Proposing Institution

Francis Marion University

Title of Proposed New Program

Master of Science in Nursing

Family Nurse Practitioner

Submission Date

November 14, 2011
Revised February 15, 2012

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Dr. Luther Fred Carter, President

Francis Marion University

4822 E. Palmetto Street

Florence, South Carolina 29506

Contacts:

Dr. Richard N. Chapman, Provost
843-661-1281; rchapman@fmarion.edu

Dr. Ruth Wittmann-Price, Chair
FMU Department of Nursing; 843-661-1690;
rwittmannprice@fmarion.edu

A.   Classification

Program Title:	Master of Science in Nursing (MSN)/Family Nurse Practitioner
Academic Unit:	Department of Nursing
Designation, type and level of degree:	Master of Science in Nursing Family Nurse Practitioner
Proposed implementation date:	January 2013
CIP code:	51.1605
Program(s) Identification:	New
Site	Francis Marion University, Florence, SC
Program qualifies for supplemental Palmetto Fellows Scholarship and Life	No
Delivery Mode	Traditional

B.   Justification

B.1.   Purposes and Objectives of the Program

 The purpose of this program is to provide baccalaureate-prepared Registered Nurses (RNs) access to high quality graduate education within their home region in order to serve the health care needs of the people of the Pee Dee region and the state of South Carolina.

The specific objectives of this program are to:

B.1.a. Provide high quality graduate education that is accessible to RNs; and

B.2.b. Increase the number of primary care providers in the region and the state.

B.2.   Need for the Program

At present, nurses in northeastern South Carolina seeking graduate degrees must travel 2-3 hours one way to access advanced nursing education programs. Because most of the RNs who wish to enroll in graduate programs are working full-time, they find it highly desirable to have a program available on the FMU campus.[1]

The findings of the feasibility study for a MSN program at FMU are decidedly affirmative. Two hundred eighty one surveys were sent to nurses in the Pee Dee region who had completed their BSN. One hundred eighty respondents (72%) wished to pursue a MSN. The majority of participants wished to attend classes part-time. Almost all of the participants that desired to attend the MSN program indicated an intention to enroll within five years. This program will begin within that period. The categories of study preferred by the survey participants were nurse practitioner (primary care), nurse educator, and clinical nurse expert.

According to the U.S. Bureau of Labor Statistics, *Occupational Outlook Handbook (2010-2011)*, during the coming years nurse practitioners "will be in high demand, particularly in medically underserved areas such as inner cities and rural areas." In the judgment of one expert, Dr. Kenneth Miller of the American College of Nurse Practitioners, the trend is clear: In the next few years, "nurse practitioners are going to be the gateway for primary care in this country."

The FMU Department of Nursing receives telephone calls and emails, averaging approximately five per week, inquiring about the start date of the FNP program. Encouraged by

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[1] A search of nursing programs in South Carolina shows three MSN programs that offer the FNP major. These programs are offered by Clemson University, the Medical University of South Carolina, and the University of South Carolina.

this level of interest, in September 2011 the Nursing Department conducted a further feasibility study regarding the availability of clinical sites for FNP students. One hundred surveys were sent to area primary care practices, including family practitioners, obstetricians, internists, and pediatricians. The survey yielded a 40% return rate. Of the surveys returned, 18 practices stated they would definitely act as preceptors for FNP students, another 24 stated they would consider doing so, and only eight stated they would be unable to precept. This survey indicates that the health care community of the region has accepted and will welcome Family Nurse Practitioners. It should also be emphasized that Family Nurse Practitioner programs were initially developed to provide primary care providers for underserved areas. That objective will be accomplished with this program. Because FMU is located in a rural section of South Carolina, the University is well-positioned to improve health care in a medically-underserved part of the state.

As documented in the I-95 Corridor Report, which was commissioned by the South Carolina General Assembly, there are serious health care issues afflicting the Pee Dee region of South Carolina that this program will help address. In the words of the I-95 Corridor Report, "Health care in the rural parts of South Carolina, including most of the Corridor, is not adequate for the very serious health problems faced by rural residents." The I-95 Corridor report strongly urged increased support for programs that target rural health care.[2]

National statistics show an urgent demand for Nurse Practitioners (NPs) to fill a current 30% shortage of primary-care physicians. To compound the shortage of primary care physicians, fewer than 10% of medical students are choosing to become primary care practitioners (PCPs) upon graduation (NPR, 2009). Former Health and Human Services Department Secretary Donna Shalala spoke of this service dilemma in a 2009 interview with National Public Radio: "The shortage is related to primary care. We have lots of specialists in the country."

Northeastern South Carolina is affected by the shortage of PCPs. Depending on what classifications are used, rural residents make up 20 to 21% of the total U. S. population and are served by only 10% of the country's physicians. According to the U.S. Department of Agriculture Economic Research Service, South Carolina is 24% rural. Mid-level providers, such as Nurse Practitioners, are part of the solution to the PCP dilemma facing the Pee Dee region and other rural areas of the state and the nation.

There are several reasons that NPs are being heralded as the solution to the problem of delivering primary health care. Medicare reimburses nurse practitioners 85% of what is paid to doctors for the same services, thereby making their service more economical. Nurse practitioners also are well received by the public because of their focus on patient-centered care and preventive health care. Both are ingredients needed to assist the nation and the state in dealing with mounting health care deficits. Preventive services and healthy lifestyle promotion have become a significant national focus (Healthy People, 2010; 2020).

Additionally, Rose Gonzalez, director of government affairs for the American Nurses Association, states: "The [health care reform] law adds 'nurse-managed health clinics' to the group of health centers eligible to receive up to $50 million in federal grants. The clinics must be managed by advanced practice nurses, provide services to underserved or vulnerable populations without regard for insurance or income, and be affiliated with a university or another qualified health center." The foregoing provision will be a great incentive for NPs to establish freestanding clinics.

B.3.　　Congruence with Mission

FMU's mission is to make available an excellent undergraduate education in the liberal arts and to offer selected professional programs at the undergraduate and graduate level. The University responds to the needs of its region and the state through its academic programs, and

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[2] Toby Moore and Sara Lawrence, RTI International, *Creating Greater Opportunity in South Carolina's I-95 Corridor: A Human Needs Assessment* (2009).

for that reason, FMU has developed a Master of Science in Nursing/Family Nurse Practitioner degree program that will be offered by the Department of Nursing. This master's program addresses the need for advanced education of nurses in the region and the state, and will be an exceedingly worthwhile addition to the University's list of graduate offerings.

Expanding the pool of master's-prepared nurses in the Pee Dee region and the state is congruent not only with the mission of Francis Marion University but also with the purpose of the Pee Dee Health Education Partnership. The PDHEP—a consortium that includes FMU, the University of South Carolina, McLeod Health, and Carolinas Hospital System—was approved by the South Carolina Commission on Higher Education in October 2008. The Pee Dee Health Education Partnership is intended to provide graduate programs in the health care area for the benefit of northeastern South Carolina and the state. In its strategic plan, the Master of Science in Nursing/Family Nurse Practitioner program is identified as the top priority of the PDHEP. This program will increase the number of master's-prepared nurses possessing the advanced knowledge, skills, and abilities needed to provide quality health care in the region and the state.

B.4.   Relationship to Other Programs
Francis Marion University offers a successful baccalaureate degree program in nursing and has strong programs in the sciences and mathematics that will support the MSN/FNP program. The Department of Nursing will collaborate with the Departments of Biology and Mathematics, especially in the areas of statistics, pharmacology, and pathophysiology.

B.5.   Comparison of Program to Other Institutions
Other MSN/FNP degree programs in the state of South Carolina are offered by Clemson University, the Medical University of South Carolina, and the University of South Carolina (which offers a primary care NP track equivalent to the FNP). Because of the high level of need in the state, conversations between the President of Francis Marion University and the Presidents of MUSC and USC have elicited no concern about FMU beginning a MSN/FNP program. In fact, the University of South Carolina is one of the members of the Pee Dee Health Education Partnership, and as indicated above, the PDHEP has made the FMU Nurse Practitioner program its top priority. The FMU MSN/FNP program, among other objectives, will prepare Family Nurse Practitioners for rural practice in order to improve health care delivery in the Pee Dee region, which was one of the critical needs cited by the 2009 I-95 Corridor Study.

The closest of the existing MSN/FNP degree programs is approximately 90 miles from Francis Marion University. Because of the travel distances involved, nurses living in northeastern South Carolina consider these programs to be relatively inaccessible. Most baccalaureate-prepared nurses in the Pee Dee region are employed full-time, a circumstance that makes it difficult for them to access programs outside the region. There is at present no master's program in nursing in the nine-county region of the Pee Dee.

 Proprietary institutions such as the University of Phoenix, South University, and Walden University offer online degrees. However, proprietary programs can be very expensive, and rely on students to find local preceptors to provide them with hands on experience. FMU's proposed MSN/FNP program will offer a combination of accessibility, affordability, and quality that may not be found in online programs.

C.   Enrollment
C.1.   Admission Criteria
To be considered for admission as a graduate degree student, an applicant must submit the following materials to the FMU Graduate Office:
1.   The graduate application for admission and non-refundable application fee;
2.   Official transcripts(s) of all undergraduate and graduate work from accredited institutions;

3. Appropriate scores on the Graduate Record Examination (GRE) from within the last five years;
4. Two letters of confidential recommendations from professional associates or former professors who can attest to the academic potential of the applicant;
5. A written statement of the applicant's career goals, 300 to 500 words in length, including the applicant's interest and reasons for seeking admission to the MSN/FNP track;
6. Current license to practice nursing in South Carolina or other National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact state;
7. Satisfactory criminal background check and drug screen;
8. Health history-per college requirement (TB, Hepatitis, Immunizations); and
9. American Heart Association (AHA) CPR certification at the healthcare provider level, earned prior to the start of classes.

All of the above materials must be submitted in one packet to the Graduate Office, Francis Marion University, Post Office Box 100547, Florence, SC 29502-0547

Completed applications are reviewed for merit by the Department of Nursing faculty. Determination of merit is based upon consideration of all components of the application packet. In the admissions decision process, consideration is given to both the merit of each application received and to the number of slots available in the program at the time of application. Favorably reviewed applications are submitted to the FMU Graduate Council for review. Offers for admission are given to those applicants who show the most promise of success in graduate studies.

Admission to the MSN/FNP program track is during the spring semester. To be guaranteed timely consideration for acceptance, all of the above materials should be submitted by October 15 of the fall semester prior to the desired semester of admission.

C.2. Projected Total Student Enrollment

Based on the needs assessment and follow-up inquiries, it is anticipated that most of the master's degree students will be enrolled in 6-9 credit hours per semester. The criterion for full-time status at FMU is six graduate credit hours per semester. It is further anticipated that as the program's visibility and reputation grow, the number of applicants and enrollees will increase significantly. Students will be recruited from the pool of baccalaureate prepared nurses in the region and those currently enrolled in the pre-licensure and RN to BSN programs of Francis Marion University.

C.3. Table A – Total Enrollment

PROJECTED TOTAL ENROLLMENT						
YEAR	FALL		SPRING		SUMMER	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2012-2013	0	0	22*	198	22	220
2013-2014	22	242	46*	436	46	328
2014-2015	46	506	51*	483	51	366

| 2015-2016 | 51 | 561 | 57* | 543 | 57 | 408 |
| 2016-2017 | 57 | 627 | 60* | 570 | 60 | 420 |

* Spring admits each year 22, 24, 27, 30.

C.4. Table B – New Enrollment

ESTIMATED NEW ENROLLMENT						
YEAR	FALL		SPRING		SUMMER	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2012-2013	0	0	22	198	22	220
2013-2014	22	242	46	436	46	328
2014-2015	46	506	51	483	51	366
2015-2016	51	561	57	543	57	408
2016-2017	57	627	60	570	60	420

D.   Curriculum

The curriculum of the Master of Science degree in nursing is designed to develop nurse practitioners with an advanced level of knowledge, skills and abilities to serve the nursing needs of the community and various healthcare environments. The design of the curriculum is based on the National League for Nursing's *Core Competencies for Graduates* of *Master's Programs* (NLN, 2010). Also considered in program development is the U.S. Department of Health and Human Services Health Resource Services Administration Bureau of Health Professions Division of Nursing competencies (HRSA, 2002). Upon completion of the curriculum, graduates will be fully qualified for national certification examination (either American Nurses Credentialing Center [ANCC, 2011] or American Academy of Nurse Practitioners Certification Program [AANPCP, 2010]) to become licensed as an Advanced Practice RN in South Carolina.

The advanced practice curriculum in the Family Nurse Practitioner Program prepares nurses as FNPs for community-oriented primary care. FNPs provide comprehensive health promotion services to ambulatory clients; evaluate problems at the client's initial contact with the primary care system; and provide continuing care to clients with acute and stable chronic illnesses. In addition to clinical practice, there is an emphasis on epidemiological approaches to clinical problems, holism and caring, family and community systems, use of technology, cost effectiveness, collaboration, consultation, referral processes, theoretical frameworks, and evidence-based practice.

Students will engage in FNP practice with clinically active primary care practitioners in the specialty of the enrolled course. "Preceptors should have preparation and at least one year of clinical experience in their clinical areas of clinical supervision" (AANP, 2010, p.1). For example, the women's health practicum will be completed with a gynecologist or a women's health nurse practitioner. The final internship courses will be completed in a family practice outpatient setting and along with clinical practice, the senior NP student will develop a senior evidence-based project for the clinical site. This will be done by assessing the needs of the client

population within the practice and developing an organizational or patient-centered care project of sufficient depth that can be implemented as an organizational or individual change to promote healthy lifestyles, systems improvement, or patient safety. The preceptors will have the opportunity to evaluate the students. The preceptors will not be paid but will be rewarded with a certificate of recognition and we will hold a once a year recognition dinner on campus.

D.1.   FNP Curriculum

REQUIREMENTS FOR MASTER OF SCIENCE IN NURSING DEGREE/ FAMILY NURSE PRACTITIONER

To receive a Master's Degree in Nursing as a Family Nurse Practitioner from FMU, a student must fulfill the following requirements:

1. Complete 55 graduate credit hours, which include 630 practicum hours.
a) Graduate Nursing Core Courses (All MSN programs)...12 Hours
    APRN 501 Advanced Practice Role: Theory and Knowledge Development
    APRN 502 Biostatistics
    APRN 503 Advanced Research and Evidence-based Practice
    APRN 504 Health Policy and Leadership
b) Direct Care Core...19 Hours
    APRN 505 Population Health and Epidemiology
    APRN 506 Health Systems and Risk Management
    APRN 507 Patient Education and Advocacy
    APRN 601 Advanced Pathophysiology
    APRN 602 Advanced Pharmacology
    APRN 603 Advanced Physical Assessment and Health Promotion
c) Functional Area Content.. 24 Hours
    APRN 701 Primary Care of Adults
    APRN 702 Primary Care of Infants, Children, and Adolescents
    APRN 703 Primary Care of Women
    APRN 704 Primary Care of Geriatric Patients
    APRN 705 Internship I
    APRN 706 Internship II
    APRN 707 Clinical Decision-making and Ethics
2. Achieve a 3.0 overall grade point average for all graduate courses.
3. Make application for graduation at the beginning of the semester in which the last course will be taken.

D.1.a. Course offerings per semester

Semester	Course	Credits
Spring	APRN 501 Advanced Practice Role: Theory and Knowledge Development (3) APRN 504 Health Policy and Leadership (3) APRN 601 Advanced Pathophysiology (3)	3 3 3 = 9
Late Spring Term	APRN 502 Biostatistics (3)	3
Summer Session I	APRN 503 Advanced Research and Evidence-based Practice (3)	3
Summer Session II	APRN 603 Advanced Physical Assessment and Health Promotion (4:3-3) (45 hrs)	4

Semester	Course	Credits
Fall	APRN 602 Advanced Pharmacology (3) APRN 507 Patient Education and Advocacy (3) APRN 701 Primary Care of Adults (5:2-9) (135 hours)	3 3 5 = 11
YEAR 1 TOTAL		**30**
Semester	**Course**	**Credits**
Spring	APRN 505 Population Health and Epidemiology (3) APRN 506 Health Systems and Risk Management (3) APRN 702 Primary Care of Infants, Children and Adolescents (4:2-6) (90 hrs)	3 3 4 = 10
Summer Session I	APRN 703 Primary Care of Women (2:1-3) (45 hours)	2
Summer Session II	APRN 704 Primary Care of Geriatric Patients (2:1-3) (45 hours)	2
Fall	APRN 705 Internship I (4:1-9) (135 hours) APRN 706 Internship II (4:1-9) (135 hours) APRN 707 Clinical Decision-making and Ethics (3)	3 4 4 = 11
YEAR 2 TOTAL		**25**
	Program Total	**55**

(Lecture (Semester) hours = 1:1, practicum (Contact) hours = 3:1) Conferences can only be applied to 10% of practicum).

Part-time FNP Study Plan

Semester	Course	Credits
Spring	APRN 501 Advanced Practice Role: Theory and Knowledge Development (3) APRN 504 Health Policy and Leadership (3)	3 3 = 6
Late Spring Term	APRN 502 Biostatistics (3)	3
Summer Session I	APRN 503 Advanced Research and Evidence-based Practice (3)	3
Summer Session II	APRN 603 Advanced Physical Assessment and Health Promotion (4:3-3) (45 hrs)	4
Fall	APRN 507 Patient Education and Advocacy (3) APRN 602 Advanced Pharmacology (3)	3 3 = 6
YEAR 1 TOTAL		**22**
Spring	APRN 506 Health Systems and Risk Management (3) APRN 601 Advanced Pathophysiology (3)	3 3= 6
Late Spring Term	APRN 707 Clinical Decision-making and Ethics (3)	3
Summer Session I	APRN 703 Primary Care of Women (2:1-3) (45 hours)	2
Summer Session II	APRN 704 Primary Care of Geriatric Patients (2:1-3) (45 hours)	2
Fall	APRN 701 Primary Care of Adults (5:2-9) (135 hours)	5
YEAR 2 TOTAL		**18**
Spring	APRN 702 Primary Care of Infants, Children and Adolescents (4:2-6) (90 hrs)	4
Late Spring Term	APRN 505 Population Health and Epidemiology (3)	3
Summer Session I Summer Session II	APRN 705 Internship I (4:1-9) (135 hours)	4
Fall	APRN 706 Internship II (4:1-9) (135 hours)	4
YEAR 3 TOTAL		**15**
	Program Total	**55**

(Lecture (Semester) hours = 1:1, practicum (Contact) hours = 3:1) Conferences can only be applied to 10% of practicum).

D1.b. Course Offerings each Year

Spring	Late Spring	Summer 1	Summer 2	Fall
APRN 501 Advanced Practice Role: Theory and Knowledge Development (3) **APRN 504** Health Policy and Leadership (3) **APRN 601** Advanced Pathophysiology (3)	**APRN 502** Biostatistics (3)	**APRN 503** Advanced Research and Evidence-based Practice (3)	**APRN 603** Advanced Physical Assessment and Health Promotion (4:3-3) (45 hrs)	**APRN 507** Patient Education and Advocacy (3) **APRN 602** Advanced Pharmacology (3) **APRN 701** Primary Care of Adults (5:2-9) (135 hours)
9 SH (Semester Hours)	**3 SH**	**3 SH**	**4 SH**	**11 SH**
Total Course Offerings First Program Year				**30 SH**

Courses Needed Year 2 and Ongoing				
Spring	**Late Spring**	**Summer 1**	**Summer 2**	**Fall**
APRN 501 Advanced Practice Role: Theory and Knowledge Development (3) **APRN 504** Health Policy and Leadership (3) **APRN 505** Population Health and Epidemiology (3) **APRN 506** Health Systems and Risk Management (3) **APRN 601** Advanced Pathophysiology (3) **APRN 702** Primary Care of Infants, Children and Adolescents (4:2-6) (90 hrs)	**APRN 502** Biostatistics (3) **APRN 505** Population Health and Epidemiology (3) **APRN 707** Clinical Decision-making and Ethics (3)	**APRN 503** Advanced Research and Evidence-based Practice (3) **APRN 703** Primary Care of Women (2:1-3) (45 hours) **APRN 705** Internship I (2 of 4:1-9) (135 hours)	**APRN 603** Advanced Physical Assessment and Health Promotion (4:3-3) (45 hrs) **APRN 704** Primary Care of Geriatric Patients (2:1-3) (45 hours) **APRN 705** Internship I (2 of 4:1-9) (135 hours)	**APRN 507** Patient Education and Advocacy (3) **APRN 602** Advanced Pharmacology (3) **APRN 701** Primary Care of Adults (5:2-9) (135 hours) **APRN 705** Internship I (4:1-9) (135 hours) **APRN 706** Internship II (4:1-9) (135 hours) **APRN 707** Clinical Decision-making and Ethics (3)
19 SH	**9 SH**	**7 SH**	**8 SH**	**22 SH**
Total Course Offerings Second Program Year and Ongoing				**65 SH**

D.1.c. Progression Policy

Progression policies in the MSN/FNP program track are in compliance with the FMU catalog for graduate programs. In order for a student to successfully progress through the MSN program, the student must complete his or her degree within a six-year period; achieve course grades of C or better; and maintain a 3.0 cumulative grade point average for all graduate courses. Students will be allowed to retake one course due to academic failure; no retaking of courses will be permitted for clinical failures.

D.2.   Program Outcomes

The FMU MSN program outcomes are based upon the Competencies for Graduates of Master's programs developed by the National League for Nursing (NLN, 2010) which are:

1. <u>Human Flourishing</u>: Function as a leader and change agent in one's specialty area of practice to create systems that promote human flourishing (NLN, 201, p. 40).
2. <u>Nursing Judgment</u>: Make judgments in one's specialty area of practice that reflect a scholarly critiques of current evidence from nursing and other disciplines and the capacity to identify gaps in knowledge and formulate research questions. (NLN, 2010, p. 40)
3. <u>Professional Identity</u>: Implement one's advanced practice role in ways that foster best practices, promote the personal and professional growth of oneself and others, demonstrate leadership, promote positive change in people and systems, and advance the profession (NLN, 2010, p. 40).
4. <u>Spirit of Inquiry</u>: Contribute to the science of nursing in one's specialty area of practice by analyzing underlying disparities in knowledge or evidence; formulating research questions; and systematically evaluating the impact on quality when evidence-based solutions to nursing problems are implemented (NLN, 2010, p. 40).

The FMU/ MSN Program embraces the core values set forth by the NLN (2010) which include:

- Caring
- Diversity
- Ethics
- Excellence,
- Holism
- Integrity
- Patient –centeredness

The FMU MSN program will thread these core values through the curriculum and ascribe to the six integrating concepts which emerge from those core values and are demonstrated in progressive learner acquisition throughout the program. These integrating concepts include:

- Context and environment
- Knowledge and science
- Personal and professional development;
- Quality and safety
- Relationship-centered care
- Teamwork (NLN, 2010, p. 8).

FMU MSN Program Outcomes	Correlated with NLN (2010) Competencies for Graduate of Master's Programs
1. Integrate psychosocial and scientific knowledge into the skills and competencies used in advanced practice nursing care	Nursing Judgment
2. Understand the organizational structure and effective leadership of contemporary health care systems	Professional Identity
3. Develop decisional strategies for providing safe and effective advanced practice nursing care	Nursing Judgment
4. Infuse current research finding and best practice protocols into advanced practice nursing care	Human Flourishing
5. Use informatics to improve patient teaching and advanced practice nursing care providers	Spirit of Inquiry
6. Advocate for healthcare policies that increase population access to primary care	Human Flourishing
7. Collaborate with other various healthcare professions to improve patient outcomes on individual and systems level	Human Flourishing
8. Design care that focuses on health promotion for patients, families, and communities	Professional Identity
9. Assimilate skills to provide health promotion and disease prevention for patients across the lifespan	Human Flourishing

D.2.1. Graduation

To receive a master's from FMU a student must fulfill the following requirements (FMU Catalog 2011-2012, p. 198):

1) Complete the number of graduate hours and specific courses required in the student's approved program;
2) Achieve a 3.0 cumulative GPA on all graduate courses; and
3) Satisfactory complete all the other requirements of the program which include completing all (585) clinical hours and 45 laboratory hours successfully prior to graduation.

D.3.   All New Courses: GRADUATE COURSES FOR NURSING (APRN)

501 Advanced Practice Role: Theory and Knowledge Development (3) S. This course examines advanced practice nursing concepts, theoretical underpinnings, and current professional issues. Learners will examine how theoretical issues are integrated into practice and how they can be a mechanism to improve patient outcomes related to health promotion and disease prevention. Understanding of the role and scope of the advanced practice registered nurse is an expectation.

502 Biostatistics (3) S. This course applies theoretical foundations and applications of hypothesis testing, simple linear regression, and multiple regression analysis. The learner will use computer software to analyze biophysical data for frequency distributions, clinical significance, and correlation of variables.

503 Advanced Research and Evidence-based Practice (3) (Prerequisite/Corequisite: 502) SU. This course explores quantitative and qualitative approaches to research issues in advanced practice nursing. Theories, methods, designs, measurement, ethical conduct, and skills in critical research appraisal are emphasized, along with the use of research to improve practice and client outcomes.

504 Health Policy and Leadership (3) (Prerequisite/Corequisite: 501) S. This course explores how health policy affects the practice of advanced practice nurses and the healthcare of patients, families, and populations. It assists the learner to assume a leadership role that can affect healthcare policy. The learner will be expected to use analytical skills to promote policy development based on population need and best practice.

505 Population Health and Epidemiology (3) (Prerequisites: 502 and 503) S. This course focuses on different healthcare needs related to geographic, racial, and cultural differences in societies. The learner will review local, national, and global healthcare needs, with emphasis on a needs assessment of a local region.

506 Health Systems and Risk Management (3) S. This course addresses quality assurance methodology and legal responsibilities of advanced practice nursing care. Reporting systems, issues that affect the advanced practice registered nurse role, financing, coding, and credentialing criteria will be discussed. Best practice protocols, the use of benchmarking, and safe work environments will be emphasized to ensure risk reduction for patients, families, and populations.

507 Patient Education and Advocacy (3) F. This course focuses on developing patient education skills to advocate for patients, families and populations. The learner will incorporate health literacy issues to determine appropriate technological and written tools for enhancing and extending patient learning. Competencies developed in this course will be utilized in other courses in the program, particularly in courses with a practicum component.

601 Advanced Pathophysiology (3) S. This course examines physiologic and pathophysiologic responses to disease and injury, the effects of disease and injury on cell and system function, host defense responses, the maintenance of vital functions, and responses to stress across the life span.

602 Advanced Pharmacology (3) F. This course examines principles of pharmacotherapeutic decision-making with applications to the clinical management of patients with primary care health issues. This course expands the understanding of pharmacological affects, drug-to-drug interactions, patient teaching, adherence to medication regime, and the use of complementary and alternative medicine.

603 Advanced Physical Assessment and Health Promotion (4:3-3) (45 laboratory hours) SU. This course focuses on comprehensive physical assessment of primary care patients throughout the life span. The learning expectations will include knowledge acquisition about screening examinations recommended by the American Medical and Pediatric Associations.

701 Primary Care of Adults (5:2-9) (135 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603) F. This course provides the learner with the opportunity for in-depth experience in the management of selected health problems in adults. The learner expectations include knowledge acquisition about primary care management and decision-

making for acute and chronic healthcare needs of the adult. This course will also discuss health promotion and teaching of adult patients, families, and populations.

702 Primary Care of Infants, Children and Adolescents (4:2-6) (90 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701) S. This course provides the learner with the opportunity for in-depth experience in the management of care for infants, children, and adolescents. The learner expectations include knowledge acquisition about primary care management and decision-making that is developmentally appropriate for the acute and chronic healthcare needs of infants, children, and adolescents. This course will also discuss health promotion and teaching of infants, children, and adolescent patients, families, and populations.

703 Primary Care of Women (2:1-3) (45 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701) SU. This course provides the learner with the opportunity for in-depth experience in the management of selected health problems in women. The learner expectations include knowledge acquisition about primary care management and decision-making for acute and chronic healthcare needs of women. This course will also discuss health promotion and teaching of women, families, and populations.

704 Primary Care of Geriatric Patients (2:1-3) (45 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, & 701) SU. This course provides the learner with the opportunity for in-depth experience in the management of selected health problems in older adult patients. The learner expectations include knowledge acquisition about primary care management and decision-making for acute and chronic healthcare needs of the older adult. This course will also discuss health promotion and teaching of older adults, families, and populations.

705 Internship I (4:1-9) (135 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701, 702, 703, & 704) F. This course provides the learner with the opportunity for in-depth experience in the management of chronic health problems in patients across the lifespan. The learner expectations include complete primary care management and decision-making for chronic healthcare needs of patients. This course will also discuss health promotion, teaching, and disease prevention for patients, families, and populations living with chronic healthcare conditions.

706 Internship II (4:1-9) (135 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701, 702, 703, 704, & 705) F. This course provides the learner with the opportunity for in-depth experience in the management of acute health problems in patients across the lifespan. The learner expectations include complete primary care management and decision-making for acute healthcare needs of patients. This course will also discuss health promotion, teaching, and disease prevention for patients, families, and populations with acute healthcare conditions.

707 Clinical Decision-making and Ethics (3) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, & 701) S. This course focuses on care management related to algorithms, protocols, and best-practice. The learners will discuss ethical obligations of a primary provider in caring for patients from a developmental, cultural, and spiritual perspective.

E.   Faculty
   E. 1.   Table C – Faculty List (Existing)

List Staff by Rank (e.g. Professor #1, Professor #2, Associate Professor #1, etc)	Highest Degree Earned	Field of Study	Teaching in Field (Yes/No)
Professor #1	PhD	Nursing Science	Yes
Professor #2	PhD	Mathematics	Yes
Associate Professor #1	PhD	Biology	Yes
Assistant Professor #1	DNP	Family Nurse Practitioner and Pediatric Nurse Practitioner	Yes
Assistant Professor #2	DNP	Women's Health NP	Yes

E. 2.   New Faculty
Three new faculty positions (3.0 FTEs) will be hired for the program: a director and two faculty. The director will be hired on a 12-month contract with 21 credit teaching assignment and the other time used for administration to equal a 1.0 FTE year round tenure track. The director of the program will be a certified, practicing NP. The program director will be responsible for:
- Reporting to the department chair
- Evaluating NP faculty
- Recruiting
- Chairing the admissions committee
- Reviewing applications
- Interviewing candidates
- Developing an orientation
- Setting up course schedules
- Overseeing daily operations
- Progression monitoring
- Evaluating program outcomes
- Reporting about program progress to the faculty
- Establishing and evaluating preceptor guided practice in the community setting

Two full-time faculty members will be employed to work nine credit hours each semester leaving three credit hours for one day of practice. They will be at a 1.0 FTE rate for nine months and the Department of Nursing will contract them to a practice partner for one day a week.

E.3.   Currently Employed Faculty
Within the current Department of Nursing, faculty two DNP prepared educators who are current in teaching and primary clinical practice will be utilized in the FNP program. One DNP faculty is a FNP and a Pediatric Nurse Practitioner (PNP) who will teach six credit hours per semester and is qualified to teach Primary Care of Adults, Geriatrics, and Children. Currently the chair who is PhD prepared in nursing science will teach in the program with expertise in Advanced Practice Role and Health Policy.

The program will strive to have all program faculty prepared at the doctoral level and with expertise in the areas in which they will be teaching (AANP, 2010, p. 1). This is also in accordance with the FMU Graduate Faculty statement in the University Catalog (2011-2011):

> All full-time and part-time faculty teaching graduate courses will (a) hold the terminal degree in their disciplines or in unusual cases have demonstrated exceptional scholarly or creative activity or professional experience and do not hold the terminal degree, (b) demonstrate scholarship appropriate for graduate instruction, and (c) show evidence of professional characteristics appropriate for graduate instruction (pp. 193-194).

E. 5.   Faculty Development
The Department of Nursing will set aside a budget of $10,000 per year for advanced practice faculty development to be used for conferences specific to NP practice. Professional funds are also available through the university at a rate of $2,400 per year per person with preference given to support of scholarly presentations.   Other opportunities for staff development exist internally in the University and within the Department of Nursing. The University presents ongoing education related to innovative technology and new pedagogy. The Department of Nursing has two full day workshops per year, as well as ongoing monthly educational sessions. Education sessions focus on developing reliable and valid tests, writing for publication, best clinical teaching practices, developing an academic portfolio, and mentoring.
All three new hires will be offered a full-time contract with one day for practice in order to maintain their certification. They will be contracted to work in a primary care facility and paid through the University as full time employees.

E.6.   Definition of FTE
The fulltime teaching equivalency (FTE) at Francis Marion for:
- Tenured and Tenure-track faculty is a 3-4 annual teaching load with four contact courses in either the Fall or Spring semester and three contact courses in the other semester.
- Non-tenure track (term contract) is a 4-4 annual teaching load with four contact courses each semester.

F.   Physical Plant
F.1.   Existing Plant
The Dr. Frank B. Lee nursing education building will provide facilities for the graduate program. The 30,000 square foot building provides adequate classroom and seminar rooms to support the program. Students have access to the computer lab, skills lab, and auditorium for classes and informal meetings. The Rogers Library also provides study rooms that students may use for individual or small group study. Students have access to a break area in which they can have respite between classes and activities.
There is a conference room that has been converted to faculty offices and a laboratory room bringing the total number of offices available to date to fourteen. The pre-licensure and RN to BSN faculty currently number thirteen. One faculty member has an office in the nursing lab for access to simulation teaching. Two newly hired MSN faculty will be housed in the large converted conference room and an office for the MSN program director will need to be explored but many rooms can be converted without major renovation.

F.2.   Future Plans
Looking to the future, FMU is confident of obtaining private funding from a local foundation and from one other donor for a new Health Sciences building to be located in downtown Florence that will provide additional facilities and more than meet the needs of the proposed MSN/FNP program.

G. Equipment

The Lee Nursing Building is equipped with a 24-bed, 4 room clinical laboratory. The laboratory is fully equipped with equipment for physical assessment including otoscopes. One room will be set aside to simulate a primary care practice with examination tables, suture set ups, spirometry equipment, pulse oximeter, and a computer that can read digital X-rays.

The Lee Nursing Building is equipped with state of the art audiovisual equipment and a simulation laboratory. The simulation rooms in the nursing skills lab are equipped with video capability in order to evaluate student performance. Standardized patient experiences will also be used and will involve collaboration with the theater department. Examination tables will be purchased for advanced physical assessment skill development.

Simulation equipment is maintained with Laerdal SimMan, Sim Child, Sim Baby, and IV Sim. Simulation rooms are equipped with cameras to record performances for evaluation purposes. Standardized patients are used to validate competencies in therapeutic communication, problem-solving, decision-making, diagnosing, and appropriate plans for interventions.   Students will have instruction utilizing that device and will undergo proficiency testing in recognition of signs and symptoms exhibited by patients and effective responses to these events.

H. Library Resources

The Nursing resources collection has been analyzed and found to contain varied materials to support the nursing curriculum. Obsolete print resources were pulled from the collection over the spring and summer of 2009. Additional Nursing resources are being purchased as requested by Nursing Department faculty. Currently the vast majority of purchasing is dedicated to online access to periodicals and serials, although the library does maintain print periodicals and serials.   The Library currently houses a collection of 9,079 volumes representing 7,534 titles in the Medicine/Nursing subject area. Included in this collection are 1241 titles under the Nurse, Nursing identification range. Also included are the NetLibrary e-book collection of 1456 books in the field of Nursing under the subject heading of Health and Medicine. A qualitative assessment of current holdings in view of the new program being proposed indicates that the library houses a collection of 175 print periodicals and serials, including 35 current subscriptions to titles in the field of nursing. In addition, the university provides access to an extensive collection of electronic resources including CINAHL full text.

Membership in **PASCAL** (Partnership Among South Carolina Academic Libraries) has further enhanced the university's ability to provide a wide variety of quality resources for the nursing program. For example, through PASCAL and beginning January 2010, Ovid Lippincott online was made accessible to faculty and students in the program.

The library's web site **http://www.fmarion.edu/rogerslibrary/subjectguidenursing.htm** lists selected print resources and electronic resources in its **Nursing Subject Guide** which is listed under **Research Tools and "Choose a subject".** Below is a copy of the page that lists journal articles and databases, and Internet Resources to which faculty and students have both campus-wide and remote access.

Journal Articles and Databases	Internet Resources
Academic Search Premier	American Nurses Association
ArticleFirst 1990-via OCLC FirstSearch	Gray's Anatomy of the Human Body
	Hands on Health - South Carolina
CINAHL Plus with Full Text via EBSCOHost	Healthfinder: Nursing
	Human Anatomy Online
ECO 1995-via OCLC FirstSearch (PASCAL)	

ECO 1995-via OCLC FirstSearch (DISCUS)	McGill University Virtual Stethoscope
	Merck Manual of Diagnosis and Therapy
Health Source Nursing/Academic Edition	National Center for Health Statistics
	National Coalition of Ethnic and Minority
Lexix-Nexis Academic Universe	Nurse Associations
	National Institutes of Health
Liebert Online	National Library of Medicine
	National Student Nurses Association
Medline via EBSCOHost	Physical Exam Study Guides
	RN Central
Ovid Nursing Collection II: Lippincott	Rx List
Premier Nursing Journals	South Carolina – Health and Medical Resources
	U.S. Department of Health and Human
ScienceDirect	Services

I. Accreditation, Approval, Licensure, or Certification

I.1. Professional Accreditation

In 2006, the Francis Marion University baccalaureate nursing program received initial accreditation from the National League for Nursing Accrediting Commission. In June 2011, full eight-year accreditation was granted. The MSN program will seek accreditation from the NLNAC and will apply for candidacy during the semester that we produce our first graduates (email communication of 8-11-11 with Patricia Barlow, Manager of Accrediting Services).

I.2. Licensure and Certification

I.2.a. Licensure

The SC State Board of Nursing regulations for an APRN are as follows:

(1) has met all qualifications for licensure as a registered nurse; and

(2) holds current specialty certification by a board-approved credentialing organization. New graduates shall provide evidence of certification within one year of program completion; and

(3) has earned a master's degree from an accredited college or university, except for those applicants who:

> (a) provide documentation as requested by the board that the applicant was graduated from an advanced, organized formal education program appropriate to the practice and acceptable to the board before December 31, 1994; or
>
> (b) Graduated before December 31, 2003, from an advanced, organized formal education program for nurse anesthetists accredited by the national accrediting organization of that specialty. CRNA's who graduate after December 31, 2003, must graduate with a master's degree from a formal CRNA education program for nurse anesthetists accredited by the national accreditation organization of the CRNA specialty. An advanced practice registered nurse must achieve and maintain national certification, as recognized by the board, in an advanced practice registered nursing specialty;

(4) has paid the board all applicable fees; and

(5) has declared specialty area of nursing practice and the specialty title to be used must be the title which is granted by the board-approved credentialing organization or the title of the specialty area of nursing practice in which the nurse has received advanced educational preparation (Retrieved 7/12/2010 from http://www.llr.state.sc.us/POL/Nursing/forms/RNtoAPRN.pdf).

The South Carolina State Board of Nursing does not need to review the program since they are only involved in pre-licensure education (Personal communication with Dr. Nancy Murphy, President of SC BON, June 16, 2011). An information letter outlining the program development and initiation will be presented at a meeting of the SC Advisory Council to the Board of Nursing.

I.2.b. Certifications
1. The American Nurses Credentialing Centers (ANCC) eligibility criteria for certification of Family Nurse Practitioner (FNP) are:
  i.   Holds a current active RN license;
  ii. Hold a master's, post masters', or doctorate from a family nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). A minimum of 500 faculty supervised clinical hours must be included in the FNP program. The FNP graduate program must also include content in:
      a. Advanced health assessment
      b. Advanced pharmacology
      c. Advanced pathophysiology, and content in:
      d. Health promotion and disease prevention, and
      e. Differential diagnosis and disease management.
2. The American Academy of Nurse Practitioners (AANPCP, 2010) position states:
  i.   The American Academy of Nurse Practitioners Certification Program National Certification Examinations are entry-level, competency-based examinations for nurse practitioners reflective of nurse practitioner knowledge and expertise for each of three specialties; adult, gerontologic, and family nurse practitioner.
  ii. Advanced education for prescriptive privileges is expected in pathophysiology, pharmacology, clinical diagnosis and treatment.
  iii. Curriculum should also include: advanced skills in the role of educator, counselor, advocate, consultant, manager, and mentor.

J.   Articulation
J.1.   Path
This program is designed to be accessible for students with a baccalaureate in nursing degree from any accredited program in the state. It contains enhanced accessibility for FMU BSN graduates (both pre-licensure and RN to BSN learners) by offering graduate course options while undergraduates per the University catalog policy: "With written department approval, seniors may take courses numbered 500-599 for either undergraduate or graduate credit. Designation of credit as undergraduate or graduate must be made at registration. With written departmental approval and with an overall grade point average of 3.0 or better, seniors may take courses numbered 600-799 for graduate credit. All seniors taking courses for graduate credit must submit a graduate application for admission. No more than 12 hours of graduate work may be completed prior to the completion of baccalaureate degree requirements and admission to the graduate program as a graduate degree student" (FMU Catalog 2011-2012, pp. 194-195). Transfer graduate students per catalog policy will be able to transfer a maximum of six credits from a regionally accredited institution (p. 198).
J.2.   Terminal Degree
The MSN is not a terminal degree in nursing, but the program has been designed for seamless movement into a research or practice-focused doctoral program. This program fully meets the mandates of the National League for Nursing which state: "Master's-prepared nurses are poised to assume an important role in a reformed health care system and provide site-specific primary care. APRNs have been providing care in underserved areas and communities,

both urban and rural, for decades with quality outcomes" (NLN, 2010b). This program will seek accreditation from NLNAC.

K.   Estimated Cost
K.1. Table E - Costs to the Institution and Sources of Financing

ESTIMATED COSTS BY YEAR						
CATEGORY	**1st**	**2nd**	**3rd**	**4th**	**5th**	**TOTALS**
Program Administration (1)	120,600.	124,218.	127,945.	131,783.	135,742.	640,288.
Faculty Salaries (2)	201,000.	207,030.	213,241.	219,638.	226,227.	1,067,136.
Graduate Assistants	0	0	0	0	0	0
Clerical/Support Personnel	0	0	0	0	0	0
Supplies and Materials	70,000.	70,000.	70,000.	70,000.	70,000.	350,000.
Library Resources	10,000.	10,000.	10,000.	10,000.	10,000.	50,000.
Equipment	10,000.	10,000.	10,000.	10,000.	10,000.	50,000.
Facilities – converting offices	20,000.	0	0	0	0	20,000.
Other (Identify)	0	0	0	0	0	0
TOTALS	431,600.	421,248.	431,186.	441,421.	451,969.	2,177,424.
SOURCES OF FINANCING BY YEAR						
Tuition Funding	190,410.	449,298.	569,098.	703,452.	774,251.	2,686,509.
Program-Specific Fees	6,886.	7,737.	8,964.	10,260.	10,568.	44,415.
State Funding	0	0	0	0	0	0
Reallocation of Existing Funds	0	0	0	0	0	0
Federal Funding	0	0	0	0	0	0
Other Funding (2 Private Donors)*	400,000.	400,000.	400,000.	0	0	1,200,000.
TOTALS	597,296.	857,035.	978,062.	713,712	784,819.	3,930,924.

Salaries, benefits, tuition, and fees are calculated at a 3% increase per year.
* A 3-year commitment has been secured from two private donors in Florence.

L.   Institutional Approval

    L.1. Department of Nursing   Date of approval – September 8, 2011
    L.2. FMU Graduate Council   Date of approval – September 13, 2011
    L.3. FMU Faculty Senate   Date of approval – September 27, 2011
    L.4. FMU Full Faculty   Date of approval – October 18, 2011
    L.5. FMU Administration   Date of approval – October 27, 2011
    L.5. Board of trustees   Date of approval – November 11, 2011

M.   References

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8. NLN (National League for Nursing). (May 12, 2011).*News release: NLN Roundtable on Post-Baccalaureate Education Calls for Model that Clearly Ensures the Viability of the Master's Credential for Specialty Practice, Multiple Options for Advanced Nursing Practice Increase Nation's Potential to Meet Health Care Needs Agree Nurse Leaders from Prestigious Schools Across the Country*. NYC: NLN Publication.
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FRANCIS MARION UNIVERSITY

February 15, 2012

Dr. Michael Raley, Director
Academic Affairs and Licensing
South Carolina Commission on Higher Education
1122 Lady St, STE 300
Columbia, SC 29201

Dear Dr. Raley:

This letter constitutes Francis Marion University's response to the concerns about the proposed MSN-Family Nurse Practitioner program that you communicated to me on January 17, 2012. Several of these questions have been previously been answered— at the ACAP meeting of July 14, 2011, when the MSN-FNP program planning summary was approved unanimously and at the ACAP meeting of October 13, 2011, when the program planning summary for the MSN-Nurse Educator program was approved unanimously.

It should be noted that when FMU first began considering the Master of Science in Nursing-Family Nurse Practitioner program, discussions were held with the President of MUSC, who indicated no concerns about the proposed program, and with the President of USC, who of course has supported the MSN-Family Nurse Practitioner program as the top priority of the Pee Dee Health Education Partnership. USC is one of the principal members of the Pee Dee Health Education Partnership, a consortium of FMU, USC, McLeod Health, and Carolinas Hospital System, which was established to provide a support framework for graduate programs in the health care professions, such as the MSN-Family Nurse Practitioner degree program. The South Carolina Commission on Higher Education unanimously approved the establishment of the Pee Dee Health Education Partnership for this purpose in October 2008. Perhaps it is also appropriate to add that the presidents of area technical colleges have expressed their support for Francis Marion's MSN-Family Nurse Practitioner degree program and the MSN-Nurse Educator degree program because graduates of FMU's master's programs in nursing could eventually become nursing faculty at the state's technical colleges.

That having been said, Francis Marion University welcomes the opportunity to address the concerns that have been raised.

1. *The concern of beginning a new MSN program for nurse practitioners in the wake of the American Academy of Colleges of Nursing's (AACN) recommendation for advancement to Doctorates of Nursing Practice for that group of practitioners by 2015.*

To date there are no State Board of Nursing regulations mandating that nurse practitioners (NPs) be educated at the level of the doctorate. Moreover, a spokesperson for the National League for Nursing Accreditation Commission recently told FMU that it is extremely unlikely that the DNP degree will become the entry-level degree for nurse practitioners by 2015.

In fact, according to the American Academy of Nurse Practitioners Certification Program, the AANPCP does not anticipate requiring a DNP for certification as a Nurse Practitioner by 2015 and thus will continue certifying MSN's as Nurse Practitioners after 2015. Finally, the National League for Nursing will continue to accredit MSN-NP programs after 2015. (As was pointed out at the ACAP meeting on October 13, 2011, for decades there has been discussion in the nursing profession of various educational benchmarks—such as requiring the baccalaureate degree in nursing in order to become a registered nurse—but these have not become realities.)

For the foreseeable future, both MSN-Family Nurse Practitioners and DNPs will co-exist as nurse practitioners in a situation analogous to the coexistence of registered nurses with associate degrees and registered nurses with baccalaureate degrees. Should it become absolutely necessary at some indeterminate point in the future to move nurse practitioner education to the doctoral level, the FMU Department of Nursing will of course respond appropriately. Thus, if and when that time arrives, we anticipate that FMU would enter into an articulation agreement with the USC School of Nursing—under the aegis of the Pee Dee Health Education Partnership—in order to provide a pathway for its Master of Science in Nursing students to the DNP.

It is important to remember that there are at present more than 200 nationally-accredited MSN programs graduating Family Nurse Practitioners. The rural Pee Dee region urgently needs a new MSN-FNP program that educates primary care providers to serve our currently underserved population.

2. *The New AACNE Master's Essentials focuses on non-advanced practice course content different from the old essentials. The new essentials focus primarily on core not specialty requirements. The DNP is the preferred advanced practice degree; advanced practice nurses will be expected to accumulate significantly more credit hours beyond the essentials.*

Although the new 2011 AACN Essentials focus on non-advanced practice course content, specialty requirements are clearly not excluded as demonstrated by Essential IX:

Essential IX: Master's-Level Nursing Practice
Recognizes that nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master's-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care.

Family nurse practitioners on the MSN level are needed in the rural Pee Dee region, and will influence healthcare outcomes for individuals, populations, and systems by adding needed primary care providers. The developed curriculum affords the learners "an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice." The primary care role of the FNP is "nursing practice interventions" which obviously includes "direct care."

The AACN *Essentials of Master's Education in Nursing* (2011) further states:

> Graduates with a master's degree in nursing are prepared for a variety of roles and areas of practice. Graduates may pursue new and innovative roles that result from health reform and changes in an evolving and global healthcare system. Some graduates will pursue direct care practice roles in a variety of settings (e.g., the Clinical Nurse Leader, nurse educator).

The FNP track will enact this pursuit of direct patient care role while responding to health care reform. The curriculum is developed to include the core and specialty courses needed for learners to progress to the DNP level if desired.

Although the proposed program outcomes are synchronous with the 2010 AACN Essentials of Master's Education in Nursing, in view of the concerns regarding the "fit" of this program with them, the faculty of the FMU Department of Nursing has removed the inferences to them in the proposal and has aligned the program outcomes with the NLN competencies for graduates of Master's Programs (please refer to section D.2. of the revised proposal).

3. *The argument that FMU students, being place-bound, do not currently have access to such a program is not entirely accurate: both USC and MUSC offer the program online.*

Both USC and MUSC offer online programs, but neither program is fully online. According to the publications of USC and MUSC, their programs require time spent either in Columbia or Charleston. An expectation of travel to USC or MUSC, even if not an extensive requirement, constitutes an educational barrier to learners in the Pee Dee region. In addition, a program based in the Pee Dee region better serves the needs of northeastern South Carolina by helping to ensure that new nurse practitioners will practice in this area of the state. This is one of the reasons why the strategic plan of the Pee Health Education Partnership made FMU's MSN-Family Nurse Practitioner program its number one priority. Given the underserved rural populations of the Pee Dee region and un-met health care needs of the state, as documented in the I-95 Corridor Study that was commissioned by the South Carolina General Assembly, it is difficult to understand why the need for the program would be questioned, especially since Francis Marion University has obtained private financial support for its Nurse Practitioner program.

4. *The program outcomes in the proposal are not specific to FNP – instead they are very generic.*

The program outcomes are generic in order to allow for growth in the program. We at FMU assume that is why MUSC also uses the broad AACN Essentials for Master's Education for their program as described on their webpage:

The MUSC MSN Nurse Practitioner program enables students to:

- Integrate scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.
- Utilize leadership skills that are needed to emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.
- Articulate the methods, tools, performance measures, and standards related to quality, as well as apply quality principles within an organization.
- Apply research outcomes within the practice setting, resolve practice problems, work as a change agent, and disseminate results.
- Use patient-care technologies to deliver and enhance care and use communication technologies to integrate and coordinate care.
- Intervene at the system level through the policy development process and employ advocacy strategies to influence health and health care.
- Communicate, collaborate, and consult with other health professionals to manage and coordinate care.
- Apply and integrate broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services.
- Influence healthcare outcomes for individuals, populations, or systems and integrate advanced nursing knowledge into practice.

(Based on the *Essentials of Master's Education in Nursing 2011*, American Association of Colleges of Nursing) (MUSC, 2011).

The broad USC objective for MSN program graduates are as follows:

- Knowledge and skill required for advanced practice nursing
- Ability to synthesis theory and research to guide practice and structure inquiry
- Leadership skills for nursing practice, education and administration (USC, 2011).

This analysis of MSN program outcomes demonstrates that the outcomes proposed by FMU are as specific as those of other programs in the state of SC.

5. *It is not clear whether the proposed program addresses specialty outcomes identified by NONPF.*

The National Organization of Nurse Practitioner Faculties (NONPF, 2011) Core Competencies for Nurse Practitioners are integrated into the course learning outcomes and are satisfied by the learning outcomes and content of the courses as shown below:

Nurse Practitioner Core Competencies (NONPF, 2011)	Program courses which address the Competencies
Scientific Foundation Competencies 1. Critically analyzes data and evidence for improving advanced nursing practice.	**502 Biostatistics** (3) S. This course applies theoretical foundations and applications of hypothesis testing, simple linear regression,

2. Integrates knowledge from the humanities and sciences within the context of nursing science. 3. Translates research and other forms of knowledge to improve practice processes and outcomes. 4. Develops new practice approaches based on the integration of research, theory, and practice knowledge	and multiple regression analysis. The learner will use computer software to analyze biophysical data for frequency distributions, clinical significance, and correlation of variables. **503 Advanced Research and Evidence-based Practice** (3) (Prerequisite/Corequisite: 502) SU. This course explores quantitative and qualitative approaches to research issues in advanced practice nursing. Theories, methods, designs, measurement, ethical conduct, and skills in critical research appraisal are emphasized, along with the use of research to improve practice and client outcomes.
Leadership Competencies 1. Assumes complex and advanced leadership roles to initiate and guide change. 2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. 3. Demonstrates leadership that uses critical and reflective thinking. 4. Advocates for improved access, quality and cost effective health care. 5. Advances practice through the development and implementation of innovations incorporating principles of change. 6. Communicates practice knowledge effectively both orally and in writing.	**504 Health Policy and Leadership** (3) (Prerequisite/Corequisite: 501) S. This course explores how health policy affects the practice of advanced practice nurses and the healthcare of patients, families, and populations. It assists the learner to assume a leadership role that can affect healthcare policy. The learner will be expected to use analytical skills to promote policy development based on population need and best practice.
Quality Competencies 1. Uses best available evidence to continuously improve quality of clinical practice. 2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. 3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care. 4. Applies skills in peer review to promote a culture of excellence. 5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.	**505 Population Health and Epidemiology** (3) (Prerequisites: 502 and 503) S. This course focuses on different healthcare needs related to geographic, racial, and cultural differences in societies. The learner will review local, national, and global healthcare needs, with emphasis on a needs assessment of a local region. **506 Health Systems and Risk Management** (3) S. This course addresses quality assurance methodology and legal responsibilities of advanced practice nursing care. Reporting systems, issues that affect the advanced practice registered nurse role, financing, coding, and credentialing criteria will be

	discussed. Best practice protocols, the use of benchmarking, and safe work environments will be emphasized to ensure risk reduction for patients, families, and populations.
Practice Inquiry Competencies 1. Provides leadership in the translation of new knowledge into practice. 2. Generates knowledge from clinical practice to improve practice and patient outcomes. 3. Applies clinical investigative skills to improve health outcomes. 4. Leads practice inquiry, individually or in partnership with others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.	**501 Advanced Practice Role: Theory and Knowledge Development** (3) S. This course examines advanced practice nursing concepts, theoretical underpinnings, and current professional issues. Learners will examine how theoretical issues are integrated into practice and how they can be a mechanism to improve patient outcomes related to health promotion and disease prevention. Understanding of the role and scope of the advanced practice registered nurse is an expectation. **502 Biostatistics** (3) S. This course applies theoretical foundations and applications of hypothesis testing, simple linear regression, and multiple regression analysis. The learner will use computer software to analyze biophysical data for frequency distributions, clinical significance, and correlation of variables. **503 Advanced Research and Evidence-based Practice** (3) (Prerequisite/Corequisite: 502) SU. This course explores quantitative and qualitative approaches to research issues in advanced practice nursing. Theories, methods, designs, measurement, ethical conduct, and skills in critical research appraisal are emphasized, along with the use of research to improve practice and client outcomes.
Technology and Information Literacy Competencies 1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs. 2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. 2b). Coaches the patient and caregiver for	**507 Patient Education and Advocacy** (3) F. This course focuses on developing patient education skills to advocate for patients, families and populations. The learner will incorporate health literacy issues to determine appropriate technological and written tools for enhancing and extending patient learning. Competencies developed in this course will be utilized in other courses in the program, particularly in courses with a practicum component.

positive behavioral change. 3. Demonstrates information literacy skills in complex decision making. 4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care. 5. Uses technology systems that capture data on variables for the evaluation of nursing care.	
Policy Competencies 1. Demonstrates an understanding of the interdependence of policy and practice. 2. Advocates for ethical policies that promote access, equity, quality, and cost. 3. Analyzes ethical, legal, and social factors influencing policy development. 4. Contributes in the development of health policy. 5. Analyzes the implications of health policy across disciplines. 6. Evaluates the impact of globalization on health care policy development.	**504 Health Policy and Leadership** (3) (Prerequisite/Corequisite: 501) S. This course explores how health policy affects the practice of advanced practice nurses and the healthcare of patients, families, and populations. It assists the learner to assume a leadership role that can affect healthcare policy. The learner will be expected to use analytical skills to promote policy development based on population need and best practice.
Health Delivery System Competencies 1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. 3. Minimizes risk to patients and providers at the individual and systems level. 4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. 5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. 6. Analyzes organizational structure, functions and resources to improve the delivery of care.	**504 Health Policy and Leadership** (3) (Prerequisite/Corequisite: 501) S. This course explores how health policy affects the practice of advanced practice nurses and the healthcare of patients, families, and populations. It assists the learner to assume a leadership role that can affect healthcare policy. The learner will be expected to use analytical skills to promote policy development based on population need and best practice.
Ethics Competencies 1. Integrates ethical principles in decision making. 2. Evaluates the ethical consequences of	**707 Clinical Decision-making and Ethics** (3) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, & 701) S. This course focuses on care management related to

decisions. 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.	algorithms, protocols, and best-practice. The learners will discuss ethical obligations of a primary provider in caring for patients from a developmental, cultural, and spiritual perspective.
Independent Practice Competencies 1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients. 3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care. 3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. 3c). Employs screening and diagnostic strategies in the development of diagnoses. 3d). Prescribes medications within scope of practice. 3e). Manages the health/illness status of patients and families over time. 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. 4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. 4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. 4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care. NONPF, 2011 http://www.nonpf.com/associations/ 10789/files/IntegratedNPCoreComps	**701 Primary Care of Adults** (5:2-9) (135 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603) F. This course provides the learner with the opportunity for in-depth experience in the management of selected health problems in adults. The learner expectations include knowledge acquisition about primary care management and decision-making for acute and chronic healthcare needs of the adult. This course will also discuss health promotion and teaching of adult patients, families, and populations. **702 Primary Care of Infants, Children and Adolescents** (4:2-6) (90 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701) S. This course provides the learner with the opportunity for in-depth experience in the management of care for infants, children, and adolescents. The learner expectations include knowledge acquisition about primary care management and decision-making that is developmentally appropriate for the acute and chronic healthcare needs of infants, children, and adolescents. This course will also discuss health promotion and teaching of infants, children, and adolescent patients, families, and populations. **703 Primary Care of Women** (2:1-3) (45 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701) SU. This course provides the learner with the opportunity for in-depth experience in the management of selected health problems in women. The learner expectations include knowledge acquisition about primary care management and decision-making for acute and chronic healthcare needs of women. This course will also discuss health promotion and teaching of women, families, and populations.

FINALApril2011.pdfin	**704 Primary Care of Geriatric Patients** (2:1-3) (45 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, & 701) SU. This course provides the learner with the opportunity for in-depth experience in the management of selected health problems in older adult patients. The learner expectations include knowledge acquisition about primary care management and decision-making for acute and chronic healthcare needs of the older adult. This course will also discuss health promotion and teaching of older adults, families, and populations.
	705 Internship I (4:1-9) (135 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701, 702, 703, & 704) F. This course provides the learner with the opportunity for in-depth experience in the management of chronic health problems in patients across the lifespan. The learner expectations include complete primary care management and decision-making for chronic healthcare needs of patients. This course will also discuss health promotion, teaching, and disease prevention for patients, families, and populations living with chronic healthcare conditions.
	706 Internship II (4:1-9) (135 clinical hours) (Prerequisites: 501, 502, 503, 504, 505, 506, 507, 601, 602, 603, 701, 702, 703, 704, & 705) F. This course provides the learner with the opportunity for in-depth experience in the management of acute health problems in patients across the lifespan. The learner expectations include complete primary care management and decision-making for acute healthcare needs of patients. This course will also discuss health promotion, teaching, and disease prevention for patients, families, and populations with acute healthcare conditions.
	*Full syllabi are available upon request.

6.   *The proposal only provides for 485 clinical hours: for FNP 600 is suggested. Laboratory hours generally do not count toward that number.*

Below is a review of the certifying agencies' criteria. The American Nurses Credentialing Center (ANCC) Family Nurse Practitioner Certification Eligibility Criteria are as follows:

- Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country.
- Hold a master's, post-graduate, or doctorate degree from a family nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). **A minimum of 500 faculty-supervised clinical hours** must be included in your family nurse practitioner program. The FNP graduate program must include coursework across the life span and include three separate courses in:
  - advanced physical/health assessment
  - advanced pharmacology
  - advanced pathophysiology
- AND content in
  - health promotion and disease prevention, and
  - differential

(ANCC, 2011 http://www.nursecredentialing.org/FamilyNP-Eligibility.aspx diagnosis and disease management).

The American Academy of Nurse Practitioners requires at least **500 clinical hours** (Personal phone inquiry Karen Holder, 1-18-2012). Neither organization requires or suggests 600 clinical hours, nor differentiates between laboratory and clinical hours. The curriculum approved by the faculty includes 585 hours of clinical experience and 45 hours of supervised laboratory (please refer to section D.3. of the revised proposal). This will provide students with a total of 630 hours in both settings and meets the requirements of all accrediting and certifying agencies.

7.   *Resources invested in such a limited lifespan program mean fewer resources in the state available for the expansion of currently established and fully functioning NP programs that could increase enrollments with additional resources.*

As pointed out in the response to number 1 above, the lifespan of MSN-NP programs is not limited. Instead, MSN-NP programs will continue to be recognized and accredited.

Nurse Practitioner programs offered in other regions of the state have not alleviated the lack of primary care practitioners in the Pee Dee region. There is no logical reason that a nurse practitioner program in Pee Dee cannot be "fully functioning" with the resources available to FMU—resources that do not involve additional state appropriations. This objection to the proposal is self-serving and ignores the mandate for healthcare reform and accessibility.

Please remember that Francis Marion University has obtained definite resource commitments from two private donors that will support this program. Thus the FMU Nurse Practitioner

program will not mean fewer resources available. It will mean additional health care providers in an area of the state that desperately needs them.

8. *Institutions across the state need to be very thoughtful about how they open new programs- institution must plan collectively how to handle clinical placements, preceptorships, hiring of faculty etc.*

The FMU Department of Nursing will gladly participate in a collective agreement with other MSN programs once our program is functioning in order to benefit all South Carolinians. Collective placement of MSN students is impossible until the FMU FNP program reaches that point in the curriculum. This program was thoughtfully developed and is based on a needs assessment of the Pee Dee region.

9. *There are lingering doubts regarding whether FMU has the resources and faulty to sustain the program.*

"Lingering doubts" are extremely difficult to address. Francis Marion University offers the assurance that it is has and will have the resources and qualified faculty to begin and sustain MSN level programs, as outlined by sections E and K of the proposal.

FMU currently has a faculty member qualified to direct the program and two other practicing nurse practitioners. The University will fill three other faculty positions in order to support the program. Private funding from two separate donors has been secured, which indicates the community's awareness of the need for this program.

FMU's nurse practitioner program is consistent with the Statewide Higher Education Action Plan and will help meet the health care needs of an underserved region of the state.

Sincerely,

Ruth Wittmann-Price
Chair, Department of Nursing

Richard N. Chapman
Provost