

**PROPOSAL
NEW DEGREE PROGRAM**

1. **PROPOSED PROGRAM TITLE:** Doctorate of Nursing Practice (DNP)
2. **CIP CODE REQUESTED:** 51.3801
3. **CONTACT PERSON**
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4. **PROPOSED STARTING DATE:** Fall 2013
5. **PROGRAM SUMMARY**

The proposed new program is a practice doctorate with emphasis on the specialties of Adult/Geriatric Clinical Nurse Specialist (CNS) and Adult/Geriatric Acute Care Nurse Practitioner (NP). The Adult/Geriatric Clinical Nurse Specialist specialty already exists as an option for the MSN Degree. The adult/geriatric acute care nurse practitioner specialty will be added to offer two of the four advanced practice nursing roles, i.e. nurse practitioner, clinical nurse specialist, nurse midwife, and nurse anesthetist. The Doctorate of Nursing Practice (DNP) is a practice-focused terminal degree that prepares graduates to practice at the highest level in specialty practice or to assume leadership positions in health care. The DNP is designed for nurses seeking a terminal degree in nursing practice, and offers an alternative to research focused doctoral (PhD) programs.

The program, due to demand and national trends, will use a hybrid delivery model. The program will be delivered via distance education, with only 1-3 campus visits, depending upon the specialty and program of study chosen by the student. Clinical placements will be arranged at a location convenient to the student; however, faculty formally negotiates student placement with the agency and preceptor to ensure proper contracts and qualifications. Newly admitted students would enter the DNP program beginning Fall 2013.

There will be two entry levels for the DNP program: 1) post baccalaureate, and 2) post master's. Graduates of accredited baccalaureate programs, who hold a valid, unencumbered nursing license are eligible for admission to the program. Upon completion of the post baccalaureate DNP program they will be eligible to sit for national certification as either an adult/geriatric clinical nurse specialist or the adult/geriatric acute care nurse practitioner national certification offered by the American Nurses Credentialing Center (ANCC). Graduates of accredited master's nursing programs who hold a valid, unencumbered nursing license and national certification as an advanced practice nurse will be eligible for admission to the post-master's DNP program. Both levels of students will be permitted to attend the program either full-time or part-time. Post-BSN students will be encouraged to enroll on a full-time basis, as this will expedite their achievement

of national certification.

The American Association of Colleges of Nursing (AACN) intends the DNP to be the terminal degree for Advanced Practice Nurses (Clinical Nurse Specialists, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners) by 2015, increasing the educational preparation in these specialties. Currently, the AACN reports that less than 1% of nurses in the U.S. have doctoral preparation. DNP programs (N=184) are now available in 40 states and the District of Columbia. However, currently there are none of those programs within the state of Arkansas. At this point, Arkansas' BSN-prepared RNs and advanced practice nurses must find an out of state program to complete this degree.

Over the past eight years, four universities have made two separate attempts at initiating a DNP program within the state of AR as a consortium. These institutions are: 1) University of AR for Medical Sciences, 2) Arkansas State University, 3) University of Central Arkansas, and 4) the University of AR, Fayetteville. All four universities recognized the need for the DNP program within the state and agreed that all four sites should provide this educational preparation. While the schools/colleges agreed that the common core curriculum could be shared across the four universities/colleges, no further collaborative efforts would be sought at this time. The other three universities currently offer advance practice nursing program(s) at the master's level. As such, they have chosen to initially only offer the DNP as a post-master's program to provide this level of preparation to their former graduates. Focusing on the post master's DNP student will result in sufficient numbers of clinical preceptors. In the case of UAF, the Eleanor Mann School Of Nursing (EMSON) will continue to offer the adult/geriatric clinical nurse specialist track, and begin offering an adult/geriatric acute care nurse practitioner track, which will provide post-BSN Registered Nurses an opportunity to efficiently complete the courses and clinical experiences required for certification in either role and fulfill the educational requirements of a DNP. EMSON will provide the DNP program to post-master's prepared advanced practice nurses, as those courses have been delineated from what was once a traditional model of preparing APNs at the master's level. It is anticipated that the other three schools/colleges of nursing will one day offer the post-BSN program in compliance with national standards, but their initial efforts will be to focus only on their MSN-prepared graduates. Deans/Directors of the consortium schools/colleges of nursing also agreed to support the development of DNP programs at all four sites. Because of the different specialties offered within each of these colleges/schools, and the number of the state's BSN graduates each year, it will take all four universities to fill the need for DNP preparation. The growth of DNP programs over the past five years is depicted in **Appendix A**.

Purpose of the Program: Within the Eleanor Mann School of Nursing, there are currently two MSN concentrations of study—the Adult Clinical Nurse Specialist (CNS) and Nurse Educator. The proposed post-bachelor's degree DNP will build on the current CNS program to offer the DNP level courses, and introduce a new specialization: adult/geriatric Acute Care Nurse Practitioner (NP). By year 2015 the current CNS specialization at the master's level will be phased out and only the post-bachelor's degree program for the DNP will be offered. Therefore, the post-bachelor's DNP program of study is being offered now to begin the

transition, while the post-master's DNP track will facilitate the articulation of the current practitioners through this terminal degree. Eventually, the current MSN degree program for advanced practice nurses will be phased out as future APNs will hold the DNP degree. Only the current Nurse Educator specialization of the MSN program will remain unchanged, and will continue to be a feeder for higher educational degrees (EdD or PhD) that prepare them to assume faculty roles. The DNP program will utilize many of the same courses currently offered in the MSN program, with modifications, and additional new courses that have been developed to meet program requirements for doctoral nursing education. The program is built upon the *Essentials of Doctoral Education for Advanced Nursing Practice* as endorsed by the American Association of Colleges of Nursing (AACN). The program also incorporates specialty standards of the *Acute Care Nurse Practitioner Competencies* (2004), and the National Association of Clinical Nurse Specialists (2009). It is anticipated that the program will be accredited by AACN's Commission on Collegiate Nursing Education (CCNE), which currently accredits the BSN and MSN programs.

An overview of the proposed program: A total of 27 courses (79 credits) comprise the post-BSN program of study. The program was designed to provide students competencies in the following areas: (1) health promotion, health protection, disease prevention, and treatment; (2) practitioner-patient relationship; (3) teaching-coaching function; (4) professional role; (5) managing and negotiating healthcare delivery systems; and (5) monitoring and ensuring the quality of healthcare practice. The program also requires the completion of 1000 clinical hours in preparation for certification as an Advanced Practice Nurse (either CNS or NP). The specific courses to accomplish these competencies for full-time study can be viewed in **Appendix B** and part-time study in **Appendix C**. The post-MSN program of study builds on the APN specialties of nurse practitioner, clinical nurse specialist, nurse midwife, or nurse anesthetist for which students are currently certified and offers 35-39 additional credits and variable credit clinical courses that facilitate the requirement of 1000 clinical hours as a student for future re-certification. Some students will have only the minimum requirement of 500 clinical hours, while others will have over 700 clinical hours from their previous programs. The full-time program of study is found in **Appendix D** and the part-time program of study in **Appendix E**.

Program Costs: Anticipated costs for the new program are summarized in **Appendix F**. The explanation of these resources is provided below.

Personnel:

No new faculty will be hired in Year 01 of the program. One new full-time faculty will be hired for the program in Year 02 (2014) and a second new full-time faculty will be hired in Y03 (2015). These personnel are required for the adult/geriatric acute care clinical focus of the post-BSN track. Salaries will range from \$75,000 - \$85,000 for 9 months + benefits @ 29.9% = \$97,425 - \$110,415 for each faculty member hired.

One new administrative assistant (Admin III) for 12 months will be hired to support the program (\$35,000 + 29.9% benefits = \$45,465).

Graduate Lab Assistants (2-3 per semester) will be used to validate students' clinical skills in the simulation lab. They are paid \$1000/credit (4-6 credits in fall and spring semesters). Total salaries will range from \$4000 - \$8000 per semester for an average of \$34,560 per year.

A research assistant will be utilized each year to assist with development of capstone projects = \$6000/year + 8% fringe = \$6480.

Library resources/costs: The addition of advanced practice nursing journals related to geriatrics, epidemiology, advanced practice, and healthcare systems = \$1000/year.

Supplies: Supplies to support the program are expected to be \$4000 per year.

Equipment: A one-time cost of \$7000 in Y01 will allow for the purchase of software for the simulated mannequins in support of advanced practice skills.

Distance delivery costs (if applicable)

Technical support for the delivery and maintenance of on-line program will be required and provided by the Global Campus.

Renovation costs: There are no anticipated costs for renovation as the program is offered on-line and the existing simulation labs are adequate for the number of students projected.

Accreditation fees/costs:

DNP accreditation from CCNE will be sought. New program fee = \$2000; on-site evaluation (\$1750/evaluator X 3) = \$5250 for a total of \$7,250. Accreditation is for 10 years.

Faculty Resources: There are currently 24 full-time faculty who teach in the School of Nursing, 7 of whom have preparation as an advanced practice nurse. Two new faculty will be hired to support the clinical specializations (adult/geriatric CNS or NP) of the program in Y02 and Y03.

6. NEED FOR THE PROGRAM

Rationale

The primary rationale for this program is the accreditation requirement that future APNs be prepared at the doctoral level. The changing demands of this nation's complex healthcare environment require scientific knowledge and practice expertise at the highest levels to assure quality patient outcomes. The Institute of Medicine (IOM), Joint Commission, Robert Wood Johnson Foundation, and other authorities have called for re-conceptualizing educational

programs that prepare today's health professionals. Some of the many factors building momentum for change in nursing education at the graduate level include: the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; shortages of doctorally-prepared nursing faculty; and increasing educational expectations for the preparation of other members of the healthcare team. Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT), Optometrists (DO), and Audiology (AudD) all offer practice doctorates.

Recent reports from the IOM (2010) describe the challenges of health care delivery systems and calls for a mandate for change the current educational programs for the health professions. Nurses are constantly working with individuals who have a higher level of preparation in their respective fields. Nursing educational preparation and the time commitment should be analogous to other health professions. The DNP provides a clinical option for advanced preparation in nursing practice that is more comparable to other intra-professional education programs. In addition, research from Drs. Linda Aiken, Carole Estabrooks, and others have established a clear link between higher levels of nursing education and better patient outcomes.

The current national trend for all advanced practice nurses to be prepared at the DNP level was set in motion in 2004 by the American Association of Colleges of Nursing (AACN), when they voted to endorse the Position Statement on the Practice Doctorate in Nursing. This pronouncement required changing the current level of the preparation necessary for advanced nursing practice from the master's degree to the doctorate level by the year 2015. This movement has been endorsed by at least seven Nurse Practitioner organizations (American Academy of Nurse Practitioners, American College of Nurse Practitioners, Association of Faculties of Pediatric Nurse Practitioners, National Organization of Nurse Practitioner Faculties, National Association of Nurse Practitioners in Women's Health, and National Association of Pediatric Nurse Practitioners). The National Association of Clinical Nurse Specialists has remained neutral on the position but has developed DNP-level competencies for CNS graduates. This move is supported by a report from the National Academy of Sciences (NAS) calling for nursing to develop a "non-research clinical doctorate" to prepare expert practitioners who can also serve as clinical faculty. Nurses graduating from this program will be prepared with a blend of clinical, organizational, economic and leadership skills.

Student Interest:

During the time period the Arkansas DNP Consortium was active, a needs assessment focusing on student potential interest was conducted. All APNs licensed within the state of Arkansas as well as all current BSN and MSN students attending the four colleges were surveyed. Results of that needs assessment collected on behalf of the Consortium (2010) are reported here:

- 1) How strong is your interest in pursuing the DNP degree in Arkansas?
53.3% of respondents (N = 315) stated they were planning or definitely interested in earning a DNP.
- 2) Have you been presently considering a DNP program in another state?
30.8% (N= 176) stated yes
- 3) If you are planning to pursue a DNP, what is your timeframe within?
62.5% of respondents (N = 331) stated they planned on pursuing a DNP within the next 5 years
- 4) I have been waiting for Arkansas to have a DNP program.
47.9% (N= 273) responded yes
- 5) What is your preference for a DNP program?
54.2% stated a part-time program of study and 68.4% stated a full-time program of study.
- 6) Lastly, students were asked to rank order their preferences for delivery. All students indicated a preference for the “program will be primarily on-line with a limited number of face-to-face meetings.” Preferences for the meetings were: (a) consolidated in a one-day block (N = 202), or (b) a concentrated week prior to and/or concluding the semester/session (N = 108).

Employer Needs:

Surveys were mailed out to 117 facilities including hospitals, clinical, public health agencies, as well as all long-term care facilities in Northwest Arkansas. A total of 18 (15%) surveys were returned. An example of each type of facility is listed, but not limited to the following facilities: Ashley Health Care, Community Physicians Group, Physicians Specialty Hospital, St. Mary’s Regional Medical Center, Schmieding Center, Siloam Springs Hospital, Sparks Health System, Springdale School District, Springwoods Behavioral Health, Mercy Healthcare System; River Valley Primary Care Services; Department of Health for Arkansas; Department of Veteran Affairs/Fayetteville Veterans Home, and Maples at Harbor Meadow. A copy of the survey can be found in **Appendix G**. A synopsis of prospective employers’ responses to survey questions is provided below:

1. List job titles for the proposed degree/certificate program: APNs, family or pediatric, nurse managers or directors, chief nursing officer.
2. List the degree/certificate required for each title: Respondents confirmed that the MSN was the required degree with the doctorate preferred; National certification was also required for nurse practitioner positions.
3. The number of position for each job title: ranged from 0 – 15.
4. The number of vacant positions:

5. The number of future positions: ranged from 0-7
6. Indicate the salary for each job title: ranged from \$50,000 - \$110,000. There is currently no differential for the NP and the DNP, as there are none in the area.
7. Indicate number of employers who gave preference for:
 - Online/distance technology = 6 At Company Site = 0
 - Evening = 3
 - Weekends = 2
8. Indicate any type of support employers will give for support of the proposed degree/certificate program:

Employers offered several services from serving on the advisory board, giving release time to employees to attend the program, and some indicated tuition reimbursement. Most indicated, however, that they would be willing to serve as a clinical preceptor/internship site for students.
9. Summarize the skills needed for employment in the positions listed: In addition to the obvious skill of direct care provider, DNPs should also have business/organizational skills, leadership skills, excellent written and verbal communication skills, analytical reasoning and problem solving skills, and be proficient with computer skills. Foreign language skills would also be beneficial.
10. Summarize any additional information provided by prospective employers:

More healthcare providers are needed in general, but with general practice or family physicians becoming more difficult to recruit, and our aging population, more advanced practice nurses will help fill the gap related to access to care. Development of nursing leadership within the community would affect all care recipients. There would be immediate benefit for the elders in our community. The advanced level of practice could propel the culture change so badly needed within the long-term care communities.

It is evident from the survey results that most prospective employers directly outside of the nursing profession are unclear about the emergence of the DNP. Certification and state licensure as an advanced practice nurse are most important, not the degree. However, in the near future, in order to become eligible for certification and licensure, the DNP will be the degree required for entry into practice. Reimbursement for patient care services will also be tied to licensure as an advanced practice nurse. What we primarily learned from this survey is that employers such as medical centers and long term care facilities either do not directly hire advanced practice nurses – they are typically hired by physicians to make rounds at long term care facilities and local hospitals – and that employers have little knowledge about the move from master’s preparation to doctoral preparation. However, they are supportive of advanced education for nurses. Support letters addressing employment opportunities are included in **Appendix H**. In 2011, at Washington Regional Medical Center in Fayetteville, Arkansas over half the nurses working in intensive care and over one third of the emergency

department nurses were pursuing higher education. For many that was a master's in nursing degree. Unfortunately, the majority were using online out-of-state programs to fulfill their educational goals. Because of the scarcity of online acute care NP programs, several nurses were pursuing degrees with a focus on primary care. There was significant interest in an acute care program, but the caveat was that 'it must be an online' program so the clinicians could continue to practice.

There are currently no hospitals in the area or in the state with the designation of being a magnet hospital. To achieve this goal, hospitals must have a substantial number of bachelor's prepared nurses. BSN –prepared RNs comprise only 27% of the state's RN population (38,000+). Subsequently, the clinical nurse specialist's role will be key and integral for hospitals to achieve Magnet status, which entails economic incentives to hospitals. A nurse manager and a clinical nurse specialist are required for each nursing unit in every hospital applying for that status. The University of Arkansas for Medical Sciences' Hospital is pursuing this model.

Indicate if employer tuition assistance is provided or other enrollment incentives.

Employer tuition assistance/incentives: Institutions responding to the employer survey indicated willingness to provide an internship site. Some indicated employee release time and tuition reimbursement. Major institutions and facilities in the local geographic locations provide internship sites, release time, and tuition reimbursement up to \$1600 per calendar year. This is competitive with rural and urban facilities in Arkansas and surrounding states. According to the 2011 salary survey conducted by ADVANCE for Nurse Practitioners, a professional journal, DNP-prepared NPs earned \$7,316 more than master's-prepared NPs.

Program Advisory Committee: The program will focus on adult and geriatric populations, preparing students to manage health promotion, illness prevention, and disease management, in either primary care or specialized settings. Students will be prepared with the skills and knowledge, based on current research findings, required for certification. To maintain a contemporary curriculum, a program advisory committee will be appointed that convenes bi-annually. Members will be chosen for their expertise in some face of care within the adult and geriatric populations.

The Program Advisory Committee will be comprised of 7 stakeholder members who represent the following professional backgrounds and the Graduate Program Coordinator, DNP Program Advisor, and faculty (2):

- Director of Long Term Care Facility (1)
- MD with medical practice for adults/geriatrics (1)
- APN from outpatient geriatric care facility (1)
- APN from acute care setting with adult/geriatric experience (1)
- Consumer (1)
- Social Worker with case load of adults/seniors (1)
- Alumni of Program (1 – added in Year 04)
- Graduate Program Coordinator, DNP Program Advisor and Faculty

Topics to be considered by the committee include: primary health services for the elderly, establishing community partnerships to support the program, scholarship development for students, quality of life indicators for adult/geriatric populations, identification of primary health care needs, collaborative efforts to screen, educate, and refer hi-risk adult/geriatric populations.

7. CURRICULUM

Total Number of Semester Credit Hours required for the program: Post-BSN students will complete 79 semester credits and 1000 clinical hours. Post-MSN students will complete 35-39 credits depending on their need of clinical hours to satisfy the requirement of 1000 clinical hours. The current requirement for advanced practice nurses is 500 clinical hours for certification, but depending on their specialization, many students will have more than this number. This will expedite re-certification in the future.

Identify new courses: The BSN to DNP degree program will require 19 new courses. All new courses are underlined on pages 11 and 12 of this document for both the post-BSN to DNP and post-MSN to DNP programs of study.

Identify required general education courses. Course descriptions, objectives, and content outlines for core courses, specialization courses and capstone courses are provided in **Appendix I.**

Identify courses currently offered via distance technology. The existing graduate core courses are currently being taught online. All new courses will also be offered in an on-line, distance delivery format.

State program admission requirements:

Program admission criteria for the post-BSN and post-MSN entry levels of the DNP are the same as the existing criteria for the MSN program. Post-BSN applicants must submit an application to the EMSON and accomplish the following:

- a. Be admitted to the University of Arkansas Graduate School
- b. Be a graduate of an NLNAC or CCNE accredited BSN program
- c. Hold current unencumbered license as an RN in their respective state
- d. Complete a basic health assessment course (academic or continuing education)
- e. Complete a basic level statistics course with a grade of "C" or above
- f. Possess basic computer and library skills including the use of electronic databases

Post-MSN applicants must also submit an application to the EMSON and accomplish the following:

- a. Be admitted to the University of Arkansas Graduate School
- b. Be a graduate of an NLNAC or CCNE accredited nursing program
- c. Hold current unencumbered license as an RN in their respective state
- d. Hold national certification as an APN
- e. Complete a basic health assessment course (academic or continuing education)
- f. Complete a basic level statistics course with a grade of "C" or above
- g. Possess basic computer and library skills including the use of electronic databases
- h. Graduate level Health Policy course

Describe specified learning outcomes and course examination procedures.

Graduates of the DNP program will be prepared according to national standards and in preparation of national certification as advanced practice nurses. As such, they will be able to:

1. Evaluate and utilize advanced knowledge and theories from nursing and related disciplines to solve complex health issues for individuals, aggregates, populations, and systems.
2. Design, implement, and evaluate strategies that promote and sustain quality improvement at the organizational and policy levels.
3. Provide leadership in the transformation of health care through intra-professional collaboration, application of technology, and policy development.
4. Incorporate evidence-based clinical prevention and health services for individuals, aggregates, and populations.
5. Demonstrate clinical expertise, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

Course examination procedures will be guided by the Global Campus' policies on student verification to assure the student taking exams is indeed the enrolled student, and test security measures to prevent a breach in academic integrity.

Graduation Requirements:

Doctorate of Nursing Practice – Graduation requirements for the post-BSN student include completing 79 semester hours of study and 1000 clinical hours. Students must also complete a capstone project that is approved by their faculty advisor. The post-MSN student must complete at least 36 semester hours of study and fulfill the requirement of 1000 clinical hours between their master's program and the DNP program. They must also complete a capstone project that is approved by their faculty advisor.

Include a copy of the course evaluation to be completed by the student. The program will utilize the University of Arkansas' existing instruments to conduct student evaluations of instruction.

Curriculum Requirements for the Doctorate of Nursing Practice

Core Courses for BSN to DNP:

ESRM 6403: Educational Statistics and Data Processing
NURS 5003: Theoretical & Scientific Foundations for Nursing Practice
NURS 5033: Role Development
NURS 5043: Concepts of Health Promotion within Diverse Populations
NURS 5053: Evidence-based Practice & Innovations in Nursing

NURS 5102: Advanced health assessment, physical examination, & diagnostic reasoning
NURS 5111: Clinical practicum for Advanced Health assessment, Physical Exam, & diagnostic reasoning
NURS 5143: Advanced Pathophysiology
NURS 6613: Epidemiology
NURS 5123: Pharmacotherapeutics for Advanced Practice Nursing
NURS 5523: Healthcare Informatics
NURS 6123: Evaluation methods & translational research for evidence-based Practice
NURS 5063: Health care policy
NURS 6263: Organizational Management & Systems Leadership
NURS 6233: Health Care Economics & Finance

Core Courses for MSN to DNP

NURS 5063: Health Care Policy
NURS 6613: Epidemiology
NURS 5523: Healthcare Informatics
NURS 6263: Organizational Management & Systems Leadership
NURS 6123: Evaluation Methods & Translational Research for Evidence-Based Practice
NURS 6233: Healthcare Economics & Finance

Specialization Courses for BSN to DNP students

NURS 5272: Clinical Practice: Interpretive, Diagnostic Reasoning **OR**
NURS 5282: Clinical Practice: Interpretive, Diagnostic Reasoning & Influences
NURS 5443: Chronic Health Problems in Adult & Geriatric Populations
NURS 5454: Adult-Geriatric (Chronic) Clinical I
NURS 5463: Acute & Critical Illness in Adult & Geriatric Populations
NURS 5475: Adult & Geriatric (Acute/Critical) Clinical II
NURS 6224: Specialty Practice Clinical III
NURS 6244: Specialty Practice Clinical IV
NURS 628V (3-4): Specialty Practice Clinical V
*1 credit = 45 clinical hours

Specialization Courses for MSN to DNP students

NURS 6224: Specialty Practice Clinical III
NURS 6244: Specialty Practice Clinical IV
NURS 628V (3-4): Specialty Practice Clinical V
*1 credit = 45 clinical hours

Capstone Courses for BSN to DNP and MSN to DNP:

NURS 7113: Capstone Seminar I
NURS 7122: Capstone Implementation in Practice Setting I
NURS 7132: Capstone Seminar II
NURS 7142: Capstone Implementation in Practice Setting II

8. FACULTY

Existing faculty who currently teach course(s) in the CNS track of the MSN program will continue to teach in the DNP program. **Faculty vitae are included in Appendix J.** Anticipated course assignments for faculty are included in **Appendix K.**

List the names and credentials (college/university awarding degree; degree level; degree field)

| Name/credentials Field | College/University | Degree |
|--|--|--|
| Kathleen Barta, EdD, RN | Marquette University, 1975 | BSN Nursing |
| | Boston College, Maternal & Child Health - 1980 | MSN Nursing |
| | University of Arkansas, Adult Education - 1992 | EdD |
| Anna Jarrett, PhD, ACNP/ACNS, BC | Missouri Southern State College - 1986 | BSN Nursing |
| | University of Missouri- 1989 | MSN Nursing |
| | University of Missouri- 1999 | PhD Nursing |
| | University of Tennessee at Memphis - 2000 | Post-master's certificate for Acute Care NP |
| Marie-Rachell Narcisse Jean-Louis, PhD, MSc, BSc | University of Montreal - 1997 | BSc Economics |
| | University of Montreal- 2000 | MSc Economics |
| | University of Montreal - 2008 | PhD Public Health |
| Thomas Kippenbrock, EdD, RN | Indiana State University 1976 | BSN Nursing |
| | Indiana University - 1979 | MSN Medical- Surgical Nursing |
| | Indiana University - 1988 | EdD Higher Education Administration Nursing |

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| Bettie Miller, MS, BSE, BSN, RN, BC | University of Arkansas - 1989 | ADN Nursing |
| | University of Arkansas - 1989 | BSE, Community Health Education |
| | University of Arkansas for Medical Sciences - 1992 | MSN Nursing |
| | University of Arkansas -1997 | BSN Nursing |
| | University of Phoenix - 2006 | MSN Nursing Administration |
| | University of Arkansas 2006 - present | PhD in progress Gerontology Policy & Aging Issues |
| Ellen Odell, DNP, RN | McLennan Community College - 1984 | ADN Nursing |
| | University of Missouri, St. Louis - 1987 | BSN Nursing |
| | George Mason University - 1992 | MSN Adult Clinical Nurse Specialist |
| | Case Western University - 2008 | DNP – Educational Leadership |
| Cara Osborne, MSN, CNM, SD | Transylvania University - 1999 | BA - Biology |
| | Vanderbilt University - 2001 | MSN Nurse Midwifery |
| | Harvard University - 2003 | MS Maternal & Child Health |
| | Harvard University - 2007 | SD Maternal & Child Health |
| Wendy Sisson, MNSc, APN, FNP-BC | Western Kentucky University - 1974 | ASN Nursing |
| | Florida International University - 1977 | BSN Nursing |
| | University of Arkansas for Medical Sciences - 1999 | MNSc Family Nurse Practitioner |

| | | |
|---|--------------------------------------|-------------------|
| Nan Smith-Blair, PhD, RN | Texas Christian University - 1974 | BSN |
| | Northwestern State University - 1984 | MSN |
| | University of Kansas - 2001 | PhD |
| Russell Van Stroud, MSN, RN, ACNP-BC, CCRN, CEN | University of Arkansas - 1996 | BSN |
| | California State University | MSN Acute Care NP |

Expected credentials for new faculty and expected hire date. Provide the projected startup costs for faculty research laboratories, and the projected number of and costs for graduate teaching and research assistants.

New faculty required will meet the following requirements:

TBA – Assistant/Associate Professor, DNP/DNSc/or PhD prepared in geriatrics, holding certification as an advanced practice nurse with at least 3 years teaching/clinical experience who meets rank and graduate faculty status criteria – to be hired Fall 2014. Research start-up funds = \$5000.

TBA – RN, DNP or PhD – certified APN (NP or CNS) in a specialty field that supports the academic program and who meets Assistant/Associate Professor rank and graduate faculty status criteria – to be hired Fall 2015, DNP/DNSc/or PhD prepared in older adult or geriatrics, holding certification as an advanced practice nurse. Research start-up funds = \$5000.

Graduate Lab Assistants (TAs) 2-3 per semester will be used to validate students' clinical skills in the simulation lab. They are paid \$1000/credit (4-6 credits in fall and spring semesters). Total salaries will range from \$4000 - \$8000 per semester for an average of \$34,560 per year.

A research assistant will be utilized each year to assist with development of capstone projects = \$6000/year.

9. DESCRIPTION OF RESOURCES

The resources currently available to students enrolled in on-line courses and faculty who teach in this format are offered through the university's Global Campus – an entity of the School of Continuing Education and Academic Outreach. The Global Campus collaborates with academic colleges and schools to provide online and distance education and correspondence courses for academic credit. The school also provides non-credit professional development and computer training classes in face-to-face online settings. The mission of the School of Continuing and Academic Outreach is to collaborate globally in development and delivery of quality, innovative and student-centered offerings of the University of Arkansas, addressing both the formal and informal educational needs of the state and beyond. The school's purpose is to use technology and expert staff members to provide support for the development and implementation of quality distance education offerings and online programs from the University of Arkansas to meet the academic and informal educational needs of the people of Arkansas, the nation and the world. State of the art technology is available that allows students located anywhere in Arkansas and around the globe to access courses by our full-time faculty.

Distance learning students have the same opportunities as are offered in a traditional learning environment. For example, students have internet access to the university's library holdings - which are extensive. Last year 46 new nursing journals were added to the library's holdings, at a cost of \$32,869. The majority of students' use of library services is conducted on-line. The librarian reported that over 12,600 full-text articles were downloaded by students, mostly in conjunction with links from CINAHL. An estimated 12,000 searches were conducted via CINAHL along, with more in related health science databases. Over the last three years over 210 electronic texts in Nursing and related health sciences have been purchased in what is now called the R2 Digital Library on-line. (The "R" stands for *Rittenhouse*, the largest independent purveyor of health sciences books in print. Over the past two years the librarian has targeted about \$15,000 into e-Books in Nursing. Only a few more selected books and journals will be required for the advanced practice DNP students. LibGuides are now available related to interlibrary loan, academic integrity, plagiarism, and many other important research topics. LibGuides can be created to be course specific or content related. The Research Paper Wizard is available at the library's web-site and is designed to assist students with the steps for writing a successful research paper.

Student resources also include Blackboard where faculty can post course materials, calendars, and other information helpful to adult learners. There is also technical support provided 24/7 for students taking on-line courses through personnel in the Global Campus. Each course now has a built-in tutorial for using Blackboard which includes video and text instructions as well as practice areas where students can upload assignments, join Collaborate sessions, and test connections before using the features in a course.

An on-line readiness document, "Distance Learning Basics: Skills for being a successful online student" has also been added to provide students with no

experience of on-line courses valuable information that orients the student to the aspects of on-line learning.

The Global Campus continues to lead campus-wide efforts to seek authorization to offer online degrees in all 50 states. This fall a software solution including biometric software and online proctoring for testing will be adopted to assure that the university is compliant with student verification regulations.

The Epley Center for Health houses a large lab that is comprised of four simulation labs. New instructional costs are minimal – the upgrading of software in the simulation lab to provide training for acute care skills, and a few additional journals that complement the program of study. These are itemized below.

10. **NEW PROGRAM COSTS – Expenditures for the first 3 years**

a. New administrative costs (number and position titles of new administrators):

A Graduate Program Coordinator is already in place. A DNP Program Advisor will be appointed from the DNP program's faculty. Their workload will reflect the additional responsibilities related to advising the post-masters and post-bachelor students who choose the DNP program.

b. Number of new faculty (full-time and part-time) and costs:

Two new full-time faculty will be hired for the program. Depending on faculty qualifications, salaries will range from \$75,000 - \$85,000 for 9 months. These two positions were originally proposed and received tentative approval when the Eleanor Mann School of Nursing was participating in the Arkansas state DNP consortium.

Y 02 = (1) new hire: \$75,000 - \$85,000 + benefits @ 29.9% (\$97,425 - \$110,415).

Y 03 = (1) new hire: \$75,000 - \$85,000 + benefits @ 29.9% (\$97,425 - \$110,415).

Current faculty of the MSN CNS program will continue to teach in the program. However, in Year 02 the didactic and clinical courses related to adult/geriatric populations for the post BSN student will require an additional faculty member with this education/experiential background. Therefore, an additional faculty member will need to be hired. In Year 03, a second faculty member with adult/geriatric preparation will be hired in order to offer the additional didactic and clinical experiences for the post-BSN students. Should a current faculty who has this educational/experiential background apply for either of this position, they will be moved to this program and replacement faculty hired for them. The average salary for a 9-month instructor or assistant professor for the undergraduate program = \$50,000 to \$60,000 + benefits.

c. New library resources and costs:

The library has extensive holdings. Additional journals and books related to advanced practice, epidemiology, and healthcare organizations specific to this program will need to be purchased. Estimate \$1000/year.

d. New/renovated facilities and costs:

N/A as this is an on-line program and simulation lab is new.

e. New instructional equipment and costs:

Additional software and equipment will need to be purchased to enhance our current simulation equipment and models for those students in the post BSN program. Standardized models for examinations, manikins for advanced procedures (i.e. intubation, central line placement, spinal taps, arterial line insertion, suturing, etc.) and software to enhance interaction via Blackboard will be required. Cost estimates are \$ 7000 for year 01. After this, the student lab fees will cover necessary equipment maintenance and replacement.

Supplies for the program are expected to be \$4000 per year.

f. Distance delivery costs (if applicable)

Technical support facilitator for the delivery and maintenance of on-line program will be required and provided by the Global Campus.

g. Other new costs (graduate assistants, secretarial support, supplies, faculty development, faculty/students research, program accreditation, etc.)

One (1) new administrative assistant (Admin III) for 12 months will need to be hired (\$35,000 + 29.9% benefits = \$45,465).

Graduate Lab Assistants (2-3 per semester) will need to be hired for assistance in the simulation lab to validate students' skills. \$1000/credit for 4-6 credits = \$40000 - \$8000) for an annual cost of \$34,560.

One (1) research assistant to support faculty research and student capstone projects will be hired part-time for \$6000 + fringe @ 8% = \$6480.

DNP accreditation from CCNE will be sought. New program fee = \$2000; on-site evaluation (\$1750/evaluator X 3) = \$5250 for a total of \$7,250. Accreditation is for 10-years.

11. SOURCES OF PROGRAM FUNDING – Income for the first 3 years of program operation

Program income will come from student tuition. The table below depicts the anticipated enrollment for the first seven years of the program. It is anticipated that in Fall 2013 the majority of post-MSN students will enroll in an average of 6 credits per semester. Enrollment projections for the following four years are listed below.

Fall 2014 = 24 post-BSN FT, 12 post-BSN PT, 18 post-MSN = 54
 Fall 2015 = 51 post-BSN FT, 40 post-BSN PT, 46 post-MSN = 137
 Fall 2016 = 72 post-BSN FT, 42 post-BSN PT, 54 post-MSN = 168
 Fall 2017 = 87 post-BSN FT, 60 post-BSN PT, 78 post-MSN = 231

Projected Headcount/Enrollment, FTEs, and Graduates and for the Program

| Year | Fall Full-time Post-BSN Equated Students | Fall Part-time Post-BSN Headcount | Fall Part-time Post-MSN Headcount | Graduates |
|----------|--|-----------------------------------|-----------------------------------|--------------|
| 1 (2013) | 9 | 6 | 6 | ++ |
| 2 (2014) | 15 | 6 | 12 | ++ |
| 3 (2015) | 27* | 18 | 18 | 9 + 0 + 6 |
| 4 (2016) | 30 | 18 | 24 | 15 + 6 + 12 |
| 5 (2017) | 30 | 24 | 36 | 27 + 6 + 18 |
| 6 (2018) | 30 | 36 | 36 | 30 + 18 + 24 |
| 7 (2019) | 30 | 36 | 24 | 30 + 24 + 36 |

*Enrollment projections increase at Year 3 (2015) because the MSN will no longer be available. Ultimately enrollment will stabilize at approximately 80 students.

++There will be graduates from the graduate program at the MSN level as the MSN will be phasing out. There will not be any graduates from the DNP program yet.

Income from the post-BSN and post-MSN programs with related expenses are included in Appendix F.

New Revenue Generated by Program

| Year | Gross Revenue (Tuition & Fees) | Net Revenue (Minus Salaries & Expenses) |
|----------|-----------------------------------|--|
| 1 (2013) | 153,293.89 | 68,818.79 |
| 2 (2014) | 394,868.29 | 210,843.79 |
| 3 (2015) | 854,749.95 | 546,945.81 |
| 4 (2016) | 1,255,528.55 | 941,386.90 |
| 5 (2016) | 1,661,843.38 | 1,339,130.23 |

Indicate the projected annual state general revenues for the proposed program (Provide the amount of state general revenue per student)

Graduates students pay \$4,743/semester for tuition + \$25 per credit for a technology fee. Total cost per semester = \$4,768. Revenues/student per semester = \$5,721.60. Post-BSN part-time student tuition income was calculated based on a 5-year program of study to complete the 79 credits. Post-MSN student tuition income was calculated based on a 3-year plan of study for 39 credits.

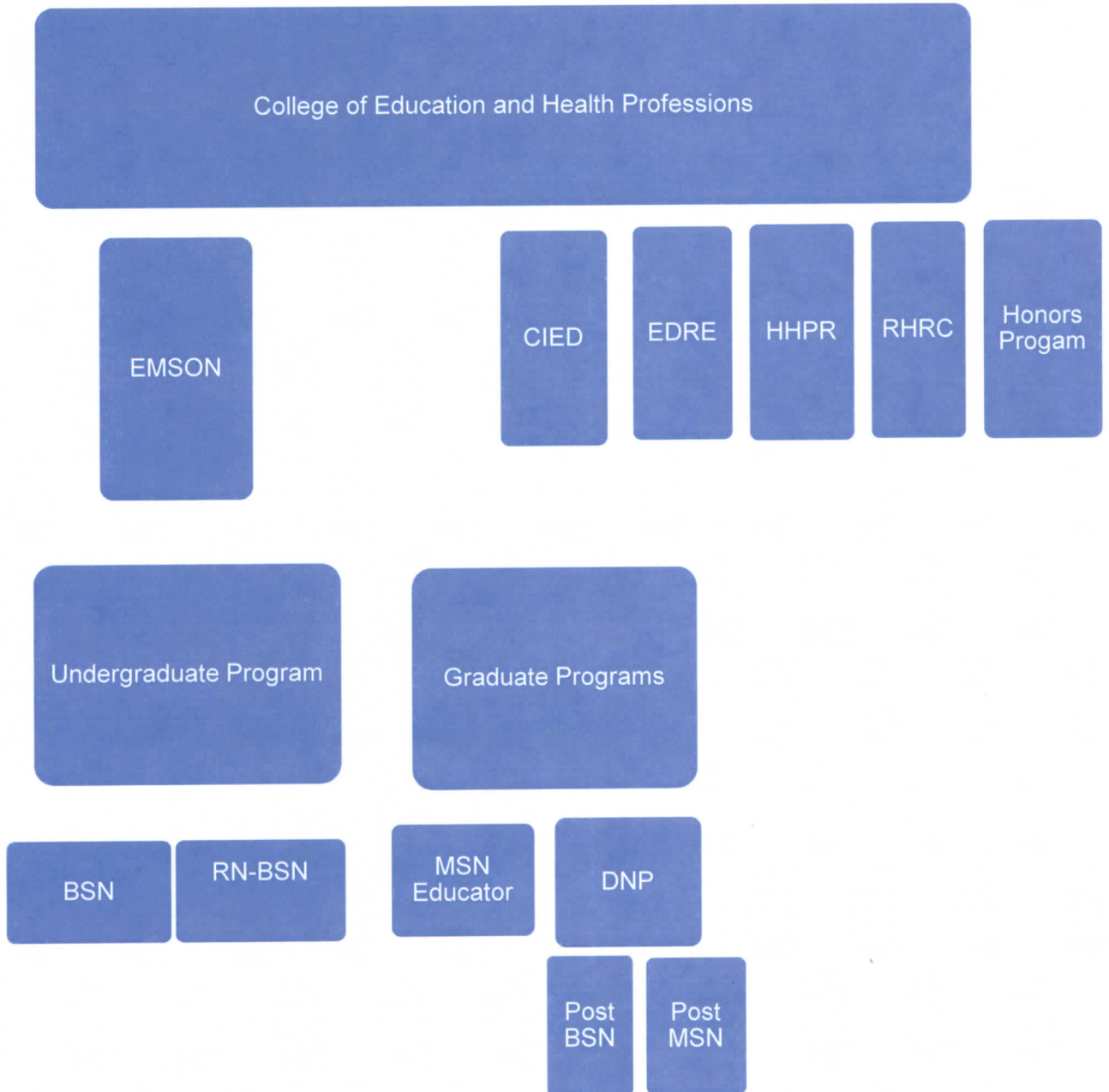
Other (grants, employers, special tuition rates, mandatory technology fees, program specific fees, etc.)

As mentioned above, a fee of \$25/credit hour is added for students taking a program in the on-line distance learning format.

Federal funding for graduate nursing education is available, but not at near the rate in comparison for medical students. At this point, approximately \$160 million per year in Medicare funding is going to hospitals and diploma programs of nursing (Aiken, 2011). These funds could be better used to support graduate nursing education, particularly for NPs in rural or HPSA regions of the country.

12. **ORGANIZATIONAL CHART REFLECTING NEW PROGRAM**

Proposed program will be housed in the Eleanor Mann School of Nursing, a department within the College of Education and Health Professions.



13. SPECIALIZED REQUIREMENTS

Describe specialized accreditation requirements for program: The program will be accredited by the Commission on Collegiate Nursing Education (the accrediting arm of the AACN), which currently accredits our BSN and MSN programs.

Licensure/certification requirements for student entry into the field: Upon completion of the DNP program, students will be eligible for either the NP Adult-Gerontological Acute Care Certification Exam (ANCC or AANP) or the CNS Adult-Gerontological Certification Exam (ANCC).

Initial approval is not necessary from the Arkansas State Board of Nursing. They will be notified of the intent to start the program when final approval has been received from the Arkansas Department of Higher Education.

14. BOARD OF TRUSTEES APPROVAL

Provide the date that the Board approved the proposed program

15. SIMILAR PROGRAMS

Currently there are no institutions in Arkansas offering this degree. According to the AR State Board of Nursing 2011 Annual Report, there are currently 2178 Advanced Practice Nurses licensed in the state, with only 40 of them holding doctorate degrees (although it is not clear as to whether or not they are DNP or PhD and unclear about whether or not they are in a practice or academic employment setting).

According to the AACN, there are currently DNP programs in all but 9 states, including Arkansas. Surrounding states that currently offer the DNP include Alabama (6), Kansas (2), Louisiana (1), Mississippi (2), Missouri (6), Oklahoma (1) Tennessee (6), and Texas (7). However, not all of these will offer the post-BSN program of study, nor are they all offered in a distance learning format. A sample of what these universities have to offer is listed in the table below. Some web-sites did not provide all information, nor did they indicate if the programs were offered in an on-line format. There is a wide range of credits between programs, as programs are developed based on competencies and the number of minimum credit hours per program has not been regulated by the CCNE, the accrediting arm of the American Association of Colleges of Nursing.

| DNP Program Site | Post-BSN (yes/no) | #credits | Post-MSN (yes/no) | #credits |
|---|--------------------------|-----------------|---|-----------------|
| Kansas University | Yes | 71 - 79 | Yes | 32 |
| Wichita State | Yes | 74 | Yes | 29 + residency |
| University of Southern Mississippi | Yes | 124 (CRNA) | Yes – Distance Learning to consortium members | 48 |
| University of Mississippi | Pending | | Yes | 48 |
| Barnes Jewish College, MO | Pending | | Yes - online | 81 |
| Maryville University, MO | No | | Yes | 30 |
| University of Missouri - Columbia | Yes | 74 - 78 | Yes – online | 36 - 39 |
| University of Missouri – Kansas City | No | | Yes - online | 31 |
| University of Oklahoma | No | | Yes | 49 - 54 |
| University of Tennessee Health Science Center | Yes | 69 | Yes | 39 |
| Vanderbilt | Yes | 74 | Yes | 35 |
| UT Knoxville | No | | Yes | 42 - 48 |
| Texas Christian University | No | | Yes - online | 30+ |
| Texas Tech University | No | | Yes | 45 |
| University of Texas Health Sciences Center, Houston | No | | Yes | 43 |
| University of Texas Medical Branch, Galveston | No | | Yes | 38-42 |

Why is proposed program needed if offered at other institutions in

Arkansas or region?

We will be the only school of nursing among the four schools in the DNP consortium (UCA, UAMS, and ASU) to offer a post-BSN program of study. Given the socio-demographics of northwest Arkansas and the need for distance learning programs by working nurses across the state, the goal of UARK's program is to prepare APNs who can meet the health needs of adult and geriatric populations. We will also offer a post-master's program to absorb those master's graduates who are now practicing, but who need advanced education to comply with future healthcare demands and licensure/re-certification requirements. This will also be offered in an online delivery format.

Provide a copy of the e-mail notification to other institutions in the state of the proposed program and their responses; include your reply to the institutional responses.

A copy of the needs assessment letter was sent to all Registered Nurses in the state. Additionally, a copy of the needs assessment with cover letter was sent to the other three nursing schools/colleges that were participating in the DNP consortium, as well as all other deans/directors of programs within the state that offered a BSN degree. No written comments or responses were received. The letter is attached as **Appendix L. Letters of support from other state programs and/or potential employers are included in Appendix H.**

16. DESEGREGATION

By program area, provide the total number of students, number of black students, and number of other minority students enrolled in related certificate and/or degree programs (if applicable).

At this time there are no other DNP programs in the state.

17. INSTITUTIONAL AGREEMENTS/MEMORANDUM OF UNDERSTANDING (MOU)

If the courses or academic support services will be provided by other institutions or organizations, include a copy of the signed MOU that outlines the responsibilities of each party and the effective dates of the agreement.

Not applicable.

18. PROVIDE ADDITIONAL INFORMATION IF REQUESTED BY ADHE STAFF

References

Aiken, L. (2011). Nurses for the future. *The New England Journal of Medicine*, 364(3), 196-198.

Association of American Medical Colleges. (2011). AAMC, primary care groups sponsor hill briefing on workforce shortages. Retrieved from <https://www.aamc.org/advocacy/washhigh/highlights2011/263896/102111aamcprimarycaregroupssponsorhillbriefingonworkforceshortag.html>

American Association of Colleges of Nursing.
<http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage>

American Association of Colleges of Nursing. (May 29, 2012). Leading Initiatives: Frequently Asked Questions. <http://www.aacn.nche.edu/dnp/faqs>

American Association of Colleges of Nursing. Talking Points: Impact of the Economy on the Nursing Shortage. (April 2, 2012).
<http://www.aacn.nche.edu/Economy.pdf>

Advance for NPs & PAs. (May 2012). Salary Averages According to Academic Degree. <http://nurse-practitioners-and-physician-assistants.advanceweb.com/SignUp/RegDocFetchFile.aspx?BRID=205637532657E>

County Health Rankings & Roadmaps. (2012).
<http://www.countyhealthrankings.org/app/arkansas/2012/rankings/outcomes/overall>

Hanover Research. (June 2012). Shortages of Ph.D.-Prepared Faculty in the Health and Human Sciences. Washington, DC.

<https://na3.salesforce.com/sfc/p/500000006pJ5w6nmcg0ebqfUQ9BfEcX7LOJYiWc=>

Fairman, J., Rowe, J., Hassmiller, S., & Shalala, D. (2011). Broadening the scope of nursing practice. *The New England Journal of Medicine*, 364(3), 193-196.

Institute of Medicine. (1996). *Primary care: America's health in a new era*. Washington, DC: National Academies Press.

Institute of Medicine. (2010a). *A summary of the February 2010 forum on the future of nursing education*. Washington, DC: National Academies Press.

Institute of Medicine. (2010b). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

Institute of Medicine. (2012). *Primary care and public health: Exploring integration to improve population health*. Washington, DC: National Academies Press.

Raines, C.F. (2010). *The Doctor of Nursing Practice: A Report on Progress*. American Association of Colleges of Nursing.

Sargen, M., Hooker, R., & Cooper, R. (2011). Gaps in the supply of physicians, advanced practice nurses, and physician assistants. *American College of Surgeons*, 212(6), 991-999.

The Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010). Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

United Health Foundation. (2011). *America's Health Ranking®, 2011: A call to action for individuals and their communities*. Minnetonka, MN: United Health Foundation. Retrieved March 18, 2012 from: <http://www.americashealthrankings.org>