Proposal for the Doctorate of Nursing Practice Degree

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University of Detroit Mercy
College of Health Professions
&
McAuley School of Nursing

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A. Executive summary

The College of Health Professions (CHP) and McAuley School of Nursing (MSON) propose the implementation of a clinical doctorate in nursing practice, the Doctor of Nursing Practice (DNP). This action is required due to a change in national standards by the American Association of Colleges of Nursing (AACN). AACN (2004) has mandated that all advanced practice registered nurses (APRN) be prepared at the doctoral level for entry into advanced practice by the year 2015. The term advanced practice registered nurse is a state regulatory term and protected title that includes nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists.

The recommendation from the AACN to move to the Doctorate of Nursing Practice as the entry level for advanced nursing practice is in response to a number of social, economic, educational and health care industry-related trends, including:

- the need to redesign the approach to the education of health care professionals (Pew Commission, 1995; Institute of Medicine [IOM], 2003),
- the demands associated with increasing complexity in the health care system,
- the expansion of scientific knowledge and growing concerns regarding the quality of patient care delivery and outcomes (IOM, 2001; IOM, 2003), and
- expected shortages of health care providers coupled with declining numbers of clinical faculty to educate such providers (National Academy of Sciences, 2005).

APRNs have been engaged in providing quality health care services to individuals, families and communities for almost 40 years and a plethora of evidence has documented the positive contributions of these providers (Safriet, 1992; Mundinger et al., 2000; Kinnersley et al., 2000; Laurant et al., 2007; AANA, 2004). The Doctorate of Nursing Practice builds on master’s level education to provide an expanded level of unique knowledge and expertise in advanced practice nursing roles. These graduates will be armed with a broader set of skills to provide high quality health care services in the context of the complex and increasingly strapped health care system. The DNP is a professional clinical doctorate with emphasis on expert clinical practice. The summative outcome is a scholarly project that demonstrates the integration and translation of research evidence to enhance clinical practice. As such, this is not a research doctorate and will not change UDM’s Carnegie classification.

AACN (2006) Essentials of Doctoral Education (see Attachment 1) is the guiding document of this initiative. This directive has been supported by the Commission on Collegiate Nursing Education (CCNE, 2008; see Attachment 2), the specialty accrediting body that oversees the McAuley School of Nursing. The move to a clinical doctorate has also been endorsed by the major professional organizations that establish educational standards for nurse practitioners (National Organization of Nurse Practitioner Faculty, 2004) and nurse anesthesia (American Association of Nurse
Anesthetists, 2007a), our two largest graduate APRN programs at the University of Detroit Mercy.

The College of Health Professions and McAuley School of Nursing at the University of Detroit Mercy have a long tradition of preparing entry level and advanced practice nurses who provide valuable health care services to individuals, families and communities in the city of Detroit and surroundings. Our advanced practice master’s programs (nurse anesthesia and family nurse practitioner) are rigorous and respected programs in southeastern Michigan and, as such, our graduates are intensely recruited upon graduation. Most are employed locally and contribute to service delivery in the major healthcare institutions and private practices in this area. To ensure our continued commitment to the delivery of quality health care services both locally and nationally, this transition to the clinical doctorate is essential. But even more importantly, in light of the pressing AACN mandate, the DNP degree is required to ensure the programs' continued existence.

The conversion to doctoral level entry for advanced practice nursing has been embraced nationally. The momentum for the transition is evident. Since 2005 (of the 417 Master’s level APRN programs), 66 universities now have DNP programs in place. Another 190 schools are in the development phase, which accounts for almost 50% of the current programs. Most programs have started with a DNP curriculum for APRN graduates (a “post-Master’s DNP”) with eventual plans for a curriculum for “post-BSN” entry, thereby replacing their current Master’s degree offerings for APRNs. The post-Master’s DNP option appeals to the large market pool of experienced APRNs, poised and motivated to obtain a credential that recognizes their advanced clinical knowledge and expertise. A gradual transition to the post-BSN DNP curriculum allows initial course development, ensures that currently enrolled students are accommodated, and allows time for curricular design to support post-BSN entry students.

B. Description of the Program

The post-Master’s Doctorate of Nursing Practice is a terminal professional degree representing the highest level of clinical nursing competence. The DNP program is designed to provide students the opportunity to assimilate and utilize in-depth knowledge of nursing, biophysical, psychosocial, analytical and organizational sciences, with sophisticated informatics and decision-making technology to develop collaborative strategies that optimize the health of individuals, families, communities and systems. Grounded in the Mercy and Jesuit traditions, the DNP program emphasizes the student’s development as an expert clinician with strong leadership capacity, a commitment to service, and skills to act as change agents, translating clinical research into improved health care.

The proposed post-Master’s DNP curriculum is designed to admit Master’s prepared certified APRNs in the following clinical specialties: nurse anesthetist, nurse practitioner, nurse midwife, and clinical nurse specialist. These are the largest group of our Master’s-prepared nursing alumni. The DNP curriculum is based on their graduate curriculum (typically 44-60 credits), and expands their knowledge base to provide a solid foundation for advanced practice.
In future years, as our nursing graduate programs continue to grow, we anticipate enrolling other MSN graduates (with concentrations in health systems management or clinical nurse leaders). Some modifications to the curricular sequence will be required, since their area of advanced nursing practice differs (in that they are not direct care providers), and their graduate curriculum is different.

Lastly, as the DNP becomes the requisite level of preparation for nurse anesthesia and nurse practitioners in 2015, we anticipate a transition to a post-BSN entry. Likewise, this will require a different curricular plan than that presented here. The program will build on an undergraduate BS in nursing and will need to ensure the achievement of the doctoral level competencies along with the requisite core content for the specific advanced nursing practice specialty. As such, the program will take longer than the current Master’s degree offerings.

The DNP program curriculum is based upon the AACN (2006) *Essentials of Doctoral Education* (see Attachment 1) and both the AANA (2007b) and NONPF (2004) Doctoral Level Competencies. Course content is 36 credits, and builds upon the 44-60 credit Master of Science in Nursing degree. For nurse anesthesia graduates (who possess an MS, not an MS in Nursing), additional course work may be required to ensure the essential requirements of a master’s level degree in nursing have been achieved.

A major strength of the DNP program is its interdisciplinary nature. The course curriculum has been developed in collaboration with faculty experts from the UDM community and local and national colleagues. It our intent that these colleagues will also contribute in the delivery of the program ensuring our graduates have not only an excellent educational experience, but one that is solidly grounded in intra- and interprofessional collaboration. The collaborative syllabi development has included UDM faculty from Ethics (Dr. Martin Leever), Statistics (Drs. Elizabeth Hill & Linda Slowik), Leadership and Organizational Development (Dr. Kathleen Zimmerman-Oster), and both local and national experts in informatics (Dr. Sharie Falan, Western Michigan University; Dr Marisa Wilson, University of Maryland) and epidemiology (Dr Elizabeth Wasilevich, Michigan Department of Community of Health).

Appendix A demonstrates the DNP program objectives are congruent with, and build on, the undergraduate and master’s level educational objectives of registered nurses. These objectives are aligned with the national guidelines (AACN, 2006; CCNE, 2008; NONPF, 2006, AANA, 2007) and confirm the DNP curriculum meets and exceeds the requirements of the accrediting bodies and the specialized professional organizations.

Appendix B presents the matrix of course sequencing. Most courses are new. Electives will be chosen by students from existing courses in Health Professions, Law, Business, Liberal Arts & Education, or elsewhere as their interests dictate. The post-Master’s DNP is designed for part time or full time study. Full time study consists of four 9-credit semesters (16 months). Part-time study (24 months) includes six 6-credit semesters. A combination of teaching and learning approaches, face to face, web
enhanced and on-line delivery will be used. This blended approach was chosen based on survey data of potential students, 90% of whom preferred part-time study, offered as a blend of face-to-face and online delivery models.

Appendix C demonstrates that the curricular sequence is built on the graduate level APRN preparation and progresses through formative coursework, culminating in the capstone clinical practicum and scholarly project. The formative coursework includes all of the essential content recommended in DNP programs (AACN, 2006; CCNE, 2008):

- ethics, diverse theoretical perspectives, health economics and policy, epidemiology
- leadership, business, practice, and information management
- evidence-based advanced nursing practice, statistics, and clinical specialization (elective/cognate).

Syllabi are in Appendix D1. Outcome measures are in Appendix D2.

C. Congruence with University and College Mission

The University of Detroit Mercy, the College of Health Professions and the McAuley School of Nursing have a long tradition of preparing entry level and advanced practice nurses who provide valuable health care services to individuals, families, and communities in Detroit and surrounding cities. Our programs are rigorous and well respected in the local community and our graduates lead and contribute to service delivery in the major healthcare institutions and private practices in this area.

Advanced practice nurses with professional clinical doctorates such as the DNP will be able to address significant practice issues in a scholarly way. They will act as agents of change and social justice to transform health care for individuals, families and local communities. These expectations are aligned with the mission of the University of Detroit Mercy, the McAuley School of Nursing, and the Nurse Anesthesia program.

The mission of the McAuley School of Nursing (MSON) program is to prepare skilled baccalaureate and master’s level nurses who are committed to lead, provide high quality, cost-effective and culturally competent health care services to individuals, families, and communities. Congruent with the University’s mission, the program focuses on providing nursing care to the underserved in an urban context.

The graduate program in Nurse Anesthesiology, leading to the Master of Science with a specialization in Nurse Anesthesia, seeks to prepare qualified nurses to be highly skilled, values-based, health care practitioners in anesthesia. The faculty’s goal is to prepare students for full participation in the specialty of anesthesia and to be cognizant that as members of the health care team they function in the total care of the patient. Finally, the program endeavors to prepare students to seek a higher level of scientific enrichment and a greater appreciation of the behavioral disciplines for the attainment of their own optimal capability. Thus, the program
seeks to prepare graduates who will lead, serve, and promote health and social justice.

D. Market and Need

The local market for potential post-Master’s entry students is broad. There are 5,742 APRNs certified and recognized in Michigan.¹ These providers are all potentially affected by the national mandate for doctoral level entry to practice. Although the state Board of Nursing will almost certainly continue to permit APRNs with Master’s degrees to practice, many will wish to upgrade their credentials to the highest and most current level (see marketing research data below).

We project to enroll 12 new post-Master’s DNP students per year beginning in May 2010, who will take 18 credits per year and complete the degree in 24 months. We have budgeted for a decline in this number to a cohort of 6 per year beginning in AY15 (see L. Operating revenue and Costs below). This will coincide with the transition of our current Master’s degree programs in Nurse Anesthesia (25 students/year) and Nurse Practitioner (20 students/year) to enrolling post-BSN students for the DNP beginning in AY-2014. While the post-BSN DNP curriculum has not been determined, it will likely consist of approximately 80-85 credits taken over 48 (or more) months.

To date, only one local university offers a post-Master’s DNP (Oakland). Two other programs are in development (Madonna University, Wayne State University). Oakland University has graduated a first class of 12 students, and enrolled a second cohort of 17 students, indicating a strong local demand among APRNs to enroll in a DNP curriculum.

We believe UDM can successfully compete for enrollment in this market based on institutional and faculty reputation, and the loyalty of our own numerous APRN graduates in the community. Our program is distinguished by its collaborative interdisciplinary curriculum that provides students with a blend of expert faculty from different disciplines, creating a teaching-learning environment of the highest quality, to which students will respond enthusiastically.

Current market forces positively affect the pool of potential applicants. The attractiveness of this new degree, local economic instability, the availability of opportunities in nursing, and the expected decline in physician providers² support the need for advanced practice nurses to be prepared at the doctoral level. Salary and employment data from our alumni indicate a strong and continuing need for nurse practitioners and nurse anesthetists in our area and nationally.

Appendix E contains a summary of the results of a marketing and needs assessment survey completed in November 2006 by a College of Health Professions task force. Responses (n = 157) were received from alumni (n = 62) and current

¹ Michigan Dept. Of Community Health http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27542-59003--,00.html
² Michigan State Medical Society http://www.msms.org/AM/Template.cfm?Section=Health_Care_Issues&CONTENTID=5652&TEMPLATE=/CM/ContentDisplay.cfm
students (n = 95) of the nurse practitioner (NP) and nurse anesthesia (CRNA) programs. The response rate was approximately 50%.

These data show that approximately 50% of UDM students and alumni were supportive of the DNP, with 75% of NP’s preferring the DNP over the traditional research doctorate. Of those alumni likely to return for a DNP (12 of 62 respondents; 19%), more than half indicated they were likely or very likely to choose UDM for doctoral study. Twenty-five respondents indicated they would start such a program in 1-2 years.

The results were reaffirmed in 2008, when the survey was repeated with a sample of current students (n = 20) and alumni (n = 11) of the Health Systems Management program (which awards the Master of Science in Nursing degree). Key findings again included a preference for the clinical doctorate over the research doctorate, and an interest to return to UDM for the post-Master’s DNP degree. About half (14 of 31) indicated they would be very or somewhat likely to attend a post-Master’s DNP program if one was offered at UDM, with six indicating they definitely plan to enroll in a doctorate program. The preferences for a blended face-to-face and online format, and for enrollment within the next few years (as seen in the 2006 survey) were also confirmed.

E. Objectives, Learning Outcomes and Assessment

The DNP Program objectives build on Baccalaureate and Master’s program objectives (Appendix A), are aligned with the Doctorate of Nursing Practice Essentials (Attachment 1) recommended by the American Association of Colleges of Nursing (AACN) and are congruent with the University’s Mission and Philosophy. The courses which correspond to each DNP program objective are shown in the right column.

<table>
<thead>
<tr>
<th>DNP Program objectives</th>
<th>Corresponding course numbers</th>
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<tbody>
<tr>
<td>1. Synthesize and integrate theory and knowledge from nursing science with the biophysical, psychosocial, analytical and organizational sciences as the foundation for the highest level of nursing practice.</td>
<td>NUR 800</td>
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<td>NUR 820</td>
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<td>NUR 890/892</td>
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<td>2. Analyze and develop specialty standards of advanced nursing practice to deliver culturally competent, high quality health services to individuals, populations and systems.</td>
<td>NUR 830</td>
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<td>NUR 820</td>
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<td>NUR 835</td>
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<td>NUR 850</td>
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<td></td>
<td>NUR 890/892</td>
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<td>3. Reflectively practice nursing inclusive of the systems levels within ethical, legal and humanistic frameworks.</td>
<td>ETH 801</td>
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<td>NUR 820</td>
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<td>HLH 810</td>
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<td>Elective</td>
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<td>NUR 890/892</td>
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<tr>
<td>4. In the delivery of advanced practice nursing services, develop and advocate for health care policy addressing issues of social justice and equity.</td>
<td>ETH 801</td>
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<td>NUR 820</td>
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<td>HLH 810</td>
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<td>NUR 850</td>
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<td>NUR 890/892</td>
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<tr>
<td>5. Enact leadership, critical thinking and effective communications skills to design, evaluate, and improve the implementation of quality advanced nursing services.</td>
<td>NUR 830</td>
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<td>NUR 840</td>
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<td>NUR 890/892</td>
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6. Integrate professional standards, values and accountability into role and ongoing self-reflection as an advanced practice nurse.

7. Lead inter- and intra professional collaboration to facilitate and improve desired health outcomes for individuals, populations and systems.

8. Integrate information technology and an evidence based approach in clinical scholarship to critically evaluate, design and implement health care services for individuals, populations and systems.

9. Analyze the epidemiological, financial, sociopolitical and organizational forces in the health care environment that impact the advanced nursing practice role.

Learning outcomes are assessed formatively in the requisite coursework and contribute to the achievement of the overall program objectives (Appendix D2). These evaluation measures vary by course but all contribute in different ways to the student’s development (integrated reviews of the literature, development of evidence based practice guidelines, conducting practice based inquiry, health policy analysis, etc.). The summative measures of the program objectives are the DNP portfolio in the capstone clinical practicum (NUR 890) and the doctoral project (NUR 892). Both of these courses integrate and translate the formative learning into the summative goal of performance in the real world of clinical practice. The summative DNP evaluation measures also ensure achievement of outcomes unique to the McAuley School of Nursing: reflective practice, clinical decision making and values-driven care.

F. Students

Applicants to the post-Master’s DNP program must have a Master of Science degree from an accredited advanced practice nursing program. Applicants must hold current certification in an APRN specialty and be actively employed in clinical practice. They will come from outside the University as new students. The post-Master’s DNP will not decrease enrollment in existing programs (MS in nurse anesthesia, and MSN in nursing in 4 different tracks [family nurse practitioner, health systems management, nursing education, and clinical nurse leadership]).

**Admission requirements**

**Academic Preparation**
- Earned Master of Science in Nursing or Nurse Anesthesia from an accredited school**
- Graduate GPA > 3.2

**Professional experience**
- Current unencumbered Michigan Registered Nurse license, and privilege to practice as a Registered Nurse is not limited in any way by an employer.
National Board Certification in an area of clinical specialization.
- Recognized in Michigan by the Board of Nursing with Specialty Certification status as Nurse Practitioner, Nurse Midwife or Nurse Anesthetist.
- Evidence of current clinical practice as an APRN

Three professional letters of recommendation. Letters of support from doctorally-prepared individuals are preferred, including at least:
- An individual who can attest to the applicant’s clinical practice performance. This should be someone in a position to evaluate the applicant’s work.
- An individual who can attest to academic ability, such as the Dean (or designee), or a faculty member from the previous graduate degree program.

Official transcripts sent directly from each institution of higher education since high school

Professional portfolio including
- Curriculum vitae
- Sample of scholarly work or writing in which the applicant is the primary author
- Essay (500-1000 words) addressing the applicant’s goals for doctoral study and focused area of clinical interest for the doctoral project

Interview

**Applicants may require prerequisite coursework to meet the master’s level essentials in Nursing.**

The program will attract candidates from the local area who wish to augment their clinical expertise with coursework that addresses the increasing complexity in the current health care environment and the need for this skill set for future practice.

The DNP is an important, attractive option for those advanced practice nurses interested in doctoral education as it is grounded in clinical practice, the core of the discipline. Preparation at the doctoral level in the discipline is also attractive as it may open doors for teaching or leadership positions.

Post-Master’s DNP students will not have special requirements for lab space. They will require clinical site placement for the summative clinical practicum and capstone scholarly project and are expected to assist in identifying these sites. DNP students will make some demands on Library and classroom resources. Please see the sections below which address these needs.
G. Faculty

New faculty will be required to launch this program, in addition to existing faculty from the College of Health Professions and McAuley School of Nursing. Listed below are faculty who are involved in curriculum development and implementation for the DNP program. The list reflects the intra and interdisciplinary contributions to the DNP curriculum.

- McAuley School of Nursing
  - Janet Baiardi PhD RN FNP, Coordinator of the FNP program
  - Julia Stocker-Schneider PhD RN, HSM Coordinator
  - Patricia Rouen PhD(c) RN FNP, Nurse Practitioner
  - Patricia Thomas PhD RN, Clinical Nurse Leader Coordinator
  - Mitzi Sanders PhD RN, Clinical Nurse Specialist
  - Ann Bellar PhD RN
  - Linda Thiel RSM PhD RN
  - Roberta (Robi) Thomas PhD RN
  - Lori Glenn, RN, MSN, Certified Nurse Midwife
  - Jennifer Rue DNP FNP

- College of Health Professions
  - Michael Dosch MS CRNA, Chair, Nurse Anesthesia
  - Todd Ray PhDc RN
  - Greg Bozimowski MS CRNA

- College of Liberal Arts & Education
  - Martin Leever PhD
  - Elizabeth Hill PhD
  - Linda Slowik PhD
  - Kathleen Zimmerman-Oster PhD

- Professional Community
  - Betsy Wasilevich PhD, Michigan Department of Community Health
  - Nancy O’Connor PhD NP, Director, Graduate Nursing, Madonna University
  - Sharie L. Falan, PhD, RN, Western Michigan University, Bronson School of Nursing
  - Marisa Wilson, DNSc, MHSc, RN, University of Maryland, School of Nursing.

Specialized areas which require experts outside of Nursing or Health Professions include Ethics (Dr. Leever), Leadership (Dr. Zimmerman-Oster), Statistics (Drs. Hill & Slowik), and electives. Expertise outside the University is required in Epidemiology (Dr. Wasilevich).

The current pool of DNP prepared faculty is very small locally as only one university offers the degree and just graduated its first class of 12 in December 2007. As a result, only a very small pool of DNP graduates exists to even consider as faculty. UDM recently hired one DNP graduate to teach in the School of Nursing. Eventually, the UDM DNP program will itself become a source of potential faculty.
Both PhD and DNP faculty are required in a DNP curriculum. Newly-hired doctorally-prepared faculty will be utilized to teach courses for the first cohorts (12 students each) of UDM DNP students. The administration, advising, admissions, and the bulk of the teaching load will require additional faculty lines (as detailed in L. Operating revenue and costs below). Two full-time MSON faculty will be hired in a staged fashion (Sept-2009, and then Sept-2010) with primary teaching and administrative responsibilities for the post-Master’s DNP program. Later, they will be responsible for both the post-Master’s DNP program, and the phasing-in of the post-BSN DNP program. In the longer term, transition of the current nurse anesthesia and nurse practitioner programs from Master’s to DNP level will require additional faculty expertise in health care policy and informatics (as well as advising on capstone projects), so it is anticipated that three additional faculty will be required. These three FTE will be hired in AY14, AY15, and AY16 (as detailed in L. Operating revenue and costs below).

Faculty will be attracted to the DNP program because it prepares expert practitioners who will become leaders engaged in efforts to improve patient safety, quality of care, and outcomes. This clinical doctorate focuses on expertise in clinical practice and supports application and enactment of knowledge through clinical competency, development of health policy, and implementation of evidence-based methods to influence outcomes of care. Since these topics are only introduced in the current APRN Master’s programs, faculty will have a unique opportunity to support student development at the doctoral level to affect healthcare delivery systems and improved patient safety across clinical specialties and settings of care at the local, state, and regional levels.

To attract faculty with a diverse set of clinical practice backgrounds, we will advertise open positions in a wide variety of professional journals and ask our health systems partners to help identify prospective faculty candidates. Another source of faculty support is possible via a consortium relationship with Madonna University, Livonia, MI who will initiate their DNP program in May, 2009. We have had exploratory discussions with Madonna over the past year, and have identified several areas of commonality in our curricula that may result in opportunities to share faculty and course resources. Discussions are ongoing and will continue but the full explication of this relationship has yet to be completed.

H. Administration and Support

The post-Master’s DNP program will be a new graduate program in the McAuley School of Nursing. It will be led by a program coordinator who reports through the current School of Nursing governance structure. The program will be governed by policies of the MSON.

The program coordinator will be 1 full-time equivalent (FTE) on a 12 month contract, to be hired in Sept-2009. The primary duties of the new program coordinator between Sept-2009 and May-2010 (when the first cohort of students will be enrolled) include creating teaching materials, securing accreditation, applying for sources of external funding, marketing the program, creating policies, and conducting the first
admissions cycle. Administrative support of the DNP program will require a new administrative assistant position (1.0 FTE).

Information technology (IT) support will be needed to facilitate the DNP curriculum. IT (Robert Rouse) has confirmed there are adequate equipment resources to support the program. Laptops are available for every student for classroom work. There are two laptop carts stored in the Health Professions building that hold 20 laptops each, which can be brought to any classroom on campus. Ceiling mounted digital projectors are in 49 classrooms on campus that have a computer and the capacity to display videotapes or DVD's. Laptops and projectors can be brought to the classrooms that do not have them for the instructors to use. Video conferencing and distance learning capabilities are available in Health Professions Room 129. As we anticipate an increased emphasis on on-line delivery in future years and the likelihood of attracting students from a wider geographic area, the budget includes an allowance for technologic resources to support online delivery (such as Camtasia, Wimba, and podcasting).

Support service needs are, likewise, not expected to increase. The writing lab and Academic Services offered to existing students will be utilized in this program and no additional space is anticipated.

I. Library Resources

Margaret Auer (Dean of Libraries), George Libbey (Associate Dean of Libraries), and Marie Lise Shams (Librarian and Liaison for the College of Health Professions) assisted with planning the library needs regarding the DNP proposal. Students in the DNP program would have access to UDM resources including the online library and Blackboard support.

Additional resources required for off-campus access to electronic journals in association with the library consortium through the LWW Complete Nursing Collection are available with OVID as offered to Ohionet at $11,130 per year for a group of 1-4 sites. Additional textbook needs will also be secured through interlibrary loans, and the Rittenhouse R2 references. Compliance with copyright requirements will be met regarding reserved reading materials at two different campuses (McNichols and Grand Rapids). Library resources are budgeted at $16,000 per year (as detailed in L. Operating revenue and costs below).

J. Facilities

No new renovation or construction is anticipated as a result of this proposal. The DNP program will use a mix of on-campus classroom experience and online learning. It is expected that classes on campus would be offered in the evening so as to accommodate the employment schedule of the students. Utilization of the distance learning room is anticipated to enable DNP students at both campuses (Detroit and Grand Rapids) to share in the classroom experience. The use of existing video conferencing equipment will enable delivery of course content across the state dependent on available faculty and guest lecturers.
The Registrar (Diane Praet) has indicated she would review the proposal as it progresses through the university approval process. In the interim, she does not anticipate a need for additional classroom space, as class sizes will be limited, and offered at off-peak hours. DNP faculty office space is available within the existing College of Health Professions building.

K. External Support

Accreditation The University of Detroit Mercy is accredited by the Higher Learning Commission (HLC) of the North Central Association. Contact with the HLC indicates that as a new degree, the post-Master’s Doctorate of Nursing Practice will require a written report with supporting documentation for review by an Evaluator’s Panel, once the degree is approved internally.

Carnegie Classification UDM’s Carnegie classification is an important aspect of its status in the higher education community. Granting the new professional doctorate of nursing practice degree will not change the University’s Carnegie classification. UDM’s Basic classification is Master’s-Larger. Institutions are included in this category if they award at least 50 master’s degrees, but fewer that 20 doctorates, with the term ‘doctorate’ in the classification defined as the traditional research doctorate and not inclusive of professional practice doctorates. UDM’s graduate instructional program classification is Doctoral, Professions dominant indicating the university grants doctoral degrees but the professional doctorate degree is the dominant degree awarded.

The Doctorate of Nursing Practice will not affect the number of research doctorates (PhD) permitted under the current Carnegie classification. This degree is a professional practice doctorate, akin to the JD or DDS, and would be viewed as such, and unlikely to change the University Carnegie classification.

Specialty Accreditation- MSON The graduate nursing programs (MSN) are accredited by the Commission on Collegiate Nursing Education (CCNE). The CCNE last visited in 2005, and is due to visit again in 2010, prior to the projected DNP program start date. Any new nursing program is considered a substantive change by the accrediting body and written notification to CCNE is required, and will be completed once University approval of the degree is obtained.

As the DNP becomes the requisite level of preparation for the nurse practitioner program in 2015, we must eventually transition to a post baccalaureate entry to the DNP. We project this transition (which will require a revised curriculum) will begin with students enrolled in Fall 2013. Regularly scheduled visits would have taken place with or without this post-Master’s DNP program in 2010 (CCNE).

Specialty Accreditation- Nurse Anesthesia The Nurse Anesthesia (MS) program is granted specialty accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The COA last visited in 2005, and the date of next review (self-study and site visit) is 2015. This master’s degree is awarded by the department of Nurse Anesthesia, a separate unit in the College of Health Professions.

3 http://www.carnegiefoundation.org/classifications/sub.asp?key=748&subkey=14748&start=782
The post-Master’s DNP will be awarded by the McAuley School of Nursing and not the CHP. As such, it would not require any extra compliance effort with COA. The nurse anesthesia program is required to transition to doctoral level for entry into practice by 2025. The creation of the post-BSN DNP curriculum will trigger a self-study and site visit by COA.

**External review** The program has not received a review from external consultants at this point. DNP Task Force members have experience as site reviewers (for HLC, CCNE, and COA) and are familiar with curricular and accreditation standards. Curriculum development has been guided by benchmarking with existing DNP programs with published curricula, and the attendance of task force members at national conferences focused on the DNP. One of the co-chairs was appointed by the board of Directors of the American Association of Nurse Anesthetists as a member of its Task Force on Doctorate Education for Nurse Anesthetists.

Nurse anesthesia accreditors (COA) require external consultation before approving a post-BSN DNP, so this is budgeted.

**External funding opportunities** One of the primary responsibilities of the first-hired DNP faculty will be writing a grant proposal to the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services to seek support for start-up costs. The grant would be developed highlighting our strong interdisciplinary curriculum, supported by a consortium model for delivery and would have a good chance for funding in a competitive environment.

**Resource-sharing opportunities** A consortium model (shared coursework, additional course electives for students, faculty expertise) with Madonna University provides opportunity for resource sharing. The collaborative discussions have been ongoing for the last year, but the form this collaboration will take, from simple cross-listing of courses, to more active participation, has yet to be fully explicated. Other additional venues for resource sharing include the Jesuit Net, which would permit the DNP students the opportunity to select cognate or elective courses in their area of interest from other Jesuit schools.

No resources will be re-allocated from existing programs to support the post-Master’s DNP. As the nurse anesthesia and nurse practitioner programs transition to awarding the DNP, their income and expenses are shown phased into the operating revenue and costs of the DNP beginning in AY14 (see next section).

**L. Operating Revenue and Costs**

Due to external mandate by the AACN, CRNAs and Nurse Practitioners entry level education must be at the doctoral level by 2015. This post-Master’s DNP program (36 cr. total) will grant a DNP to Master’s prepared CRNAs and NPs, and is a necessary step in the transition to a program that will enroll BSN-prepared nurses (which will replace our Master’s programs for NP & CRNA).

**Net Margin** The DNP program will be a strong contributor to the University’s net margin, yielding $12.8M over 11 years. An eleven-year budget (AY10-AY20) is attached as Appendix F1-F4. The budget was projected for this longer time period to present the
effect not only of creating the post-Master’s DNP, but also to depict the fiscal effects of transitioning the current Master’s-level nurse anesthesia and nurse practitioner programs to awarding a post-BSN DNP. Thus, the income and expenses reflect phase-in of these two programs beginning in AY14.

The Summary (see Appendix F1) shows that the program requires investment only in the first two years. After AY14 it is a strong net contributor to the University, with a cumulative net margin of $12.8M over the 11 year period.

**Operating Income** Operating Income is $23.5 M over 11 years (see assumptions in Appendix F2, and income per year in Appendix F3). Income is shown as coming from three tuition streams: (a) post-Master’s DNP students, (b) post-BSN nurse anesthesia students, and (c) post-BSN nurse practitioner students.

Several assumptions contributed to the income projection (see notes in Appendix F3). Tuition per credit for graduate nursing is $565 in AY08. A cost increase of 7% per year is assumed annually thereafter. It is projected that 12 new part-time post-MSN DNP students will enroll per year, and finish in 24 months. To be conservative, it is expected that the size of each cohort will decrease to 6 new post-MSN DNP students per year in AY15 and thereafter as the current Master’s-level program transitions to the post-BSN DNP. The amount of potential HRSA or other external support cannot be reliably projected at this time, so it is not reflected in the budget.

It is projected (again, in a conservative fashion) that the size of the nurse anesthesia cohort will remain at 25 students per year. When these cohorts begin DNP study in AY14, they will take 82 credits (15, 16, 35, 12, 3 credits per year) over 52 months. Likewise, it is projected that the nurse practitioner cohort will remain at 20 students enrolling per year, and take 15 credits per year. In both cases, the last cohort matriculating for the Master’s degree will enter in Sept-2012. All students entering in Sept-2013 and later will matriculate in the post-BSN DNP curriculum.

**Operating Expenses** Operating expenses are $10.7M over 11 years (see Appendix F4). The assumptions behind expenditures (including start-up costs) are in the Notes to Appendix F2. No scholarships, graduate assistantships or other tuition reduction costs are anticipated beyond those available to all graduate students. All expenses are adjusted upwards 3% per year for inflation. Fringes are calculated at 34% for faculty, and 8.5% for Overload or Adjunct Faculty.
Salaries required:

- Administrative assistant: a new position (0.5 FTE in startup year, then 1.0 FTE thereafter).

- Faculty
  
  - The first DNP faculty (1 FTE) will be hired during the startup year (starting Sept-2009) to create teaching materials, secure accreditation, market the program, write a HRSA grant, and conduct the first admissions cycle, with a twelve-month contract.
  
  - The second DNP faculty will be hired Sept-2010 (1 FTE, 9 month contract for the first year, then on 12 month contract thereafter). Both DNP faculty will remain on a 12 month contract thereafter. Each faculty will teach 18 credits per year plus advise on capstone projects, and the chair will have leadership and administrative responsibilities.
  
  - Hire three additional faculty; one each in AY14, AY15, and AY16 to support the DNP program. To support the phase-in of the current Master’s level nurse practitioner and nurse anesthesia programs, expertise in Health Policy and Informatics is needed, along with doctorally-prepared faculty to mentor capstone projects. There will be approximately 50 capstone projects per year, once the NP and CRNA programs transition to awarding the post-BSN DNP.
  
  - Current nurse anesthesia faculty (3 FTE) and nurse practitioner faculty (3 FTE) are shown in this budget beginning in AY16, as their students phase-in to the DNP curriculum.
  
  - Overload and Adjunct needs are projected at $24K per year (assuming $4K per 3 credit course).

Supplies are required for recruiting visits, mailings, office supplies, etc.

Instructional technology needs are shown to facilitate distance delivery methods.

Travel (including lodging and registration) is shown at $3K for DNP chair in AY10; $1500 per year per faculty member thereafter (including 2 DNP faculty; 2 CHP faculty beginning in AY14 and then AY16; 3 nurse anesthesia and 3 nurse practitioner faculty starting in AY16).

Accreditation: The DNP program will not increase annual accreditation fees. The next nurse anesthesia site visit is AY14. School of Nursing annual fees (and site visit expense) are not paid from this budget. They are an overall MSON expense shared with all other nursing programs. An external consultation is required for nurse anesthesia accreditation prior to implementing the post-Bachelor’s DNP.

Library: $16K per year is budgeted to provide online access and textbooks to support this program.

In summary, the DNP program budget has been carefully considered and is based on conservative assumptions. It will be a strong contributor to the net margin of the University.
M. Approval Process

**Process** The post-Master’s DNP curriculum will be submitted to the McAuley School of Nursing and Nurse Anesthesia faculty for approval in Aug-2008. In Sept-2008 this Business Plan will be submitted to the McNichols Faculty Assembly (MFA). They will forward it, when approved, to the Interim Academic Vice President and Provost, on behalf of the Academic Leadership Team (ALT) and President. The Board of Trustees will need to approve it as a new degree offering.

<table>
<thead>
<tr>
<th>Timeline:</th>
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<tbody>
<tr>
<td><strong>Aug-2008</strong></td>
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<tr>
<td>o MSON and Nurse Anesthesia faculty approval</td>
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<tr>
<td><strong>Oct-2008</strong></td>
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<tr>
<td>o Submit to MFA</td>
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<tr>
<td><strong>Spring 2009</strong></td>
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<tr>
<td>o Approval by ALT, President, Board of Trustees</td>
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<tr>
<td><strong>Sept-2009</strong></td>
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<tr>
<td>o Hire first DNP faculty, and Administrative assistant</td>
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<td>o Submit change request and documentation to HLC, CCNE, COA</td>
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<tr>
<td><strong>May-2010</strong></td>
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<tr>
<td>o First enrollment of post-Master’s DNP students</td>
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<td>o Site visit and self-study due- CCNE for MSON</td>
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<tr>
<td><strong>Sept-2010</strong></td>
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<tr>
<td>o Hire second DNP faculty</td>
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<tr>
<td><strong>Sept-2012</strong></td>
</tr>
<tr>
<td>o Last cohorts matriculate for MS-Nurse Anesthesia and MSN-Nurse Practitioner</td>
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<tr>
<td><strong>Sept-2013</strong></td>
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<tr>
<td>o First cohorts enroll for post-BSN DNP (Master's-level programs in Nurse Anesthesia and Nurse Practitioner begin transition to DNP as entry-level)</td>
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<tr>
<td>o Hire first CHP faculty with expertise in Policy or Informatics</td>
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<tr>
<td><strong>Sept-2014</strong></td>
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<tr>
<td>o Hire second CHP faculty with expertise in Policy or Informatics</td>
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<tr>
<td><strong>2014</strong></td>
</tr>
<tr>
<td>o Site visit and self-study due- COA for Nurse Anesthesia</td>
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<tr>
<td><strong>2015</strong></td>
</tr>
<tr>
<td>o Hire third CHP faculty for program support</td>
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N. Appendices
## Appendix A: DNP Program objectives

<table>
<thead>
<tr>
<th>BSN Objectives</th>
<th>MSN Objectives</th>
<th>DNP Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Integrate theory and knowledge from nursing, the liberal arts and sciences to develop a foundation for nursing practice.</td>
<td>1. Synthesize theory and knowledge from nursing, related health disciplines, the liberal arts and sciences as a foundation for advanced nursing practice.</td>
<td>1. Synthesize and integrate theory and knowledge from nursing science with the biophysical, psychosocial, analytical and organizational sciences as the foundation for the highest level of nursing practice.</td>
</tr>
<tr>
<td>2. Use standards of care in health promotion, risk reduction, disease prevention and illness management for individuals, families and communities across the lifespan and end of life.</td>
<td>2. Integrate specialty standards of advanced practice nursing to deliver culturally competent, quality health care services to individuals, populations and systems.</td>
<td>2. Analyze and develop specialty standards of advanced nursing practice to deliver culturally competent, high quality health services to individuals, populations and systems.</td>
</tr>
<tr>
<td>3. Engage in reflective practice within moral, legal and humanistic frameworks with a commitment to social justice.</td>
<td>3. Practice advanced nursing reflectively within moral, legal and humanistic frameworks.</td>
<td>3. Reflectively practice nursing inclusive of the systems levels within ethical, legal and humanistic frameworks.</td>
</tr>
<tr>
<td>4. Use culturally competent, relationship-centered care with diverse populations.</td>
<td>4. Demonstrate a commitment to social justice and advocacy for vulnerable populations in the delivery of advanced nursing practice services.</td>
<td>4. In the delivery of advanced practice nursing services, develop and advocate for health care policy addressing issues of social justice and equity.</td>
</tr>
<tr>
<td>5. Practice effective communication with diverse groups and disciplines.</td>
<td>5. Exercise leadership, critical thinking and effective communication skills in the development and implementation of advanced nursing practice services.</td>
<td>5. Enact leadership, critical thinking and effective communications skills to design, evaluate, and improve the implementation of quality advanced nursing services.</td>
</tr>
<tr>
<td>6. Incorporate the professional nursing standards and values into role and self-development as a competent baccalaureate nurse.</td>
<td>6. Integrate professional nursing standards, values and accountability into role and self-development as an advanced practice nurse.</td>
<td>6. Integrate professional standards, values and accountability into role and ongoing self-reflection as an advanced practice nurse.</td>
</tr>
<tr>
<td>7. Manage the delivery of care to clients in collaboration with an interdisciplinary team and community partners.</td>
<td>7. Utilize inter- and intra-disciplinary collaboration to facilitate desired health outcomes for clients, populations and systems.</td>
<td>7. Lead inter- and intra professional collaboration to facilitate and improve desired health outcomes for individuals, populations and systems.</td>
</tr>
<tr>
<td>8. Use theory-driven and evidence-based knowledge from nursing and the sciences as the basis for nursing practice.</td>
<td>8. Utilize information technology and an evidence-based research approach in the development of nursing knowledge and the design of health care services for clients, populations and systems.</td>
<td>8. Integrate information technology and an evidence based approach in clinical scholarship to critically evaluate, design and implement health care services for individuals, populations and systems.</td>
</tr>
<tr>
<td>9. Evaluate health care delivery systems, policies and their effect on client- and populations-based care.</td>
<td>9. Analyze the financial, sociopolitical and organizational forces of the health care environment that impact the advanced nursing practice role.</td>
<td>9. Analyze the epidemiological, financial, sociopolitical and organizational forces in the health care environment that impact the advanced nursing practice role.</td>
</tr>
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</table>
Appendix B: Matrix of Course Names and Sequencing  
(for initial Direct Care Track)

**Part Time Study** (+ = new course)

<table>
<thead>
<tr>
<th>YR</th>
<th>Semester 1</th>
<th>Cr</th>
<th>Semester 2</th>
<th>Cr</th>
<th>Semester 3</th>
<th>Cr</th>
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<tbody>
<tr>
<td>1</td>
<td>+NUR 800: Advanced Theory &amp; Knowledge Development for Clinical Nursing Practice</td>
<td>3</td>
<td>+HLH 810: Health Care Policy, Economics &amp; the Law in Clinical Practice</td>
<td>3</td>
<td>+NUR 820: Epidemiology &amp; Population Health</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>+ETH 801: Ethical Issues in Advanced Nursing Practice</td>
<td>3</td>
<td>+NUR 830: Transformational Leadership &amp; Innovation in Advanced Clinical Practice</td>
<td>3</td>
<td>+NUR 835: Business and Practice Management</td>
<td>3</td>
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<tr>
<td>2</td>
<td>+NUR 850: Evidence Based Nursing Practice: Theory, Design &amp; Methods</td>
<td>3</td>
<td>Elective/Independent Study</td>
<td>3</td>
<td>+NUR 892: DNP Clinical Practicum</td>
<td>3</td>
</tr>
</tbody>
</table>

**Full Time Study** (+ = new course)

<table>
<thead>
<tr>
<th>YR</th>
<th>Semester 1</th>
<th>Cr</th>
<th>Semester 2</th>
<th>Cr</th>
<th>Semester 3</th>
<th>Cr</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+NUR 800: Advanced Theory &amp; Knowledge Development for Clinical Nursing Practice</td>
<td>3</td>
<td>+HLH 810: Health Care Policy, Economics &amp; the Law in Clinical Practice</td>
<td>3</td>
<td>+NUR 820: Epidemiology &amp; Population Health</td>
<td>3</td>
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<tr>
<td></td>
<td>+ETH 801: Ethical Issues in Advanced Nursing Practice</td>
<td>3</td>
<td>+NUR 830: Transformational Leadership &amp; Innovation in Advanced Clinical Practice</td>
<td>3</td>
<td>+NUR 835: Business and Practice Management</td>
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Appendix C: Post Master’s DNP Curricular Plan: Direct Care Track

Master’s Level Preparation as an Advanced Practice Nurse (Certified CRNA, NP, CNM, CNS) 44-60 credits
Appendix D1: Course Syllabi
University of Detroit Mercy
College of Health Professions
McAuley School of Nursing
Graduate Nursing Programs

Course Title:  NUR 800: Advanced Theory and Knowledge Development for Clinical Nursing Practice

Course Credit:  3 Credits

Faculty:  Syllabus developed by Dr. Ann Bellar, McAuley School of Nursing

Class Time:  TBA and online at http://knowledge.udmercy.edu

Location:  TBA

Course Description:
NUR 800 builds upon an introductory knowledge of nursing theory and the ability to analyze and evaluate the utility of selected theoretical models within nursing and other disciplines. This course integrates nursing science with knowledge from the biophysical, social and organizational sciences as the basis for doctoral level advanced nursing practice. Students will critically evaluate, compare and contrast relevant theoretical approaches for their utility in advanced nursing practice in their area of interest/expertise. Using theory as a guide, students will develop their theoretical model for clinical practice and demonstrate how that model can be used to design clinically relevant strategies aimed at improving health and/or health care in diverse settings.

Course Objectives:
Upon completion of this course, students will be able to:

1. Compare and contrast current theoretical approaches for their utility to inform advanced nursing practice.

2. Analyze various theory development strategies used for the construction of nursing theory.

3. Design an original theoretical product/approach to explain a phenomenon in advanced clinical nursing practice.

4. Critically evaluate the developed theoretical product for its relevance and utility to guide advanced nursing practice.
Teaching Strategies:
Seminar discussion, group presentations, independent reading, A-V materials, asynchronous internet class discussion groups.

Course Evaluation:

<table>
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<th>Component</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Class participation</td>
<td>15%</td>
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<tr>
<td>Theoretical Model Presentation</td>
<td>35%</td>
</tr>
<tr>
<td>Theory Model Paper</td>
<td>50%</td>
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</table>

Grading Scale for MSON Graduate Nursing Programs:

- > 93% A
- 90 - 92% A-
- 87 - 89% B+
- 83 - 86% B
- 80 - 82% B-
- 77 - 79% C+
- 73 - 76% C
- 70 - 72% D
- Less than 70% F

Required Texts:


*Others readings to be assigned.*

Topical Outline:

- Philosophy of Science
- Knowledge Development
- Philosophic Paradigms Guiding Theory Development in Nursing Science
- The Development of Nursing Science
- Utilization of Theory in Clinical Practice
- Borrowed Theories
- Theory Construction, Analysis and Synthesis
- Theory Testing to Explain Clinical Phenomenon
Course Title: ETH 801: Ethical Issues in Advance Nursing Practice

Course Credit: 3 Credits

Faculty: Syllabus developed by Dr. Martin Leever, College of Liberal Arts and Education

Course Director:

Prerequisites: Graduate Standing

Course Description
This course serves as an advanced introduction to health care ethics, designed specifically for advanced nursing practice. By mastering various concepts that are central to moral reflection in health care, students will develop the skills to reflect systematically on moral problems in advance nursing practice. The topics of discussion will represent a life span approach to ethics, taking seriously biological, psychological and social developmental stages from infancy through adulthood. We will also examine special topics such as confidentiality, evidence-based medicine, advance directives, medical futility, DNR orders, access to health care, conflicts of interest and ethical issues in advanced nursing practice.

Course Objectives
Upon successful completion of this course, the student will be able to:
1. Discern ethical issues which arise in the advanced nursing practice.
2. Utilize ethical reasoning skills to analyze moral situations in advanced nursing practice.
3. Critically assess the arguments offered in support of the various ethical positions in advanced nursing practice.
4. Formulate one’s own ethical positions regarding ethical issues in advanced nursing practice.
5. Develop and/or evaluate strategies to manage complex ethical dilemmas inherent in advanced nursing practice.

Required Texts
2. Elsie Bandman & Bertram Bandman, Nursing Ethics Through the Life Span, 4th ed. Prentice Hall, 2002. (Hereafter “NELS”)
Required Course Practices
1. All assignments must be turned in by the specified due date. Out of fairness to the students who turned their assignments on time, late assignments will be marked down 5% each day past the due date. If you need course accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please make an appointment each term with Emily Gallegos, Director of University Academic Services/Disability Support Services at gallegem@udmercy.edu or (313) 578-0310. University Academic Services is located on the Ground Floor of the Student Center on the McNichols Campus.

2. This course has a Blackboard site. Students are expected to check the Blackboard site periodically for announcements, weekly PowerPoint handouts and graded assignments.

3. Students are expected to treat each other and the instructor with respect. This means that discussion and dialogue should be considerate and fair. Failure to meet these expectations will negatively affect your participation grade.

4. As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to high standards of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious academic offenses is plagiarism, submitting the style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph, or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another that is, retaining another writer's ideas and structure without documentation.

Students are advised to always set off another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' work and ideas when they find their way into the writing. Whenever in doubt, cite the source. Students who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty. The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University. Please refer to the Academic Conduct Policy and Code of Clinical Professional Standards in the Student Handbook.

CHP HONOR CODE
Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional and personal integrity. They are committed to the traditions of the Sisters of Mercy
and the Society of Jesus that emphasize values, respect for others, and academic excellence. Adherence to such high standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student’s acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the Honor Code. To view the entire Honor Code copy and paste this link in your browser: publish.udmercy.edu/dynadoc/1158691235208.

- Student course evaluations are an important source of information for curricular and teaching improvement in the College of Health Professions. As such, all students enrolled in CHP courses are expected to complete an online course evaluation. You will receive e-mails explaining how to complete the evaluation online. In addition, your instructor will remind you of the deadline for completing this course requirement.

Teaching Strategies
- Although there will be lecture elements to the course, this is very much a discussion-driven course, meaning that the main content of the course will emerge through discussion of short films, cases and issues. You will be provided with a set of PowerPoint handouts for each class meeting.

Evaluation Criteria
- **Midterm Examination: 100 points**
  The midterm examination will consist of true/false, fill in the blank, short answer and essay sections. It will take you approximately an hour and a half to complete. I reserve the right to ask general questions from the reading that we have not discussed, so it’s important to keep up with the reading.

- **Comprehensive Final Examination: 100 points**
  The final examination is comprehensive, but will emphasize the material covered after the midterm. The format will be the same as that of the midterm examination. Like the midterm exam, it will take you approximately an hour and a half to complete.

- **10 Weekly Case Discussion Paper: 50 points (5 points each)**
  For each week (except where indicated in the topical outline below), you must write a brief discussion paper (2-3 pgs), apply the concepts from the readings to a case that I provide. Please be prepared to discuss your paper in class.

- **Policy Analysis Paper: 50 points**
  You will be given an ethics policy (either a futility policy, a DNR policy, or a conflict of interest policy) to discuss and analyze. The concepts from our course readings will be your tools of analysis.

- **Ethics Committee Presentation& Case Write-Up: 50 points**
  You will be assigned to an ethics committee (made up of your fellow classmates) which will deliberate over a case and recommend a course of action. The case will be discussed in front of the class, but will be written up individually.
- **Participation: 50 points**
  The number of participation points you accumulate depends on how actively engaged in the course you are. Unlike grading exams, assigning point values to participation is less exact, but here is a general sense of how participation points will be calculated.

  - **46-50:** Perfect attendance (not including excused absences), frequent participation in class discussion through questions and comments.
  - **40-45:** Perfect attendance (not including excused absences), attentive and engaged in class.
  - **35-39:** Regular attendance and regularly attentive and engaged in class.
  - **30-34:** Regular attendance, but inattentive in class.
  - **0-29:** Infrequent attendance and inattentive in class.

**Total Possible Points: 400**

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<tr>
<th>POINTS</th>
<th>PERCENTAGE</th>
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<tr>
<td>372-400 = A</td>
<td>93-100 = A</td>
</tr>
<tr>
<td>360-371 = A-</td>
<td>90-92 = A-</td>
</tr>
<tr>
<td>348-359 = B+</td>
<td>87-89 = B+</td>
</tr>
<tr>
<td>332-347 = B</td>
<td>83-86 = B</td>
</tr>
<tr>
<td>320-331 = B-</td>
<td>80-82 = B-</td>
</tr>
<tr>
<td>308-319 = C+</td>
<td>77-79 = C+</td>
</tr>
</tbody>
</table>

**Topical Outline of Class Sessions**

**Introduction & Ethical Theory**

**Week One** (No Weekly Case Discussion Paper Due)

- Introduction to the Course
- Introduction to Ethical Theory

**Reading:**

- NEPRAP, Ch. 1 “Philosophical Foundations of Applied and Professional Ethics”
- NELS, Ch. 1 “The Moral Significance of Nursing”

**Week Two**

- Intro to Ethical Theory Cont’d
- Principles of Health Care Ethics
- Evidence-Based Practice
Patient Autonomy & Well Being

Week Three
- Principle of Respect for Patient Autonomy
- Senses of Patient Good
- Senses of Autonomy

Reading:
- NELS, Ch. 4 Virtue Ethics in Nursing," Ch. 5 “Consequentialist or Utilitarian Ethics,” Ch. 6 “Duty-Based Ethics: Universal Moral Principles,” Ch. 7 “Rights-Based Ethics
- NEPRAP, Ch. 2 “Nursing Ethics”
- (Handout) “Evidence-Based Medicine”

Week Four
- Informed Consent/Refusal
- Competent Adults & the Refusal of Life-Sustaining Treatment

Reading:
- NEPRAP, Ch. 3 “Advanced Practice Nursing: General Ethical Issues,” Ch. 4 “Professional Responsibilities, Human Rights and Injustice”
- NELS, Ch. 8 “Ethical Decision Making in Nursing” pp. 96-103

Incompetent Patients

Week Five
- Liberty-Limiting Principles
- Never Competent Patients
- Formerly Competent Patients
- Advance Directives & Treatment Decisions
- Review for Midterm

Reading:
- NELS Ch. 8 “Ethical Decision-Making in Nursing” pp. 103-108
Week Six (No Weekly Case Discussion Paper Due)  
\textit{**Midterm Examination**}  
Film: \textit{Dax’s Case}  

\textbf{Confidentiality}  
Week Seven  
Health Insurance Portability and Accountability Act  
Kinds of Privacy  

\begin{tabular}{|l|}  
\hline  
\textbf{Reading:}  
NELS, Ch. 14 “Ethical Issues in the Nursing Care of Adults” \tabularnewline  
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\end{tabular}  

\textbf{DNR Orders & Medical Futility}  
Week Eight  

\begin{tabular}{|l|}  
\hline  
\textbf{Reading:}  
(Handout) Tomlinson & Howard Brody, “Ethics and Communication in Do-Not-Resuscitate Orders,”  
(Handout) Mark R. Wicclair, “Medical Futility: A Conceptual & Ethical Analysis,” \tabularnewline  
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\end{tabular}  

\textbf{Reproduction & Maternal-Fetal Conflict}  
Week Nine  
Abortion  
Ectopic Pregnancies  
Reproductive Technologies  

\begin{tabular}{|l|}  
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\textbf{Reading:}  
NELS, Ch. 9 “Nursing Ethics in the Procreative Family” \tabularnewline  
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\end{tabular}  

\textbf{Children & Adolescents}  
Week Ten  
\begin{itemize}  
\item Decisional Capacity  
\item Insipient Autonomy  
\item Assent v. Consent  
\item The Parent/Child/Professional Relationship  
\end{itemize}  

\begin{tabular}{|l|}  
\hline  
\textbf{Reading:}  
NEPRAP, Ch. 8 “Nursing Ethics & Advanced Practice: Children & Adolescents”  
NELS, Ch. 12 “Ethical Issues in the Nursing Care of Children”  
NELS, Ch. 13 “Ethical Issues in the Nursing Care of Adolescents” \tabularnewline  
\hline  
\end{tabular}
### Gerontology & End of Life Issue

**Week Ten**
- Decisional Capacity & Dementia
- Ageism
- Intergenerational Justice

**Reading:**
NEPRAP, Ch. 13 “Nursing Ethics & Advanced Practice: Gerontology & End-of-Life Issues”
NELS, Ch. 15 “Ethical Issues in the Nursing Care of the Elderly”

### Nurse Anesthesia Practice

**Week Eleven**

**Reading:**
NEPRAP, Ch. 12 “Nursing Ethics & Nurse Anesthesia”

### Conflicts of Interest

**Week Twelve**
1. Managed Care
2. Relationships with Pharmaceutical Companies
3. Boundary Issues with Patients

**Reading:**
(Handout) Michael Davis, “Conflict of Interest Revisited”

### Resource Allocation & Justice

**Week Thirteen (No Weekly Case Discussion Paper Due)**
1. Justice and the Distribution of Health Care
2. Theories of Social Justice
   - Film: *Sicko*

**Reading:**
(Handout) “Social Justice & Health Care Policy”
Ethics Committee Presentations
Week Fourteen (No Weekly Case Discussion Paper Due)

Ethics Committee Presentations

Ethics Committee Presentations (Cont’d)
Week Fifteen
Ethics Committee Presentations (No Weekly Case Discussion Paper Due)

Review for Final

Week Sixteen (No Weekly Case Discussion Paper Due)

Final Exam
Course Title: HLH 810: Health Care Policy, Economics and the Law in Clinical Practice

Course Credit: 3 Credits

Faculty: Syllabus developed by Todd Ray, PhDc, Health Services Administration

Course Director:

Virtual Classroom Location: http://knowledge.udmercy.edu/

Class Time: TBD

Prerequisites: Working knowledge of PowerPoint and Blackboard

Course Description:

This course examines current policy, economic and legal issues in the regulation of advanced nursing practice and the U.S. healthcare system. The course integrates the conceptual methodologies underlying health care policy development and implantation as well as the economic system supporting the financing of health care services in the United States and the legislative statutes that affect the regulation of nursing practice and the delivery of health care services. The intent is provide the DNP student with the skills to analyze, synthesize, advocate and implement health care policy in organizations, communities and wider public venues. Students will be exposed to both quantitative and qualitative methodologies models of policy analysis.

Course Objectives:

Through readings, on-line learning, class discussion, small group work, individual research and written assignments DNP students, upon successful completion of this course, will have practiced and be able to independently:

- Delineate conceptual methodologies utilized to develop health care policy
- Analyze key competing forces that affect policy issues in the health care delivery system
• Integrate knowledge of the economic, political, and social foundations of the health care system with legislative processes to analyze health policy agendas.
• Identify opportunities to change health care policy to improve health care delivery within the context of advanced practice nursing consistent with the mission of UDM, particularly its advocacy for vulnerable populations.
• Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums, demonstrating knowledge of specific policy analysis models.4

**Instructional Methods:**

This course is designed to be taught in the traditional classroom with a significant online component and employs the following methodology: textbook and on-line assigned readings, on-line learning and independent research, on-line and in class discussion, small group work and written assignments. Students are expected to complete all assigned readings, on-line learning, on-line class discussion, small group work, and written assignments. Faculty monitors participation, directs discussion as needed and are available on-line to provide assistance.

**Topical Outline:**

This course has two simultaneous themes as it is presented. First a series of topics are presented that start with the organization of the U.S. health care system. This topical focus continues with readings and discussions of beliefs and values effecting health and health care delivery. Cost, access and quality are addressed. Financing, insurance and reimbursement issues follow. Finally needs of specific populations are addressed. Simultaneous to this, the topic of health care policy and its correlation with these topics is presented. The student will come away with an understanding of the conceptual approaches to health care policy development and analysis. The student is exposed to historic health care policy issues as well a current and projected initiatives. Policy topics include the economics of policy development and health care delivery; health care law; legal regulation of clinical practice; tort reform and policy issues in clinical practice. The advanced practice nurse’s role in health care advocacy is stressed within the context of each topical area.

**Course Requirements:**

Students are required to master the theoretical and historical material covered in the assigned readings. It is expected that the assigned readings will be completed prior to online discussions and that all students will actively participate in these discussions on the course website. Mastery of the material is demonstrated through participation in

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4 The Essentials of Doctoral Education for Advanced Nursing Practice, American Association of Colleges of Nursing
online activities, the required written assignments and presentation activities. Students should use APA format for all written assignments (APA references can be found under course documents). Successful completion of a comprehensive final exam provides further evidence of mastery of the course content.

**Assignments:**

<table>
<thead>
<tr>
<th>Assignments</th>
<th>Percent</th>
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<tbody>
<tr>
<td>On-line Discussion Participation (15 weeks @ 2%)</td>
<td>30%</td>
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<tr>
<td>Discussion Leader Role (2@5%)</td>
<td>10%</td>
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<tr>
<td>Health Policy Brief</td>
<td>20%</td>
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<tr>
<td>Policy Analysis Paper</td>
<td>40%</td>
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<tr>
<td>Completion of Course Evaluation</td>
<td>Required</td>
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<td>TOTAL</td>
<td>100%</td>
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</table>

**Required Texts /Material**


Textbooks are available in the UDM bookstore on the ground floor of Ward Conference Center.

**Recommended Articles**


**Required Reading Other Than Text:**

Health care policy and advocacy is a dynamic process. Staying abreast of current issues, events and policy initiatives requires ever up to date readings. Each week
required readings will be posted in the "WEEKLY SCHEDULE" folder on the course website.

**Useful APA Style References:**


**Course Outline** This outline is subject to change at the discretion of the professor, depending on the progress of the class, ever-changing availability of on-line materials and other factors. See website for list of readings other than the text.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>ASSIGNMENT DUE</th>
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</thead>
<tbody>
<tr>
<td>Week 1</td>
<td><em>Organizational Structure of Health Care</em></td>
<td>Shi and Singh, Ch 1 Bodenheimer &amp; Grumbach Ch 6 &amp; 7 Mason, Leavitt &amp; Chaffee Ch. 1 &amp; 2 Posted Weekly Readings <strong>DUE:</strong> Assignment of Groups &amp; Discussion Leaders, beginning Discussions</td>
</tr>
</tbody>
</table>
| Week 2 | **Beliefs, Values & Health** | Shi and Singh, Ch 2  
Bodenheimer & Grumbach  
Ch 1 & 2  
Mason, Leavitt & Chaffee  
Ch. 3 & 4  
Weissert  
Weissert Ch 3  
Posted Weekly Readings  
**DUE:** Weekly Discussion |
| --- | --- | --- |
| Week 3 | **Cost, Access, Quality** | Shi and Singh, Ch 12  
Bodenheimer & Grumbach  
Ch 3, 8, 9 & 12 (Note: these are very short chapters)  
Mason, Leavitt & Chaffee  
Ch. 13 & 14  
Posted Weekly Readings  
**DUE:** Weekly Discussion |
| Week 4 | **Organizational Structure of Health Care** | Shi and Singh, Ch 3 (history)  
Shi and Singh, Ch 7  
Shi and Singh, Ch 8  
Posted Weekly Readings  
**DUE:** Weekly Discussion |
| Week 5 | **Financing Health Care & Reimbursement Issues** | Shi and Singh, Ch 6  
Posted Weekly Readings  
**DUE:** Weekly Discussion |
| Week 6 | **Managed Care** | Shi and Singh, Ch 9  
Posted Weekly Readings  
**DUE:** Weekly Discussion |
| Week 7 | **Provision of Care, the Health Professions** | Shi and Singh, Ch 4  
Mason, Leavitt & Chaffee  
Ch. 18  
Posted Weekly Readings  
**DUE:** Policy Brief  
Weekly Discussion |
| Week 8 | **Access to Care: Vulnerable Populations** | Shi and Singh, Ch 11  
Posted Weekly Readings  
**DUE:** Weekly Discussion |
<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Readings</th>
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<tbody>
<tr>
<td>Week 9</td>
<td><em>Access to Health Care: Ethnic Populations</em></td>
<td>Shi and Singh, Ch 11 (Same as last week)</td>
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<td>Posted Weekly Readings</td>
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<td><strong>DUE:</strong> Policy Paper Topic</td>
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<td><strong>Weekly Discussion</strong></td>
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<td>Week 10</td>
<td><em>Health Care Reform</em></td>
<td>Shi and Singh, Ch 14</td>
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<td>Shi and Singh, Ch 7 &amp; 8</td>
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<td>Weissert Weissert Ch 5</td>
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<td>Posted Weekly Readings</td>
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<td><strong>DUE:</strong> Weekly Discussion</td>
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<td>Week 11</td>
<td><em>Political Involvement</em></td>
<td>Shi and Singh, Ch 13</td>
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<td>Posted Weekly Readings</td>
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<td><strong>DUE:</strong> Weekly Discussion</td>
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<td>Week 12</td>
<td><em>Understanding Health Policy, Health, and Health Care</em></td>
<td>Shi and Singh, Ch 13</td>
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<td>Weissert Weissert Ch 6&amp;7</td>
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<td>Weekly Discussion</td>
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<td>Week 13</td>
<td><em>Health Care Issues of the Elderly</em></td>
<td>Shi and Singh, Ch 8 (review)</td>
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<td>Shi and Singh, Ch 10</td>
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<td>Posted Weekly Readings</td>
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<td><strong>DUE:</strong> Major Policy Paper</td>
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<td><strong>Weekly Discussion</strong></td>
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<tr>
<td>Week 14</td>
<td><em>The Future of Health Services Delivery</em> &amp;</td>
<td>Shi and Singh, Ch 14</td>
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<td></td>
<td><em>Projected Health Care Reform Issues</em></td>
<td>Posted Weekly Readings</td>
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<td>Mason, Leavitt &amp; Chaffee Presentation of Papers</td>
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<td><strong>DUE:</strong> Weekly Discussion</td>
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<td>Week 15</td>
<td><em>Current Events in Health Policy</em></td>
<td>Mason, Leavitt &amp; Chaffee</td>
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<td>Ch. 32 &amp; 33</td>
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<td>Posted Weekly Readings</td>
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<td></td>
<td>Presentation of Papers</td>
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<td><strong>DUE:</strong> Final Discussion</td>
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</table>
Assignments & Evaluation Criteria:

1) **Discussion Leadership** 10%

   **and Participation** 30%

The class will be divided into discussion groups of 4-6 individual students.

You must be an active member of the discussion site each week.

Each week the discussion leaders (this is a rotating assignment) will locate an article from a professional journal that is relevant to the policy topic being addressed that week. The article needs to be accessible or provided to the other members of your discussion group and the instructor. The discussion leader posts at least 2 discussion questions, or points from the article that invites students to share knowledge gained by reading and experience from their professional perspectives. The questions are to be thoughtful invitations to exchange knowledge and apply theory from the text, articles
and experiences. Discussion leaders also respond to and direct the discussion. This assignment is worth 10% of the final grade.

After the first week the following time parameters will apply to the weekly discussions.

1. Each week the assigned discussion leader will post the article and discussion questions by Tuesday Midnight of that week.
2. A first response by all group members is due by Thursday Midnight.
3. Final responses are due by Sunday Midnight.
4. The discussion ends Sunday at Midnight.

Contributions must show evidence of reading, searching the literature or other scholarly effort. Reference thoughts that are not your own i.e. “According to this weeks reading by Breslow (2005) we are supposed to believe....”. Comments should add to the synthesis of knowledge of the topic and should not be limited to agreement or disagreement with others. Discussion comments should be pertinent to the topic and reflect assimilation of the course content by the discussant.

Discussion Courtesy Rules:

These are the communication rules we will abide by:

- Keep it brief and get to the point.
- Respect one another.
- Use professional, clean language.
- Clarify a discussion point that upsets you.
- Don’t type in CAPITAL LETTERS to emphasize a point, it reads as if you’re screaming.

Discussion participation grading criteria: (15 discussions @ 2 points = 30)

2 points: Contributes on a regular basis to discussions and activities. Comments include information and ideas from the literature and from relevant personal experience. Poses critical questions that stimulate discussions and reflect thoughtful consideration of the readings.

1.5 points: Contributes to many discussions and comments reflect own ideas although not always based on related literature or experiences.

1 point: Contributes to some discussions and comments tend to reflect limited knowledge of the issues.

0.5 points: Minimal contribution and participation in discussions.

0 points: Failure to participate
3) Health Policy Brief  

This assignment asks students to prepare a 4 page policy brief that could be used to inform an interested party or legislator on the core issues impacting a health policy issue. Models for preparing this brief will be presented in the course content. The Brief should demonstrate and communicate an understanding of the issue. Any empirical evidence supporting the policy should be included, alternatives considered. Criteria used to refine this particular policy initiative are to be included. Anticipated support and barriers as well as economic and political impact are to be projected. This is the type of Brief that might be expected from a content expert, in this case a DNP by a legislator taking the issue forward. It is detailed and well considered but brief and to the point.

5) Major Policy Analysis Paper  

Your will be responsible for writing a 10-12 page paper that demonstrates an in-depth analyses a national, state or local health or health care system problem that is being addressed in the policy arena. The best source for what is happening nationally in congress is [http://thomas.loc.gov/](http://thomas.loc.gov/) State level initiatives can be researched using [www.mi.gov](http://www.mi.gov). Selection of a specific policy is expected to find and analyze policy that has a direct effect on Advanced Nursing Practice, Patient Care or Service Delivery.

The paper must include:

- Definition of the problem: include the nature and severity of the problem, indicators, and consequences, including prevalence, trends (i.e. differentiation by ethnicity, state, etc), causes and contributing factors to the problem, rationale for government intervention (describe why it is a public problem)

- Evidence of reflective and scholarly research with evidence and documentation of a thorough literature search

- Effectiveness analysis (to what extent does this solve the problem) Identify criteria used in the finalized policy

- Equitability

- Administrative Feasibility: admin.burden (paperwork, privacy invasion, etc)

- Cost: estimate what it would cost per capita, spending needed for one or multiple years

- Stakeholder interests and perspectives
4. Political feasibility (what is the likelihood that an alternative will be enacted “why and why not”)

The paper should be in APA format (see references in course documents for more information regarding APA). The paper should be written using 12 point font with 1 inch margins; page count should not include title or bibliographical pages. A good way to identify various solutions in addition to [http://thomas.loc.gov/](http://thomas.loc.gov/) is to do a literature search across various data bases such as EBSCO using specific search terms. Additionally a general web search using a search engine such as [http://www.google.com/](http://www.google.com/) is helpful. You should look for interest group or professional association web sites that come up using the key words for your search to see what solutions they propose and/or what concerns they may have. This also gives you insight into whether or not the legislation is likely to pass. The paper topic is due by the end of week 10. The paper is due during week 13. Final papers will be presented by the student to the class for review and discussion.

**UDM Academic Integrity Policy**

As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to high standards of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious academic offenses is plagiarism, submitting the style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph, or longer excerpt, are incorporated into one’s own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another that is, retaining another writer's ideas and structure without documentation.

Students are advised to always set off another writer’s exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' work and ideas when they find their way into the writing. Whenever in doubt, cite the source.

Students who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty.

The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University.

CHP Honor Code

Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional and personal integrity. They are committed to the traditions of the Sisters of Mercy and the Society of Jesus that emphasize values, respect for others, and academic excellence. Adherence to such high standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student’s acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the Honor Code. To view the entire Honor Code copy and paste this link in your browser: publish.udmercy.edu/dynadoc/1158691235208.

ADA
If you need course accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please make an appointment each term with Emily Gallegos, Director of University Academic Services/Disability Support Services at gallegem@udmercy.edu or (313) 578-0310. University Academic Services is located on the Ground Floor of the Student Center on the McNichols Campus.

Writing Center – Briggs 225 – 313-993-1022 writingcenter@udmercy.edu

UDM Resources

The University of Detroit Mercy makes a number of support services available to students free of charge. See the UDM website at: http://www.udmercy.edu, check campus bulletin boards or speak to your advisor about accessing the library, the Internet, computer labs, tutoring, diagnostic computer programs for reading, writing and math, and other student services. Refer to the specific Health Services Administration site http://research.udmercy.edu/academic/hlth_svc_adm/index.html for information about professional organizations. If you click on “Journals” you go to a site for HSA journals http://research.udmercy.edu/academic/hlth_svc_adm/journal_list.php that are available for research and bibliographic sources for this course.

RefWorks is a bibliographic database available free through the UDM library. APA style is required for all HSA courses and RefWorks will assist in correctly formatting papers in APA style. A tutorial is available through the UDM Library website.
Course Title: NUR 820, Epidemiology and Population Health

Course Credits: 3 Credits

Course Faculty: Syllabus developed by Dr. Elizabeth Wasilevich, Michigan Department of Community Health

Course Director: TBD

Class Time: TBD

Class Location: TBD

Prerequisites: None

Course Description:

This course provides an overview of fundamental topics in clinical epidemiology and how these concepts are applied in the measurement and evaluation of population health. The course explores foundational design, measurement and analytic techniques in the science of epidemiology. Students will review and critique epidemiologic literature to evaluate clinical practice based issues regarding disease surveillance, causation, genetic patterns, screening and social trends in population health at either the local, national or global level.

Course Objectives:

1. Explain epidemiologic concepts and terminology.
2. Analyze and interpret data using calculations and basic measures used in epidemiology.
3. Summarize key research designs and methods used in epidemiology.
4. Analyze epidemiologic research for sources of errors and spurious conclusions related to bias, confounding, and chance.
5. Interpret and critique epidemiology literature.
6. Apply epidemiologic methods in the context of topics applicable to nursing practice.

Required Texts/Resources/Materials
Hennekens CH and Buring JE, Epidemiology in Medicine, Boston: Little, Brown, and Company, most current edition.

Alternative required textbook:

Additional assigned readings will include excerpts from the following textbooks:
   a. Chapter 9. Applications of Human Genome Epidemiology to Environmental Health

Journal publications will be provided in class for article review/discussion.

Teaching Strategies:
The course will be taught with a combination of teaching strategies, including face-to-face lectures, group discussion, group exercises in the classroom, and self-directed learning with Internet resources.

Evaluation Criteria: (Assignments, Exams, etc)
→ Two exams, each worth 30% of total grade
→ Four assignments, totaling 25% of the total grade
→ Three article critiques and participation in article discussion, totaling 15% of the total grade
Topical Outline:

The following topical outline gives a recommended grouping and order of the session topics.

Unit 1: Measurement in epidemiology

→ Course Overview Introduction to Epidemiology
  o Course introduction and overview
  o Definition of epidemiology
  o Kinds of epidemiology
→ Measures of Disease Frequency
  o Prevalence
  o Incidence – Risk and Rate
  o Age-adjustment
→ Measures of Association
  o Cumulative incidence ratio
  o Odds ratio
  o Odds ratio ~ cumulative incidence ratio
→ Measures of Impact
  o Attributable risk
  o Incidence density difference
  o Association and causation
  o Causal inference in epidemiology

• Assignment 1 due

Unit 2: Study design

→ Searching and critiquing the literature
  o How to find an article: online search engines, MeSH terms
  o Guidelines for critiquing an article
  o Cochrane Database
→ Descriptive Studies
  o Hallmarks of design
  o Advantages and disadvantages
  o Limitations
  o Examples
→ Cohort Studies
  o Hallmarks of design
  o Advantages and disadvantages
  o Limitations
  o Examples
→ Case-control Studies
  o Hallmarks of design
  o Advantages and disadvantages
Unit 3: The role of chance, bias, and confounding

- Statistical inference – the role of chance
  - Hypothesis testing
  - Confidence intervals
  - Sample Size
  - Power

- Bias
  - Selection Bias
  - Information Bias
  - Methods to reduce the impact of bias

- Confounding
  - Defined
  - Methods to control confounding during design and analysis phases

- Assignment 3 due
- Article critique and discussion 2

Unit 4: Special topics in epidemiology

- Disease Surveillance
  - Purpose of surveillance
  - Sources of surveillance data

- Screening
  - When to do screening
  - Measuring validity of a screening test

- Genetics in public health
  - Newborn screening
    - Case study in newborn screening for CF
      - Diagnostic algorithms
      - Gene-environment interaction

- Infectious disease epidemiology
- Outbreak investigation – computer simulation
- Pandemic influenza

→ Social epidemiology
  - Race
  - Socioeconomic status
  - Access to care
  - Life course epidemiology
  - Disparity research

→ Patient registries and practice redesign
  - Chronic care model
  - Patient registries
  - Population level indicator surveillance
  - Redesigning practice procedures to improve care
  - Plan-Do-Study-Act cycles

5) Assignment 3 due
6) Article critique and discussion 3
7) Final Exam (Covers material from units 3 and 4)

<table>
<thead>
<tr>
<th>Unit</th>
<th>Week</th>
<th>Topic 1</th>
<th>Topic 2</th>
<th>Evaluation Element</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Course Overview Introduction to Epidemiology</td>
<td>Measures of Disease Frequency</td>
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<tr>
<td>2</td>
<td>2</td>
<td>Measures of Disease Frequency: Age Adjustment</td>
<td>Measures of Association: Cumulative Incidence Ratio</td>
<td>Assignment 1 Due</td>
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<tr>
<td>3</td>
<td>3</td>
<td>Measures of Association: Odds Ratio</td>
<td>Measures of Impact</td>
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<td>4</td>
<td>4</td>
<td>Causal Inference</td>
<td>Group Exercise</td>
<td>Assignment 2 Due</td>
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<td>5</td>
<td>Descriptive Studies</td>
<td>Cohort Studies</td>
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<td>6</td>
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<td>Case Control Studies</td>
<td>Clinical Trial/ Intervention Studies</td>
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<td>7</td>
<td>7</td>
<td>Searching and critiquing the literature</td>
<td>Discussion of Article</td>
<td>Article Critique 1 Due</td>
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<td>EXAM 1</td>
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<td>Hypothesis Testing and Confidence Intervals</td>
<td>Power and Sample Size Group Exercise</td>
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<td>Selection Bias</td>
<td>Information Bias</td>
<td>Assignment 3 Due</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Confounding</td>
<td>Discussion of Article</td>
<td>Article Critique 2 Due</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Disease Surveillance</td>
<td>Screening Group Exercise</td>
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<tr>
<td>12</td>
<td></td>
<td>Role of Genetics in Epidemiology: Newborn Screening</td>
<td>Role of Genetics in Epidemiology: Gene-Environment Interaction</td>
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</tr>
<tr>
<td>13</td>
<td></td>
<td>Infectious Disease Epidemiology</td>
<td>Social Epidemiology</td>
<td>Assignment 4 Due</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Patient registries and practice redesign</td>
<td>Discussion of Article</td>
<td>Article Critique 3 Due</td>
</tr>
<tr>
<td>16</td>
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<td></td>
<td>EXAM 2</td>
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</table>

**MSON Graduate Grading Scale**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
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<tbody>
<tr>
<td>&gt;93</td>
<td>A</td>
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<tr>
<td>90-92</td>
<td>A-</td>
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<td>73-76</td>
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<tr>
<td>70-72</td>
<td>D</td>
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<tr>
<td>&lt;69</td>
<td>F</td>
</tr>
</tbody>
</table>

**Course Policies** *(Grading, participation, missed or late assignments, attendance, lateness)*

**ADA**
If you need course accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please make an appointment each term with Emily Gallegos, Director of University Academic Services/Disability Support Services at gallegem@udmercy.edu or (313) 578-0310. University Academic Services is located on the Ground Floor of the Student Center on the McNichols Campus.
UDM Academic Integrity Policy
As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to high standards of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious academic offenses is plagiarism, submitting the style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph, or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another that is, retaining another writer's ideas and structure without documentation.

Students are advised to always set off another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' work and ideas when they find their way into the writing. Whenever in doubt, cite the source.

Students who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty.

The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University.


CHP Honor Code
Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional and personal integrity. They are committed to the traditions of the Sisters of Mercy and the Society of Jesus that emphasize values, respect for others, and academic excellence. Adherence to such high standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student’s acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the Honor Code. To view the entire Honor Code copy and paste this link in your browser: publish.udmercy.edu/dynadoc/1158691235208.
Course Title: NUR 830: Transformational Leadership & Innovation in Advanced Clinical Practice

Course Credit: 3 Credits

Faculty: Syllabus developed by Kathleen Zimmerman-Oster, PhD, College of Liberal Arts and Education

Class Time: To be determined

Location: To be determined

Course Description:

This course addresses the leadership role of the advanced practice nurse within healthcare organizations to affect change and ensure quality improvement, with a focus on inter- and intra- professional collaboration. This course will explore critical topics in organizational and systems leadership that emphasizes the primacy of clinical work and the opportunity for nursing innovation to transform service delivery, improve health outcomes and ensure patient safety. Inter-disciplinary theories and practice of leadership will be explored at different levels of nursing practice: individual practice settings, health care organizations and the national health care system. Leadership, management and communication strategies to move interdisciplinary groups toward common goals and objectives will be examined.

Course Objectives:

Upon successful completion of this course the student will be able to:

- Analyze the systems, structure, function and outcomes of health care delivery systems and complex organizations.
- Integrate knowledge of organizational behavior, systems theory, process/outcome models, interdisciplinary teams and collaborative leadership to plan and design an innovation initiative in advanced nursing practice that affects a clinical practice or patient safety outcome.
• Apply the tenets of contemporary theory, research, and leadership models (including transformational leadership, emotional intelligence, leadership IQ, etc.) in advanced nursing practice

• Clarify dimensions of an advanced nurse practitioner’s values, beliefs, attitudes and personal leadership style through assessment, reflection, and action.

• Develop a leadership style to appreciate team and individual contributions inclusive of the differences in ethnic, gender, and professional style of others.

• Engage in leadership performance through participation in: simulated experiences, servant leadership, volunteer service, working with student organizations, civic groups, community groups or political activities.

**Academic Integrity Policy**

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Feedback:

You are encouraged to offer feedback throughout the course so that the course can be geared and related to your particular understanding and interests. Also, comments may be placed in the faculty member’s department mailbox.

Course Evaluations:

As future Nurse Practitioners, you know the importance and value of assessment and evaluation techniques. At the end of this course, you are strongly encouraged to complete an on-line course evaluation survey. This information is vital for reviewing faculty performance for promotion and tenure and is also used for making course revisions. Please be sure to take the time to provide feedback.

Grading System:

A total of 1000 points are available. Points received are divided by 1000 to receive a percentage. The percentages below are provided with the grade students will receive:

A    =  93-100  C+  =  77-79
A-   =  90-92   C    =  73-76
B+   =  87-89   D    =  70-72
B    =  83-86   F    =  <69
B-   =  80-82

Extra Credit:
Opportunities will be provided to participate in research and other extracurricular learning activities. These will be detailed as they arise. In general, 10 points of extra credit are provided for each hour of time spent on these activities.

Requirements:

Students will have eight sets of obligations, worth 1000 total points:

1) **Student Attendance and Participation** - This is essential to your success in this course. Specifically, participation in the text chapter “Case Study” discussions, policy discussion, in-class simulations, completion of the leadership assessment tools, as well as weekly contribution to class discussions. **Worth 50 points.**

2) **Electronic Journals and Threaded Discussions (Blackboard.com)** – Each student is required to turn in an electronic journal entry each week. In the journal, you will reflect on your reaction to your assessment instrument score and the theories presented in each text. This should be sent directly to the instructor via e-mail/blackboard. These journals will provide a regular way to communicate directly with the instructor about issues related to the course. Each entry should be several paragraphs long (approximately 600 words).

   In addition, occasionally, a thought provoking question will be posted by the instructor. Each student is required to respond to the question and to the posts from the other classmates. Students can then comment on their replies, amplifying, agreeing, seeing things differently, but always adding something. Note: The first class members to respond may have the easiest time, because there will be fewer replies to read and respond to. If you wait until the end, you will have more posts to respond to. The comments should be reflective and conversational, but need to be on the topic. This will allow the entire class to respond and converse outside of the classroom about a particular subject. **Worth 100 points.**

3) **Personal Best Leadership Essay** – Reflect and write about a “personal best” leadership incident in which you believe you exercised effective leadership and perhaps made a difference in an organization, project, family, or community. Additionally, write about a personal leadership incident in which you believe you were not effective or did not reach your goals. (As an alternative, you may reflect on the personal best and worst of someone whom you have encountered.) In your paper, analyze those two experiences from the perspective of what you have learned and read thus far in the course. What lessons have you learned? Be prepared to share your experiences with classmates in a small-group discussion the day the assignment is due. Your paper should be two to three pages long, typed, and double-spaced. (Note: “personal best” language taken form Kouses & Posner, 1987). **Worth 100 points.**
4) **Autobiography** – Write about the first time you realized your own leadership potential. What is your purpose in life, and what is the significance of your purpose? What is your personal philosophy of leadership? Based on in-class and self-assessment information, what leadership styles do you exhibit? Who and what has influenced or shaped your values, styles, and philosophy of leadership, both positively and negatively? Discuss the role of mentors or role models in your life. Finally, discuss critical incidents in your life and how they have transformed you. Your paper should be four to six pages long, typed, and double-spaced. **Worth 100 points.**

- **Leadership Interview** – Conduct an interview with someone who you would identify as a leader. You should prepare 5 to 10 interview questions and plan to spend approximately one hour with your interviewee. The questions may be developed with your colleagues after an in-class discussion about what questions would be most appropriate. The paper and questions should give special attention and reference to your textbooks. Your paper should be three to four pages long, typed and double-spaced. Please attach your questions, but do not give me their verbatim responses. Instead, share with me what you have learned about the leadership styles, experiences, etc. of your interviewee. **Worth 100 points.**

- **Leadership Movie Application and Critique** – You will view one of the above listed movies and one movie of your choice and provide a critique and analysis in terms of the cast of characters’ leadership styles, the functioning of organizational systems, complexity science, and application in terms of negotiation, conflict management and change. Your paper should be four to six pages long, typed, and double-spaced. **Worth 100 points.**

- **Group Transformational Leadership Project (Possible Service Learning/Servant Leadership) and Class Presentation** – You will work with a small group/team of students to design, develop, and implement an innovative initiative. Your group will be required to choose a leadership health care policy topic from those listed in the course texts. The presentation must last approximately 45 minutes and should engage your audience by using visual aids, worksheets, games, simulations, stories, humor, etc. Thus, they should be interactive. (Do NOT read to your audience).

By deciding on the project together and going through the steps to completion, students will have the opportunity to practice collaborative leadership and followership while contributing something useful to your professional community. The emphasis of the transforming project is both on process and desired outcomes. Teams will be strongly encouraged to invite outside agency/community members, faculty, administrators, or other students who might have a stake in the proposed initiative to participate or to attend the presentation.
Group presentations will be evaluated on the structure of the program or initiative, content, creativity, teamwork, and how groups incorporated elements of the leadership models and theories. **Worth 300 points.**

- **Leadership Action Plan** – Reflect on what you have learned during the semester about leadership, with a focus on using theory to enhance practice. Write your leadership action plan and include four sections: (1) how you plan to apply certain leadership theories and concepts (cited in APA-style and incorporating peer reviewed journal articles/literature review) to make your practice better; (2) your observations of various leadership and participant roles that you and your classmates played in your team and committee (styles, differences, team and group effectiveness; what worked, what didn’t, and why); (3) your plans to use the Relational Leadership Model; and (4) your leadership development action plan for the next two years. The paper should be typed, double-spaced, and five to six pages in length. **Worth 150 points.**

The information below is subject to change based on the progress the class makes in discussion of each topic. Thus the schedule is written in a tentative fashion to allow for attention to be focused on areas the class might find more difficult to comprehend or perhaps just more interesting. Assignment due dates may periodically be adjusted to accommodate changes made in the schedule below:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Introductions, Expectations and Community Building</th>
<th>Complete Leadership Practices Inventory (LPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>Leadership Defined (Relational Leadership Model) and History of Leadership Theory: Trait and Style Approaches; LPI</td>
<td>Electronic Journals Due</td>
</tr>
<tr>
<td>Week 3</td>
<td>Situational, Contingency, Path-Goal, Leader-Member, Transformational</td>
<td>Electronic Journals Due</td>
</tr>
<tr>
<td>Week 4</td>
<td>Team, Psychodynamic, Women, Ethics</td>
<td>Electronic Journals Due</td>
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<tr>
<td>Week 5</td>
<td>Personal Leadership Development, Vision and Diversity,</td>
<td>Electronic Journals Due</td>
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<td>Personal Best Essay Due</td>
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<tr>
<td>Week 6</td>
<td>Communication, Decisions, Power,</td>
<td>Electronic Journals Due</td>
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<td></td>
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<td>Autobiography Due</td>
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<td>Week 7</td>
<td>Threaded Discussion and Movie Viewing</td>
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<tr>
<td>Week 8</td>
<td>Policy and Politics</td>
<td>Movie Review Due</td>
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<tr>
<td>Week 9</td>
<td>Spring Break</td>
<td>Relax!!</td>
</tr>
<tr>
<td>Week 10</td>
<td>Stress Management</td>
<td>Electronic Journals Due</td>
</tr>
<tr>
<td>Week 11</td>
<td>Threaded Discussion and Group Meetings</td>
<td>Presentation Outline Due</td>
</tr>
<tr>
<td>Week 12</td>
<td>Guest Speaker - Contemporary Issues in Professional Organizations</td>
<td>Leadership Interview Due</td>
</tr>
<tr>
<td>Week 13</td>
<td>Student Presentations</td>
<td>Group Transformational Leadership Project Due</td>
</tr>
<tr>
<td>Week 14</td>
<td>Student Presentations</td>
<td>Group Transformational</td>
</tr>
</tbody>
</table>
Course Outline:

- Leadership theories – Historical perspective and Contemporary Approaches
- Organizational structure and behavior
- Formulation of public, governmental and third party policy: the actors (consumers, congress, PACs, professional organizations)
- Influence of political and economic forces on policy making in the healthcare system and professional nursing practice
- Nurses' roles in effecting the formulation and implementation of healthcare policy
- Risk management; Equal Employment Opportunity legislation; Americans with Disabilities Act; workplace violence; impaired professional
- Advanced Practice Roles: Nurse Practitioner, Clinical Nurse Specialist, Manager and Administrator
- Advanced Practice Roles: Scope of Practice, Differentiation from other provider roles
- Change Theory and Appreciative Inquiry
- Consultation
- Collaboration
- Advocacy: patient and professional
- Credentialing (certification)
- Communications
- Stress Management
- Decision-Making Process and Tools
- Motivation and Morale
• Power, Politics, and Labor Relations
• Conflict Management and Negotiation
• Theories of Leadership and Management Development
• Strategic and Operational Planning
• Financial Management, Cost Containment, and Marketing
  Organizational Concepts and Structures
• Organizational Culture, Change, and Innovation
• Selection and Development of Personnel
• Staffing and Scheduling
• Evaluation and Discipline of Personnel
• Continuous Quality Improvement, Risk Management, and Program Evaluation

**Required Texts:**


**Required Instrument And Media:**


E-mail and Internet Access: 1) for electronic journaling, and 2) web-based research
Course Title: NUR 835: Business Management to Ensure Quality in Health Care

Course Credit: 3 Credits

Faculty: Syllabus developed by Dr. Patricia Thomas, McAuley School of Nursing

Course Director:

Class Time:

Location:

Prerequisites: ETH 801: Ethical Issues in Advanced Nursing Practice; HLH 810: Health Care Policy, Economics & the Law in Clinical Practice; NUR 830: Transformational Leadership & Innovation in Advanced Clinical Practice; NUR 840: Information Management and Decision Support

Website: http://knowledge.udmercy.edu

Course Description:
This course builds upon the leadership and organizational change course to examine health care economics and the business of clinical practice as it relates to the delivery of quality health care services. The course will analyze the dynamic interplay between the driving forces of economics, heath policy, quality improvement, and standards of care in the delivery of health care services to maximize health outcomes. Within a quality improvement framework, students will explore economic concepts and measurement tools to critically appraise a health care issue, design strategies to improve clinical outcomes and evaluate the achievement of the improvement goals including not only the outcome but safety, fiscal principles, efficiency, and quality.

Course Objectives:
Upon successful completion of this course, the student will be able to:

- Discern the elements of healthcare financing principles and implications for clinical practice.
Assemble the interface of regulation, policy, financial accounting methods, and the delivery of cost effective, outcome driven care.

Illustrate evaluation of effective and efficient fiscal and clinical outcomes in a patient-care setting.

Demonstrate knowledge of reimbursement mechanisms and the influence on quality and safety at the organizational, local, state, and national levels.

Evaluate how regulation, policy and national standards can be monitored and implemented in a practice setting.

Create a quality improvement plan to justify implementation of a project to demonstrate fiscal responsibility highlighting patient safety, efficiency and effectiveness.

Recommend a course of action for the implementation of regulation or health policy.

Generate a persuasive quality improvement proposal that could be presented to a Governance Board demonstrating synthesis of principles of financial management, outcome measurement, quality improvement, safety, efficiency, and effectiveness.

Required Texts/Resources/Materials


Supplemental/Optional Resources


Teaching Strategies
Seminar discussion, lecture, group presentations, independent reading, asynchronous internet class discussion groups.
Instructional Methods:

Textbook and on-line assigned readings, independent research, classroom discussion and online discussion boards, small group work, quizzes and examinations, and written assignments.

Evaluation Criteria (Assignments, Exams, etc)

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Participation</td>
<td>15%</td>
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<tr>
<td>Regulatory/Policy Group Presentations</td>
<td>15%</td>
</tr>
<tr>
<td>Final Project</td>
<td>35%</td>
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<tr>
<td>Paper</td>
<td>25%</td>
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<tr>
<td>Oral Presentation</td>
<td>10%</td>
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<tr>
<td>Quizzes</td>
<td>20%</td>
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<tr>
<td>(4 Quizzes during course 5% each)</td>
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<tr>
<td>Final Exam</td>
<td>15%</td>
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</table>

Participation and Attendance (15%):
Attendance and participation are not the same things. Attendance means you’ve come to class (on time). Participation is demonstrated by each student assuming responsibility for initiating, pursuing, and evaluating experiences that contribute to his/her own learning. As a seminar style class, students are expected to share thoughts and ideas, contribute to in class discussions, and initiate dialogue related to assigned readings and lecture materials. Students are expected to read and critically evaluate the assigned readings prior to each class, to attend class regularly, and to actively contribute to class discussion.

When completing the online discussions, you are expected to respond to the discussion questions posted and also respond your peer’s posts in thoughtful and constructive ways during the week. In replying to your peers, responses like ‘I agree’ or ‘me too’ do not constitute participation on the discussion board. Posts need to reflect thoughtful consideration of the reading assignments, reflect that you’ve done additional research with citation of sources, and include citations from sources beyond our assigned reading. Please be considerate of one another’s time and thoughtfully choose which posts you respond to. Please remember more isn’t always better. For the purposes of this class, quality is what I am looking for.

Regulatory/Policy Practice Change [Team Presentation]: (15%):
Students will work in teams of 3 to 4 and will identify a current healthcare regulation or policy that will require practice change at the organizational, local, state or national level. Each team will create a 12-15 slide PowerPoint presentation to describe an innovative approach to address the regulatory or policy change with accompanying financial outcomes. Recommendations for implementation will be made with specific attention the current processes, revenue, costs, and management of the change as well
as the proposed budget, expected costs, impact to the revenue cycle, and when the organization could expect break even or revenue enhancement. Discussion on risks and implications for noncompliance and linkage to patient safety will be addressed.

**Final Project Proposal to Governance Board** (35% total grade-Paper 25% and Oral Presentation 10%)

**Paper (25%)**
Each student will identify a patient care concern relevant to their practice that has financial implications and includes improvement in patient safety, efficiency, effectiveness, and outcomes at the organizational, local, state, or national level. Synthesizing financial management, quality improvement, outcome measurement, and improvements in care delivery, write a proposal to implement a project you believe is necessarily and viable. This APA paper should be no more than 12 pages long and be supported by the peer reviewed literature. Include an executive summary, and identify the model used to frame the improvement and the primary aim of your proposal with an implementation and evaluation plan.

**Oral Presentation (10%)**:
This oral presentation will be a 10 minute summary of your Final Project Proposal Paper with 5 minutes for questions from your peers. Present the information as you would to the Board of Directors. The presentation should reflect the proposal for your project to obtain the Boards approval. It needs to be concise, persuasive, and reflect fiscal responsibility (with the rationale for cost effectiveness) and reflect attention to patient safety, quality outcomes, and improved effectiveness. The presentation will be evaluated based on the delivery of your oral presentation to the audience, clarity, staying within the time limit, and the use of professional and persuasive language.

**Quizzes (20%)**:
There will be a total of 4 online quizzes. Each quiz will be done online and consists of random multiple choice, short answer, and True/False questions. Please see the weekly assignments for due dates. Quizzes are located on Blackboard under the Assignments tab. There will be no time limit for the quizzes but they can only be opened once. Quizzes will be available on Blackboard at the start of class and comprise 20% of your grade.

Quizzes will be closed at midnight on the due date. No extension to the due date/time will be offered. If the quizzes are not completed by 11:55PM, there is no opportunity to complete them late.

**Final Exam (15%)**:
The Final exam will comprise the remaining 25% of your grade. It will be a comprehensive exam administered online. The exam will include 50 questions made up of short answer and multiple choice questions. The final exam has a 2 hour time limit and can only be opened once. It will be made available to students in week 12. The
exam is due by midnight the last day of class. If not completed by this time, zero points will be earned.

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**Topical Outline**

<table>
<thead>
<tr>
<th>Week</th>
<th>Topics</th>
<th>Readings</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Course Overview</td>
<td>Cleverley 1,2, 3</td>
<td>Discussion Board</td>
</tr>
<tr>
<td></td>
<td>• Financial Information and Decision Making</td>
<td>McLaughlin 1&amp;2</td>
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<td></td>
<td>• Billing and Coding</td>
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<td>• Healthcare Financial Environment</td>
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<td></td>
<td>• Defining QI</td>
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<tr>
<td>Week 2:</td>
<td>• Legal and Regulatory Environment</td>
<td>Cleverley 4</td>
<td>Discussion Board</td>
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<td></td>
<td>• Outcome Models</td>
<td>McLaughlin 3,4</td>
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<td></td>
<td>• Statistical Analysis in CQI</td>
<td></td>
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<tr>
<td>Week 3:</td>
<td>• <strong>Revenue Determination</strong></td>
<td>Cleverley 5, 6</td>
<td>Discussion Board</td>
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<td></td>
<td>• Managed Care</td>
<td></td>
<td>Quiz 1</td>
</tr>
<tr>
<td>Week 4:</td>
<td>• Measuring Consumer Satisfaction</td>
<td>McLaughlin 5, 6</td>
<td>Discussion Board</td>
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<td></td>
<td>• Understanding and Improving Teams</td>
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<tr>
<td>Week 5:</td>
<td>• CQI and Transformation</td>
<td>McLaughlin 7,8,9,10</td>
<td>Discussion Board</td>
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<tr>
<td></td>
<td>• Learning Organizations, Medical Errors</td>
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<td></td>
<td>• Information Management and Technology</td>
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<td>Week 6:</td>
<td>• Principles of Accounting</td>
<td>Cleverley 7,8, 9, 10</td>
<td>Discussion Board</td>
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<tr>
<td></td>
<td>• Analyzing Financial Statements</td>
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<td>Quiz 2</td>
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<td>• Inflation</td>
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<td>Week</td>
<td>Course Items</td>
<td>Reading Material</td>
<td>Discussion/Assignments</td>
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| 7:     | • Financial Analysis of Alternative Healthcare Firms  
        • Strategic Financial Planning  
        • Cost Concepts/Decision Making | **Cleverley 11, 12, 13** | Discussion Board  
                       Policy/Regulation Group Presentations |
| 8:     | a. Product Costing  
        b. Management Control Process  
        c. Cost Variance Analysis | **Cleverley 14, 15, 16, McLaughlin 9,10** | Discussion Board |
| 9:     | a. Professional development and improved patient care  
        b. Quality Improvement in Primary Care: Organizations, Managed Care and Collaboratives | **McLaughlin 11, 12** | Discussion Board  
                       Quiz 3 |
| 10:    | 1. CQI in research organizations  
        2. CQI in Public Health  
        3. Quality and Safety in Academic Clinical Microsystems | **McLaughlin 13, 14, 15, 16** | Discussion Board |
| 11:    | a. Financial Mathematics  
        b. Capital Project Analysis | **Cleverley 17,18** | Discussion Board |
| 12:    | c. Consolidations and Mergers  
        d. Capital Formation | **Cleverley 19,20** | Discussion Board  
                       Quiz 4 |
| 13:    | e. Working Capital and Cash Management  
        f. Developing the Cash Budget | **Cleverley 21, 22** | Discussion Board |
| 14:    |                                                                          |                          | Student Presentations |
| 15:    | Final Exam-Online due by midnight last night of course |                          | Final Exam-Online due by midnight last night of course |

**Late Assignments:**
Late assignments without prior arrangements with faculty will lose 5% per business day (up to 3 business days) for each day past the due date. No assignment will be accepted.
after 3 days. This is done in fairness to students who turn in their work on time. All assignments need to be submitted electronically using the assignments link on Blackboard. **I will not accept assignments to my email address.**

Requests for extensions on the due date for an assignment must be made **BEFORE** the date the assignment is due in writing (via email) and are granted at the discretion of the instructor for serious reasons only. **Please plan ahead!**

If the server is ‘acting up’ on the day your assignment is due, please send me a copy of your paper via email so I know your assignment was done on time. Then you will need to post your assignment to the assignment link as soon as the server becomes available.

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Course Title: NUR 840: Information Management and Decision Support

Course Credits: 3 Credits

Faculty: Syllabus developed by Sharie L. Falan, PhD, RN, Western Michigan University, Bronson School of Nursing.

Class Time: To be determined

Location: To be determined

Course Description:
This course is designed to prepare the DNP student with essential knowledge and skills necessary to provide leadership in the design, selection, use and evaluation of technologies used in healthcare to promote efficiency, quality, improvement in health outcomes, and knowledge generation. DNP students will develop the knowledge and skills necessary to create relational databases for their specific area of practice where data extraction and knowledge development can occur. This course will provide the DNP student with advanced understanding of the ethical and legal issues associated with the use of technologies within acute care settings, private industry, and web-delivered services. The DNP students will also be prepared to evaluate consumer health information.

Course Objectives:
At the conclusion of this course, the student will:

1. Apply information and thinking (cognitive) theories to the role of information technologies used in the health care industry. (AACN IV 1,2; UDM PO 1,5,8)
2. Critically evaluate the current position of information technology within the local, regional, or national health care enterprises (includes use of nursing terminologies, standards, EHR, CPOE, BPOC etc). (AACN IV 4,2; UDM PO 3,5)
3. Demonstrate conceptual ability to evaluate a current technological process using the systems analysis and design methods approach to recommend, design, plan, and implement an improvement strategy. (AACN IV 1,2,5; UDM PO 5, 7,8)

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5 American Association of Colleges of Nursing: Essentials for Doctoral Education for Advanced Nursing Practice (DNP)
6 University of Detroit Mercy Program Outcomes
4. Demonstrate the conceptual ability and technological skills to design a relational database using data from applicable databases to address a specific question within an area of clinical practice. (AACN IV 3, UDM PO 1)

5. Evaluate consumer health information resources according to current prominent standards. (AACN IV 5, UDM PO 7)

Required Texts:


Required Resources:


Spinello, R. (2006). *Cyberethics: Morality and law in cyberspace* (3rd ed.). Boston: Jones and Bartlett (via electronic course reserves: chapter 1, 2, 5)


Teaching Strategies:
Small group work, discussion, lecture, independent study, student presentations, media assisted learning, Web-based discussions, site visits, collaboration with health care entities.
Course Deliverables/Requirements

1. Analyze an unfamiliar technological process for cohesion with expected human cognitive processes. Present this analysis to peers. (Course Objective 1)

2. Students will critically analyze an article related to health information technologies and their use as described in Course Objective 2. Students will disseminate the article to class peers for interactive discussion. (Course Objective 2)

3. Students will present a workflow process analysis, which produces data related to their specific area of practice. (Course Objective 3)

4. Students will present a basic relational-database proposal from which data can be extracted and synthesized to inform within their specific area of practice. (Course Objective 4)

5. Students will critically evaluate web-based consumer information sources in your area of interest according to the most prominently recognized standards (e.g. HON code) and against prominent and current research (Course Objective 5)

6. Seminar Participation. (Course Objective 1-5)

Evaluation Criteria:

Grades are based upon a combination of written assignments, projects, seminar participation and oral presentations.

1. Analysis of a simple technological process (10% of total grade; Course Requirement (CR) #1)
   Each student will actively engage in exploring a new technology such as a computer program, iPod, or digital camera. Critically evaluate the use of the technology from a human factors point of view and present findings to faculty and students.
   a. Description of technology 10%
   b. Discussion of task completed 10%
   c. Compare and contrast actual versus anticipated steps to complete a task 10%
   d. Recommendations (literature based) 20%
   e. Application to HC technologies 20%
   f. Conclusions 30%
   100%

2. Article Critique (10% of total grade; CR #2)
   Each student will critically analyze a research article related to healthcare technologies, submit responses to faculty, and present to students
   a. Relevance of topic 10%
b. Review of literature/background 15%
c. Sample selection 10%
d. Methods 30%
e. Findings 20%
f. Conclusions 15%

3. Workflow Analysis: Each student will develop a graphic workflow analysis that describes the system and processes from which data result (20% of total grade; CR #3)

a. Select focused practice problem of interest 10%
b. Choose relevant data source 20%
c. Assess and diagram workflow 30%
d. Summarize the strengths/weaknesses of the workflow 20%
e. Formulate innovative recommendations 20%

4. Presentation of Relational Database Proposal (30% of total grade; CR #4)

Each student will develop and present a proposal to examine a database relevant to the student’s area of interest. The proposal will include an example of how multiple databases might be used by developing a relational database in Access. The presentation will include a determination of potential data sources, a plan for accessing the data, a description of how the data will be represented in the database, a presentation of strengths and weaknesses of the data set, potential systems/technology improvements, and an evaluation of the limitations of the data set that could influence the outcomes of the study.

1. Description of area of interest 15%
2. Identification of data sources 10%
3. Process for data generation with the system 10%
4. Methods of accessing data from source 10%
5. Strengths and weaknesses of data 10%
6. Potential systems/technology improvements 10%
7. Create a relational access database 15%
8. Style, APA format, References 10%

5. Evaluation of web-based consumer information sources (10% of total grade; CR #5)

Each student will evaluate multiple web-based consumer information resources and present students and faculty.

a. Tool selection with rationale 10%
b. Description of sites 10%
c. Findings 10%
d. Comparison to recent literature 30%
e. Recommendations 20%
f. Conclusion 20%

100%

6. Seminar Participation (20% of total grade; CR 6). Participation will be evaluated using the following scale:

<table>
<thead>
<tr>
<th>Points</th>
<th>Participation Rubric</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Contributes to readily to the conversation; does not dominate; makes thoughtful contributions that advance the conversation; shows interest in and respect for others’ views; participates actively in small groups</td>
</tr>
<tr>
<td>35</td>
<td>Comes to class prepared and makes thoughtful comments when called upon; contributes occasionally without prompting; shows interest in and respect for others’ views; participates actively in small groups</td>
</tr>
<tr>
<td>20</td>
<td>Comes to class prepared; does not voluntarily contribute to discussions, gives minimal answers when called upon; active listeners; takes notes</td>
</tr>
<tr>
<td>10</td>
<td>Participates in a problematic way; talks too much; rambles; interrupts instructor and others; does not acknowledge cues of annoyance from faculty or students</td>
</tr>
<tr>
<td>0</td>
<td>Not prepared for class; does not contribute to discussion; disrespectful to students and/or faculty</td>
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</table>

<table>
<thead>
<tr>
<th>WEEK</th>
<th>TOPIC</th>
<th>READINGS</th>
<th>ASSIGNMENTS</th>
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</table>
| Preparedness  
|---|---|
| **5**  
System Analysis Methods  
Whitten. Chapter 7. Modeling System Requirements with Use Cases | Define process to be evaluated using system analysis methods  
Discuss system analysis approaches |
| **6**  
Data: finding, capturing, managing and critiquing  
Saba. Chapter 7. Data Processing  
Hebda. Chapter 3. Ensuring the Quality of Information  
Saba. Chapter 36. Computerized Information resources.  
Saba. Chapter 13. Healthcare Data Standards  
Workflow analysis (CR #3 due)  
Student presentations |
| **7**  
Information Technology and Patient Outcomes  
Saba. Chapter 27. Administrative Applications of Information Technology for Nursing Managers (pp. 445-452)  
Bakken, S. (2001). An informatics infrastructure is essential for | Discuss the role of technology in supporting the use of EBP and promoting safe care. |
Saba. Chapter 34. Innovations in Telehealth (pg. 554-561)  
Hebda. Chapter 10. Information Security and confidentiality  
Spinello. Chapter 1, 2, and 6 | Discuss of role of the DNP and legal and ethical issues present in current HC technologies. |
Whitten. Chapter 18. Object-Oriented Design and Modeling Use UML. | Relational Database Proposal (CR # 4 due)  
Class presentations of database proposals. |
| 12 | Issues and Trends 2: Standards, CPOE, BPOC, Palm, EHR | Saba. Chapter 22. Community Health Applications  
Saba. Chapter 34. Innovations in Telehealth  
Saba. Chapter 42. Future Directions. | Discuss the role of DNP in the use of HC technologies. Discuss unintended consequences of technology and the impact on HC resources and patient outcomes. |
Whitten. Chapter 20. Systems Operations and Support | Discuss the DNP role in the various phases of testing and implementation and disaster recovery processes. |
| 14 | Issues and Trends 3: Consumer Health Resources, PHR | Saba. Chapter 8. The Internet: A Nursing Resource  
Saba. Chapter 31. Decision Support for Consumers  
Spinello. Chapter 5. Regulating Internet Privacy (course reserves) | Healthcare internet resources evaluation CR #5  
Student presentations |
MSON Graduate Grading Scale

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
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<tbody>
<tr>
<td>&gt;93</td>
<td>A</td>
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<td>73-76</td>
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<tr>
<td>70-72</td>
<td>D</td>
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<tr>
<td>&lt;69</td>
<td>F</td>
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</table>

Course Policies *(Grading, participation, missed or late assignments, attendance, lateness)*

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*This syllabus was created as the result of collaboration between Sharie L. Falan, PhD, RN, Western Michigan University, Bronson School of Nursing and Marisa Wilson, DNSc, MHSc, RN, University of Maryland, School of Nursing. Portions of this content are adapted from Dr. Wilson’s work and are used with written permission dated July 25, 2008. Please retain this acknowledgement in this syllabus.*
Course Title: NUR 850: Evidence-Based Practice: Theory, Design and Methods

Course Credit: 3 Credits

Prerequisite or Co requisite: NUR 840

Course Director: MSON Doctoral level faculty

Faculty: Syllabus developed by Dr. Linda Thiel and Dr. Robi Thomas, McAuley School of Nursing

Class Time: 

Location: 

Course Description: This course focuses on the evidence-based practice process and the knowledge and skills necessary for translation of evidence into advanced clinical practice. Students will compare and contrast various forms of scientific evidence with emphasis on expanded research techniques, instrumentation, study designs and theories that are relevant for advanced clinical practice. Content will also emphasize critical appraisal skills necessary to ensure meaningful translation of scientific evidence into practice to ensure high quality care for clients that result in optimal outcomes.

Course Objectives: Upon successful completion of this course, the student will be able to:
1. Generate clinical or practice questions based on relevant clinical practice issues.
2. Conduct an advanced search of research literature from various disciplinary and methodological perspectives and critically evaluate findings.
3. Delineate strategies to integrate quantitative and qualitative evidence into an evidenced based recommendation.
4. Compare and contrast instruments to scientifically measure clinical phenomenon.
5. Evaluate research designs for congruence and merit to generate sound evidence for clinical practice.
6. Synthesize relevant theory and research on a relevant clinical practice issue for application to practice.
7. Critically critique and appraise research studies, clinical guidelines and protocols for translation to clinical practice.

Required Texts/Resources/Material:

Textbooks


Articles


Tutorial

Teaching Strategies
Teaching strategies will include lecture, discussion, tutorials, group work, peer feedback and discussion, and use of information technology.
Course Evaluation

EBP Application Paper  50%
Scholarly Participation  30%
Research Article Critique  20%

Evaluation Criteria

Evidence-Based Practice (EBP) Application Paper
Each student will be required to write an EBP application paper. Students will identify a relevant clinical or practice question, conduct a literature review, appraise and synthesis the evidence, determine if there is sufficient evidence to change practice and address implications for practice change based on evidence to promote quality outcomes. Students will work on this paper in steps, and will submit the paper in phases to both the professor and classmates on Blackboard. The classmates will review and critique each paper, and the student will then revise the paper based on feedback provided by both classmates and the professor. The completed paper will be graded by the professor. The paper and will be evaluated using a formalized tool.

Scholarly Participation
Students will be divided into small groups, and each member of the group will be required to periodically critique all group members’ papers on Blackboard. Students will be evaluated by both the timeliness and frequency of the critiques as well as the quality of the critiques. Class participation will be evaluated using a formalized tool.

Research Article (Evidence) Critique
Students will be required to provide examples of relevant research and clinical guidelines or protocols, and lead a discussion and critique of the publications in class. The discussion and critique will be evaluated using a formalized tool. The professor will assign topics of the publications, based on the weekly course objectives.

Graduate Program Grading Scale and Grading Policies:
To achieve satisfactory academic progress leading to continued progression, the student must maintain an aggregate grade of B (a university GPA of 3.0). The MSON DNP program considers a grade below B- in any of the nursing core courses to represent unsatisfactory academic progress. Unsatisfactory academic progress may result in conditional progression, deceleration, withdrawal, probation or dismissal as described below.

Students may be denied progression or be required to do remediation prior to progression if they have not made satisfactory academic progress in their education. When a graduate nursing student’s cumulative GPA falls below a 3.0 and/or a student earns a grade of less than "B-" in any of the core nursing curriculum courses, they are placed on academic probation.
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APA Style Reference


Additional assistance can be obtained from the web tutorial or the UDM library
**Topical Outline**
Chapter assignments will be covered, and assignments collected, on the day indicated:

<table>
<thead>
<tr>
<th>Wk</th>
<th>Topic</th>
<th>Readings/Chapter s</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scientific Evidence - Nursing research &amp; Evidence-Based Practice (EBP);</td>
<td>Polit &amp; Beck,  1, 2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Review research process &amp; concepts; Theoretical/Conceptual context (mid-level)</td>
<td>Polit &amp; Beck,  3, 4, 6 Newhouse, 2007 (article)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>EBP process, concepts &amp; models; Conceptualizing &amp; framing clinical questions; Research to practice</td>
<td>Brown, 1 Penn State tutorial Flemming 1998 (article)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Finding &amp; reading relevant clinical evidence (literature reviews, electronic databases, meta-search; primary &amp; secondary sources)</td>
<td>Polit &amp; Beck,  5 Brown,  3, 11</td>
<td></td>
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<tr>
<td>5</td>
<td>Review research designs/methods (quantitative &amp; qualitative) - descriptive, correlational/observational, experimental (RCT), systematic reviews Research designs – Evidence hierarchy, levels of evidence</td>
<td>Polit &amp; Beck,  10, 12, 14-16 Brown, 2</td>
<td></td>
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<tr>
<td>6</td>
<td>Ethics &amp; evidence Measurement/tool quality: design, rigor, validity, reliability, trustworthiness, power</td>
<td>Polit &amp; Beck,  7, 11, 15-17</td>
<td>Identify relevant clinical questions for paper – due</td>
</tr>
<tr>
<td>8</td>
<td>(continuation of Wk 7)</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Qualitative Research: analysis styles, controversies, quality criteria Mixed method: designs, strategies, appraisal</td>
<td>Polit &amp; Beck,  12, 19, 20 Brown, 4</td>
<td>Paper: 1st submission &amp; BB critique – due</td>
</tr>
</tbody>
</table>

**Group Presentation:** Article Critiques
| 10 | Integrative research reviews, meta-synthesis & meta-analysis: scope, application, appraisal  
**Group Presentation:** Article Critiques | Polit & Beck, 25 Brown, 9, 14 Hodgkinson, 2007 (article) |
| 11 | Clinical Protocols and Guidelines: appraisal & recommendation (AGREE)  
**Group Presentation:** Article Critiques | Brown, 10, 13 |
| 13 | **Thanksgiving Holiday** |
| 14 | **Group Presentations:** Research Article Critiques |
| 15 | Presentations of application paper | Papers - due |
University of Detroit Mercy  
College of Health Professions  
McAuley School of Nursing  
Graduate Nursing Programs  
Term: 2008-2008

Course Title: NUR/PYC 845: Advanced Statistics for Clinical Practice

Course Credits: 3 Credits

Faculty: Syllabus developed by Dr. Elizabeth Hill and Dr. Linda Slowik, College of Liberal Arts & Education, University of Detroit Mercy

Course Director:

Class Time: TBA

Location: TBA

Prerequisites: PYC 503

Course Description:

This course focuses on mastering strategies essential for evidence-based practice improvement. These strategies include critical evaluation of the research literature, statistical evaluation of program outcomes, and population based statistical decision making. The emphasis is on applications rather than statistical theory.

Course Objectives:

- Demonstrate competence in the selection and analysis of advanced statistical techniques (regression analysis, multivariate methods).
- Compare and contrast the appropriate uses of each method in analyzing and synthesizing research findings.
- Employ selected techniques to conduct appropriate analyses of data.
- Write clear, concise, and descriptive reports involving quantitative data.
- Appraise the literature and other evidence critically to determine and implement the best evidence for practice/care delivery models.
- Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, organization, or community to promote safe, timely, effective, efficient, equitable, and patient-centered care.
- Analyze epidemiological or other national data related to population health.
Texts:


Teaching Strategies:

To facilitate student learning, a variety of teaching strategies will be used, including lecture, class discussion, and student activities (both in and out of class), and computer demonstrations. Students will work with sample data using SPSS.

Evaluation Criteria:

<table>
<thead>
<tr>
<th>Course requirement</th>
<th>Percent of grade</th>
<th>Point value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion and participation</td>
<td>8%</td>
<td>10</td>
</tr>
<tr>
<td>Article Critiques</td>
<td>15%</td>
<td>20</td>
</tr>
<tr>
<td>Final project</td>
<td>62%</td>
<td>80</td>
</tr>
<tr>
<td>Presentation of final project</td>
<td>15%</td>
<td>20</td>
</tr>
</tbody>
</table>

130 pts total

Grading Standards and Assignments:

**Discussion and class participation:** Excellence in this is defined by consistently being on-time and prepared for class; posing questions or highlighting points of interest; engaging in behaviors and exhibiting attitudes that contribute to a positive learning climate for other students (i.e., showing respect for others, listening well, etc.).

**Article Critiques:** A specific grading rubric will be provided for this assignment. In general, this requires having each student go through research in a topic of interest to him/her, then selecting two empirical articles in which the authors used advanced statistical methods covered in this course. The particular substantive topic is a matter of choice.

**Final Project:** More details on this will be provided in class. In general, this assignment will involve having each student investigate a problem using a data set provided for use in meeting this requirement. Variables will be discussed in class during computer demonstrations to familiarize students with the type of information included in the data set. Students will be asked to formulate specific statistical hypotheses that can be addressed using the data set. At the mid-point of the semester, students will be asked to provide an overview of the question they wish to address, and to begin working on the following tasks in earnest:

- finding literature relevant to the question of interest
• Defining the hypothesis in conceptual and statistical terms
• Analyzing the data
• Preparing the results for presenting in the paper, both to discuss in the text of the paper, and to present in table form
• Discussing the implications of the findings in the context of the extant literature.

Project Presentation: This will be an APA style 15-minute presentation of the final project, and will be followed by five minutes of question and answer time. Excellence is defined in terms of technique and content/substance. Technique reflects student performance in terms of being clear and understandable. Content pertains to providing appropriate summary of the various parts of the project, such as:
• Providing the class with an overview of the question of interest and pertinent existing literature/research
• Explaining the analytic strategy chosen and results found,
• Explaining the implications of the research, and
• Responding appropriately to follow-up questions from the class.

Topical Outline:
Chapter assignments will be covered, and assignments collected, on the day indicated:

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Indrayan Chapters</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 4</td>
<td>Review research concepts, Types of studies, sampling methods</td>
<td>1-3</td>
<td></td>
</tr>
<tr>
<td>Sept. 11</td>
<td>Review research concepts, Observational studies, experiments, clinical trials</td>
<td>4-6</td>
<td></td>
</tr>
<tr>
<td>Sept. 18</td>
<td>Statistical fundamentals, Measuring variability, probability concepts</td>
<td>7-9</td>
<td></td>
</tr>
<tr>
<td>Sept. 25</td>
<td>Evidence-based medicine: indicators, indexes, and scores</td>
<td>10-11</td>
<td>2 article critiques due</td>
</tr>
<tr>
<td></td>
<td>Community health measures: morbidity, mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct. 2</td>
<td>Confidence intervals and hypothesis-testing, inference from means</td>
<td>12,15</td>
<td></td>
</tr>
<tr>
<td>Oct. 09</td>
<td>Inference from proportions, relative risk and odds ratios</td>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td>Oct. 16</td>
<td>Linear relationships, quantitative data</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Linear regression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Lab Manual</td>
<td></td>
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<tr>
<td>-----------</td>
<td>---------------------------------------------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>Oct. 23</td>
<td>Nonlinear relationships, binary and qualitative data</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>logistic regression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct. 30</td>
<td><strong>SPSS Lab – regression methods</strong></td>
<td>Lab manual</td>
<td></td>
</tr>
<tr>
<td>Nov. 06</td>
<td>Survival analysis</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Nov. 13</td>
<td>Multivariate analyses</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Nov. 20</td>
<td><strong>SPSS Lab - survival analysis</strong></td>
<td>Lab manual</td>
<td></td>
</tr>
<tr>
<td>Nov. 27</td>
<td>Thanksgiving Holiday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec. 04</td>
<td>Statistical quality control</td>
<td>20,21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statistical fallacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec. 11</td>
<td>Presentations of data analysis projects</td>
<td>Projects due</td>
<td></td>
</tr>
</tbody>
</table>

**MSON Graduate Grading Scale:**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;93</td>
<td>A</td>
<td>121</td>
</tr>
<tr>
<td>90-92</td>
<td>A-</td>
<td>117</td>
</tr>
<tr>
<td>87-89</td>
<td>B+</td>
<td>113</td>
</tr>
<tr>
<td>83-86</td>
<td>B</td>
<td>108</td>
</tr>
<tr>
<td>80-82</td>
<td>B-</td>
<td>104</td>
</tr>
<tr>
<td>77-79</td>
<td>C+</td>
<td>100</td>
</tr>
<tr>
<td>73-76</td>
<td>C</td>
<td>95</td>
</tr>
<tr>
<td>70-72</td>
<td>D</td>
<td>91</td>
</tr>
<tr>
<td>&lt;69</td>
<td>F</td>
<td>89.7</td>
</tr>
</tbody>
</table>

**Course Policies:**

Students are expected to attend all class meetings. Laptops use is strictly limited to note-taking. Late assignments will be accepted up to one week after the day they were due, and will be marked down accordingly.

**ADA:**

If you need course accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please make an appointment each term with Emily Gallegos, Director of University Academic Services/Disability Support Services at gallegem@udmercy.edu or (313) 578-0310. University Academic Services is located on the Ground Floor of the Student Center on the McNichols Campus.
UDM Plagiarism and Academic Dishonesty Policy:

As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to high standards of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious academic offenses is plagiarism, submitting the words or style of another author or source without acknowledgement or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph or longer excerpt, are incorporated into one’s own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another; that is, retaining another writer’s ideas and structure without documentation.

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Students who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty.

The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University.


CHP Honor Code

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Course Title: NUR 890: Doctorate of Nursing Practice: Capstone Clinical Practicum

Course Credit: 3 credits
1 credit clinical seminar and 2 credits clinical practicum
240 clinical practicum hours are required: 16 hrs/wk for 15 wks = 240 hrs

Prerequisites: 30 credits of doctoral level course work including:
NUR 800, NUR 820, NUR 830, NUR 840, NUR 850
ETH 801, HLH 810, STA 845

Corequisite: This course is taken concurrently with NUR 892

Course Director: MSON Doctoral level faculty with advanced nursing practice certification in a clinical specialty.

Faculty: Syllabus developed by Patricia Rouen, PhDc, McAuley School of Nursing

Class Time: Classroom: CHP 207
This course is a seminar and is web enhanced
Course materials are available on blackboard:
http://knowledge.udmercy.edu
The course will meet every other week for a two hour period
Course Description:

In this capstone clinical fellowship with seminar, students will integrate DNP role behaviors into clinical practice. A focus on transformational leadership in the practice setting to deliver advanced practice nursing services to individuals, families, communities or systems is emphasized. Building upon formative coursework, students are expected to synthesize theoretical, empirical and clinical knowledge to analyze critical issues in current practice and initiate opportunities for improvement or innovation amenable to advanced nursing practice action. In conjunction with their designated faculty advisor, students will design a clinical fellowship experience that permits achievement of the student’s individual goals and the program objectives with primary emphasis on the integration of DNP competencies directly into advanced nursing practice. Students will engage in weekly seminars, rotating leadership responsibilities, to analyze practice-based issues from the DNP perspective. In this course students will generate a portfolio that documents their achievement of the DNP program objectives. This clinical fellowship with seminar is taken concurrently with the doctoral project.

Course Objectives:

Upon successful completion of this course, the student will be able to:

- Synthesize and integrate theory and knowledge from nursing science with the biophysical, psychosocial, analytical and organizational sciences as the foundation for the highest level of nursing practice.
- Analyze and develop specialty standards of advanced nursing practice to deliver culturally competent, high quality health services to individuals, populations and systems.
- Reflectively practice nursing inclusive of the systems levels within ethical, legal and humanistic frameworks.
- In the delivery of advanced practice nursing services, develop and advocate for health care policy addressing issues of social justice and equity.
- Enact leadership, critical thinking and effective communications skills to design, evaluate, and improve the implementation of quality advanced nursing services.
- Integrate professional standards, values and accountability into role and ongoing self-reflection as an advanced practice nurse.
- Lead inter- and intra professional collaboration to facilitate and improve desired health outcomes for individuals, populations and systems.
- Integrate information technology and an evidence based approach in clinical scholarship to critically evaluate, design and implement health care services for individuals, populations and systems.
- Analyze the epidemiological, financial, sociopolitical and organizational forces in the health care environment that impact the advanced nursing practice role.
Required Texts:

**American Association of Colleges of Nursing.** (2006) *Doctorate of Nursing Practice Essentials.* Available at www.aacn.nche.edu/DNP


Columbia University School of Nursing (2005). *Case Studies: The Doctorate of Nursing Practice.* New York, NY: Columbia School of Nursing

Nightingale, F. (1862). *Notes on Nursing: What it is, What it is not.*


**Teaching Strategies:**

This course is a clinical practicum supported by a clinical seminar. Learning experiences include the clinical practicum, small group discussions, case based presentations, and peer review.

**Course Evaluation:**

**DNP Portfolio**

The portfolio is a scholarly quantitative and qualitative document, which in its entirety presents evidence of mastery of the DNP program objectives. The portfolio components demonstrate the delivery of comprehensive advance practice nursing services across clinical settings and provide evidence of clinical scholarship at the doctoral level. Portfolio documents will vary by individual student and their particular area of clinical practice but must demonstrate the achievement of all program objectives. All portfolios must include at least one narrative case study that demonstrates the delivery of ethical, reflective and evidence based direct care advance practice nursing services to a client(s), community or system and one narrative case analysis that demonstrates advanced practice nursing action to address a systems related issue of quality, policy, safety, or client outcomes; a presentation at a professional meeting, primary authorship on an article submitted for publication in a peer-reviewed journal, and the scholarly capstone project. As not all objectives are
achieved in one case narrative, it is likely the students will submit more than two narrative exemplars.

The portfolio should be organized around the program objectives. A brief synopsis/iterative must be provided with each item, detailing the achievement of the specific program objective. The portfolio is considered a comprehensive, yet unique reflection of a student’s mastery of the DNP program objectives. As such, variation is expected. The student should consult their advising faculty and clinical mentor in the selection and choice of portfolio documents.

**Clinical seminar participation and leadership**

This clinical immersion course is supported by a biweekly seminar. The first few seminars will concentrate on sentinel issues surrounding the doctorate of nursing practice, with a primary focus on students’ integration of the DNP role in clinical practice. In peer teams, students will assume responsibility for leading, directing and summarizing the discussions of these seminars. In the remaining seminars, students will formally present, analyze and evaluate clinical practice exemplars that reflect this integration. These presentations will be peer reviewed for agreement on the achievement of doctoral level clinical practice. Each student will have opportunity to present one DNP practice exemplar during the course of the semester. The exemplar may be either 1) a reflective case study analysis that demonstrates the delivery of culturally competent, high quality direct care advanced practice nursing services to a client or group of clients that are theoretically grounded and integrate the use of evidenced based standards, or 2) an systems based exemplar that demonstrates evidence of collaborative and leadership actions on the part of the advanced practice nurse to address a current health issue that is policy, quality, or outcomes focused.

The format of the clinical exemplar presentation is not scripted and is negotiated between the student and course faculty. The course textbook *Case Studies: The Doctorate of Nursing Practice* from the Columbia School of Nursing provides several examples to guide the student’s decision on format. The *Doctorate of Nursing Practice Essentials* (AACN, 2006) details the specific competencies expected of an advanced practice nurse prepared with a clinical doctorate.

**Scholarly participation in clinical seminar**

Students are expected to be prepared to analyze, synthesize and integrate the written and electronic clinical literature as it relates to DNP practice. Students will assume leadership roles for weekly seminars in peer based teams and are also expected to substantively contribute to all classroom discussions.

**Course Evaluation:** This clinical course is graded pass/fail. The course faculty evaluates student’s seminar participation. The decision to accept the DNP portfolio as satisfactory is made by a committee consisting of the course faculty, the clinical
practicum mentor, and the student’s advisor for the practicum and doctoral project. Two of three evaluators must agree the portfolio is satisfactory.

Scholarly Contribution to Seminar

*Criteria for satisfactory performance*

- Regular class attendance

- Consistent substantive contribution to every seminar discussion. A substantive contribution in one that demonstrates evidence of analysis and synthesis of the course material as it relates to DNP practice

- Evidence of effective leadership, communication and intra-professional collaboration skills to achieve weekly seminar goals. This includes the ability to engage in critical self-reflection.

Clinical Practicum/Fellowship

*Purpose:* The purpose of the DNP Clinical Practicum/Fellowship is to provide an in-depth clinical experience to integrate the DNP role behaviors into clinical practice. The advanced practicum permits students opportunity gain advanced clinical skills, link policy making with clinical systems, translate research into practice and/or serve as change agents in health care as part of an inter and intra-professional team.

*Clinical Hours:* All DNP students are required to do a minimum of 240 hours of mentored clinical practicum.

*Mentorship:* Together with clinical faculty, students will create an individualized clinical plan to meet the goals and objectives of their clinical practicum experience. Each DNP student will select, with input from course faculty and their faculty advisor, a mentor for their clinical experience. The mentor must be an expert in the area the DNP student wishes to develop expertise. There are currently very few nurses prepared at the DNP level who can serve as mentor; therefore, the clinical mentor will not necessarily be a DNP prepared advanced practice nurse. Examples of persons who might fill the position of clinical mentor include an advanced practice nurse or other professional with doctoral degree; an APRN with considerable experience and recognition as expert in a particular clinical field; an MD with specialized training and experience; a nurse with high level administrative position as director, vice-president, president, or CEO within a health care organization; a doctorally prepared nurse educator. The clinical mentor must hold a position in the organization where he/she can facilitate the DNP student’s access to clinical services, organizational information, decision makers and other personnel in order to meet the DNP student’s clinical experience objectives and implement the capstone project during the practicum within the organization. When possible and practical, the DNP student is encouraged to select a clinical mentor outside of their current work setting.
Course Policies:
1. It is expected that students will attend every class session.
2. Assignments are due as scheduled. If a student is unable to complete a project or paper by the scheduled due date, it is the student’s responsibility to notify the instructor and negotiate other arrangements before the due date. Failure to do this may result in a grade of “0” for that assignment.
3. If the student is unable to take a scheduled exam, it is their responsibility to notify the instructor before the exam and make alternate arrangements. Failure to do so may result in a grade of “0” for that exam.
4. All references used should be in APA format.
5. The policies related to Academic Integrity as described in the University of Detroit Mercy Catalogue and the McAuley School of Nursing Graduate Student Handbook regarding academic and professional performance must be adhered to at all times. Failure to do so may result in probation and/or dismissal.

Graduate Program Grading Scale and Grading Policies:
To achieve satisfactory academic progress leading to continued progression, the student must maintain an aggregate grade of B (a university GPA of 3.0). The MSON DNP program considers a grade below B- in any of the nursing core courses to represent unsatisfactory academic progress. Unsatisfactory academic progress may result in conditional progression, deceleration, withdrawal, probation or dismissal as described below.

Students may be denied progression or be required to do remediation prior to progression if they have not made satisfactory academic progress in their education. When a graduate nursing student’s cumulative GPA falls below a 3.0 and/or a student earns a grade of less than "B-" in any of the core nursing curriculum courses, they are placed on academic probation.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>&gt;93</td>
<td>A</td>
</tr>
<tr>
<td>90-92</td>
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<td>B-</td>
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<tr>
<td>77-79</td>
<td>C+</td>
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<tr>
<td>73-76</td>
<td>C</td>
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<tr>
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<td>D</td>
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</tbody>
</table>
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Americans With Disability Act (1990)

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Director of University Academic Services/Disability Support Services at gallegem@udmercy.edu or (313) 578-0310. University Academic Services is located on the Ground Floor of the Student Center on the McNichols Campus.

APA Style Reference
Additional assistance can be obtained from the web tutorial or the UDM library

Course Schedule:

Week 1  Course & Syllabus Review

Week 2  Seminar 1   The DNP: A Paradigm Shift in the Discipline of Nursing?

Required Reading:
Nightingale, F. (1862). Notes on Nursing
Kuhn, T. (1962). The Scientific Revolution

Week 4  Seminar 2   Differentiating & Pioneering the DNP Role with Transformational Leadership in the Current Sociopolitical Environment

Required Reading


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**Week 6  Seminar 3  Issues in the Regulation and Oversight of Advanced Practice Nursing**

*Required Readings:*


Nurse Practitioner Roundtable (June, 2008). *Nurse Practitioner DNP Education, Certification and Titling: A Unified Statement* Available at: [http://www.nonpf.org](http://www.nonpf.org)


Review websites of the Michigan State Medical Society, AMA, AOA and AAFP for their positions on the DNP.

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**Week 8  Seminar 4:  Transforming Practice with Clinical Scholarship: Opportunities, Outcomes, Obstacles**

*Required Readings:*


Virginia Henderson International Nursing Library: ANCC Practice Innovations available at [www.nursinglibrary.org/portal/main.aspx](http://www.nursinglibrary.org/portal/main.aspx) review the following selections from: World Views of Evidence Based Practice


Week 10 Student Exemplar Presentations

Week 12 Student Exemplar Presentations

Week 14 Student Exemplar Presentations
Course Title: NUR 892: Doctorate of Nursing Practice: Doctoral Project

Course Credit: 3 Credits

Prerequisites: 30 credits of doctoral level course work including:
NUR 800, NUR 820, NUR 830, NUR 840, NUR 850
ETH 801, HLH 810, STA 845

Corequisites: This course is taken concurrently with NUR 892

Faculty: Syllabus developed by Patricia Rouen, PhDc, McAuley School of Nursing

Course Materials: Course materials and necessary documents are available at http://knowledge.udmercy.edu

Doctoral Project Description:

The DNP program culminates in the successful completion of a scholarly project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship. The DNP doctoral project is a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee. In this project students will engage in scholarly inquiry to analyze, evaluate, or transform a relevant aspect of clinical practice. This substantive project should make a significant, evidenced based contribution to existing nursing knowledge.

The doctoral project may take on many forms but will be unique to the student’s area of specialization and designed by the student in collaboration with their faculty advisor and clinical mentor. Examples of doctoral projects include: a program needs assessment with program development and evaluation, evaluation of an existing program, development of an assessment instrument/protocol, a cost/benefit analysis of program models, construction of a practice model or an innovation for practice, database creation to track direct care assessment or outcome, implementation of an evidence based guideline for clinical practice, or other scholarly project as approved.
Course/Program Objectives:

The doctoral project is one of the summative outcome measures of the DNP program and should reflect achievement of the program objectives:

- Synthesize and integrate theory and knowledge from nursing science with the biophysical, psychosocial, analytical and organizational sciences as the foundation for the highest level of nursing practice.
- Analyze and develop specialty standards of advanced nursing practice to deliver culturally competent, high quality health services to individuals, populations and systems.
- Reflectively practice nursing inclusive of the systems levels within ethical, legal and humanistic frameworks.
- In the delivery of advanced practice nursing services, develop and advocate for health care policy addressing issues of social justice and equity.
- Enact leadership, critical thinking and effective communications skills to design, evaluate, and improve the implementation of quality advanced nursing services.
- Integrate professional standards, values and accountability into role and ongoing self-reflection as an advanced practice nurse.
- Lead inter- and intra professional collaboration to facilitate and improve desired health outcomes for individuals, populations and systems.
- Integrate information technologies and an evidence based approach in clinical scholarship to critically evaluate, design and implement health care services for individuals, populations and systems.
- Analyze the epidemiological, financial, sociopolitical and organizational forces in the health care environment that impact the advanced nursing practice role.

Project Specific Objectives

These objectives will be generated by the student in conjunction with the faculty advisor and should be linked to the DNP program objectives

Required Texts/Resources/Materials

APA manual
Refworks
Completion of scientific inquiry modules on ethical principles, human subjects, data security

Project Specific Guidelines1

- Project leadership is solo
- The project is related to advanced practice in the nursing specialty and benefits a group, population, community or system.
- The project addressed a pressing health care need or issue and is supported by evidence from the literature review.
• The goals and outcome of the project are clearly defined.
• A. systematic approach is used in the developing and completing the project.
• The project is conducted in accordance with ethical principles.
• The project findings or primary deliverables are disseminated professionally and publically.

1Adapted from National Organization of Nurse Practitioners (2008). NONPF Recommended Criteria for NP Scholarly Projects in the Practice Doctorate Program.

**Project Committee:** Student’s work is mentored by a committee consisting of a minimum of 2 members: the student’s faculty advisor, and a clinical mentor (usually the practicum mentor) with expertise in the area of clinical practice interest or a second faculty member, whom contributes theoretical, methodological or practice related expertise unique to the project. Two of the three committee members must be doctorally prepared.

The faculty advisor will serve as the project committee chair.

*Faculty Members:*

The Project Committee Chair and Advisor must be doctorally prepared, have advanced nursing practice certification in a clinical specialty, and one of the following: expertise in the clinical area of interest, experience with the proposed methodology for the project, or knowledge of the specific area of advanced nursing practice.

Other faculty members must have expertise in the clinical area of interest, experience with the proposed methodology for the project, or knowledge of the specific area of advanced nursing practice.

*Clinical Mentors*

Clinical mentor members of the committee must be an expert in the area the DNP student wishes to develop expertise, or hold a position in the organization where he/she can facilitate the DNP student’s access to clinical services, organizational information, decision makers and other personnel in order to meet the DNP student’s clinical experience objectives and implement the project during the practicum within the organization. The clinical mentor member is not required to be a doctorally prepared nurse, but can be an expert APRN, an RN with an educational doctorate or high level of authority or leadership within the organization, or a physician.

*Responsibilities of the Committee*

The project committee is responsible to approve the proposed clinical project, supervise the project development and implementation and evaluate both the written and oral project report. Two of the three committee members must agree on the project’s success status as either pass or fail.
Evaluation Criteria

The project is evaluated as pass or fail.

Suggested steps in the doctoral project development and completion

<table>
<thead>
<tr>
<th>Project Outcomes</th>
<th>Product</th>
<th>Product Contents</th>
<th>Project Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify a clinical practice problem or issue and review the relevant literature</td>
<td>Written Paper</td>
<td>Introduction and Review of the Literature with Reference List</td>
<td>TBD</td>
</tr>
<tr>
<td>Develop clinical project to address an advanced practice problem, considering the clinical context</td>
<td>Proposal approved by Clinical Integrated Scholarly Project Committee</td>
<td>Implementation Process</td>
<td>TBD</td>
</tr>
<tr>
<td>Implement a context-sensitive clinical project</td>
<td>Written paper</td>
<td>Description of project implementation and evaluation of clinical data collection</td>
<td>TBD</td>
</tr>
<tr>
<td>Evaluate and disseminate clinical scholarship knowledge</td>
<td>Written paper and dissemination at a formal presentation</td>
<td>DNP Project paper that includes the products of all the clinical scholarship courses</td>
<td>TBD</td>
</tr>
</tbody>
</table>

MSON Graduate Grading Scale

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<th>Percentage</th>
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<td>70-72</td>
<td>D</td>
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<tr>
<td>&lt;69</td>
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The Project is graded as Pass/Fail.

ADA
If you need course accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please make an appointment each term with Emily Gallegos, Director of University Academic Services/Disability Support Services at gallegem@udmercy.edu or (313) 578-0310. University Academic Services is located on the Ground Floor of the Student Center on the McNichols Campus.

**UDM Academic Integrity Policy**
As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to high standards of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious academic offenses is plagiarism, submitting the style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph, or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another that is, retaining another writer's ideas and structure without documentation.

Students are advised to always set off another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' work and ideas when they find their way into the writing. Whenever in doubt, cite the source.

Students who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty.

The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University.


**CHP Honor Code**
Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional and personal integrity. They are committed to the traditions of the Sisters of Mercy and the Society of Jesus that emphasize values, respect for others, and academic excellence. Adherence to such high standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student’s acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the Honor
Code. *To view the entire Honor Code copy and paste this link in your browser: publish.udmercy.edu/dynadoc/1158691235208.*
Appendix D2: Direct Care Track – Formative and Summative Outcome Measures

- NUR 890: DNP Clinical Practicum
  - Summative Outcome Measure: DNP Clinical Practice Portfolio, Peer Review

- NUR 892: Doctoral Project
  - Summative Outcome Measure: Publically Disseminated Completed Project

- NUR 850: EB Nursing Practice: Theory, Design & Methods
  - Formative Measure: Evidenced Based Practice Application Paper; Peer Review

- NUR/PSY 845: Advanced Statistics for Clinical Practice
  - Formative Measure: Scientific (Clinical) Literature Critique; Applied Analytical project

- NUR 830: Transformational Leadership and Innovation in Advanced Clinical Practice
  - Formative Measure: Leadership Action Plan, Transformational Leadership Project and Presentation

- NUR 835: Business and Practice Management
  - Formative Measure: Quality Improvement Proposal for Practice Based change, Final exam

- NUR 820: Epidemiology & Population Health
  - Formative Measures: Examination, Epidemiologic Literature Analysis and Critique

- NUR 835: Business and Practice Management
  - Formative Measure: Quality Improvement Proposal for Practice Based change, Final exam

- ETH 801: Ethical Issues in Advanced Nursing Practice
  - Formative Measures: Ethics Policy Analysis paper, Clinical case based analyses, Examination

- HLH 810: Health Care Policy, Economics and the Law in Clinical Practice
  - Formative Measure: Health Policy Brief Health Care Policy Analysis

- NUR 840: Information Management & Decision Support
  - Formative Measure: Workflow Analysis, Technology & Web Support Critiques, Relational Database Proposal

- NUR/PSY 845: Advanced Statistics for Clinical Practice
  - Formative Measure: Scientific (Clinical) Literature Critique; Applied Analytical project

- Elective/Cognate
  - Varied based on course and likely content specific

Master’s Level Preparation as an Advanced Practice Nurse (Certified CRNA, NP, CNM, CNS) 44-60 credits
### Executive Summary

#### Who responded?
- Alumni 49% responded, students 63% responded, indicating an interest in the question
- Of alumni,
  - Most were female (67% NA, 97% of NP)
  - CRNAs were a bit younger, and years of practice were less

#### Of our alumni, who is likely to attend a DNP offering? When?
- How likely to attend a post MS clinical doctorate at UDM? Alumni are favorable (58% likely or very likely). Of the combined group including students, 53% likely or very likely, 26% unlikely or very unlikely.
- About 19% of NA’s or NP’s plan to enroll in clinical doctorate program; most (56%) did not know. NP’s (7/31; 22%) were slightly more likely to indicate they plan to enroll than CRNA’s (5/31; 16%)
- Preferred degree
  - DNP- NP’s (79%) tend to prefer DNP more than CRNAs (38%)
  - CRNA preferred degrees included PhD (33%) and DNAP or DrNAP (19%)
- Several NP’s indicated a desire to start immediately; the rest were spread from 1-5 years from now. Seventeen of 60 (28% of the combined group) indicated a desire to start in 1 year or less.
- 90% of the combined group prefer part-time study, offered as blended face-to-face, but mostly online

#### What do our respondents see as primary advantages? Disadvantages?
- For combined group (n=160) including students, the advantages and disadvantages are typical of other published surveys
  - Advantages: Increased credibility (31%); Enhanced knowledge (27%); None (16%)
  - Disadvantages: Added cost (36%); Added time in program (25%); Confusing to the public (17%; mostly NPs); Conflict with physicians (7%; mostly CRNAs); None (7%).

#### Other findings
- A prominent finding is lack of knowledge.
  - When asked the difference between DNP and other practice doctorates, 65% were completely or mostly unaware.
  - When asked the difference between clinical and research doctorates, more than 50% were completely or mostly unaware.
  - When asked the difference between entry-to-practice programs and post-MS clinical doctorate programs, 75% were completely or mostly unaware.
- Should entry to practice for APN’s be clinical doctorate? 44% “not enough information”; 34% opposed.
- 47% support post-MS clinical doctorate programs
Detailed results

Who responded?

- Good response rate
  - Response rate for alumni = 49% (62 responses from 60 NP grads and 65 NA grads)
  - Response rate for students = 63% (95 responses from 100 NP and 51 NA)

- The response rate is not possible to determine precisely. In a web survey with no individual login, anyone who received the email could forward it, and anyone who knows the link could respond.

- Of alumni,
  - Most were female (67% NA, 97% of NP)
  - CRNAs were a bit younger, and years of practice were less

![Age of alumni](chart.png)
Of our alumni, who is likely to attend a DNP offering?

- Only 19% plan to enroll in clinical doctorate program; most (56%) did not know. NP’s (7/31; 22%) were slightly more likely to indicate they plan to enroll than CRNA’s (5/31; 16%)

NP’s (79%) tend to prefer DNP more strongly than CRNAs (38%), who most preferred degrees included PhD (33%) and DNAP or DrNAP (19%)
• Several NP’s indicated a desire to start immediately; the rest were spread from 1-5 years from now. Seventeen of 60 (28% of the combined group) indicated a desire to start in 1 year or less.

![Bar chart showing when respondents might start a post-MS clinical doctorate]

- 90% of the combined group prefer part-time study, offered as blended face-to-face, but mostly online

**What do our respondents see as primary advantages? Disadvantages?**
- For combined group (n=160) including students, the advantages and disadvantages are typical of other published surveys
  - Advantages: Increased credibility (31%); Enhanced knowledge (27%); None (16%)
  - Disadvantages: Added cost (36%); Added time in program (25%); Confusing to the public (17%; mostly NPs); Conflict with physicians (7%; mostly CRNAs); None (7%).

**Other findings**
- A prominent finding is lack of knowledge.
  - When asked the difference between DNP and other practice doctorates, 65% were completely or mostly unaware.
  - When asked the difference between clinical and research doctorates, more than 50% were completely or mostly unaware.
  - When asked the difference between entry-to-practice programs and post-MS clinical doctorate programs, 75% were completely or mostly unaware.
• Should entry to practice for APN’s be clinical doctorate? 44% “not enough information”; 34% opposed.
• 47% support post-MS clinical doctorate programs
• How likely to attend a post MS clinical doctorate at UDM? Alumni are favorable (see chart). Of the combined group including students, 53% likely or very likely, 26% unlikely or very unlikely.

How likely to attend UDM?

How likely to attend post MS clin doct at UDM?
### Appendix F1: Summary of 10-year Income and Expense

Rev Aug 18 2008

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<th>3</th>
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<th>5</th>
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<td>AY19</td>
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<td>320,004</td>
<td>342,404</td>
<td>938,830</td>
<td>1,639,764</td>
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(Tot Dir Rev - Tot Dir Exp)
Appendix F2: Budget Assumptions

Due to external (AACN) mandate, CRNAs and Nurse Practitioners entry level education must be at doctoral level by 2015. This program (36 cr. total) will grant a DNP to Master's prepared CRNAs and NPs, and is a necessary step in the transition to a program that will enroll BSN-prepared nurses (which will replace our Master's programs for NP & CRNA).

1. Tuition per credit for grad nursing is $565 in AY08 * 1.07 = $604.55 in AY09, and assume 7% increase annually.
2. 12 new part-time post-MSN students/year, finish in 24 months. After AY15, decrease to 6 new post-MSN students/year
3. 25 NA post-BSN students per year, taking 15, 16, 35, 12, 3 credits/yr in 52 months
4. 20 NP students/yr, taking 15 credits/year.
5. Admin asst ($35K * 0.5 FTE [startup year] then 1.0 FTE thereafter will be required) is a new position. All expenses adjusted 3%/yr for inflation
6. Hire first DNP faculty (1 FTE) during startup year (start Sep-09) to create teaching materials, secure accreditation, market the program. Hire second faculty Sep-10 (0.5 FTE 1st 9 months, then full time). Both 12 month contract. Each faculty teaching 18 credits per year (+ chair has administrative duties). Hire three CHP Faculty (Informatics and Policy expertise) in AY14, AY15, and AY16.
7. Current NA or NP faculty expense inflated by 3%/year. Starts AY16 because program will transition to post-BSN entry only. Last class admitted to Master's program Sep-15, graduating Dec-17
8. See separate schedule for OL/ADJ needs (at $4K/3 credits)
9. Fringes 34% for faculty, 8.5% for OL/Adjunct
10. Supplies are recruiting visits, mailings, office supplies.
11. Travel (including lodging and registration). $3K for DNP chair in AY10; $1500/year per faculty member thereafter (including 2 DNP faculty, 2 CHP faculty in AY14 & AY16, 3 NA & 3 NP faculty starting AY16).
12. Establishment of program will not increase annual accreditation fees. Next NA accred visit AY14. CCNE accreditation annual fee (and site visit expense) not paid from this budget (they are an overall School of Nursing expense).
14. Software to support distance delivery such as Camtasia, Wimba, and PointCast. Grants will be written by lead DNP faculty to defray start up costs (i.e. HRSA).
# Appendix F3: Summary of 10-year Income

## Revenue

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<tr>
<th>Year →</th>
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<th><strong>Total</strong></th>
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<td>AY12</td>
<td>AY13</td>
<td>AY14</td>
<td>AY15</td>
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<td>4,158,744</td>
<td>4,568,805</td>
<td>4,888,621</td>
<td>$ 23,535,499</td>
</tr>
</tbody>
</table>

**Notes**

1. Tuition per credit for grad nursing is $565 in AY08 * 1.07 = $604.55 in AY09, and assume 7% increase annually.
2. 12 new part-time post-MSN students/year, finish in 24 months. After AY15, decrease to 6 new post-MSN students/year
3. 25 NA post-BSN students per year, taking 15, 16, 35, 12, 3 credits/yr in 52 months
4. 20 NP students/yr, taking 15 credits/year.
Appendix F4: Summary of 10-year Expense
See Appendix F2 for Notes

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Year→</th>
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Attachment 1

The Essentials of Doctoral Education for Advanced Nursing Practice
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Introduction

Background

Doctoral programs in nursing fall into two principal types: research-focused and practice-focused. Most research-focused programs grant the Doctor of Philosophy degree (PhD), while a small percentage offers the Doctor of Nursing Science degree (DNS, DSN, or DNSc). Designed to prepare nurse scientists and scholars, these programs focus heavily on scientific content and research methodology; and all require an original research project and the completion and defense of a dissertation or linked research papers. Practice-focused doctoral programs are designed to prepare experts in specialized advanced nursing practice. They focus heavily on practice that is innovative and evidence-based, reflecting the application of credible research findings. The two types of doctoral programs differ in their goals and the competencies of their graduates. They represent complementary, alternative approaches to the highest level of educational preparation in nursing.

The concept of a practice doctorate in nursing is not new. However, this course of study has evolved considerably over the 20 years since the first practice-focused nursing doctorate, the Doctor of Nursing (ND), was initiated as an entry-level degree. Because research- and practice-focused programs are distinctly different, the current position of the American Association of Colleges of Nursing (AACN, 2004) [detailed in the Position Statement on the Practice Doctorate in Nursing] is that: “The two types of doctorates, research-focused and practice-focused, may coexist within the same education unit” and that the practice-focused degree should be the Doctor of Nursing Practice (DNP). Recognizing the need for consistency in the degrees required for advanced nursing practice, all existing ND programs have transitioned to the DNP.

Comparison Between Research-Focused and Practice-Focused Doctoral Education

Research- and practice-focused doctoral programs in nursing share rigorous and demanding expectations: a scholarly approach to the discipline, and a commitment to the advancement of the profession. Both are terminal degrees in the discipline, one in practice and one in research. However, there are distinct differences between the two degree programs. For example, practice-focused programs understandably place greater emphasis on practice, and less emphasis on theory, meta-theory, research methodology, and statistics than is apparent in research-focused programs. Whereas all research-focused programs require an extensive research study that is reported in a dissertation or through the development of linked research papers, practice-focused doctoral programs generally include integrative practice experiences and an intense practice immersion experience. Rather than a knowledge-generating research effort, the student in a practice-focused program generally carries out a practice application-oriented “final DNP project,” which is an integral part of the integrative practice experience.
AACN Task Force on the Practice Doctorate in Nursing

The AACN Task Force to Revise Quality Indicators for Doctoral Education found that the Indicators of Quality in Research-Focused Doctoral Programs in Nursing are applicable to doctoral programs leading to a PhD or a DNS degree (AACN, 2001b, p. 1). Therefore, practice-focused doctoral programs will need to be examined separately from research-focused programs. This finding coupled with the growing interest in practice doctorates prompted the establishment of the AACN Task Force on the Practice Doctorate in Nursing in 2002. This task force was convened to examine trends in practice-focused doctoral education and make recommendations about the need for and nature of such programs in nursing. Task force members included representatives from universities that already offered or were planning to offer the practice doctorate, from universities that offered only the research doctorate in nursing, from a specialty professional organization, and from nursing service administration. The task force was charged to describe patterns in existing practice-focused doctoral programs; clarify the purpose of the practice doctorate, particularly as differentiated from the research doctorate; identify preferred goals, titles, and tracks; and identify and make recommendations about key issues. Over a two-year period, this task force adopted an inclusive approach that included: 1) securing information from multiple sources about existing programs, trends and potential benefits of a practice doctorate; 2) providing multiple opportunities for open discussion of related issues at AACN and other professional meetings; and 3) subjecting draft recommendations to discussion and input from multiple stakeholder groups. The final position statement was approved by the AACN Board of Directors in March 2004 and subsequently adopted by the membership.

The 2004 DNP position statement calls for a transformational change in the education required for professional nurses who will practice at the most advanced level of nursing. The recommendation that nurses practicing at the highest level should receive doctoral level preparation emerged from multiple factors including the expansion of scientific knowledge required for safe nursing practice and growing concerns regarding the quality of patient care delivery and outcomes. Practice demands associated with an increasingly complex health care system created a mandate for reassessing the education for clinical practice for all health professionals, including nurses.

A significant component of the work by the task force that developed the 2004 position statement was the development of a definition that described the scope of advanced nursing practice. Advanced nursing practice is broadly defined by AACN (2004) as:

any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy (p. 2)
Furthermore, the DNP position statement (AACN, 2004, p. 4) identifies the benefits of practice focused doctoral programs as:

- development of needed advanced competencies for increasingly complex practice, faculty, and leadership roles;
- enhanced knowledge to improve nursing practice and patient outcomes;
- enhanced leadership skills to strengthen practice and health care delivery;
- better match of program requirements and credits and time with the credential earned;
- provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (e.g., practice faculty);
- enhanced ability to attract individuals to nursing from non-nursing backgrounds; and
- increased supply of faculty for practice instruction.

As a result of the membership vote to adopt the recommendation that the nursing profession establish the DNP as its highest practice degree, the AACN Board of Directors, in January 2005, created the Task Force on the Essentials of Nursing Education for the Doctorate of Nursing Practice and charged this task force with development of the curricular expectations that will guide and shape DNP education.

The DNP Essentials Task Force is comprised of individuals representing multiple constituencies in advanced nursing practice (see Appendix B). The task force conducted regional hearings from September 2005 to January 2006 to provide opportunities for feedback from a diverse group of stakeholders. These hearings were designed using an iterative process to develop this document. In total, 620 participants representing 231 educational institutions and a wide variety of professional organizations participated in the regional meetings. Additionally, a national stakeholders’ conference was held in October 2005 in which 65 leaders from 45 professional organizations participated.

**Context of Graduate Education in Nursing**

Graduate education in nursing occurs within the context of societal demands and needs as well as the interprofessional work environment. The Institute of Medicine (IOM, 2003) and the National Research Council of the National Academies (2005, p. 74) have called for nursing education that prepares individuals for practice with interdisciplinary, information systems, quality improvement, and patient safety expertise.

In hallmark reports, the IOM (1999, 2001, 2003) has focused attention on the state of health care delivery, patient safety issues, health professions education, and leadership for nursing practice. These reports highlight the human errors and financial burden caused by fragmentation and system failures in health care. In addition, the IOM calls for dramatic restructuring of all health professionals’ education. Among the recommendations resulting from these reports are that health care organizations and
groups promote health care that is safe, effective, client-centered, timely, efficient, and equitable; that health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement, and informatics; and, that the best prepared senior level nurses should be in key leadership positions and participating in executive decisions.

Since AACN published *The Essentials of Master’s Education for Advanced Practice Nursing* in 1996 and the first set of indicators for quality doctoral nursing education in 1986, several trends in health professional education and health care delivery have emerged. Over the past two decades, graduate programs in nursing have expanded from 220 institutions offering 39 doctoral programs and 180 master’s programs in 1986 to 518 institutions offering 101 doctoral programs and 417 master’s programs in 2006. Increasing numbers of these programs offer preparation for certification in advanced practice specialty roles such as nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists. Specialization is also a trend in other health professional education. During this same time period, the explosion in information, technology, and new scientific evidence to guide practice has extended the length of educational programs in nursing and the other health professions. In response to these trends, several other health professions such as pharmacy, physical therapy, occupational therapy, and audiology have moved to the professional or practice doctorate for entry into these respective professions.

Further, support for doctoral education for nursing practice was found in a review of current master’s level nursing programs (AACN, 2004, p. 4). This review indicated that many programs already have expanded significantly in response to the above concerns, creating curricula that exceed the usual credit load and duration for a typical master’s degree. The expansion of credit requirements in these programs beyond the norm for a master’s degree raises additional concerns that professional nurse graduates are not receiving the appropriate degree for a very complex and demanding academic experience. Many of these programs, in reality, require a program of study closer to the curricular expectations for other professional doctoral programs rather than for master’s level study.

*Relationships of Master’s, Practice Doctorate, and Research Doctorate Programs*

The master’s degree (MSN) historically has been the degree for specialized advanced nursing practice. With development of DNP programs, this new degree will become the preferred preparation for specialty nursing practice. As educational institutions transition from the master’s to DNP degree for advanced practice specialty preparation, a variety of program articulations and pathways are planned. One constant is true for all of these models. The DNP is a graduate degree and is built upon the generalist foundation acquired through a baccalaureate or advanced generalist master’s in nursing. The *Essentials of Baccalaureate Education* (AACN, 1998) summarizes the core knowledge and competencies of the baccalaureate prepared nurse. Building on this foundation, the DNP core competencies establish a base for advanced nursing practice in an area of specialization. Ultimately, the terminal degree options in nursing will fall into two
primary education pathways: professional entry degree (baccalaureate or master’s) to DNP degree or professional entry degree (baccalaureate or master’s) to PhD degree. As in other disciplines with practice doctorates, some individuals may choose to combine a DNP with a PhD.

Regardless of the entry point, DNP curricula are designed so that all students attain DNP end-of-program competencies. Because different entry points exist, the curricula must be individualized for candidates based on their prior education and experience. For example, early in the transition period, many students entering DNP programs will have a master’s degree that has been built on AACN’s Master’s Essentials. Graduates of such programs would already have attained many of the competencies defined in the DNP Essentials. Therefore, their program will be designed to provide those DNP competencies not previously attained. If a candidate is entering the program with a non-nursing baccalaureate degree, his/her program of study likely will be longer than a candidate entering the program with a baccalaureate or master’s in nursing. While specialty advanced nursing education will be provided at the doctoral level in DNP programs, new options for advanced generalist master’s education are being developed.

_DNP Graduates and Academic Roles_

Nursing as a practice profession requires both practice experts and nurse scientists to expand the scientific basis for patient care. Doctoral education in nursing is designed to prepare nurses for the highest level of leadership in practice and scientific inquiry. The DNP is a degree designed specifically to prepare individuals for specialized nursing practice, and The Essentials of Doctoral Education for Advanced Nursing Practice articulates the competencies for all nurses practicing at this level.

In some instances, individuals who acquire the DNP will seek to fill roles as educators and will use their considerable practice expertise to educate the next generation of nurses. As in other disciplines (e.g., engineering, business, law), the major focus of the educational program must be on the area of practice specialization within the discipline, not the process of teaching. However, individuals who desire a role as an educator, whether that role is operationalized in a practice environment or the academy, should have additional preparation in the science of pedagogy to augment their ability to transmit the science of the profession they practice and teach. This additional preparation may occur in formal course work during the DNP program.

Some teaching strategies and learning principles will be incorporated into the DNP curriculum as it relates to patient education. However, the basic DNP curriculum does not prepare the graduate for a faculty teaching role any more than the PhD curriculum does. Graduates of either program planning a faculty career will need preparation in teaching methodologies, curriculum design and development, and program evaluation. This preparation is in addition to that required for their area of specialized nursing practice or research in the case of the PhD graduate.
The Essentials of Doctoral Education for Advanced Nursing Practice

The following DNP Essentials outline the curricular elements and competencies that must be present in programs conferring the Doctor of Nursing Practice degree. The DNP is a degree title, like the PhD or MSN, and does not designate in what specialty a graduate is prepared. DNP graduates will be prepared for a variety of nursing practice roles. The DNP Essentials delineate here address the foundational competencies that are core to all advanced nursing practice roles. However, the depth and focus of the core competencies will vary based on the particular role for which the student is preparing. For example, students preparing for organizational leadership or administrative roles will have increased depth in organizational and systems’ leadership; those preparing for policy roles will have increased depth in health care policy; and those preparing for APN roles (nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives) will have more specialized content in an area of advanced practice nursing.

Additionally, it is important to understand that the delineation of these competencies should not be interpreted to mean that a separate course for each of the DNP Essentials should be offered. Curricula will differ in emphases based on the particular specialties for which students are being prepared.

The DNP curriculum is conceptualized as having two components:

1. DNP Essentials 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus.

2. Specialty competencies/content prepare the DNP graduate for those practice and didactic learning experiences for a particular specialty. Competencies, content, and practica experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations.

The DNP Essentials document outlines and defines the eight foundational Essentials and provides some introductory comments on specialty competencies/content. The specialized content, as defined by specialty organizations, complements the areas of core content defined by the DNP Essentials and constitutes the major component of DNP programs. DNP curricula should include these two components as appropriate to the specific advanced nursing practice specialist being prepared. Additionally, the faculty of each DNP program has the academic freedom to create innovative and integrated curricula to meet the competencies outlined in the Essentials document.

**Essential I: Scientific Underpinnings for Practice**

The practice doctorate in nursing provides the terminal academic preparation for nursing practice. The scientific underpinnings of this education reflect the complexity of practice
at the doctoral level and the rich heritage that is the conceptual foundation of nursing. The discipline of nursing is focused on:

- The principles and laws that govern the life-process, well-being, and optimal function of human beings, sick or well;
- The patterning of human behavior in interaction with the environment in normal life events and critical life situations;
- The nursing actions or processes by which positive changes in health status are affected; and
- The wholeness or health of human beings recognizing that they are in continuous interaction with their environments (Donaldson & Crowley, 1978; Fawcett, 2005; Gortner, 1980).

DNP graduates possess a wide array of knowledge gleaned from the sciences and have the ability to translate that knowledge quickly and effectively to benefit patients in the daily demands of practice environments (Porter-O’Grady, 2003). Preparation to address current and future practice issues requires a strong scientific foundation for practice. The scientific foundation of nursing practice has expanded and includes a focus on both the natural and social sciences. These sciences that provide a foundation for nursing practice include human biology, genomics, the science of therapeutics, the psychosocial sciences, as well as the science of complex organizational structures. In addition, philosophical, ethical, and historical issues inherent in the development of science create a context for the application of the natural and social sciences. Nursing science also has created a significant body of knowledge to guide nursing practice and has expanded the scientific underpinnings of the discipline. Nursing science frames the development of middle range theories and concepts to guide nursing practice. Advances in the foundational and nursing sciences will occur continuously and nursing curricula must remain sensitive to emerging and new scientific findings to prepare the DNP for evolving practice realities.

The DNP program prepares the graduate to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
   - determine the nature and significance of health and health care delivery phenomena;
   - describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
   - evaluate outcomes.
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.
Organizational and systems leadership are critical for DNP graduates to improve patient and healthcare outcomes. Doctoral level knowledge and skills in these areas are consistent with nursing and health care goals to eliminate health disparities and to promote patient safety and excellence in practice.

DNP graduates’ practice includes not only direct care but also a focus on the needs of a panel of patients, a target population, a set of populations, or a broad community. These graduates are distinguished by their abilities to conceptualize new care delivery models that are based in contemporary nursing science and that are feasible within current organizational, political, cultural, and economic perspectives.

Graduates must be skilled in working within organizational and policy arenas and in the actual provision of patient care by themselves and/or others. For example, DNP graduates must understand principles of practice management, including conceptual and practical strategies for balancing productivity with quality of care. They must be able to assess the impact of practice policies and procedures on meeting the health needs of the patient populations with whom they practice. DNP graduates must be proficient in quality improvement strategies and in creating and sustaining changes at the organizational and policy levels. Improvements in practice are neither sustainable nor measurable without corresponding changes in organizational arrangements, organizational and professional culture, and the financial structures to support practice. DNP graduates have the ability to evaluate the cost effectiveness of care and use principles of economics and finance to redesign effective and realistic care delivery strategies. In addition, DNP graduates have the ability to organize care to address emerging practice problems and the ethical dilemmas that emerge as new diagnostic and therapeutic technologies evolve. Accordingly, DNP graduates are able to assess risk and collaborate with others to manage risks ethically, based on professional standards.

Thus, advanced nursing practice includes an organizational and systems leadership component that emphasizes practice, ongoing improvement of health outcomes, and ensuring patient safety. In each case, nurses should be prepared with sophisticated expertise in assessing organizations, identifying systems’ issues, and facilitating organization-wide changes in practice delivery. In addition, advanced nursing practice requires political skills, systems thinking, and the business and financial acumen needed for the analysis of practice quality and costs.

The DNP program prepares the graduate to:
1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.
a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
c. Develop and/or monitor budgets for practice initiatives.
d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.

3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

**Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice**

Scholarship and research are the hallmarks of doctoral education. Although basic research has been viewed as the first and most essential form of scholarly activity, an enlarged perspective of scholarship has emerged through alternative paradigms that involve more than discovery of new knowledge (Boyer, 1990). These paradigms recognize that (1) the scholarship of discovery and integration “reflects the investigative and synthesizing traditions of academic life” (Boyer, p. 21); (2) scholars give meaning to isolated facts and make connections across disciplines through the scholarship of integration; and (3) the scholar applies knowledge to solve a problem via the scholarship of application (referred to as the scholarship of practice in nursing). This application involves the translation of research into practice and the dissemination and integration of new knowledge, which are key activities of DNP graduates. The scholarship of application expands the realm of knowledge beyond mere discovery and directs it toward humane ends. Nursing practice epitomizes the scholarship of application through its position where the sciences, human caring, and human needs meet and new understandings emerge.

Nurses have long recognized that scholarly nursing practice is characterized by the discovery of new phenomena and the application of new discoveries in increasingly complex practice situations. The integration of knowledge from diverse sources and across disciplines, and the application of knowledge to solve practice problems and improve health outcomes are only two of the many ways new phenomena and knowledge are generated other than through research (AACN, 1999; Diers, 1995; Palmer, 1986; Sigma Theta Tau International, 1999). Research-focused doctoral programs in nursing are designed to prepare graduates with the research skills necessary for discovering new knowledge in the discipline. In contrast, DNP graduates engage in advanced nursing practice and provide leadership for evidence-based practice. This requires competence in knowledge application activities: the translation of research in practice, the evaluation of practice, improvement of the reliability of health care practice and outcomes, and participation in collaborative research (DePalma & McGuire, 2005). Therefore, DNP
programs focus on the translation of new science, its application and evaluation. In addition, DNP graduates generate evidence through their practice to guide improvements in practice and outcomes of care.

The DNP program prepares the graduate to:
1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
   - collect appropriate and accurate data to generate evidence for nursing practice
   - inform and guide the design of databases that generate meaningful evidence for nursing practice
   - analyze data from practice
   - design evidence-based interventions
   - predict and analyze outcomes
   - examine patterns of behavior and outcomes
   - identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and healthcare systems, and provide leadership within healthcare systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduate to apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice. DNP graduates also design, select, and use information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.
DNP graduates must also be proficient in the use of information systems/technology resources to implement quality improvement initiatives and support practice and administrative decision-making. Graduates must demonstrate knowledge of standards and principles for selecting and evaluating information systems and patient care technology, and related ethical, regulatory, and legal issues.

The DNP program prepares the graduate to:
1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

**Essential V: Health Care Policy for Advocacy in Health Care**

Health care policy—whether it is created through governmental actions, institutional decision making, or organizational standards—creates a framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs. Thus, engagement in the process of policy development is central to creating a health care system that meets the needs of its constituents. Political activism and a commitment to policy development are central elements of professional nursing practice, and the DNP graduate has the ability to assume a broad leadership role on behalf of the public as well as the nursing profession (Ehrenreich, 2002). Health policy influences multiple care delivery issues, including health disparities, cultural sensitivity, ethics, the internationalization of health care concerns, access to care, quality of care, health care financing, and issues of equity and social justice in the delivery of health care.

DNP graduates are prepared to design, influence, and implement health care policies that frame health care financing, practice regulation, access, safety, quality, and efficacy (IOM, 2001). Moreover, the DNP graduate is able to design, implement and advocate for health care policy that addresses issues of social justice and equity in health care. The powerful practice experiences of the DNP graduate can become potent influencers in policy formation. Additionally, the DNP graduate integrates these practice experiences with two additional skill sets: the ability to analyze the policy process and the ability to engage in politically competent action (O’Grady, 2004).
The DNP graduate has the capacity to engage proactively in the development and implementation of health policy at all levels, including institutional, local, state, regional, federal, and international levels. DNP graduates as leaders in the practice arena provide a critical interface between practice, research, and policy. Preparing graduates with the essential competencies to assume a leadership role in the development of health policy requires that students have opportunities to contrast the major contextual factors and policy triggers that influence health policy-making at the various levels.

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

**Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes**

Today’s complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, and patient-centered care in a complex environment, healthcare professionals must function as highly collaborative teams (AACN, 2004; IOM, 2003; O’Neil, 1998). DNP members of these teams have advanced preparation in the interprofessional dimension of health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. Because effective interprofessional teams function in a highly collaborative fashion and are fluid depending upon the patients’ needs, leadership of high performance teams changes. Therefore, DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.

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1 The use of the term “collaboration” is not meant to imply any legal or regulatory requirements or implications
The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

**Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health**

*Clinical prevention* is defined as health promotion and risk reduction/illness prevention for individuals and families. *Population health* is defined to include aggregate, community, environmental/occupational, and cultural/socioeconomic dimensions of health. Aggregates are groups of individuals defined by a shared characteristic such as gender, diagnosis, or age. These framing definitions are endorsed by representatives of multiple disciplines including nursing (Allan et al., 2004).

The implementation of clinical prevention and population health activities is central to achieving the national goal of improving the health status of the population of the United States. Unhealthy lifestyle behaviors account for over 50 percent of preventable deaths in the U.S., yet prevention interventions are underutilized in health care settings. In an effort to address this national goal, *Healthy People 2010* supported the transformation of clinical education by creating an objective to increase the proportion of schools of medicine, nursing, and other health professionals that have a basic curriculum that includes the core competencies in health promotion and disease prevention (Allan et al., 2004; USHHS, 2000). DNP graduates engage in leadership to integrate and institutionalize evidence-based clinical prevention and population health services for individuals, aggregates, and populations.

Consistent with these national calls for action and with the longstanding focus on health promotion and disease prevention in nursing curricula and roles, the DNP graduate has a foundation in clinical prevention and population health. This foundation will enable DNP graduates to analyze epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population health. Current concepts of public health, health promotion, evidence-based recommendations, determinants of health, environmental/occupational health, and cultural diversity and sensitivity guide the practice of DNP graduates. In addition emerging knowledge regarding infectious diseases, emergency/disaster preparedness, and intervention frame DNP graduates’ knowledge of clinical prevention and population health.
The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

Essential VIII: Advanced Nursing Practice

The increased knowledge and sophistication of healthcare has resulted in the growth of specialization in nursing in order to ensure competence in these highly complex areas of practice. The reality of the growth of specialization in nursing practice is that no individual can master all advanced roles and the requisite knowledge for enacting these roles. DNP programs provide preparation within distinct specialties that require expertise, advanced knowledge, and mastery in one area of nursing practice. A DNP graduate is prepared to practice in an area of specialization within the larger domain of nursing. Indeed, this distinctive specialization is a hallmark of the DNP.

Essential VIII specifies the foundational practice competencies that cut across specialties and are seen as requisite for DNP practice. All DNP graduates are expected to demonstrate refined assessment skills and base practice on the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science as appropriate in their area of specialization.

DNP programs provide learning experiences that are based in a variety of patient care settings, such as hospitals, long-term care settings, home health, and/or community settings. These learning experiences should be integrated throughout the DNP program of study, to provide additional practice experiences beyond those acquired in a baccalaureate nursing program. These experiential opportunities should be sufficient to inform practice decisions and understand the patient care consequences of decisions. Because a variety of differentiated roles and positions may be held by the DNP graduate, role preparation for specialty nursing practice, including legal and regulatory issues, is part of every DNP program’s curricula.

The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.

4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.

6. Educate and guide individuals and groups through complex health and situational transitions.

7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

Incorporation of Specialty-Focused Competencies into DNP Curricula

DNP education is by definition specialized, and DNP graduates assume a variety of differing roles upon graduation. Consequently, a major component of DNP curricula focuses on providing the requisite specialty knowledge for graduates to enact particular roles in the larger healthcare system. While all graduates demonstrate the competencies delineated in DNP Essentials 1 through 8, further DNP preparation falls into two general categories: roles that specialize as an advanced practice nurse (APN) with a focus on care of individuals, and roles that specialize in practice at an aggregate, systems, or organizational level. This distinction is important as APNs face different licensure, regulatory, credentialing, liability, and reimbursement issues than those who practice at an aggregate, systems, or organizational level. As a result, the specialty content preparing DNP graduates for various practices will differ substantially.

It is noteworthy that specialties evolve over time, and new specialties may emerge. It is further recognized that APN and aggregate/systems/organizational foci are not rigid demarcations. For example, the specialty of community health may have DNP graduates who practice in APN roles providing direct care to individuals in communities; or, community health DNP graduates may focus solely on programmatic development with roles fitting more clearly into the aggregate focus.

The specialized competencies, defined by the specialty organizations, are a required and major component of the DNP curriculum. Specialty organizations develop competency expectations that build upon and complement DNP Essentials 1 through 8. All DNP graduates, prepared as APNs, must be prepared to sit for national specialty APN certification. However, all advanced nursing practice graduates of a DNP program should be prepared and eligible for national, advanced specialty certification, when available.
Advanced Practice Nursing Focus

The DNP graduate prepared for an APN role must demonstrate practice expertise, specialized knowledge, and expanded responsibility and accountability in the care and management of individuals and families. By virtue of this direct care focus, APNs develop additional competencies in direct practice and in the guidance and coaching of individuals and families through developmental, health-illness, and situational transitions (Spross, 2005). The direct practice of APNs is characterized by the use of a holistic perspective; the formation of therapeutic partnerships to facilitate informed decision-making, positive lifestyle change, and appropriate self-care; advanced practice thinking, judgment, and skillful performance; and use of diverse, evidence-based interventions in health and illness management (Brown, 2005).

APNs assess, manage, and evaluate patients at the most independent level of clinical nursing practice. They are expected to use advanced, highly refined assessment skills and employ a thorough understanding of pathophysiology and pharmacotherapeutics in making diagnostic and practice management decisions. To ensure sufficient depth and focus, it is mandatory that a separate course be required for each of these three content areas: advanced health/physical assessment, advanced physiology/pathophysiology, and advanced pharmacology (see Appendix A). In addition to direct care, DNP graduates emphasizing care of individuals should be able to use their understanding of the practice context to document practice trends, identify potential systemic changes, and make improvements in the care of their particular patient populations in the systems within which they practice.

Aggregate/Systems/Organizational Focus

DNP graduates in administrative, healthcare policy, informatics, and population-based specialties focus their practice on aggregates: populations, systems (including information systems), organizations, and state or national policies. These specialties generally do not have direct patient care responsibilities. However, DNP graduates practicing at the aggregate/systems/organization level are still called upon to define actual and emerging problems and design aggregate level health interventions. These activities require that DNP graduates be competent in advanced organizational, systems, or community assessment techniques, in combination with expert level understanding of nursing and related biological and behavioral sciences. The DNP graduate preparing for advanced specialty practice at the population/organizational/policy level demonstrates competencies in conducting comprehensive organizational, systems, and/or community assessments to identify aggregate health or system needs; working with diverse stakeholders for inter- or intra-organizational achievement of health-related organizational or public policy goals; and, designing patient-centered care delivery systems or policy level delivery models.
Curricular Elements and Structure

Program Length

Institutional, state, and various accrediting bodies often have policies that dictate minimum or maximum length and/or credit hours that accompany the awarding of specific academic degrees. Recognizing these constraints, it is recommended that programs, designed for individuals who have already acquired the competencies in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998), be three calendar years, or 36 months of full-time study including summers or four years on a traditional academic calendar.

Post-master’s programs should be designed based on the DNP candidate’s prior education, experience, and choice of specialization. Even though competencies for the DNP build and expand upon those attained through master’s study, post-master’s and post-baccalaureate students must achieve the same end-of-program competencies. Therefore, it is anticipated that a minimum of 12 months of full-time, post-master’s study will be necessary to acquire the additional doctoral level competencies. The task force recommends that accrediting bodies should ensure that post-master’s DNP programs have mechanisms in place to validate that students acquire all DNP end-of-program competencies. DNP programs, particularly post-master’s options, should be efficient and manageable with regard to the number of credit hours required, and avoid the development of unnecessarily long, duplicative, and/or protracted programs of study.

Practice Experiences in the Curriculum

DNP programs provide rich and varied opportunities for practice experiences aimed at helping graduates achieve the essential and specialty competencies upon completion of the program. In order to achieve the DNP competencies, programs should provide a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Practice experiences should be designed to help students achieve specific learning objectives related to the *DNP Essentials* and specialty competencies. These experiences should be designed to provide systematic opportunities for feedback and reflection. Experiences include in-depth work with experts from nursing as well as other disciplines and provide opportunities for meaningful student engagement within practice environments. Given the intense practice focus of DNP programs, practice experiences are designed to help students build and assimilate knowledge for advanced specialty practice at a high level of complexity. Therefore, end-of-program practice immersion experiences should be required to provide an opportunity for further synthesis and expansion of the learning developed to that point. These experiences also provide the context within which the final DNP product is completed.

Practice immersion experiences afford the opportunity to integrate and synthesize the essentials and specialty requirements necessary to demonstrate competency in an area of
specialized nursing practice. Proficiency may be acquired through a variety of methods, such as, attaining case requirements, patient or practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements. Many specialty groups already extensively define various minimal experiences and requirements.

Final DNP Project

Doctoral education, whether practice or research, is distinguished by the completion of a specific project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship. For practice doctorates, requiring a dissertation or other original research is contrary to the intent of the DNP. The DNP primarily involves mastery of an advanced specialty within nursing practice. Therefore, other methods must be used to distinguish the achievement of that mastery. Unlike a dissertation, the work may take a number of forms. One example of the final DNP product might be a practice portfolio that includes the impact or outcomes due to practice and documents the final practice synthesis and scholarship. Another example of a final DNP product is a practice change initiative. This may be represented by a pilot study, a program evaluation, a quality improvement project, an evaluation of a new practice model, a consulting project, or an integrated critical literature review. Additional examples of a DNP final product could include manuscripts submitted for publication, systematic review, research utilization project, practice topic dissemination, substantive involvement in a larger endeavor, or other practice project. The theme that links these forms of scholarly experiences is the use of evidence to improve either practice or patient outcomes.

The final DNP project produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee. The final DNP product documents outcomes of the student’s educational experiences, provides a measurable medium for evaluating the immersion experience, and summarizes the student’s growth in knowledge and expertise. The final DNP product should be defined by the academic unit and utilize a form that best incorporates the requirements of the specialty and the institution that is awarding the degree. Whatever form the final DNP product takes, it will serve as a foundation for future scholarly practice.

DNP Programs in the Academic Environment: Indicators of Quality in Doctor of Nursing Practice Programs

Practice-focused doctorates are designed to prepare experts in nursing practice. The academic environments in which these programs operate must provide substantial access to nursing practice expertise and opportunities for students to work with and learn from a variety of practice experts including advanced clinicians, nurse executives, informaticists, or health policy makers. Thus, schools offering the DNP should have faculty members, practice resources, and an academic infrastructure that support a high quality educational program and provide students with the opportunities to develop expertise in nursing practice. Similar to the need for PhD students to have access to strong research
environments, DNP students must have access to strong practice environments, including faculty members who practice, environments characterized by continuous improvement, and a culture of inquiry and practice scholarship.

**Faculty Characteristics**

Faculty members teaching in DNP programs should represent diverse backgrounds and intellectual perspectives in the specialty areas for which their graduates are being prepared. Faculty expertise needed in these programs is broad and includes a mix of doctorally prepared research-focused and practice-focused faculty whose expertise will support the educational program required for the DNP. In addition to faculty members who are nurses, faculty members in a DNP program may be from other disciplines.

Initially, during the transition, some master’s-prepared faculty members may teach content and provide practice supervision, particularly in early phases of post-baccalaureate DNP curriculum. Once a larger pool of DNP graduates becomes available, the faculty mix can be expected to shift toward predominately doctorally-prepared faculty members.

**The Faculty and Practice**

Schools offering DNP programs should have a faculty cohort that is actively engaged in practice as an integral part of their faculty role. Active practice programs provide the same type of applied learning environment for DNP students as active research programs provide for PhD students. Faculty should develop and implement programs of scholarship that represent knowledge development from original research for some faculty and application of research in practice for others. Faculty, through their practice, provides a learning environment that exemplifies rapid translation of new knowledge into practice and evaluation of practice-based models of care.

Indicators of productive programs of practice scholarship include extramural grants in support of practice innovations; peer reviewed publications and presentations; practice-oriented grant review activities; editorial review activities; state, regional, national, and international professional activities related to one’s practice area; policy involvement; and development and dissemination of practice improvement products such as reports, guidelines, protocols, and toolkits.

**Practice Resources and Clinical Environment Resources**

Schools with DNP programs should develop, expand, sustain, and provide an infrastructure for extensive collaborative relationships with practice systems or sites and provide practice leadership in nursing and other fields. It is crucial for schools offering the DNP to provide or have access to practice environments that exemplify or aspire to
the best in professional nursing practice, practice scholarship in nursing education, and provide opportunities for interprofessional collaboration (AACN, 2001a). Strong and explicit relationships need to exist with practice sites that support the practice and scholarship needs of DNP students including access to relevant patient data and access to patient populations (e.g., direct access to individuals, families, groups, and communities) (AACN, 1999). Practice affiliations should be designed to benefit jointly the school and the practice sites. Faculty practice plans should also be in place that encourage and support faculty practice and scholarship as part of the faculty role.

**Academic Infrastructure**

The academic infrastructure is critical to the success of all DNP programs. Sufficient financial, personnel, space, equipment, and other resources should be available to accomplish attainment of DNP program goals and to promote practice and scholarship. Administrative as well as infrastructure support should reflect the unique needs of a practice-focused doctoral program. For example, this support would be evident in the information technology, library holdings, clinical laboratories and equipment, and space for academic and practice initiatives that are available for student learning experiences.

Academic environments must include a commitment to the practice mission. This commitment will be manifest through processes and structures that reflect a re-conceptualization of the faculty role whereby teaching, practice, and practice-focused scholarship are integrated. This commitment is most apparent in systems that are consistent with Boyer’s recommendations for broader conceptualization of scholarship and institutional reward systems for faculty scholarship (Boyer, 1990). Whether or not tenure is available for faculty with programs of scholarly practice, appropriate reward systems should be in place that endorse and validate the importance of practice-based faculty contributions. Formal faculty practice plans and faculty practice committees help institutionalize scholarly practice as a component of the faculty role and provide support for enhancing practice engagement. Faculty practice should be an essential and integrated component of the faculty role.
Appendix A

I. Advanced Health/Physical Assessment

Advanced health/physical assessment includes the comprehensive history, physical, and psychological assessment of signs and symptoms, pathophysiologic changes, and psychosocial variations of the patient (individual, family, or community). If the patient is an individual, the assessment should occur within the context of the family and community and should incorporate cultural and developmental variations and needs of the patient. The purpose of this comprehensive assessment is to develop a thorough understanding of the patient in order to determine appropriate and effective health care including health promotion strategies.

There is a core of general assessment content that every advanced practice nurse must have. Specifics and additional assessment related to various specialties (e.g., women’s health, mental health, anesthesiology, pediatrics) should be further addressed and refined in that specialty’s course content within each program. Health/physical assessment must also be used as a base and be reinforced in all clinical experiences and practicum courses.

Individuals entering an advanced practice nursing program are expected to possess effective communication and patient teaching skills. Although these are basic to all professional nursing practice, preparation in the advanced practice nursing role must include continued refinement and strengthening of increasingly sophisticated communication and observational skills. Health/physical assessment content must rely heavily on the development of sensitive and skilled interviewing.

Course work should provide graduates with the knowledge and skills to:
1. demonstrate sound critical thinking and clinical decision making;
2. develop a comprehensive database, including complete functional assessment, health history, physical examination, and appropriate diagnostic testing;
3. perform a risk assessment of the patient including the assessment of lifestyle and other risk factors;
4. identify signs and symptoms of common emotional illnesses;
5. perform basic laboratory tests and interpret other laboratory and diagnostic data;
6. relate assessment findings to underlying pathology or physiologic changes;
7. establish a differential diagnosis based on the assessment data; and
8. develop an effective and appropriate plan of care for the patient that takes into consideration life circumstance and cultural, ethnic, and developmental variations.

II. Advanced Physiology/Pathophysiology

The advanced practice nurse should possess a well-grounded understanding of normal physiologic and pathologic mechanisms of disease that serves as one primary component of the foundation for clinical assessment, decision making, and management. The graduate should be able to relate this knowledge “to interpreting changes in normal function that result in symptoms indicative of illness” and in assessing an individual’s response to pharmacologic
management of illnesses (NONPF, 1995, p. 152). Every student in an advanced practice nursing program should be taught a basic physiology/pathophysiology course. Additional physiology and pathophysiology content relevant to the specialty area may be taught in the specialty courses. In addition to the core course, content should be integrated throughout all clinical and practicum courses and experiences. The course work should provide the graduate with the knowledge and skills to:

1. compare and contrast physiologic changes over the life span;
2. analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span;
3. synthesize and apply current research-based knowledge regarding pathological changes in selected disease states;
4. describe the developmental physiology, normal etiology, pathogenesis, and clinical manifestations of commonly found/seen altered health states; and
5. analyze physiologic responses to illness and treatment modalities.

III. Advanced Pharmacology

Every APN graduate should have a well-grounded understanding of basic pharmacologic principles, which includes the cellular response level. This area of core content should include both pharmacotherapeutics and pharmacokinetics of broad categories of pharmacologic agents. Although taught in a separate or dedicated course, pharmacology content should also be integrated into the content of Advanced Health/Physical Assessment and Advanced Physiology and Pathophysiology courses. Additional application of this content should also be presented within the specialty course content and clinical experiences of the program in order to prepare the APN to practice within a specialty scope of practice.

As described above, the purpose of this content is to provide the graduate with the knowledge and skills to assess, diagnose, and manage (including the prescription of pharmacologic agents) a patient’s common health problems in a safe, high quality, cost-effective manner. The course work should provide graduates with the knowledge and skills to:

1. comprehend the pharmacotherapeutics of broad categories of drugs;
2. analyze the relationship between pharmacologic agents and physiologic/pathologic responses;
3. understand the pharmacokinetics and pharmacodynamics of broad categories of drugs;
4. understand the motivations of patients in seeking prescriptions and the willingness to adhere to prescribed regimens; and
5. safely and appropriately select pharmacologic agents for the management of patient health problems based on patient variations, the problem being managed, and cost effectiveness.
Appendix B

DNP Essentials Task Force

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Attachment 2

Commission on Collegiate Nursing Education [CCNE]. (2008). Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs
INTRODUCTION

Accreditation Overview

Accreditation is a nongovernmental process conducted by representatives of postsecondary institutions and professional groups. As conducted in the United States, accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within institutions. Two forms of accreditation are recognized: one is institutional accreditation and the other is professional or specialized accreditation. Institutional accreditation concerns itself with the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. In addition, consideration of the program's mission, goals, and expected outcomes is of importance to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

Commission on Collegiate Nursing Education

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE ensures the quality and integrity of baccalaureate and graduate degree nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, and clinical nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP). CCNE also accredits post-baccalaureate nurse residency programs (using a separate set of accreditation standards). CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs. Because the accreditation process is a voluntary enterprise, institutions that seek CCNE accreditation of their baccalaureate and/or graduate degree nursing education programs or post-baccalaureate nurse residency programs are viewed to have a cooperative relationship with CCNE in seeking ways to improve and enhance the educational programs for professional nursing students.

CCNE has established a peer review process in accordance with nationally recognized standards established for the practice of accreditation in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment.
through which the program, personnel, procedures, and services are improved. The results of such assessments form the basis for planning and the setting of priorities at the institution.

The CCNE accreditation evaluation consists of a review of the program’s mission, goals, and expected outcomes; and an assessment of the performance of the program in achieving the mission and goals through the most effective utilization of available resources, programs, and administration. The evaluation process also calls for a review of evidence concerning the application of these resources in assisting the students in attaining their educational goals.

In evaluating a baccalaureate, master’s and/or DNP program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the key elements presented in this publication. A self-study conducted by the sponsoring institution prior to the on-site evaluation provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards and procedures for post-baccalaureate nurse residency programs and the accreditation procedures for degree programs may be obtained by contacting CCNE offices.

Accreditation Purposes

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest – the nursing profession, consumers, employers, higher education, students and their families, nurse residents – and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.

2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.

3. To assess the extent to which a nursing program meets accreditation standards.

4. To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.

5. To foster continuing improvement in nursing programs – and, thereby, in professional practice.

CCNE Accreditation: A Value-Based Initiative

CCNE accreditation activities are premised on a statement of principles or values. These values are that the Commission will:

1. Foster trust in the process, in CCNE, and in the professional community.

2. Focus on stimulating and supporting continuous quality improvement in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the interested community.

4. Rely on *review and oversight* by peers from the community of interest.

5. Maintain *integrity* through a consistent, fair, and honest accreditation process.

6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.

7. Facilitate and engage in *self-assessment*.

8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.

9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.

10. Maintain a process that is both *cost-effective* and *cost-accountable*.

11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.

12. Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.

**Goals for Accrediting Nursing Education Programs**

In developing the educational standards for determining accreditation of baccalaureate, master’s, and DNP programs, CCNE has formulated specific premises or goals on which the standards are to be based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nursing education programs.

2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the conduct of the accreditation process.

3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable with respect to the institution and student.

4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.

5. Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, and life-long learning.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.

7. Ensuring that nursing education programs engage in self-evaluation of personnel, procedures, and services, and that they facilitate continuous improvement through planning and resource development.

8. Acknowledging and respecting the autonomy of institutions and the diversity of programs involved in nursing education.

9. Ensuring consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.

10. Enhancing public understanding of the functions and values inherent in nursing education accreditation.

11. Providing to the public an accounting of nursing education programs that are accredited and merit public approbation and support.

12. Working cooperatively with other agencies to minimize duplication of review processes.

Curricular Innovation

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. Without experimentation for the sake of experimentation and without adversely affecting the educational outcomes, curricular innovations should ultimately serve the needs of the student, the profession and the public. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods. CCNE encourages the introduction and use of innovative teaching and learning strategies in the curriculum and looks to the programs that it accredits to make available this technology for the improvement and enhancement of student learning.

About this Document

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master’s, and DNP programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the educational program offered and to hold the nursing program(s) accountable to the educational community, the nursing profession, and the public. All programs seeking CCNE accreditation, including those offered via distance or “distributed” learning, are expected to meet the standards presented in this document. Program compliance with the key elements promotes good educational practice in the field of nursing and thus enables CCNE to grant or confirm accreditation.

The standards are written as broad statements that embrace several areas of expected institutional performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of whether the broader educational standard
has been met. The key elements will be considered by the evaluation team, the Accreditation Review Committee, and the Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable the broadest possible interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which provides an interpretation of the key element. The elaboration is provided to assist program representatives in addressing the key elements and to enhance understanding of CCNE’s expectations. Following each standard is a list of supporting documentation that assists program representatives in developing self-study materials and in preparing for the on-site evaluation. Supporting documentation is included with the self-study document or made available for review by the evaluation team on site. Supporting documentation may be provided in paper or electronic form. The Commission recognizes that reasonable alternatives exist when providing documentation to address the key elements.

Throughout this document, the need for programs to demonstrate the incorporation of professional nursing standards and guidelines is emphasized. CCNE requires, as appropriate, the following professional nursing standards and guidelines: 1) The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing, (AACN) 1998]; 2) The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996); 3) Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2008]; and 4) The Essentials of Doctoral Education for Advanced Practice Nursing (AACN, 2006). Programs identify additional nursing standards and guidelines selected as the basis for specialty programs, as appropriate.

At the end of this document is a glossary, which defines terms and concepts used in this document. Terms defined in the glossary are indicated in color throughout the standards.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the analysis and discussion of additions and deletions. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.
STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected aggregate student and faculty outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

Key Elements

I-A. The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program’s mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

- professional nursing standards and guidelines, and
- the needs and expectations of the community of interest.

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.
Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.

I-D. Faculty and students participate in program governance

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and enable meaningful participation.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program’s mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program’s definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.
Supporting Documentation for Standard I

1. Mission, goals, and expected student and faculty outcomes.

2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:
   - **Baccalaureate programs:** *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998).
   - **All master's programs:** Graduate Core Curriculum Content from *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996).
   - **Master's programs with an advanced practice focus:** Graduate Core and Advanced Practice Core of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996).
   - **DNP programs:** *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
   - **Graduate programs preparing nurse practitioners:** *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
   - **Post-baccalaureate entry programs:** *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998) and other relevant standards based on the degree outcome (e.g., *The Essentials of Master’s Education for Advanced Practice Nursing* for master’s programs, *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs, and *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs).
   - **All programs:** Any additional relevant professional nursing standards and guidelines used by the program.

3. Appointment, promotion, and tenure policies or other documents defining faculty expectations.

4. Major institutional and nursing unit reports and records for the past 3 years, such as strategic planning documents and annual reports.

5. Documentation that the program has afforded the community of interest the opportunity to submit written third-party comments to CCNE, in accordance with accreditation procedures.

6. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.

7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including, among other things, academic calendar, recruitment and admission policies, grading policies, and degree completion requirements.

8. Program advertising and promotional materials directed at prospective students.

9. Documents that reflect decision-making (e.g., minutes, memoranda, reports).

10. Program policies related to formal complaints.
STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

Key Elements

II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

Elaboration: The budget enables achievement of the program’s mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s academic support services. Review of academic support services occurs and improvements are made as appropriate.

II-C. The chief nurse administrator:
- is a registered nurse (RN);
- holds a graduate degree in nursing;
- is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest, to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective
leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.

II-D. Faculty members are:
- sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

II-E. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined, congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:
- Faculty have opportunities for ongoing development in pedagogy.
- If research is an expected faculty outcome, the institution provides resources to support faculty research.
- If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.
- If service is an expected faculty outcome, expected service is clearly defined and supported.
Supporting Documentation for Standard II

1. Nursing unit budget for the current and previous 2 fiscal years.

2. Name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.

3. Curricula vitae of the chief nurse administrator and faculty.

4. Policies regarding preceptor selection and evaluation and documentation of preceptor qualifications.

5. Current collective bargaining agreement, if applicable.

6. Policies regarding workload or teaching assignments, if applicable.

7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
STANDARD III
PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND INDIVIDUAL STUDENT LEARNING OUTCOMES

The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes, and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of individual student learning outcomes.

Key Elements

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program’s mission, goals, and expected student outcomes.

   Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected student outcomes.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes.

   ▪ Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998).
   ▪ Master’s program curricula incorporate professional standards and guidelines as appropriate.
     a. All master’s programs incorporate the Graduate Core Curriculum of The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
     b. All master’s-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996). In addition, nurse practitioner programs incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008).
   ▪ Graduate-entry program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998) and appropriate graduate program standards and guidelines.
   ▪ DNP program curricula incorporate professional standards and guidelines as appropriate.
     a. All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.
     b. All DNP programs that prepare nurse practitioners also incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008)

   Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are
incorporated into the curriculum. Advanced practice master’s programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses.

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.

- The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.
- Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.

Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998) as well as advanced course work. Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. The program provides a rationale for the sequence of the curriculum for each program.

III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.

III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.
Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but are ultimately responsible for evaluation of individual student learning outcomes.

III-G Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.
Supporting Documentation for Standard III

1. Course syllabi.

2. Examples of student work.


4. Current affiliation agreements with institutions at which student instruction occurs.

5. Student and faculty evaluations of clinical sites.

6. Course/faculty evaluations

7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
STANDARD IV
PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

Key Elements

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). Programs may define the point of entry to the program and the length of time allotted for program completion. The entry point and the time frame used in the calculation are specified by the program. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.

IV-C. Aggregate student outcome data provide evidence of the program’s effectiveness in achieving its mission, goals, and expected outcomes.

Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates, certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes.
Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.
Supporting Documentation for Standard IV

1. Aggregate student outcomes data (not applicable to new programs without graduates), including:
   a. Student, alumni, and employer satisfaction for each program
   b. Graduation rates for each program
   c. NCLEX-RN® pass rates
   d. Certification examination pass rates by specialty
   e. Employment rates for each program
   f. Other aggregate data, as appropriate

2. Summary of aggregate faculty outcomes for the past 3 years with an analysis of aggregate faculty outcomes’ relationship to expected outcomes.

3. Record of formal complaints, if any, for the past 3 years, and any action(s) taken to foster program improvement.

4. Documents that reflect decision-making (e.g., minutes, memoranda, reports).

5. Examples of use of aggregate data to foster program improvement when indicated.
GLOSSARY

**Academic Policies:** Published rules that govern the implementation of the academic program including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.

**Academic Support Services:** Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services.

**Advanced Nursing:** Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master’s and/or doctoral level.

**Chief Nurse Administrator:** A registered nurse with a graduate degree in nursing who serves as the administrative head of the nursing unit.

**Community of Interest:** Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

**Curriculum:** All planned educational experiences under the direction of the program that facilitate students in achieving expected outcomes. Nursing curricula include supervised clinical learning experiences.

**Distance Education:** Teaching-learning activities characterized by the separation, in time or place, between instructor and student. Courses may be offered through the use of print, electronic, or other media.

**Distance Education Program:** A program in which 50% or more of the required academic credit hours in nursing, excluding practicum, are accrued through distance education activities.

**Formal Complaint:** A statement of dissatisfaction that is presented according to a nursing unit’s established procedure.

**Goals:** General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

**Mission:** A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

**Nursing Program:** A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master’s, doctorate).
Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Outcomes

Individual Student Learning Outcomes: Learner-focused statements explicitly describing the characteristics or attributes to be attained by students as a result of program activities. At the curricular level these outcomes may be reflected in course, unit, and/or level objectives.

Expected Outcomes: Statements of predetermined levels of aggregate achievement expected of students who complete the program and of faculty. Expected outcomes are established by the faculty and are consistent with professional nursing standards and guidelines and reflect the needs of the community of interest.

Aggregate Student Outcomes: Statements of the level of attainment of designated outcomes expected of a group or cohort of students as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, and employer satisfaction with graduates. Programs may identify other expected student outcomes, such as percentage of alumni pursuing further education or actively involved in professional organizations.

Aggregate Faculty Outcomes: Statements of expected collective faculty accomplishments that support the program's mission and goals. Expected aggregate faculty accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role, as defined by the program and its parent institution.

Actual Outcomes: Aggregate results describing student and faculty accomplishments. Actual outcomes are analyzed in relation to expected outcomes to demonstrate program effectiveness.

Aggregate Student Outcomes: A description of the level of students' actual collective attainment of designated outcomes as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, employer satisfaction with graduates, and program-identified outcomes.

Aggregate Faculty Outcomes: Collective accomplishments of faculty that support the program's mission and goals. Actual accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Preceptor: An experienced practitioner who provides supervision and guidance to students in the preceptor's area of practice expertise.
Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors from graduates of baccalaureate, master’s, and professional doctoral programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that baccalaureate or graduate pre-licensure programs in nursing use The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998); that master’s degree programs use The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996); that DNP programs use The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and that nurse practitioner programs use Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008). Programs incorporate additional professional nursing standards and guidelines, as appropriate, consistent with the mission, goals, and expected outcomes of the program.

Program Improvement: The process of utilizing results of assessments and analyses of actual student and faculty outcomes in relation to expected outcomes to validate and revise policies, practices, and curricula as appropriate.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving individual student learning outcomes and expected student outcomes.