nursing programs. Results indicated a positive attitude toward DNP preparation. At least half of respondents:

Rated the following characteristics as "most valuable" when hiring an advanced practice nurse with a DNP degree:

- Advanced clinical nursing skills

- Ability to translate research to practice for quality improvement, performance improvement, or evidence-based practice projects; and use statistical analyses to interpret data

- Advanced organizational leadership skills

- Knowledge of program design, implementation ability and evaluation skills

- Teaching and curriculum development skills

Reported that the following DNP student practice inquiry projects would be useful and available in their organization:

- Quality or performance improvement project

- Evidence-based practice implementation project

- Teaching-learning modules of study for continuing education of nurses

Reported that the organization would support employees pursuing a DNP degree by providing:

- Tuition reimbursement or education loan remission

- Preferential scheduling

While it is not possible for hospitals to project specific future market needs due to the rapidly changing environment, the nurse executives in the survey endorsed the value that DNP-prepared nurses would provide to their organizations. As further evidence of that endorsement, on May 8, 2008, the Charleston Organization of Nursing Leaders voted unanimously to endorse the need for DNP-prepared nurses and their commitment to employing such nurses once they graduate.

2. Anticipated Student Demand

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 nurse practitioner specializations (58%), followed by education (22%), and leadership/management (12%). The large majority of respondents (79%) lived in South Carolina. These survey results document high student demand for this program.

3. Increased Credentialing Requirements for Advanced Practice Nurses

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, including 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.

The American Association of Colleges of Nursing ([AACN] 2004) 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, including the Institute of Medicine (2000; 2001; 2003), AACN concluded that specialty nursing practice at the master's 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 (AACN, 2006a). The DNP degree has been supported by the major advanced practice nursing specialty organizations and the National Academy of Science. As of January 2007, there were 67 nursing schools across the country accepting students into DNP programs and more than 140 nursing schools starting a DNP program.

In the immediate future, master's-prepared nurse practitioners will continue to be recognized. They will be grandfathered into their positions and scope of practice, just 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 through a DNP degree program.

In the near future all nursing faculty in university settings will need a doctoral degree. On March 31, 2008, AACN (2008, p. 1) adopted the following recommendation:

Faculty with primary responsibility for the oversight of courses in baccalaureate, master's, and doctoral nursing programs will have doctoral preparation. Doctoral graduates who will be involved in an academic role will have preparation in educational methods and pedagogies. (AACN, 2008, p. 1)

This recommendation is likely to become an accreditation standard for the Commission on Collegiate Nursing Education (CCNE), an autonomous accrediting agency that 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. They 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. Graduates from these programs account for 70% of all BSN graduates in South Carolina. University of South Carolina-Beaufort is also applying for CCNE accreditation. Additionally, the American Nurses Credentialing Center (ANCC) is pursuing development of a DNP credentialing examination, acknowledging that "the DNP programs are a logical next step" (ANCC, 2008).

Finally it should be noted that the AACN, CCNE, and ANCC set the educational standards and accreditation criteria for member universities and credentialing mechanisms for advanced practice nurses. This is in sharp contrast to statements made by professional associations, such as the American Nurses Association, that have no ability or authority to implement their recommendations.

C. CENTRALITY OF THE PROGRAM TO THE MISSION OF THE INSTITUTION

MUSC is a public institution of higher learning, the purpose of which is to preserve and optimize human life in South Carolina and beyond. The University provides an environment for learning and discovery through the education of health care professionals and biomedical scientists, research in the health sciences, and provision of comprehensive health care. It is the only academic health sciences center in the state and is engaged in cutting-edge research and clinical practice.

The College of Nursing supports the mission of MUSC through its commitment to provide evidence-based nursing education; develop, test, and disseminate nursing knowledge; demonstrate excellence in nursing practice; share expertise and leadership through service to professional organizations and communities; and promote interprofessional teamwork in collaborative education, practice, and research settings in an environment that is accountable, respectful, adaptive, and innovative. As an integral part of the state's only academic health

sciences center, our vision is to educate nurses in a dynamic clinical and interprofessional environment to change lives, and to provide proactive leadership in the improvement of health outcomes, reduction of health disparities, and advancement of the nursing profession. Thus the DNP Degree Program is seen as central to our mission.

D. 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 other Colleges at MUSC, including the College of Dentistry (DDS), College of Health Professions (DHA, DPT), College of Medicine (MD), and College of Pharmacy (PharmD).

Most importantly, the DNP Degree Program will be distinct from the PhD in Nursing Program offered through the College of Graduate Studies (Table 1):

The PhD in Nursing Program prepares nurse researchers/scientists. It is a 4-year post-masters degree or 7-year post-baccalaureate program of study.

The DNP Degree Program will prepare expert nurse clinicians. It is a 1-year post-masters or 3-year post-baccalaureate program of study.

Table 1. Characteristics of the DNP and PhD in Nursing Programs

Characteristic	DNP Degree Program	PhD in Nursing Program
Objectives	The practice of clinical nursing at the highest level	The conduct 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, nurse educator in clinical practice or professional education settings; eligibility for national certification examination	Nurse scientist in an academic or research-intensive settings
Final scholarly product	Evidence-based, population-level practice, health, or policy improvement project	Original research

Ratner, 2007, p. 33.

E. SIMILARITIES AND DIFFERENCES WITH EXISTING PROGRAMS

The proposed MUSC DNP Degree Program is not a duplication of effort. In South Carolina, only the University of South Carolina (2005) offers a DNP degree. The USC DNP program focuses on *leadership*. All 16 areas of specialization require 83 semester hours of coursework. The USC program combines interactive television/videocassette course delivery with on-campus delivery of courses. A 3-semester-hour leadership residency is required at the end of the program.

In contrast, the MUSC DNP Degree Program will focus on *advanced clinical practice*, offering five specializations that require from 68 to 78 semester hours depending on the specialization. Courses will be provided entirely online. MUSC has been the leader in the state in providing online educational programs to nurses. We currently have a number of our programs online, including our PhD in Nursing Program. The knowledge/content in these courses include psychomotor- and psychosocial-skill building. We have been effective in teaching this content using online delivery methods, as have over 15 other online advanced practice clinical nursing programs across the country (Robbins and Hoke, 2008). Student achievement of proficiency in both psychomotor and psychosocial skills is evaluated using faculty-administered, faculty-observed performance-based assessments (PBAs) of student clinical competencies. For DNP

Degree Program students, the PBAs will be conducted in our simulation laboratory or a simulation laboratory located near the student's residence. The PBAs will be videotaped for student self-evaluation, as well as faculty grading. MUSC has been implementing this process for a number of years and our success is reflected in the above-national-average rate our graduates pass their specialty certification examinations.

Depending on specialization, the end-of-program advanced practice residency will vary from 9 to 12 semester hours--405 to 540 clock hours over a period of 1 year to achieve the minimum standard of 1,000 clock hours for all specializations. The residency will include implementation of a practice inquiry project that addresses identified needs related to population health, models of care, health policy, leadership, informatics, education, integration of technology into care, etc.

In neighboring states, the Medical College of Georgia offers a post-master's DNP degree with no specific areas of specialization. A search of the Southeast Academic Common Market identified only one online DNP program at the University of Tennessee Health Science Center at Memphis. That post-master's program offers eight specializations. One specialization, family nurse practitioner, is offered in common by MUSC and the University of Tennessee. However, there is no duplication--MUSC offers a post-baccalaureate curriculum while the University of Tennessee offers a post-master's curriculum.

AACN documented that the number of active DNP programs in the nation increased from 8 in 2005 to 67 in 2008. As of this year, 140 additional institutions are in the process of DNP program development (as cited in National Association of Neonatal Nurses, p. 4).

Our examination of post-baccalaureate DNP program descriptions published online revealed that required coursework to earn a DNP degree ranged from 71 semester hours (sh) at Catholic University of America (2007, ¶3) to 97 sh at University of Southern Maine (n.d., p. 8). The required coursework for the DNP degree at MUSC will vary by specialization:

Adult nurse practitioner	69 sh	Nurse administrator	68 sh
Family nurse practitioner	78 sh	Nurse educator	76 sh
Pediatric nurse practitioner	72 sh	Post-master's option*	45 sh

*Available to certified advanced practice nurses only.

We found that most DNP programs in the nation are post-master's programs. In contrast, we will offer a DNP program with two entry points: post Bachelor of Science in Nursing (BSN) and post Master of Science in Nursing (MSN). Following implementation of the DNP degree as the appropriate credential for all advanced practice nurses in 2015, demand for the MSN degree is anticipated to decline. However, we will continue to offer the MSN in response to market demand. *In other words, we are not closing the MSN program but rather offering nurses in South Carolina the opportunity to obtain the terminal professional degree, the Doctor of Nursing Practice (DNP).*

Implementation of the DNP Degree Program will occur by consolidating existing resources, including faculty, staff and technology support. Core knowledge and competencies for specialized practice will be achieved in the first 2 years of a full-time plan of study. Additional competencies for knowledge dissemination and translation, organizational and systems leadership, use of information systems and technology resources, and implementation of evidence-based, population level practice, health, and policy improvements will be achieved in the third year of study. Those wishing to exit with a MSN degree after 2 years of study (prior to completion of doctoral requirements) can do so.

III. Enrollment

A. ADMISSIONS CRITERIA

1. Post-Baccalaureate Entry

Bachelor of Science in Nursing degree from a nationally accredited program
Cumulative grade point average (GPA) of 3.0 on a 4.0 scale for undergraduate coursework
(official transcripts for all post-secondary school coursework are required)

Acceptable Graduate Record Examination (GRE) scores for verbal, quantitative, and analytical writing parts of the General Test

Undergraduate statistics course within the past 5 years

Unencumbered, active registered nurse (RN) license in state where practicums will be conducted

Three references from professionals knowledgeable about the applicant's academic and nursing leadership potential

Résumé

Statement of professional goals, including an indication of scholarly project to be undertaken in a 1-year residency at the end of the program of study (500 to 600 words typed on one page)

Interview, if requested by the Admissions, Progression, and Graduation Committee

2. Post-Master's Entry

Master of Science in Nursing (MSN) degree from a nationally accredited program

Cumulative grade point average (GPA) of 3.0 on a 4.0 scale for undergraduate and graduate coursework (official transcripts for all post-secondary school coursework are required)

Unencumbered, active registered nurse (RN) license in state where practicums will be conducted

Current certification as an advanced practice nurse

Three references from professionals knowledgeable about the applicant's academic and nursing leadership potential

Statement of professional goals, including an indication of scholarly project to be undertaken in a 1-year residency at the end of the program of study (500 to 600 words typed on one page)

Résumé

Interview, if requested by the Admissions, Progression, and Graduation Committee

B. PROJECTED ENROLLMENT

Implementation of the DNP Degree Program is designed to maintain enrollment in College of Nursing graduate programs at the current level (140 students [75 FTE]), anticipating that 55 new students will be admitted annually to the DNP Degree Program.

Table 2. Projected Total Number of Graduate Students, College of Nursing, by Year, 2009-2014

Year	Fall Semester		Spring Semester		Summer Semester		Number Graduates per Year
	Headcount	Semester Hours	Headcount	Semester Hours	Headcount	Semester Hours	
2009-2010	*140	1035	138	1016	100	585	50
2010-2011	**138	940	108	793	108	736	***45
2011-2012	152	1062	152	1048	152	902	25
2012-2013	176	1205	176	1191	174	966	30
2013-2014	195	1272	195	1251	183	993	49

*Includes 55 newly admitted DNP students. **Includes 55 newly admitted and 53 returning DNP students, all enrolled in the DNP Program (expected attrition rate is 10% per cohort or 2 students per year per cohort). ***Includes 7 graduates from the DNP Degree Program.

C. RATIONALE FOR PROJECTED TOTAL ENROLLMENT

To project total enrollment figures for Table 1, the following assumptions were made:

1. Implementation of the DNP Degree Program is designed to maintain graduate program enrollment at the current level (140 [75 FTE]). Enrollment of 55 newly admitted students once per year to the DNP Degree Program will maintain current enrollment.
2. A graduation rate of 90% per cohort is expected (maximum loss of 6 students per cohort of 55 students). The current graduation rate for the MUSC College of Nursing is 95%.
3. It is projected that 60% of students will elect part-time enrollment each semester (less than 9 semester hours).

D. NEW STUDENT ENROLLMENT

Table 3. Estimated Number of New Students, by Year, DNP Degree Program, 2009-2014

Year	Fall Semester		Spring Semester		Summer Semester		Number Graduates per Year
	Headcount	Semester Hours	Headcount	Semester Hours	Headcount	Semester Hours	
2009-2010	55	393	55	393	55	365	0
2010-2011	* 108	792	108	793	108	736	7
2011-2012	152	1062	152	1048	152	902	25
2012-2013	176	1205	176	1191	174	966	30
2013-2014	195	1272	195	1251	183	993	49

*Includes 55 newly admitted and 53 returning DNP students (expected attrition rate is 10% per cohort or 2 students per year per cohort).

IV. Curriculum

The DNP Degree Program comprises a post-master's option for certified advanced practice nurses and five specializations: Nurse administrator, nurse educator, adult nurse practitioner, family nurse practitioner, and pediatric nurse practitioner. Full-time or part-time plans of study are available for post-baccalaureate students. The post-master's option is a part-time plan of study. All specializations share a required core of courses in scientific foundations for evidence based practice (12 sh) and organizational and systems leadership (18 sh). Coursework in scientific foundations for independent practice and specialty-focused competencies vary by specialization (Table 4).

Table 4. Doctor of Nursing Practice Curriculum

COURSE TITLE	NA	NE	ANP	FNP	PNP	P-MSN
	SEMESTER HOURS					
<i>Scientific Foundations for Evidence-Based Practice</i>						
Biostatistics: Clinical Applications	3	3	3	3	3	3
Introduction to Social & Applied Epidemiology	3	3	3	3	3	3
Knowledge Dissemination and Translation*	3	3	3	3	3	3
Research Use & Evidence-Based Practice	3	3	3	3	3	3
<i>Organizational & Systems Leadership</i>						
Advanced Health Policy & Advocacy	3	3	3	3	3	3
Applied Health Care Economics & Finance	3	3	3	3	3	3
Frameworks for Leadership & Interprofessional Collaboration	3	3	3	3	3	3
Health Program Planning*	3	3	3	3	3	3
Informatics in Health Care Delivery*	3	3	3	3	3	3
Organizational Theory & Health Care Management*	3	3	3	3	3	3
<i>Scientific Foundations for Independent Practice</i>						
Advanced Clinical Assessment & Reasoning: Adult		3	3	3	3	
Advanced Clinical Assessment & Reasoning: Child		3		3	3	
Advanced Pathophysiology	3	3	3	3	3	
Advanced Pharmacotherapeutics	3	3	3	3	3	
Behavioral Health Therapeutics	3	3	3	3	3	3
<i>Specialty-Focused Competencies</i>						
Advanced Care Management A (Seminar & Practicum): Adult			4	4		
Advanced Care Management B (Seminar & Practicum): Adult			4	4		
Advanced Care Management C (Seminar & Practicum): Adolescent			4	4	4	
Advanced Care Management D (Seminar & Practicum): Child				4	4	
Advanced Care Management E (Seminar & Practicum): Child				4	4	
Internship	4	4	4	4	4	
Advanced Specialty Practicums	4	6				
Cognates (administration or education)	9	9				
<i>Synthesis & Scholarship</i>						
Residency (includes implementation of capstone project)	12	12	11	9	11	12
<i>Minimum coursework for DNP degree</i>	68	76	69	78	72	45

*Omitted from plans of study for students that exit with only an MSN degree.

A. SAMPLE PLAN OF STUDY

FAMILY NURSE PRACTITIONER				
<i>Post-BSN Full-Time Plan of Study for the DNP Degree</i>				
Year 1, Fall Semester				
NRDNP	Applied Health Care Economics and Finance	3 sh	(3,0,0)*	
NRDNP	Advanced Pathophysiology	3 sh	(3,0,0)	
NRDNP	Biostatistics: Clinical Applications	3 sh	(3,0,0)	
Year 1, Spring Semester				
NRDNP	Introduction to Social and Applied Epidemiology	3 sh	(3,0,0)	
NRDNP	Behavioral Health Therapeutics	3 sh	(3,0,0)	
NRDNP	Advanced Clinical Assessment and Reasoning: Adult	3 sh	(2,0,1)	
Year 1, Summer Semester				
NRDNP	Research Use and Evidence-Based Practice	3 sh	(3,0,0)	
NRDNP	Advanced Pharmacotherapeutics	3 sh	(3,0,0)	
NRDNP	Advanced Clinical Assessment and Reasoning: Child	3 sh	(2,0,1)	
Year 2, Fall Semester				
NRDNP	Advanced Care Management A Seminar: Adult	1 sh	(0,1,0)	
NRDNP	Advanced Care Management A Practicum: Adult	3 sh	(0,0,3)	
NRDNP	Advanced Care Management D Seminar: Child	1 sh	(0,1,0)	
NRDNP	Advanced Care Management D Practicum: Child	3 sh	(0,0,3)	
NRDNP	Frameworks for Leadership & Interprofessional Collaboration	3 sh	(3,0,0)	
Year 2, Spring Semester				
NRDNP	Advanced Care Management B Seminar: Adult	1 sh	(0,1,0)	
NRDNP	Advanced Care Management B Practicum: Adult	3 sh	(0,0,3)	
NRDNP	Advanced Care Management E Seminar: Child	1 sh	(0,1,0)	
NRDNP	Advanced Care Management E Practicum: Child	3 sh	(0,0,3)	
NRDNP	Health Program Planning**	3 sh	(3,0,0)	
Year 2, Summer Semester				
NRDNP	Advanced Care Management C Seminar: Adolescent	1 sh	(0,1,0)	
NRDNP	Advanced Care Management C Practicum: Adolescent	3 sh	(0,0,3)	
NRDNP	Internship	4 sh	(0,1,3)	
Year 3, Fall Semester				
NRDNP	Residency	3 sh	(0,0,3)	
NRDNP	Knowledge Dissemination and Translation	3 sh	(3,0,0)	
NRDNP	Organizational Theory and Health Care Management	3 sh	(3,0,0)	
Year 3, Spring Semester				
NRDNP	Residency	3 sh	(0,0,3)	
NRDNP	Advanced Health Policy and Advocacy	3 sh	(3,0,0)	
NRDNP	Informatics in Health Care Delivery	3 sh	(3,0,0)	
Year 3, Summer Semester				
NRDNP	Residency	3 sh	(0,0,3)	
		Minimum DNP coursework	78 sh	(43,6,29)

Sh = semester hour. Semester hour to clock hour ratio: Didactic, 1:1; seminar, 1:2; practicum, 1:3.

*3(3,0,0) = (3 sh didactic, 0 sh seminar, 0 sh practicum) = 3 sh total.

**If student elects to exit with a Master of Science in Nursing Degree following completion of 2 years of full-time study, the Advanced Health Policy and Advocacy course will be taken instead of the Health Program Planning course to full-fill requirements for the Master of Science in Nursing degree.

B. ASSESSMENTS OF STUDENT LEARNING OUTCOMES

Measures of student learning outcomes include:

- Cumulative GPA of 3.0 required to progress from one full-time semester (9 sh) to the next semester
- Satisfactory completion of Performance-Based Assessment at end of each clinical course to progress to the next clinical course
- 90% graduation rate per cohort
- 90% advanced practice certification rate for graduates taking the examination for the first time

C. COURSE DESCRIPTIONS

Table 5. Course Descriptions

Course Title/Description	Semester Hours (Clock Hours) ¹
<i>Scientific Foundations for Evidence-Based Practice</i>	
BIostatISTICS: CLINICAL APPLICATIONS	3(45:0:0)
An overview of frequently used descriptive and inferential statistical methods in the biologic sciences. Application of theories of measurement and statistical inference to further implementation and evaluation of changes in clinical practice enhancing quality of care. The focus is on comprehension, critical appraisal, and interpretation of statistical results rather than computational skills. Prerequisite: Graduate standing. Fall.	
INTRODUCTION TO SOCIAL & APPLIED EPIDEMIOLOGY	3(45:0:0)
Study of concepts, principles, and methods in applied and social epidemiology. Application in public health surveillance, outbreak investigation, health planning, and research. Critical analysis of epidemiologic studies with regard to implications for practice and research, with a focus on the social and economic determinants of chronic and infectious diseases and other health-related events. Students will use the epidemiologic approach to explore a clinical or research interest in a population. Prerequisite: Biostatistics: Clinical Applications. Spring.	
KNOWLEDGE DISSEMINATION & TRANSLATION	3(45:0:0)
Emerging knowledge from health care theory and research is analyzed from the perspective of strategies designed to reduce the burden of illness in society. Issues of research dissemination, innovation adoption, and behavior change are analyzed at the levels of the individual, family, community and health care system. Knowledge translation emanating from diverse disciplinary perspectives will be evaluated based on its impact on improving service delivery, changing patient/provider behavior, enhancing access to appropriate health care, and protecting and motivating treatment for vulnerable populations. Prerequisite: Graduate standing. Fall.	
RESEARCH USE & EVIDENCE-BASED PRACTICE	3(45:0:0)
Study of research methods that generate evidence for nursing practice through collection of appropriate, accurate data and the prediction and analysis of outcomes. Focuses on knowledge application skills for translation of research findings in practice, evaluation of current practice, improvement in the reliability of nursing practice and outcomes, and participation in collaborative research. Emphasizes critical appraisal of existing literature and other evidence from a variety of sources and disciplines to determine best practices, solve practice problems, and improve health outcomes through dissemination and integration of new knowledge. Graduates will be prepared to provide leadership for evidence-based practice. Prerequisite: Biostatistics: Clinical Applications. Summer.	
<i>Organizational & Systems Leadership</i>	
ADVANCED HEALTH POLICY & ADVOCACY	3(45:0:0)
Focuses on skills necessary to develop, evaluate, and provide leadership in improving the health of the public through health policy development and education of policy makers regarding nursing and patient outcomes. Includes critical evaluation of current and historic policies, laws, and financial incentives that affect health care delivery and nursing practice. Students will participate in a selected health policy-making process. Prerequisite: Graduate standing. Spring.	
APPLIED HEALTH CARE ECONOMICS & FINANCE	3(45:0:0)
An introduction to the financial structures that support nursing practice. Focuses on economic principles, financial management methods, and business strategies that form the foundation for balancing productivity with quality of care and designing effective and realistic care delivery systems that optimize performance, minimize costs, and enhance outcomes. Examination of methods to evaluate costs and cost effectiveness of care. Provides graduates with the tools to plan, monitor, and evaluate the acquisition, use, and outcomes of fiscal resources for practice and program initiatives. Prerequisite: Graduate standing. Fall.	
FRAMEWORKS FOR LEADERSHIP & INTERPROFESSIONAL COLLABORATION	3(45:0:0)
Study of knowledge and principles of organizational leadership and advanced communication skills that improve quality	

¹ 3(45:0:0) indicates 3 semester hours credit, 45 didactic hours, 0 seminar hours, and 0 practicum hours. 1 semester hour of credit = 1 hour didactic per week for 15 weeks (15 hours), 2 hours seminar per week for 15 weeks (30 hours), or 3 hours simulation laboratory or clinical practice per week for 15 weeks (45 hours).

Table 5. Course Descriptions

Course Title/Description	Semester Hours (Clock Hours) ¹
of care delivery, health outcomes, and safety of patient populations. Examination of consultative and leadership strategies that facilitate interprofessional collaboration toward common goals and outcomes. Analysis of effective strategies for the resolution of ethical and legal issues in the delivery of care. Knowledge from ethics and organizational, leadership, and communication theories will be integrated with nursing science as a framework for organizational assessment, diagnosis of systems issues, and facilitation of system-wide practice initiatives. Graduates will be prepared to assume leadership in addressing complex practice and organizational issues. Prerequisite: Graduate standing. Fall.	
HEALTH PROGRAM PLANNING	3(45:0:0)
Study of the concepts and principles of the health program planning process from an ecological and participatory perspective. Application of a theoretical, evidence-based approach that integrates the health program planning cycle with behavioral and organizational theories, measurement science, and best practices to develop creative, responsive, and accountable interventions. Results in a capstone project proposal in own advanced practice specialization that will be conducted and evaluated in partnership with a selected agency or organization to address identified needs of a panel of patients, target population, or community. Prerequisites: Applied Health Care Economics & Finance, Biostatistics: Clinical Applications, Frameworks for Leadership & Interprofessional Collaboration, Introduction to Social & Applied Epidemiology, and Research Use & Evidence-Based Practice. Spring.	
INFORMATICS IN HEALTH CARE DELIVERY	3(45:0:0)
Study of information science concepts, principles, and methods with application in the support, improvement, and evaluation of nursing interventions, outcomes of care, and delivery systems. Focuses on the development of knowledge and technical skills to use data management systems and technological resources for decision-making, implementation of quality improvement initiatives, and evaluation of patient care technologies. Includes use of systems analysis, decision theory, and consideration of ethical, regulatory, and legal issues. Clinical and administrative data sources will be used to evaluate the efficacy of patient care technology appropriate to a particular area of practice. Prerequisites: Biostatistics: Clinical Applications and Research Use & Evidence-Based Practice. Spring.	
ORGANIZATIONAL THEORY & HEALTH CARE MANAGEMENT	3(45:0:0)
Study of organizational and management theories and evidence base that guide effective policy development and advanced practice. Emphasis is placed on the study of organization structures and processes in delivery of health care and programs. Major functions of management (planning, organizing, directing and controlling) are examined, including the principles and processes of risk management and continuous quality improvement for measurement and management of patient outcomes. Prerequisite: Graduate standing. Fall.	
<i>Scientific Foundations for Advanced Practice</i>	
ADVANCED CLINICAL ASSESSMENT & REASONING: ADULT	3(30:0:45)
Study of advanced clinical assessment and reasoning skills for adolescents and young, middle-age, and older adults with emphasis on differentiating normal from abnormal findings in the domains of physical and psychosocial assessment. Practice in age-appropriate developmental screening and anticipatory guidance for well child visits and health teaching for common illnesses. Students refine and strengthen increasingly complex skills in listening, history taking, screening, diagnostic testing, documentation, and clinical reasoning. The simulation laboratory will be used to practice and validate skill competencies. Prerequisite: Advanced Pathophysiology. Spring.	
ADVANCED CLINICAL ASSESSMENT & REASONING: CHILD	3(30:0:45)
Study of advanced clinical assessment and reasoning skills for the newborn, infant, toddler, preschool, and school-age child with emphasis on differentiating normal from abnormal findings in the domains of physical and psychosocial assessment. Practice in age-appropriate developmental screening and anticipatory guidance for well child visits and health teaching for common illnesses. Students refine and strengthen increasingly complex skills in listening, history taking, screening, diagnostic testing, documentation, and clinical reasoning. The simulation laboratory will be used to practice and validate skill competencies. Prerequisite: Advanced Pathophysiology. Summer.	
ADVANCED PATHOPHYSIOLOGY	3(45:0:0)
In-depth study of normal physiologic and pathologic mechanisms of disease across the lifespan with implications for advanced clinical assessment and reasoning in management of common, episodic and chronic conditions. Emphasis on the interpretation of changes in normal function that result in symptoms of disease. Includes analysis of physiologic responses to treatment modalities. Prerequisite: Graduate standing. Fall.	
ADVANCED PHARMACOTHERAPEUTICS	3(45:0:0)
Study of basic pharmacologic principles that include response at the cellular level. Includes both pharmacotherapeutics and pharmacokinetics of broad categories of pharmacologic agents, including controlled substances. Prepares the graduate to prescribe cost-effective pharmacologic agents safely and appropriately considering variations in patient characteristics and disease manifestations. Includes analysis of ethical, policy, and legal issues pertinent to advanced practice nurses involved in pharmacotherapeutic management of patients with common episodic and chronic conditions. Prerequisite: Advanced pathophysiology. Summer.	
BEHAVIORAL HEALTH THERAPEUTICS	3(45:0:0)
Study of common primary or secondary mental and substance use disorders across the life span. Focuses on using brief screening tools to assess and diagnose these disorders in primary care and general medical settings. Social, cultural and ecological aspects of care will be emphasized. A stress adaptation model will be used to analyze predisposing	

Table 5. Course Descriptions

Course Title/Description	Semester Hours (Clock Hours) ¹
factors, precipitating stressors, and coping resources and mechanisms. Evidence-based treatments will be identified for each disorder, with an emphasis on psycho-education, brief cognitive behavioral treatments, family interventions, pharmacotherapeutics, and referral. Graduates will detect, assess, diagnose, and treat individuals with common disorders and refer those with complex conditions. Prerequisite: Graduate standing. Spring.	
<i>Specialty-Focused Competencies</i>	
ADVANCED CARE MANAGEMENT A (SEMINAR & PRACTICUM): ADULT Assessment, diagnosis, and management of middle age and older adults with common acute and episodic conditions within the context of their families, social environment, and culture. Includes study of applicable epidemiology, pathophysiology, symptom complexes and evidence-based treatments, as well as age-appropriate education resources and protocol development. Emphasis is on age-appropriate primary and secondary prevention and risk-reduction strategies using evidence-based guidelines. Scope of practice issues is considered throughout. Practicum provides opportunities for the assessment, diagnosis, and management using evidence-based guidelines and interventions for middle age and older adults. Prerequisite: Advanced Pathophysiology, Advanced Pharmacotherapeutics, Behavioral Health Therapeutics, and Advanced Clinical Assessment & Reasoning: Adult. Fall.	4(0:30:135)
ADVANCED CARE MANAGEMENT B (SEMINAR & PRACTICUM): ADULT Assessment, diagnosis, and management of middle age and older adults with common chronic and complex conditions within the context of their families, social environment, and culture. Includes study of applicable epidemiology, pathophysiology, symptom complexes and evidence-based treatments, as well as age-appropriate education resources and protocol development. Emphasis is on age-appropriate primary and secondary prevention and risk-reduction strategies using evidence-based guidelines. Scope of practice issues is considered throughout. Practicum provides opportunities for the assessment, diagnosis, and management using evidence-based guidelines and interventions for middle age and older adults. Prerequisite: Advanced Pathophysiology, Advanced Pharmacotherapeutics, Behavioral Health Therapeutics, and Advanced Clinical Assessment & Reasoning: Adult. Spring	4(0:30:135)
ADVANCED CARE MANAGEMENT C (SEMINAR & PRACTICUM): ADOLESCENT Assessment, diagnosis, and management of adolescents and young adults with common episodic and chronic conditions within the context of their families, social environment, and culture. Includes study of applicable epidemiology, pathophysiology, symptom complexes and evidence-based treatments, as well as age-appropriate education resources and protocol development. Emphasis is on age-appropriate primary and secondary prevention and risk-reduction strategies using evidence-based guidelines. Scope of practice issues is considered throughout. Practicum provides opportunities for the assessment, diagnosis, and management using evidence-based guidelines and interventions for adolescents and young adults. Prerequisite: Advanced Pathophysiology, Advanced Pharmacotherapeutics, Behavioral Health Therapeutics, and Advanced Clinical Assessment & Reasoning: Adult. Summer.	4(0:30:135)
ADVANCED CARE MANAGEMENT D (SEMINAR & PRACTICUM): CHILD Assessment, diagnosis, and management of infants and preschool children with common episodic and chronic conditions within the context of their families, social environment, and culture. Includes study of applicable epidemiology, pathophysiology, symptom complexes and evidence-based treatments, as well as age-appropriate education resources and protocol development. Emphasis is on age-appropriate primary and secondary prevention and risk-reduction strategies using evidence-based guidelines. Scope of practice issues is considered throughout. Practicum provides opportunities for the assessment, diagnosis, and management using evidence-based guidelines and interventions for infants and preschool children. Prerequisite: Advanced Pathophysiology, Advanced Pharmacotherapeutics, Behavioral Health Therapeutics, and Advanced Clinical Assessment & Reasoning: Child. Fall.	4(0:30:135)
ADVANCED CARE MANAGEMENT E (SEMINAR & PRACTICUM): CHILD Assessment, diagnosis, and management of school-age children with common acute and chronic conditions within the context of their families, social environment, and culture. Includes study of applicable epidemiology, pathophysiology, symptom complexes and evidence-based treatments, as well as age-appropriate education resources and protocol development. Emphasis is on age-appropriate primary and secondary prevention and risk-reduction strategies using evidence-based guidelines. Scope of practice issues is considered throughout. Practicum provides opportunities for the assessment, diagnosis, and management using evidence-based guidelines and interventions for school-age children. Prerequisite: Advanced Pathophysiology, Advanced Pharmacotherapeutics, Behavioral Health Therapeutics, and Advanced Clinical Assessment & Reasoning: Child. Spring.	4(0:30:135)
INTERNSHIP Refinement of expertise in advanced practice specialization. Students demonstrate increased responsibility and accountability for advanced practice performance. Synthesizing knowledge from previous courses, students focus on role integration. Pre/corequisites: Courses with core knowledge and competencies for specialized practice specified in the first 2 years of a full-time plan of study. Summer.	4(0:30:135)
ADVANCED SPECIALTY PRACTICUM Students identify specialty area of concentration and develop individualized learning objectives that are approved by course instructor. Prerequisite: Graduate standing. Fall, spring, summer.	Variable credit
<i>Synthesis & Scholarship</i>	
RESIDENCY A three-semester practice immersion experience that enables synthesis of the cumulative knowledge from nursing,	3(0:0:135) or 4(0:0:180)

Table 5. Course Descriptions

Course Title/Description	Semester Hours (Clock Hours) ¹
biophysical, psychosocial, analytical, and organizational sciences. Students increase their expertise in a selected specialization to the highest level by integrating theoretical perspectives with evidence-based knowledge, skill competencies, and intra/interprofessional collaboration. Includes implementation and evaluation of an evidence-based, scholarly capstone project in own advanced practice specialization in partnership with a selected agency or organization that addresses identified needs of a group, target population, or community and determines best practices, solves a practice problem, or improves health, educational, or performance outcomes. Pre/corequisites: All other courses in plan of study. Fall, spring, summer.	

V. Faculty

A. ACADEMIC QUALIFICATIONS

Table 6. Faculty, by Rank, Degree, and Field of Study, DNP Degree Program

Rank	Highest Degree Earned	Field of Study	Teaching in Field?	
			Yes	No
Professor 1	PhD	Public health; adult nurse practitioner	X	
Associate professor 1	DNSc	Nursing; psychiatric-mental health	X	
Associate professor 2	EdD	Nursing; adult health	X	
Associate professor 3	PhD	Nursing; nursing administration	X	
Assistant professor 1	PhD	Nursing; adult health; public health	X	
Assistant professor 2	PhD	Nursing; maternal/family health; education	X	
Assistant professor 3	DNS	Nursing; nursing administration	X	
Assistant professor 4	MSN	Community nursing; nurse midwifery	X	
Assistant professor 5	MS	Nurse midwifery	X	
Assistant professor 6	MS	Pediatric nurse practitioner	X	
Assistant professor 7	MSN	Adult health; family nurse practitioner	X	
Instructor 1	PhD	Nursing; adult health; family nurse practitioner	X	
Instructor 2	MSN	Family nurse practitioner	X	
Instructor 3	MS	Pediatric nurse practitioner	X	
Instructor 4	MSN	Community health nursing		X

B. QUALIFICATIONS FOR NEW FACULTY TO BE RECRUITED FOR THE DNP DEGREE PROGRAM

Recruitment of new faculty for the DNP Degree Program is not expected at this time. Faculty recruitment will occur if a currently employed, qualified faculty member retires or resigns. Adequate qualifications include: a baccalaureate or master's degree in nursing, earned doctorate in nursing or related field (DNP preferred), advanced practice certification in the appropriate nursing specialization, minimum 2 years experience in advanced practice, and eligibility for registered nurse (RN) licensure in South Carolina.

C. PROPOSED CHANGES IN ADMINISTRATOR AND FACULTY ASSIGNMENTS AND EXTENT OF NEW FACULTY NEEDS CREATED BY REASSIGNMENT

Implementation of the DNP Degree Program will maximize use of faculty resources across the graduate program. Dr. Sally Stroud, the associate dean for academics and director of graduate the program, will continue her administrative role as associate dean for academics and director of the DNP Degree Program. Faculty members currently teaching in nurse midwifery (2), neonatal (1), and psychiatric-mental health (1) nursing specializations will apply their knowledge and skills to scientific foundations for advanced practice and specialty-focused competencies within the DNP curriculum. The remaining graduate faculty will continue to apply their knowledge and skills within their specialization included in the DNP Degree Program. No new faculty needs are created by this reassignment.

D. INSTITUTIONAL PLAN FOR FACULTY DEVELOPMENT

The institutional plan for faculty development in the College of Nursing includes facilitation of life-long learning through a thorough orientation program for new faculty, mentoring of junior faculty within the College, and mentoring of senior faculty externally. A minimum of two faculty development workshops per year are held based upon an annual needs survey of faculty members. Faculty members with master's degrees are encouraged to pursue doctoral education. At this time two faculty members are enrolled in PhD programs and two in DNP programs. Each year the College hosts a distinguished nursing scholar for development activities within the College and a lecture open to the University. At the University level, the Apple Tree Society sponsors monthly development meetings to promote the scholarship of teaching. Faculty members are encouraged to participate in annual conferences of their professional specialty organizations at which the latest research and scholarship are presented.

E. INSTITUTIONAL DEFINITION OF FULL-TIME EQUIVALENT (FTE)

The institutional definition of a full-time equivalent (FTE) position (faculty or staff) is one that requires a minimum commitment of 40 hours per week. A FTE graduate student is enrolled in at least 9 sh of coursework during fall and spring semesters and at least 7 sh during summer semester.

F. PERSONNEL SUPPORT FOR THE DNP DEGREE PROGRAM, BY POSITION AND FTE

Table 7. Number of Personnel, by Type, FTE, and Employment Status, DNP Degree Program, 2009-2014

Year	Newly Employed		Currently Employed		Total	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
<i>Administrators</i>						
2009-2010	--	--	1	.42	1	.42
2010-2011	--	--	1	.42	1	.42
2011-2012	--	--	1	.42	1	.42
2012-2013	--	--	1	.42	1	.42
2013-2014	--	--	1	.42	1	.42
<i>Faculty</i>						
2009-2010	--	--	19	10.29	19	10.29
2010-2011	*1	.54	18	9.75	19	10.29
2011-2012	*1	.54	18	9.75	19	10.29
2012-2013	**2	.74	19	9.75	20	10.49
2013-2014	***1	.10	21	10.49	22	10.59
<i>Staff</i>						
2009-2010	--	--	12	1.56	12	1.56
2010-2011	--	--	12	1.56	12	1.56
2011-2012	1	.39	11	1.15	12	1.56
2012-2013	--	--	12	1.56	12	1.56
2013-2014	1	.39	11	1.15	12	1.56

*One faculty replacement due to retirement. ** One faculty replacement due to retirement and the addition of 0.20 FTE for supervision of increased number of students in clinical simulation. ***Addition of 0.10 FTE for increased number of students in clinical simulation.

VI. Physical Plant

The physical facilities of the College of Nursing include a five-story building located in the geographic center of the campus. It affords space on the upper four floors for 75 offices (faculty and administrative-support), four work centers, two locked file rooms, three small-size classrooms (15-25 capacity), one moderate-size, distance-education classroom (45 capacity), six small conference rooms (8-12 capacity), one clinical faculty office with four computer workstations, and one student lounge with five computer workstations. All classrooms and conference rooms are equipped with audio-visual instructional equipment and a computer that has Internet access.

Each faculty member is assigned an office in the College of Nursing, with the average size office being 14'8" wide by 11'6" long. All floor space is carpeted to reduce noise. Each office is equipped with a computer, an executive desk with office chair, telephone with voice mail service, two or more occasional chairs, one or more bookcases, a worktable, and file cabinets.

The College of Nursing will share the 11,850-square-foot simulated learning laboratory on the first floor of the building with the College of Medicine. This \$2.6 million renovation will open June 10, 2008. The Clinical Effectiveness and Patient Safety Center (funded by a Duke Endowment grant and the General Assembly of South Carolina) will provide administrative support. This simulation laboratory will be in the forefront of interprofessional education in the state and nation.

Nursing is designated as a substantive user of the simulation laboratory. The advanced practice nurse practitioner student will be able to practice and validate skill competencies for physical assessment of the neonate, infant, child and adult applications, gynecologic exam, rectal and bimanual task trainer examination, airway management and medical emergency team training exercises.

VII. Equipment

The high fidelity equipment for the simulated learning laboratory was purchased and will be maintained by the Clinical Effectiveness and Patient Safety Center. Simulation equipment in the laboratory includes SimMan, Simbaby, Noelle birthing simulator, Harvey (with a comprehensive cardiology curriculum), Nursing Anne (adult female), and other high fidelity manikins. The laboratory also has multiple partial-task trainers, including male and female catheterization, IV access, nasogastric insertion, and tracheotomy care.

VIII. Library Resources

The MUSC Library is a major health science resource library for the MUSC, the State of South Carolina and the Southeast. The MUSC Library serves as a resource library within the National Network of Libraries of Medicine, an indicator of nationally recognized excellence. The multi-faceted, comprehensive medical knowledge center includes:

- An on-site print and audio-visual medical collection of more than 200,000 volumes and subscriptions to 250 print journals (not available electronically)
- A virtual medical collection with access to 260 electronic reference works and 14,000 electronic journals
- Online catalogs for the MUSC Library, 7 local libraries, and over 100 county, college and university, and private collections in the State of South Carolina
- Major biomedical databases with search capabilities, including 10 primary and 45 secondary sources for nursing literature
- The Educational Technology Laboratory for Web-based instruction and curriculum evaluation
- The Informatics Laboratory with more than 200 microcomputers augmented by peripheral equipment
- The Office of Media Services and Digital Imaging for illustration, design, photography, and preparation of posters and slides for scientific presentations
- An active program of individual, class, and group instruction for University students, faculty, and staff related to the use of a variety of informational systems that support education, clinical care, research, and community outreach
- Hands on Health, a public Web site providing health information to the public on community health problems of particular importance in South Carolina

Students and faculty with a MUSC NetID and password may access all electronic library resources from any computer across the world. Such access supports online educational methods for students, whether local or distant.

IX. Accreditation, Approval, Licensure, or Certification

A. PROGRAM ACCREDITATION

The College of Nursing is fully accredited by the Commission on Collegiate Nursing Education. The DNP Degree Program will be reviewed during the next application for re-accreditation, which will occur during the 2009-10 academic year. The proposed curriculum is closely aligned with the *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006b) and the *Practice Doctorate Nurse Practitioner Entry-Level Competencies* (National Panel for Nurse Practitioner Practice Doctorate Competencies, 2006). Courses related to the scientific foundations of independent practice and specialty-focused competencies were developed according to the *Domains and Core Competencies of Nurse Practitioner Practice* (National Organization of Nurse Practitioner Faculties, 2006). The Southern Association of Colleges and Schools accredits the MUSC, including the College of Nursing.

B. CERTIFICATION OF GRADUATES

National certification as an advanced practice nurse (nurse practitioner, clinical nurse specialist, nurse midwife, or nurse anesthetist) is required for licensure and financial reimbursement for services rendered. National certification is recommended for nurse administrators and nurse educators. It is expected that all graduates will take the appropriate national certification examination. The American Nurses Credentialing Centers offers certification examinations for all specializations offered in our DNP Degree Program except nurse educator. The National League for Nursing offers the certification examination for nurse educator. Two years of full-time employment within the last 5 years is required to be eligible for the nurse educator certification examination.

X. Articulation

A. TERMINAL DEGREE STATUS

The Doctor of Nursing Practice degree is the terminal degree for professional nursing practice.

B. INTER-INSTITUTIONAL COLLABORATION

The MUSC College of Nursing collaborated with the University of South Carolina (USC) College of Nursing in offering a Doctor of Philosophy in Nursing Program for 6 years. Based upon the recommendation of two external review teams, an independent PhD in Nursing Program was established through the College of Graduate Studies at MUSC. This program is offered entirely online. We have graduated 16 PhD nurses since 2005, and have a current enrollment of 29 PhD students with 11 additional students anticipated to enroll in fall 2008 for a total of 40 PhD students. This number exceeds that of similar sized nursing programs and reflects MUSC's ability to both accurately assess the educational needs of nurses, as well as provide programs of study and delivery methods that attract and graduate highly qualified nursing students.

While the USC College of Nursing offers a DNP degree, the curriculum is distinct and offered via on-campus and distance education methods rather than online methods. The Clemson University School of Nursing does not offer a DNP program. We are in constant interaction and collaboration with our nursing colleagues at these institutions and hope that over the next 10 years all three universities might offer online programs. Should this occur, we will then explore opportunities to share resources, maximize faculty expertise and consolidate course offerings. However, at this time MUSC is the only research university offering totally online nursing programs and there is no current plan to mutually offer online programs.

XI. Estimated New Costs

No unique cost or other special state appropriations will be required or requested to implement the DNP Degree Program in the College of Nursing at MUSC. The program will be implemented by consolidating resources, including faculty and staff support, from the existing

MSN Program. 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. (Tables 8 & 9)

In Year 4, it will be necessary to add 0.2 FTE for faculty supervision of the increased number of students in clinical simulation. In the following year, an additional 0.1 FTE faculty will be added for the same purpose.

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 program to a broad array of interested nurses. During the first year of the program, non-recurring 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.

Table 8. Estimated New Costs (Dollars), by Year and Category, DNP Degree Program, 2009-2014

Budget Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Program administration						
Faculty salaries				25,000	38,400	63,400
Graduate assistants						
Clerical/support personnel						
Supplies and materials	2,000					2,000
Library resources						
Equipment	15,000	10,000	10,000	10,000	10,000	55,000
Facilities						
Other – consultant	5,000					5,000
Other – outcomes evaluation		5,000	5,000	5,000	5,000	20,000
Total	22,000	15,000	15,000	40,000	53,400	145,400

Table 9. Estimated Revenue (Dollars), by Year and Source, DNP Degree Program, 2009-2014

Revenue Source	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Estimated FTE revenue generated from the state						
Tuition funding (new students only)						
Other legislative appropriations			46,784	151,350	310,272	508,406
Reallocation of existing funds	22,000	15,000				37,000
Federal funding						
Other						
Other						
Total	22,000	15,000	46,784	151,350	310,272	545,406

XII. Institutional Approval

Internal Governing Body	Date Approved
College of Nursing Faculty Assembly	August 17, 2007
MUSC Dean's Council	September 17, 2007
MUSC President's Council	January 30, 2008
MUSC Board of Trustees	April 11, 2008

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