New Program Proposal
Doctor of Nursing Practice
with two tracks: BSN to DNP and MSN to DNP
Francis Marion University

Summary

Francis Marion University requests approval to offer a program leading to the Doctor of Nursing Practice (DNP) with two tracks: Bachelor of Science in Nursing (BSN) to DNP and Master of Science in Nursing (MSN) to DNP, to be implemented in Spring 2018. The proposed program is to be offered through online instruction. The proposal follows legislative and Commission approval granted to Francis Marion in early 2017 to offer this specific doctoral program, pending favorable proposal consideration. The following chart outlines the stages of approval for the proposal. The Advisory Committee on Academic Programs (ACAP) voted to recommend approval of the proposal. The full program proposal is attached.

<table>
<thead>
<tr>
<th>Stages of Consideration</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Proposal Received</td>
<td>8/1/17</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>ACAP Consideration</td>
<td>9/14/17</td>
<td>The Francis Marion University representative described the need for the program, citing the demands for the program in the local area, highlighting the needs of two large hospitals in the region and the work of the Pee Dee Health Education Consortium to recruit more healthcare professionals to the area. He also mentioned the American Association of Colleges of Nursing recommendation that advanced practice nursing be trained at the doctoral level. ACAP members questioned the need for the program, stating that the numbers in the proposal were based on local, not statewide, need and expressed concern about duplication given that the program is to be offered online. The University’s representative responded by addressing the need in the Pee Dee region, citing several studies showing the area is medically underserved. The representative also stated that many current students are from the region and 90% of the MSN graduates are employed in the local area. ACAP also asked about resources to successfully implement the program given that it is the first doctoral program to be offered at the institution. The University’s representative assured ACAP members that the institution has the faculty, coursework, resources and additional infrastructure in place to offer the program as a result of (1) the existing master’s program and (2) collaboration with the USC Medical School. ACAP asked whether the master’s program would be phased out if the proposed program is implemented. The University’s representative explained that given the need in the area and the desire for multiple pathways, the master’s program would continue.</td>
</tr>
</tbody>
</table>
Stages of Consideration | Date | Comments
--- | --- | ---
| | | ACAP requested the proposal be revised to revise the employment table and to include the additional assessment of need information Francis Marion representatives provided at the meeting. ACAP members confirmed they were satisfied with the University’s responses to its questions. With no further discussion, ACAP voted to approve the program proposal.

Comments and Suggestions from CHE Staff Sent to the Institution | 9/18/17 | Staff requested the proposal be revised to:
- Verify the proposed implementation date;
- Address how the program targets Pee Dee area students when it is offered 100% online;
- Clarify the program objectives;
- Explain how the change in faculty teaching in the undergraduate program will affect that program; and
- Provide the external evaluation of the program.

Furthermore, as discussed at ACAP, staff requested the proposal be revised to:
- Include explanations in response to questions posed at the ACAP meeting;
- Provide additional information in the assessment of need section as requested by ACAP members, including data and supporting information to establish both a local area (Pee Dee region) and a statewide need;
- Identify additional Pee Dee region and state level data in the employment chart as requested at ACAP;
- Include the explanation given at the ACAP meeting explaining why the program would not be unnecessarily duplicative; and
- Address all questions and concerns expressed by the University of South Carolina prior to and at the ACAP meeting.

Revised Program Proposal Received | 9/21/17 | The revised proposal satisfactorily addressed the requested revisions.

Recommendation
The staff recommends the Committee on Academic Affairs and Licensing approve the program leading to the Doctor of Nursing Practice (DNP) with two tracks: Bachelor of Science in Nursing (BSN) to DNP and Master of Science in Nursing (MSN) to DNP to be implemented in Spring 2018.
Name of Institution **Francis Marion University**

Name of Program (include concentrations, options, and tracks)
Doctor of Nursing Practice (D.N.P.)
Program options: 1) Practitioner track (BSN to DNP) and 2) Practitioner track (MSN to DNP)

Program Designation
- [x] Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.)

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?
- [x] No

Proposed Date of Implementation **Spring 2018**

CIP Code **51.3818**

Delivery Site(s) **Francis Marion University, 4822 E. Palmetto St. Florence South Carolina, 29501**

Delivery Mode
- [x] Distance Education
  - 100% online
- [x] Traditional/face-to-face*
  - select if less than 50% online

Program Contact Information (name, title, telephone number, and email address)
Ruth A. Wittmann-Price, PhD, RN, ANEF, FAAN
Dean, School of Health Sciences
843-661-4625
rwittmannprice@fmarion.edu

Institutional Approvals and Dates of Approval
- Nursing Program: September 15, 2015
- University Graduate Council: September 7, 2016
- University Senate: September 22, 2016
- University Full Faculty: October, 13 2016
- Board of Trustees: November 4, 2016
Background Information

State the nature and purpose of the proposed program, including target audience and centrality to institutional mission. (1500 characters)

The Francis Marion University (FMU) Doctor of Nursing Practice (DNP) program is designed to meet the needs of current and future Pee Dee region nursing students and to respond to the IOM’s (2011) recommendation for seamless education. The program has two (2) pathways; 1) an MSN to DNP for Advanced Practice RNs (APRN) and 2) a BSN to DNP option for RNs to become Advanced Practice RNs.

The FMU DNP program meets recommendations of the American Academy of Colleges of Nursing (AACN, 2015). AACN published a position statement (2004) recommending APRNs to be educated at a doctoral level. AACN defines advanced nursing practice as nurses who provide direct care and indirect care such as nursing administration, executive leadership, health policy, informatics, and population health (AACN, 2015).

Since 2006, AACN has established curriculum criteria for the Doctor of Nursing Practice (DNP) degree, The Essentials of Doctoral Education for Advanced Nursing Practice. In addition, AACN voted to approve that all APRN master’s programs advance to the DNP educational level by 2015 (Auerbach et al., 2014). There are 289 DNP programs in the US and another 100 in development (AACN, 2015, p. 1). South Carolina has three (3) established DNP programs, the Medical University of South Carolina (MUSC), University of South Carolina (USC), Columbia, and Clemson University.

The target audience is RNs and APRNs from the Pee Dee region. To date, FMU has successfully graduated 64 APRNs and almost 600 RNs and 90% have remained in and are employed in the Pee Dee region. Adding a DNP program to the existing FMU successful nursing programs is a natural progression to ensure our healthcare providers meet the current national criteria. (Characters 1,450)

List the program objectives. (2000 characters)

Program Objectives

The objectives of the Francis Marion University (FMU) Doctor of Nursing Practice (DNP) are as follows:
1. To educate highly qualified advanced practice nurses to apply scientific knowledge and practice expertise within rural and underserved healthcare environments;
2. To improve the quality of care and patient safety with the development of advanced competencies for increasingly complex practice in rural and underserved settings;
3. To improve patient outcomes with enhanced leadership skills; and
4. To strengthen healthcare delivery systems to rural and underserved patients, families, and communities.
Mission
The Francis Marion University (FMU) Doctor of Nursing Practice (DNP) degree prepares nurses to work in clinical practice roles that apply evidence-based practice to patients, systems, and populations in order to improve health with a focus on rural populations.

Program Student Learning Outcomes
1. Applies nursing and interprofessional scientific and theoretical knowledge to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
2. Uses leadership skills and competencies in healthcare systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
3. Synthesizes and disseminates evidence-based practices to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
4. Utilizes information systems and technology to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
5. Demonstrates leadership and advocacy in facilitating positive healthcare change to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
6. Employs effective interprofessional communication and collaboration to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
7. Implements system changes that advocate healthcare prevention to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
8. Delivers advanced practice care in complex situations and systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations (Adapted from the AACN Essentials of Doctoral Education for Advanced Nursing Practice, 2006).

The DNP program outcomes will include ongoing analysis of the following data:
1. Student completion rates [Benchmark 60% within five (5) years]
2. Graduate satisfaction rate (Benchmark 80% overall satisfaction)
3. Job placement rates (Benchmark 90% with 80% in the Pee Dee region)
4. Job placement rates in rural areas (Benchmark 75% of graduates with documented employment)
5. Employer satisfaction rate (Benchmark 90% overall satisfaction) (Characters 1,939)

Assessment of Need

Provide an assessment of the need for the program for the institution, the state, the region, and beyond, if applicable. (1500 characters)

The Pee Dee is a 12-county region in the northeast corner of SC (Office of Healthcare Workforce Analysis and Planning, 2016). The Pee Dee region is largely rural with high unemployment, low educational attainment, high poverty, and a high minority population. Nine out of the twelve counties are rural with the exception of Florence, Horry, and Sumter but large portions of those counties are also rural.

Pee Dee residents have the highest health disparities with increased diabetes, obesity, limited activity, increased use of assistive devices, and asthma. The Pee Dee region also has a lack of primary care practitioners. There are 8.2 primary care physicians per 10,000 population. The average number of primary care physicians per 10,000 population for the state of SC is 10. The other three Department of Health Education Consortium (DHEC) areas fair better with primary care physician providers (Lowcountry 11/10,000; Midlands 21.6/10,000; Upstate 11.4/10,000).

The Pee Dee region has 264 Nurse Practitioners (NPs) compared to 508 in the Lowcountry, 599 in the Midlands, and 663 in the Upstate. Therefore, 13% of all of SC NPs are caring for 29% of the state’s total population. The Pee Dee region has the greatest need in SC for educational systems to promote primary care, and the future of advanced practice nursing is the DNP degree (SC Health Professions Data Book, 2016).

Additionally, FMU hires faculty with the terminal degree of Doctor of Nursing Practice (DNP). There is an overwhelming national and state nursing faculty shortage. According to a study released by AACN (2016), there are 1,328 national faculty vacancies (AACN, 2016). (Characters 1,497)
Employment Opportunities

Is specific employment/workforce data available to support the proposed program?

- [x] Yes
- [ ] No

If yes, complete the table and the component that follows the table on page 4. If no, complete the single narrative response component on page 5 beginning with “Provide supporting evidence.”

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Expected Number of Jobs</th>
<th>Employment Projection</th>
<th>Data Source</th>
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</thead>
<tbody>
<tr>
<td>Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners</td>
<td>170,400</td>
<td>Job outlook for 2014-2024-31% growth</td>
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</tr>
<tr>
<td>Higher Ed jobs</td>
<td></td>
<td>Nursing faculty shortages are predicted to continue due to the increasing retirement of current faculty.</td>
<td>Faculty age continues to climb, narrowing the number of productive years nurse educators can teach. According to AACN's report on 2013-2014 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing, the average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 61.6, 57.6, and 51.4 years, respectively.</td>
</tr>
<tr>
<td>Currently (9-19-17) there are seven (7) nursing faculty positions listed on the Higher Ed website for SC.</td>
<td>Over 900 nursing faculty jobs posted 12-16-16</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="https://www.higheredjobs.com/faculty/search.cfm?JobCat=136">https://www.higheredjobs.com/faculty/search.cfm?JobCat=136</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Open Rank, Tenure Track Nursing
   University of South Carolina Beaufort
   Beaufort/Bluffton, SC
   Nursing
   Posted 08/23/17

4. Adjunct Faculty in Nursing
   University of South Carolina Beaufort
   Beaufort/Bluffton, SC
   Nursing
   Posted 07/10/17

5. Assistant Professor of Nursing (17-90)
   Francis Marion University
   Florence, SC
   Nursing
   Posted 09/19/17

6. Instructor/Assistant/Associate Professor of Nursing (17-54)
   Francis Marion University
   Florence, SC
   Nursing
   Posted 05/11/17

7. Nursing Instructor
   Tri-County Technical College
   Pendleton, SC
   Nursing
   Posted 08/25/17

A web search for nurse practitioner employment was done for just the two major healthcare organizations in Florence [McLeod Regional Medical Center (MRMC) and Carolinas Hospital System (CHS)] on 9-19-2017 and the search yielded the following positions for MRMC:
   1. Rural Health Nurse Practitioner, Florence, South Carolina
   2. Intensivist Nurse Practitioner, Florence, South Carolina
   3. PRN Occupational Family Nurse Practitioner, Florence, South Carolina
   4. Part Time Noctournist Nurse Practitioner, Manning, South Carolina
   5. Nurse Practitioner Industry ADP and City of Florence, Florence, South Carolina
   6. McLeod Urology Associates Nurse Practitioner/Physician Assistant, Florence, South Carolina

The CHS search yielded three (3) available positions:
   1. Nurse Practitioner Acute Care Inpatient
   2. Nurse Practitioner Weekend Express Care
   3. Nurse Practitioner Oncology

A web search of nurse practitioner jobs in SC yielded over 100 hits from just one web site (https://www.indeed.com/jobs?q=Nurse+Practitioner&l=South+Carolina&start=40) and the employment opportunities spanned the entire state. A repeat search using the key words “nurse practitioner jobs in SC” yielded the same employment opportunities (https://www.ziprecruiter.com/jobs/south-carolina/nurse-practitioner/6).

Similarly, national numbers of Nurse practitioners from the US Department of Labor, Bureau of Labor statistics is broken down to location quotients. Location quotients (LQ), which is defined by the US Department of Labor, as;

Location Quotients (LQs) are ratios that allow an area's distribution of employment by industry to be compared to a reference or base area's distribution. (https://www.bls.gov/help/def/lq.htm), are
demonstrated for SC below indicating that areas of the Pee Dee specifically have a low < .20 to 1.25 LQ. LQ’s of less than 0.8 demonstrate the area is deficit in the specific industry or employment opportunity being measured (Labor Market Information, https://www.c2er.org/Alabamalmi/Webinars/01-Location%20Quotient/LQ%20Webinar.pdf, 2012)

A closer view of SC LQ demonstrates that the Pee Dee region in the northeastern corner of the state lags behind the other three AHEC areas with LQs of < .20 in some areas.
Additionally, all FMU Nurse practitioner graduates are employed and none of them had a lag in employment opportunities. Most secured employment offerings as senior students. Most of the next graduation class of 27 (December 2017) have job offerings. Please remember that 80% of our graduates stay in the Pee Dee region upon graduation. FMU is sponsoring a “career fair” for NPs on October 29th and four major healthcare organizations are sending recruitment specialists.

Advanced practice registered nurses with a Doctor of Nursing Practice degree are being employed in multiple healthcare and educational environments. DNP-prepared graduates are primary care providers in the acute and non-acute clinical areas. DNP-prepared graduates are nurse leaders and executives in clinical and non-clinical environments. DNP-prepared graduates are assuming nursing faculty roles to assist with the severe nursing faculty shortage. At FMU, the majority (64%) of the nursing faculty hold a DNP degree and this is similar for many comprehensive academic institutions that offer a nursing degree.

Provide supporting evidence of anticipated employment opportunities for graduates, including a statement that clearly articulates what the program prepares graduates to do, any documented citations that suggests a correlation between this program and future employment, and other relevant information. Please cite specific resources, as appropriate. (3000 characters)

Note: Only complete this if the Employment Opportunities table and the section that follows the table on page 4 have not previously been completed.
Will the proposed program impact any existing degree programs and services at the institution (e.g., course offerings or enrollment)?
  xYes
  □No

If yes, explain. (500 characters)
The proposed program will impact the number of MSN /FNP students. Some BSN graduates may opt for seamless education from BSN to DNP. The anticipation is that other students may opt to complete their education in stages and enroll in the MSN/FNP program option and then continue on in the DNP option at a later date or upon MSN completion. (Characters 279)
## List of Similar Programs in South Carolina

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Institution</th>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
</table>
| Doctor of Nursing Practice    | University of South Carolina, Columbia     | Both USC and FMU will offer a BSN to DNP and MSN to DNP options. Both USC and FMU offer MSN/FNP options. | USC offers the following DNP options that FMU does not offer:  
Adult Gerontology Acute Care Nurse Practitioner (AGACNP)  
Family Psychiatric Mental Health Nurse Practitioner (PMHNP)  
Executive Leadership |
| Doctor of Nursing Practice    | Medical University of South Carolina       | Both MUSC and FMU will offer a BSN to DNP and MSN to DNP options. Both MUSC and FMU offer MSN/FNP options. | MUSC offers the following DNP options that FMU does not offer:  
Adult-Gerontology, Pediatric  
Psychiatric Mental Health: |
| Doctor of Nursing Practice    | Clemson University                         | Both Clemson and FMU will offer a post-masters DNP option.                    | FMU offers the following option that Clemson does not offer:  
MSN/FNP |

While other South Carolina institutions of Higher Education currently offer an on-line DNP that is similar to the program proposed by Francis Marion University, our program is designed to educate healthcare providers who mostly reside in the Pee Dee region, who work in the region, and have been educated in the region, many at FMU. These students show a strong desire to continue their nursing education at our award winning, NLN Center of Excellence nursing program and stay right here in the Pee Dee region and continue their service in an area that is tremendously underserved in terms of rural and community healthcare. FMU will fill that void in Pee Dee healthcare providers, by growing our own and keeping our best and brightest in the area as practicing DNPs. As mentioned at ACAP, even though these are wholly on-line programs, many students do feel a connection to a certain school/program, especially if they are graduates of that school. While course delivery is online, for students in our proposed program, FMU will enhance the experience through our personal, local touch, just as the FNP students have done, through the availability of tutors, advisors, as well as career placement services and other assistance by our highly trained faculty and staff.
Description of the Program

### Projected Enrollment of BS(N) to DNP

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<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
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<td>2022</td>
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### Projected Enrollment of MSN to DNP

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<tbody>
<tr>
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<td>2022</td>
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### TOTAL Projected Enrollment

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<tbody>
<tr>
<td>Headcount</td>
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<td>2022</td>
<td>30</td>
<td>261</td>
<td>30</td>
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</tbody>
</table>

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program?

- **X Yes**
- □ No

If yes, explain. (1000 characters)
BSN to DNP Graduate Program Admission Criteria
To be considered for admission, the applicant must submit the following materials to the School of Health Sciences:
   1. graduate application
   2. official academic transcripts from all colleges and universities attended that indicates the applicant has completed a Bachelor of Science (Nursing) degree with a cumulative G.P.A. of 3.0 or greater
   3. copy of resume or curriculum vitae
   4. copy of current RN license or final BS(N) transcript
   5. three (3) letters of professional recommendation
   6. admission essay (approximately 500 words) in which the applicant must address the following:
      1. Identify an area of interest
      2. Describe why you are interested in this area.
      3. Discuss a topic that is relevant to the current healthcare environment.
      4. Discuss how the topic can become an evidenced-based practice leadership project.
      5. Synthesize how the issue is relevant to the role of the DNP-prepared nurse

Additional MSN to DNP Graduate Program Admission Criteria
   1. Master of Science (Nursing) degree with a cumulative G.P.A. of 3.0 or greater
   2. A valid, unencumbered APRN (advanced practice registered nurse) license

Are there any special articulation agreements for the proposed program?
   X Yes
   □ No

If yes, identify. (1000 characters)
The program requires the completion of practicum (clinical) learning experiences. Francis Marion University has adequate affiliation agreements with clinical agencies to accomplish the DNP student learning outcomes. The most often used clinical learning sites are within the organizations of McLeod Regional Medical Center and Carolinas Hospital System. FMU has already collected a cadre of primary care clinical sites in rural areas that are used by the MSN/FNP students that will be applicable to the DNP students as well. All affiliation agreements are up-to-date and available upon request.
(Characters 494)
## Curriculum

### Fulltime Option for APRNs to DNP

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<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
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<tr>
<td>DNP 800 Doctoral Knowledge Development</td>
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<td>DNP 803 The Role of Technology and Interprofessional Collaboration</td>
<td>3</td>
<td>DNP 806 Scholarly Writing and Grant Development</td>
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<tr>
<td>DNP 801 Doctoral Research and Epidemiological Evidence-based Practice</td>
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<td>DNP 804 Ethics and Quality Improvement (90 clinical hours)</td>
<td>3</td>
<td>DNP 807 Capstone 1 (135 clinical hours)</td>
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<tr>
<td>DNP 802 Doctoral Health Policy and Leadership (45 clinical hours)</td>
<td>3</td>
<td>DNP 805 Project Development [135 hours (95 clinical hours &amp; 40 project hours)]</td>
<td>3</td>
<td>DNP 808 Capstone 2 (135 clinical hours)</td>
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<td>Total Semester Hours</td>
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<td>Total Semester Hours</td>
<td>9</td>
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Total Credit Hours Required 27
### Fulltime Option for BS(N) to APRN/DNP

#### Curriculum by Year

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<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
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<tbody>
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<td><strong>Term 1</strong></td>
<td></td>
<td><strong>Term 2</strong></td>
<td></td>
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<td>APRN 602 Advanced Pharmacology</td>
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<td>APRN 502 Biostatistics</td>
<td>3</td>
<td>APRN 603 Advanced Physical Assessment and Health Promotion (45 laboratory hours)</td>
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<tr>
<td>DNP 800 Doctoral Knowledge Development</td>
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<td>APRN 601 Advanced Pathophysiology</td>
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<td>DNP 801 Doctoral Research and Epidemiological Evidence-based Practice</td>
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<td>DNP 802 Doctoral Health Policy and Leadership (45 clinical hours)</td>
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<td>DNP 803 The Role of Technology and Interprofessional Collaboration</td>
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<tr>
<td><strong>Year 2</strong></td>
<td></td>
<td><strong>Term 1</strong></td>
<td></td>
<td><strong>Term 2</strong></td>
<td></td>
</tr>
<tr>
<td>APRN 507 Patient Education and Advocacy</td>
<td>3</td>
<td>APRN 702 Primary Care of Infants, Children and Adolescents (90 clinical hours)</td>
<td>4</td>
<td>DNP 806 Scholarly Writing and Grant Development</td>
<td>3</td>
</tr>
<tr>
<td>APRN 701 Primary Care of Adults (135 clinical hours)</td>
<td>5</td>
<td>APRN 703 Primary Care of Women (45 clinical hours)</td>
<td>2</td>
<td>APRN 704 Primary Care of Geriatric Patients (45 clinical hours)</td>
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<td></td>
<td>DNP 804 Ethics and Quality Improvement (90 clinical hours)</td>
<td>3</td>
</tr>
<tr>
<td>Total Semester Hours</td>
<td>8</td>
<td>Total Semester Hours</td>
<td>9</td>
<td>Total Semester Hours</td>
<td>8</td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td></td>
<td><strong>Term 1</strong></td>
<td></td>
<td><strong>Term 2</strong></td>
<td></td>
</tr>
<tr>
<td>APRN 705 Internship I (135 clinical hours)</td>
<td>4</td>
<td>DNP 805 Project Development</td>
<td>3</td>
<td>DNP 808 Capstone 2 (135 clinical hours)</td>
<td>3</td>
</tr>
<tr>
<td>APRN 706 Internship II (135 clinical hours)</td>
<td>4</td>
<td>DNP 807 Capstone 1 (135 clinical hours)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Semester Hours</td>
<td>8</td>
<td>Total Semester Hours</td>
<td>6</td>
<td>Total Semester Hours</td>
<td>3</td>
</tr>
</tbody>
</table>
Total Credit Hours Required 67

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNP 800 Doctoral Knowledge Development (3)</td>
<td>This course introduces the graduate student to contemporary nursing knowledge, including theoretical models with particular attention to middle range and practice theories. Discussions related to the application of the nursing metaparadigms, philosophies, and theories will concentrate on linking those discipline specific foundational concepts to advanced practice.</td>
</tr>
<tr>
<td>DNP 801 Doctoral Research and Epidemiological Evidence-based Practice (3)</td>
<td>This course prepares graduate students to appraise all levels of nursing and healthcare research and apply evidence-based in an advanced practice role. Statistical analysis of evidence will be discussed to ascertain the applicability to specific populations. In addition, knowledge about human rights in research will be an expected graduate student outcome.</td>
</tr>
<tr>
<td>DNP 802 Doctoral Health Policy and Leadership (3:2-3) (45 clinical hours)</td>
<td>This course focuses on public policy in healthcare and the role of the doctorally-prepared nurse as a leader in policy development. Graduate students develop strategies to assume leadership roles and effect patient care outcomes.</td>
</tr>
<tr>
<td>DNP 803 The Role of Technology and Interprofessional Collaboration (3)</td>
<td>This course focuses on using technology and interprofessional collaboration to arrive at quality patient outcomes. Documentation systems and standards will be discussed along with interprofessional communication techniques.</td>
</tr>
<tr>
<td>DNP 804 Ethics and Quality Improvement (3:1-6) (90 clinical hours)</td>
<td>This course focuses on quality patient outcomes and quality improvement. The course will emphasize ethical healthcare practices that are value-based. This course includes 90 clinical hours to explore a healthcare project that would benefit from a well-designed quality improvement protocol.</td>
</tr>
<tr>
<td>DNP 805 Project Development (3:0-9) [135 hours (95 clinical hours &amp; 40 project hours)]</td>
<td>This course assists the graduate student to focus attention on a specific quality improvement project that can be fully investigated and developed into a capstone project. This course includes clinical and project hours to prepare the graduate student to fully understand the delivery of quality patient care in the advanced practice role.</td>
</tr>
<tr>
<td>DNP 806 Scholarly Writing and Grant Development (3)</td>
<td>This course develops skills for students to engage in clinical scholarship including manuscript development and grant writing. In addition, discussion and information about effective presentation and public speaking will be explored.</td>
</tr>
<tr>
<td>DNP 807 Capstone 1 (3:0-9) (135 clinical hours)</td>
<td>This course focuses of the planning of an evidence-based practice, quality improvement project. This course assists the graduate student to develop a project that will make a significant improvement in patient care. In addition, the graduate students will begin to formalize a professional portfolio.</td>
</tr>
<tr>
<td>DNP 808 Capstone 2 (3:0-9) (135 clinical hours)</td>
<td>(Prerequisite DNP 807) This course focuses on the implementation and the evaluation of an evidence-based practice, quality improvement project. The culmination of this course will contain disseminated project results. In addition, the graduate student will complete a professional portfolio.</td>
</tr>
<tr>
<td>DNP 809 Advanced Assessment and Pharmacological Effects on the specific body systems. Competencies for advanced practice nurses will be discussed, and patient manifestations will be linked to evidence-based interventions.</td>
<td></td>
</tr>
</tbody>
</table>
Pathophysiology of Body Systems (3)

DNP 845 Independent Study (3:0-9) (135 clinical hours) This elective course is an independent study which can be used to complete graduate projects, increase practice hours, or specialize in a clinical specialty. Graduate students will work closely with a faculty facilitator to develop learning objectives and evaluate progress. This course can be taken twice.

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Rank</th>
<th>Full- or Part-time</th>
<th>Courses Taught or To be Taught, Including Term, Course Number &amp; Title, Credit Hours</th>
<th>Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major</th>
<th>Other Qualifications and Comments (i.e., explain role and/or changes in assignment)</th>
</tr>
</thead>
</table>
| Assistant Professor (Supervisor) | Full-time | Doctoral Health Policy and Leadership | BSN 1989- Medical University of South Carolina  
MSN/FNP –1993- University of South Carolina  
DNP 2009- University of South Carolina | This faculty member is currently the director of the MSN/FNP program option. |
| Assistant Professor | Full-time | DNP 803 The Role of Technology and Interprofessional Collaboration  
DNP 805 Project Development | RN component of MSN/FNP Program 1998- Vanderbilt University  
DNP 2014- MUSC | This faculty member will no longer teach Health Assessment in the undergraduate program in order to teach at the doctoral level. |
| Assistant Professor | Full-time | DNP Capstone I  
DNP Capstone 2 | BSN 1992- California State University  
MSN/PNP 1997- Fresno State University  
MSN/FNP 1995- Fresno State University  
DNP 2003- Rush University | This faculty member will no longer teach Nursing Fundamentals in the undergraduate program in order to teach at the doctoral level. |
<table>
<thead>
<tr>
<th>Rank</th>
<th>Full-time</th>
<th>Courses and Experience</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Professor</td>
<td></td>
<td>DNP 804 Ethics and Quality Improvement DNP 809 Advanced Assessment and Pharmacological Effects on the Pathophysiology of Body Systems</td>
<td>This faculty member will no longer teach in the undergraduate program option.</td>
</tr>
<tr>
<td>Professor</td>
<td></td>
<td>DNP 800 Doctoral Knowledge Development DNP 806 Scholarly Writing and Grant Development</td>
<td>This faculty is the Dean of Health Sciences (was a DrNP Track Coordinator at Drexel University, Philadelphia 2007-2010)</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td></td>
<td>DNP 801 Doctoral Research and Epidemiological Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td>Advertised position</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Individuals should be listed with program supervisor positions listed first. Identify any new faculty with an asterisk next to their rank.*
Total FTE needed to support the proposed program (i.e., the total FTE devoted just to the new program for all faculty, staff, and program administrators):

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Staff</th>
<th>Administration</th>
</tr>
</thead>
</table>

**Faculty / Administrative Personnel Changes**

Provide a brief explanation of any additional institutional changes in faculty and/or administrative assignment that may result from implementing the proposed program. (1000 characters)

The first semester has nine (9) DNP teaching credit hours. Our current DNP-prepared faculty will have schedules altered to incorporate those classes by hiring adjunct faculty to oversee MSN student practicums. The current Director for the MSN/FNP program option will assume the role of DNP Director. Summer course offerings are done on a volunteer bases at FMU and to date have not been a problem to fill. The School of Health Sciences has currently an advertised position for a full-time faculty member which will assist in filling courses in year two of the DNP program.

As of 9-19-17 there are two (2) full-time faculty positions posted on the FMU website. One will be for undergraduate (Health Assessment and Fundamentals) and the other for the MSN or DNP program. Although all FMU Nursing Faculty teach across the curriculum (undergraduate and graduate) the allocation of credit hours will shift with the implementation of the DNP program. In the current 2016-2017 nursing faculty work table there are approximately 40 credit hours in which faculty are allocated for clinical oversight. Some clinical oversight hours can be shifted to part-time adjunct faculty in order to allocate didactic hours to full-time faculty. This will assist with using the third faculty member in the DNP program. Reallocation of credit hours can be accomplished while maintaining the 70/30 full-time/part-time ration mandated by the SC Board of Nursing regulations.

**Library and Learning Resources**

Identify current library/learning collections, resources, and services necessary to support the proposed program and any additional library resources needed. (1000 characters)

The James A. Rogers University Library is easy to access online at [http://libguides.fmarion.edu/offcampus](http://libguides.fmarion.edu/offcampus). The nursing program has a library liaison, Faith Keller, who is available to assist graduate nursing students with library services. The FMU library has three main vendors (Gale, EBSCO, and ScienceDirect), and two partnerships (DISCUS and PASCAL) which provide access to over 150 databases, including CINAHL, MEDLINE, and UpToDate. (Ms. Faith Keller, Nursing Liaison Librarian, personal communication, October 18, 2016). The FMU library resources are accessible from off-campus locations with the FMU ID card. These resources ensure that students can access the most up-to-date evidence. Dr. Tracy George, Assistant Professor of Nursing, is the library representative for the nursing program. (Characters 687)

**Student Support Services**

Identify academic support services needed for the proposed program and any additional estimated costs associated with these services. (500 characters)
• Computer and technology services
• SwampFox Emergency alert
• Writing Center available online
• Counseling and Testing provides professional counselors
• Student Health Services provides health care.
• University Center provides students with athletic facilities.
• Local police station is located one block from the Carter Center for Health Sciences (CCHS) building.
• FMU Patriot Bookstore
• Financial services
• Faculty advisement is provided to each graduate nursing learner.
• Faculty tutoring via email or by Skype.
• Simulation and skills laboratory hours (Characters 479)

Physical Resources

Identify any new instructional equipment needed for the proposed program. (500 characters)

FMU’s new CCHS building in downtown Florence is located near McLeod Regional Medical Center. CCHS has over 52,000 square feet and currently houses the following programs: Family Nurse Practitioner, Physician Assistants, Clinical Psychology, Speech Pathology, and third and fourth year medical students from the University of South Carolina/Greenville. The building will also house the DNP program faculty and any DNP students who wish to be advised in person. The CCHS also has a 150-seat auditorium to accommodate interprofessional and community conferences. (Characters 479)

Will any extraordinary physical facilities be needed to support the proposed program?

☐ Yes
☒ No

Identify the physical facilities needed to support the program and the institution’s plan for meeting the requirements, including new facilities or modifications to existing facilities. (1000 characters)

CCHS has ample office space to comfortably house the two (2) new full-time and up to four (4) part-time faculty members (if part-time are needed) for the DNP program. The third floor of the CCHS building has nineteen offices (19) and two (2) reception areas in the academic wing. Currently there are six (6) offices and two (2) reception areas unoccupied. There is plenty of space to accommodate the DNP program and future healthcare program development. (Characters 379)
## Financial Support

### Estimated New Costs by Year

<table>
<thead>
<tr>
<th>Category</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Administration</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Faculty and Staff Salaries</td>
<td>110,000</td>
<td>112,200</td>
<td>114,444</td>
<td>116,733</td>
<td>119,067</td>
<td>572,444</td>
</tr>
<tr>
<td>Graduate Assistants</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Equipment</td>
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<td>Facilities</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Supplies and Materials</td>
<td>5,000</td>
<td>5,500</td>
<td>6,000</td>
<td>6,500</td>
<td>7,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Library Resources</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other*</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>115,000</td>
<td>117,700</td>
<td>120,444</td>
<td>123,233</td>
<td>126,067</td>
<td>602,444</td>
</tr>
</tbody>
</table>

### Sources of Financing

<table>
<thead>
<tr>
<th>Category</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Funding</td>
<td>250,688</td>
<td>415,202</td>
<td>481,008</td>
<td>533,495</td>
<td>585,983</td>
<td>2,266,376</td>
</tr>
<tr>
<td>Program-Specific Fees</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>State Funding (i.e., Special State Appropriation)*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Reallocation of Existing Funds*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Federal Funding*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Funding*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>250,688</td>
<td>415,202</td>
<td>481,008</td>
<td>533,495</td>
<td>585,983</td>
<td>2,266,376</td>
</tr>
</tbody>
</table>

**Net Total (i.e., Sources of Financing Minus Estimated New Costs)**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Funding</td>
<td>130,688</td>
<td>292,002</td>
<td>354,564</td>
<td>403,762</td>
<td>452,916</td>
<td>1,633,932</td>
</tr>
</tbody>
</table>

*Provide an explanation for these costs and sources of financing in the budget justification.*
Budget Justification

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table. (1000 characters)

Note: Institutions need to complete this budget justification only if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.

Evaluation and Assessment

Programmatic Assessment: Provide an outline of how the proposed program will be evaluated, including any plans to track employment. Identify assessment tools or software used in the evaluation. Explain how assessment data will be used. (3000 characters)

Three (3) separate components of the DNP program will be evaluated in order to collect a variety of data to inform decisions for performance improvement. First, every course has a set of student learning outcomes (SLOs) which are leveled and lead to the end-of-program SLOs. The end-of-program SLOs are congruent with the mission of the DNP program and FMU. Course SLOs are evaluated after each course is taught and recorded on a course report form. The course report form is completed by the teaching faculty and analyzes the following course attributes; congruency of the course description between the syllabus and the published University Catalog, it assesses the amount of course hours that are taught by guest lecturers, key concepts taught, the method of assessment(s) used to verify the attainment of each course SLO, how the concepts of diversity and interprofessional collaboration were facilitated, changes in course content, students’ evaluation of the relevance of assignments and textbook, how practicum (clinical) sites met the course goals, course strengths and weaknesses, grade distribution, and attrition rate. During the nursing faculty May workshops aggregated results from course reports are used to inform decision-making about course and curricula performance improvement changes. Secondly, end of program SLOs are fully assessed in the DNP Capstone 2 course with completion of the student’s practicum hours and the submission of a completed DNP project.

Thirdly, program outcomes will be assessed with each graduating class and consist of the following indicators; 1) graduate satisfaction, 2) employer satisfaction, 3) completion rates, 4) job placement rate, and 5) job placement in rural areas. Completion rates will be calculated yearly and if they fall below the expected level of achievement (ELA), the program admission, curriculum, and advisement processes will be reviewed. At one (1) year, surveys will be sent to graduates via their home email (which will be collected prior to graduation). The graduate survey will include items to elicit program satisfaction and job placement information. The job placement information will be used to send surveys to supervisors to gather employer satisfaction data. The ELAs for graduate and employer satisfaction are 90%. The ELA for job placement is 90% and the ELA for job placement in rural areas is 75% of those graduates who report having a job contract. (Characters 2,075)
## Student Learning Assessment

<table>
<thead>
<tr>
<th>Expected Student Learning Outcomes</th>
<th>Methods of/Criteria for Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applies nursing and interprofessional scientific and theoretical knowledge to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</td>
<td>The DNP project will identify a specific process improvement needed for a population of patients or healthcare system and includes a graded section related to an interprofessional literature review and an applied theoretical background.</td>
</tr>
<tr>
<td>2. Uses leadership skills and competencies in healthcare systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</td>
<td>The DNP students’ projects will demonstrate process improvement for a population or healthcare system to improve services.</td>
</tr>
<tr>
<td>3. Synthesizes and disseminates evidence-based practices to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</td>
<td>The DNP project will be evidence-based. The project will include a list and appraisal of current best evidence and a synthesis of findings and the appropriate application to the population or system being affected.</td>
</tr>
<tr>
<td>4. Utilizes information systems and technology to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</td>
<td>The DNP student will be evaluated on the utilization of information systems by the following methods; 1) demonstrates adeptness in library searches for the DNP project, 2) accesses electronic data needed to complete the DNP project, and 3) practitioner students will record appropriate and complete patient data in the electronic patient data base electronically.</td>
</tr>
<tr>
<td>5. Demonstrates leadership and advocacy in facilitating positive healthcare change to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</td>
<td>The DNP project goal is to establish a positive healthcare change for a population or system.</td>
</tr>
<tr>
<td>6. Employs effective interprofessional communication and collaboration to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</td>
<td>The DNP student will demonstrate interprofessional communication and collaboration in one of two ways. First they will demonstrate these skills during their practicum hours by making the appropriate referrals for patients and securing services that meet patient needs. Secondly, the DNP project will demonstrate interprofessional communication and collaboration during the implementation stages as the student demonstrates leadership in process improvement.</td>
</tr>
</tbody>
</table>

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<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Implement systems changes that advocate healthcare prevention to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</td>
<td>The DNP project will have a healthcare prevention component integrated into the project to address the chronic healthcare needs of the population being effected.</td>
</tr>
<tr>
<td>8.</td>
<td>Deliver advanced practice care in complex situations and systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations (Adapted from the AACN <em>Essentials of Doctoral Education for Advanced Nursing Practice</em>, 2006).</td>
<td>The electronic documentation system used for practitioner practicums will demonstrate delivery of advanced care to patients and systems and will be reviewed continuously for completeness and appropriateness by DNP faculty.</td>
</tr>
</tbody>
</table>
Will the proposed program seek program-specific accreditation?

- Yes
- No

If yes, provide the institution’s plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

The FMU DNP program will seek accreditation from the American Association of Colleges of Nursing’s Commission on Collegiate Nursing Education (CCNE). A letter of intent will be sent in Fall of 2017 prior to admission of the first DNP class. The letter of intent will request an early onsite visit (appropriate for programs that are 12 months or less in length) for the Spring, 2019. The program’s self-study will be completed in the fall of 2018 and mailed to the accreditation team for preparation of the onsite visit. (Characters 423)

Will the proposed program lead to licensure or certification?

- Yes
- No

If yes, explain how the program will prepare students for licensure or certification. (500 characters)

Teacher or School Professional Preparation Programs

Is the proposed program a teacher or school professional preparation program?

- Yes
- No

If yes, complete the following components.

Area of Certification

Please attach a document addressing the South Carolina Department of Education Requirements and SPA or Other National Specialized and/or Professional Association Standards.

References


May 15, 2017

Dear Commission on Colleges Members,

The Carolinas Hospital System Department of Nursing is in support of Francis Marion University’s Doctorate of Nursing Practice (DNP) program to promote nursing expertise and practice in the Pee Dee region. Carolinas Hospital System is one of two major employers of Francis Marion University’s nursing graduates on the BSN and MSN levels. We will continue to support and hire doctorally-prepared nurses to promote health in the Pee Dee region.

Sincerely,

Costa K. Cockfield, RN, MSN, NEA-BC
Chief Nursing Officer
May 15, 2017

Dear Commission on Colleges Members,

The McLeod Regional Medical Center Department of Nursing is in support of Francis Marion University’s Doctorate of Nursing Practice (DNP) program to promote nursing expertise and practice in the Pee Dee region. McLeod Regional Medical Center is one of two major employers of Francis Marion University’s nursing graduates on the BSN and MSN levels. We will continue to support and hire doctorally-prepared nurses to promote health in the Pee Dee region.

Sincerely,

Tony M. Derrick, MSN, RN
Associate Vice President/Chief Nursing Officer

tk
Francis Marion University

DNP Report

It has been a pleasure to have had the opportunity to review the proposed DNP program at Francis Marion University.

This DNP program is modeled after the DNP Program at Chatham University, Pittsburgh, PA. Chatham’s program was one of the first in the nation and the first on-line DNP program. It is an innovative program accredited by CCNE and is also rated as one of the top 100 DNP programs in the nation.

In reviewing a DNP program, my focus is on the following criteria:

1. Making certain that the DNP is not a hybrid DNS or PhD program (see criteria below)
2. Making certain that the DNP follows the American Association Colleges of Nursing/Collegiate Commission on Nursing Education (AACN/CCNE) Essential’s Document for DNP Programs (see criteria below)
3. Making certain that the DNP program has a DNP Project that gets implemented and evaluated with improved outcomes of patient care
4. Making certain that the required number of clinical/project hours are built into the curriculum
5. Market Competition

Primary Research (PhD or DNS)

- Posing a question?
- Searching the Literature
- Refining the Question
- Theory
- Methodology
- Statistics
- Words
- Knowledge generating research

Translational/Practice Scholarship (DNP)

- Posing a clinically relevant question?
- Searching the literature for evidence
- Evaluating/Critically appraising the evidence
- Translating/Applying the Evidence in Practice
- Evaluating the Outcomes
American Association Colleges of Nursing

DNP Essentials

The Essentials of Doctoral Education for Advanced Nursing Practice

I. Scientific Underpinnings for Practice
II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
V. Health Care Policy for Advocacy in Health Care
VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII. Clinical Prevention and Population Health for Improving the Nation's Health
VIII. Advanced Nursing Practice

Most Recent AACN/CCNE DNP Program DATA

- 303 DNP programs are currently enrolling students at schools of nursing nationwide, and an additional 124 new DNP programs are in the planning stages (58 post-baccalaureate and 66 post-master’s programs).
- DNP programs are now available in all 50 states plus the District of Columbia. States with the most programs (10 or more programs) include California, Florida, Illinois, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, and Texas.
- From 2015 to 2016, the number of students enrolled in DNP programs increased from 21,995 to 25,289. During that same period, the number of DNP graduates increased from 4,100 to 4,855.

From my review of the Francis Marion University Program the proposed DNP program meets all of the criteria outlined previously.
The proposed program is for Advanced Practice Registered Nurses (APRN). The American Association Colleges of Nursing /Collegiate Commission on Nursing Education (AACN/CCNE) will accredit DNP programs that are specific to the roles of APRNs and Nurse Executives. Francis Marion University’s proposed DNP Program is for APRNs, which aligns with AACN/CCNE.

I have found that the proposed curriculum to be in line with and meet all of the DNP Essentials. The curriculum addresses exactly what a DNP student should achieve.

I have counted the clinical/project hours in the ARPN to DNP program. There must be a minimum of 500 hours in this particular program. The numbers of hours proposed in this curriculum meets this requirement.

I have counted the clinical/project hours in the BSN to DNP program. There must be a minimum of 1,000 hours in this particular program. The numbers of hours proposed in this curriculum meets this requirement.

**Market Share**

The reality is that AACN proposed that by 2015 anyone graduating from an APRN program should have a DNP. This has not yet occurred as each state has to change legislation to make this happen. The reality is that this is going to happen most likely early in the next decade. My rationale for this is that the American Association of Nurse Anesthetists (AANA) has mandated nationally that anyone entering a Nurse Anesthesia program in 2022 must graduate in 2025 with a DNP.

When one considers the points made above, market share really becomes a moot point. When the DNP becomes mandatory for ALL APRNs any school in the business of educating APRNs will have to implement a DNP program or they will not be able to continue to educate APRNs. It is extremely wise to be ahead of this happening. By implementing Francis Marion University’s DNP program now this allows time for proper implementation and program evaluation. It is also wise to implement the APRN to DNP as there are still many APRNs who do yet have a DNP.

Regarding market share I want to contrast South Carolina to Pennsylvania (where I am employed). Francis Marion University’s DNP program will be the 4th program in South Carolina. In Philadelphia there are 6 DNP programs. According to AACN (2017) Pennsylvania is one of those states with the greatest number of DNP programs in the nation. I can attest that our market share has not be affected by this many programs.

Francis Marion University’s DNP program also will serve a unique population, that of a rural underserved population. Graduates of this program will dramatically improve the health care and outcomes of this population. Francis Marion University’s DNP program is online so they can also market the program to the rest of the nation is they so desire to do so.

**Summary**

To summarize, I find the Francis Marion University’s proposed DNP Program to be of excellent quality meeting all of the required Essentials of the American Association Colleges of Nursing /Collegiate Commission on Nursing Education. Their DNP program is structured as a DNP program should be structured. The population that the DNP students and graduates will serve will render vital health services to a rural underserved vulnerable patient population. I applaud the faculty for their forward
thinking in addressing such a patient population. The result should be, most importantly, improved care for these patients, but I would also surmise improved outcomes and statistics for South Carolina.

Sincerely,

Albert A. Rundio, Jr. PhD, DNP, RN, APRN, NEA-BC, CARN-AP, FNAP, FIAAN, FAAN
Associate Dean for Nursing & CNE
Chief Academic Nursing Officer
Clinical Professor of Nursing
Drexel University College of Nursing & Health Professions
3 Parkway Building
1601 Cherry Street
Philadelphia, Pennsylvania 19102
Telephone: Office: 267-359-5873 Cell: 609-892-1844
E-Mail: aar27@drexel.edu

References:


