

The Doctor of Nursing Practice Degree: Introduction to the Proposals from UNC Campuses

East Carolina University, UNC-Chapel Hill, UNC Charlotte, UNC Greensboro, Western Carolina University, and Winston-Salem State University are requesting authorization to plan the Doctor of Nursing Practice (DNP) degree program. (Five proposals have been submitted, as UNCC and WCU are planning to offer their programs as a consortium and have submitted one combined proposal.) The DNP degree is currently not offered by any UNC institution.

The purpose of this summary introduction, collaboratively developed by the Deans of Nursing from the six institutions above, is to provide common background information and consolidated data in support of the six institutions' requests for authorization to plan DNP degree programs.

Background

In October 2004, the American Association of Colleges of Nursing (AACN) approved a target date of 2015 for increasing the educational preparation for entry into advanced nursing practice from two to three years; concomitantly the association recommended that the Doctor of Nursing Practice (DNP) replace the Master of Science in Nursing (MSN) as the terminal degree for preparation of the following advanced practice registered nurses:

- nurse practitioners (NP)
- clinical nurse specialists (CNS)
- certified registered nurse anesthetists (CRNA)
- certified nurse midwives (CNM).

Parallel with other health care professions (pharmacy, physical therapy, psychology, medicine, and audiology) the nursing discipline is adopting a practice-focused doctorate as the appropriate graduate education for advanced practice in a highly complex, fast-paced, health care environment. The National Organization of Nurse Practitioner Faculties (NONPF) and multiple specialty certifying bodies have endorsed this shift from the master's to the clinical doctorate (DNP). In fact, beginning in 2025, CRNA nurse anesthetists will be required to have the DNP degree to meet eligibility requirements for taking their national certification examination. The DNP program prepares nurses for direct clinical practice (specifically NPs, CNSs, CRNAs, or CNMs) and for executive roles in areas that support clinical practice such as administration, organizational leadership, and health policy.

Nationally, the DNP degree has taken hold at an extremely fast pace. In 2002, there were 70 students enrolled in DNP programs nationally; in 2011 there were 8,973 students. In 2011, 1,581 nurses earned their DNP.

At this time, DNP programs are already available in 37 states plus the District of Columbia. Currently 182 DNP programs are enrolling students at schools of nursing nationwide, with an additional 131 DNP programs in the planning stages. All states contiguous to North Carolina have institutions which offer the DNP degree. (Of concern is the fact that practicing nurses who leave North Carolina to study are vulnerable to being recruited in their new state.) There are two private universities already offering DNP programs in North Carolina (Duke and Gardner Webb).

The Doctor of Nursing Practice Curriculum

The education provided by the DNP program of study builds on traditional advanced practice programs by providing additional content in key areas, including scientific foundations for advanced practice, quality improvement, population health, systems leadership, health policy, and health economics. The program involves coursework, clinical internships, and a capstone project. The DNP curriculum prepares nurses for higher-level clinical practice (specifically NPs, CNSs, CRNAs, or CNMs) and for executive roles in areas that support clinical practice such as administration, organizational leadership, and health policy. A key feature is that DNP graduates are prepared to assume additional responsibilities in important areas such as patient care, health administration, and health care policy, allowing physicians to focus on responsibilities that only physicians can perform.

The curriculum requirements for the DNP are driven by *The AACN Essentials of Doctoral Education for Advanced Nursing Practice*. Students entering into DNP study with a baccalaureate degree in nursing will require three years of full time study to achieve DNP end-of-program objectives; those entering with a master's degree will require 12 to 18 months of full time study (variability would be based on length of time needed to complete a capstone project in the different specialty areas, prior coursework at the master's level, and clinical readiness).

Because the DNP is replacing the MSN as the educational entry level for advanced practice nurses, this change effectively adds one year of study to the preparation of advanced practice nurses.

Student Demand for the DNP Degree Program in North Carolina

In Spring semester of 2012, using the same measure across all six applicant campuses, the level of program demand was determined by asking currently enrolled baccalaureate and masters students in each institution about their level of interest in doctoral education. Across all six institutions there are currently 2,449 baccalaureate students enrolled. Of these 849 (35%) responded to an online survey that assessed interest in pursuit of doctoral education. Of those 849 responding, 477 (56%) indicated interest in a DNP with more than half hoping to enroll in 2013.

Likewise, data were gathered on currently enrolled Masters students. Across all six programs there are currently 1,553 masters students enrolled, and of these 670 (43%) responded to an online survey that assessed interest in pursuit of doctoral education. Of those 670 responding, 385 (56%) indicated interest in a post-masters DNP with almost 40% hoping to enroll in 2013.

In addition, 4,190 nursing alumni from UNC-Chapel Hill and 2733 from East Carolina were sent an online survey in February 2012 to assess level of interest in pursuing the DNP. There was a 20% response rate (N = 857) from UNC-CH alums and a 25% response rate (N = 675) from ECU alums. Of the 857 UNC-CH respondents, 271 (32%) indicated interest in the DNP. Of the 675 ECU respondents, 345 (51%) indicated interest in the DNP. Across both programs 45% of those interested in DNP studies hoped to begin their studies within the next two years. Western Carolina University also surveyed alumni and 13 of the 23 (68%) who completed the survey indicated interest in the DNP. Lastly, UNC Greensboro randomly selected 759 masters prepared

nurses from a NC Board of Nursing mailing list and surveyed them regarding level of interest in the DNP. They had a 24% response rate (N = 179). 100% of respondents affirmed that if UNC-G offered the DNP within the next five years, they would be interested in enrolling.

Thus, there appears to be strong demand among practicing nurses as well as current students for the initiation of Doctor of Nursing Practice degree programs within UNC.

Societal Need for the DNP Degree Program in North Carolina

Since the DNP is replacing the MSN as the terminal degree for advanced practice nurses, the potential applicant pool and job market for DNP prepared nurses are the same as the current (or predicted) applicant pool and job market for MSN prepared advanced practice nurses.

Each of the six institutions seeking to initiate the DNP examined four years of employment data for graduates of their current advanced practice programs. With employment rates ranging from 82 to 100% at six to 12 months after MSN completion, these data provide documentation that there is now a strong job market for advanced practice nurses. The market for advanced practice nurses will only continue to rise due to: 32 million Americans soon to qualify for health care consequent to the Affordable Care Act, increased restrictions placed on the hours medical residents are allowed to work, and the ever-increasing nursing faculty shortage.

Reports from state and national agencies affirm this predicted need for additional advanced practice nurses. According to the North Carolina Institute of Medicine (NCIOM), the state is likely to experience a shortage of nurse practitioners and other primary care providers in the next 10-20 years. Further, NCIOM Priority Recommendation 8.1 indicates that the North Carolina General Assembly should direct the University of North Carolina System to explore further expansion of nurse practitioner programs (Expanding Access to Health Care in North Carolina: A Report of the NCIOM Health Access Study Group, 2009). Furthermore, according to the Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition “all four advanced practice specialties—clinical nurse specialists, nurse practitioners, nurse-midwives, and nurse anesthetists—will be in high demand, particularly in medically underserved areas such as inner cities and rural areas. Relative to physicians, these RNs [Registered Nurses] increasingly serve as lower-cost primary care providers.”

Evolving Relationship of the DNP and the Master of Science in Nursing Degree

The DNP is an advanced practice degree that prepares nurses for higher-level clinical practice (specifically NPs, CNSs, CRNAs, or CNMs) and for executive roles in areas that support clinical practice such as administration, organizational leadership, and health policy. Over time, the Master of Science in Nursing (MSN) degree programs with concentrations in the NP, CNS, CRNA, or CNM disciplines will be discontinued, as the DNP becomes the preferred/required terminal degree in these fields.

It is important to note that while DNP prepared nurses may teach new RNs, the DNP is not required. The emergence of the DNP as preparation for advanced practice does not change the discipline's and North Carolina Board of Nursing's recommendation that the Master's degree is required to teach undergraduate nursing students. UNC campuses that are currently offering the MSN to prepare nursing faculty for associate and baccalaureate education of RNs will continue to offer MSN preparation for nurse educators. In fact, it is conceivable that having to choose between two years of study to become a nurse educator and three years to become an advanced practice nurse may invite applicants to better discern if their true vocation lies in educating new RNs for entry into practice or seeking the rigorous clinical education necessary to serve in an advanced practice role.

Collaboration Among UNC Institutions

East Carolina University, UNC-Chapel Hill, UNC Charlotte, UNC Greensboro, Western Carolina University, and Winston-Salem State University are requesting authorization to plan the Doctor of Nursing Practice (DNP) degree program. If approved, UNC-Chapel Hill, Winston - Salem State University, UNC Charlotte, Western Carolina University, and East Carolina University are prepared to enroll their first students in Fall 2013. UNC Greensboro anticipates a Fall 2015 start date.

UNC Charlotte and Western Carolina have submitted a combined intention to plan document as the two institutions plan to offer the DNP degree program as a consortium. By doing so, the total number of additional full-time faculty needed is less than would be required if separate programs were proposed for each campus. In addition, UNC-Chapel Hill and Winston-Salem State University have committed to collaborate in the offering of their programs. For example, these two institutions will begin by sharing at least one course offered simultaneously via videoconferencing with faculty on both campuses sharing joint responsibility for planning and delivering the content of the course. East Carolina University has reached out to faculty and administrators at UNC Pembroke, UNC Wilmington and Fayetteville State University to discuss collaborative opportunities and ways to enhance access to DNP education for their graduates and faculty. As a consequence of these conversations, ECU and UNC Pembroke have agreed to share qualified preceptors, clinical sites, and a facilitated admission process for faculty and/or students from UNCP who desire to pursue the DNP degree. UNC Greensboro, with a later start date of Fall 2015, continues to examine collaboration possibilities.

Request to Plan a Doctor of Nursing Practice Program at UNC-Chapel Hill

Introduction

The University of North Carolina at Chapel Hill requests approval to plan a Doctor of Nursing Practice (DNP) program (CIP 51.3818).

Program Description

The DNP program of study will build upon baccalaureate education and expand current master's level education, to prepare nurses for clinical leadership and hands-on advanced practice in increasingly complex health care environments. Graduates of the DNP program will receive preparation in such key areas as evidence-based practice, organization and systems leadership, finance, health policy, information technology, population health, quality improvement, patient safety, and translational research with the goal of improving patient and population health status and outcomes.

The DNP curriculum prepares nurses for a tripartite role in *advanced nursing practice, clinical leadership/health advocacy, and practice inquiry*. Graduates use their advanced preparation to manage increasingly complex patient situations, to identify patterns of need in panels of patients experiencing similar health threats, to appraise and compare the evidence for care effectiveness, and to provide leadership for quality improvement in health care environments.

The current UNC-Chapel Hill Master of Science in Nursing (MSN) program offers two advanced nursing practice tracks: (a) advanced clinical specialization focused on direct patient care (e.g. nurse practitioner), and (b) health care systems specialties focused on executive nursing roles that support clinical practice (e.g. administration, organizational leadership). The total course credits in the existing MSN program range from 40 to 46 credit hours. Although some of these courses will be revised to reflect the new DNP competencies, the majority will continue to be offered as part of the DNP curriculum. The DNP tracks will include nurse practitioner and nurse executive options already present in the existing MSN program.

The DNP program will be designed for nurses seeking a terminal degree in nursing practice offering an alternative to a research-focused doctoral program that offers the PhD. The credit hours for the DNP program are based on national accreditation standards as well as DNP programs at other comparable research universities. The AACN recommends three years of full-time, year round study including 1000 clinical residency hours for a bachelor's-to-DNP and at least one year of full-time year round study for a master's-to-DNP program.

The UNC-Chapel Hill DNP program will have two pathways. An entry-level Bachelor of Science in Nursing BSN-to-DNP pathway will include three years of full-time study consisting of approximately 68 to 72 credit hours. Those credit hours will reflect approximately 1000 clinical hours, required coursework for advanced practice, leadership, and practice-based inquiry and completion of a capstone experience, which will include a Practice-based Inquiry Project.

The second pathway will be the Master's of Science in Nursing MSN-to-DNP. This pathway will allow advanced practice nurses and nurse leaders with an earned MSN degree to earn a DNP degree. DNP students who are nationally certified as APRNs have completed a minimum of 500 precepted clinical hours to qualify for national certification. Thus, nationally certified MSN-to-DNP students will require approximately 36 credit hours, approximately 500 clinical hours, and the completion of a capstone experience including a Practice Inquiry Project.

The Doctor of Nursing Practice graduate will be prepared to function at the highest level of advanced nursing practice. The DNP graduate will be educated to:

1. Integrate nursing knowledge with knowledge from ethics and the biophysical, psychosocial, organizational, and information sciences as the bases for advanced nursing practice and innovative approaches to health care delivery.
2. Demonstrate organizational and systems leadership to promote quality, safety, and improved health of populations.
3. Demonstrate clinical scholarship and utilize analytical methods to identify best practices and translate evidence into practice.
4. Demonstrate leadership in the development and use of information systems and related technologies for health care delivery to optimize outcomes for individuals and populations.
5. Develop, evaluate, and advocate for health care policy at the institutional, local, state, national, and/or international levels.
6. Facilitate collaboration and teamwork to assure high quality patient or system outcomes.
7. Analyze and utilize strategies of risk reduction/illness prevention, health promotion, and health maintenance for individuals and populations.
8. Demonstrate practice expertise and specialized knowledge in a distinct focus or specialty area of advanced nursing practice.

Relevance to Institutional Mission and Strategic Plan

The mission of the UNC-Chapel Hill School of Nursing is to enhance and improve the health and well being of the people of North Carolina and the nation, and, as relevant and appropriate, the people of other nations, through its programs of education, research, and scholarship, and through clinical practice and community service.

As with many states, the majority of primary care providers in North Carolina are clustered near urban centers, leaving many areas of this largely rural state underserved for primary and preventative services. Of the one hundred counties in North Carolina, 56 are designated as Health Provider Shortage Areas and 91 are designated as Medically Underserved Areas. Advanced Practice Nurses, who are often recruited from and then return to these rural and underserved areas, are a major contributor to meeting the health care needs of the state.

Projected Enrollments

Estimated number of students in the program during the first year of operation:

Full-time	30	Part-time	20
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Estimated number of students in the program when it is fully operational:

Full-time	210	Part-time	140
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Graduate Council

The Council heard a presentation introducing the five proposals to plan the six Doctor of Nursing Practice programs under consideration. This presentation addressed the background of the DNP degree, reasons for its currently being offered in 37 states, an overview of the curriculum, student demand for the program in North Carolina, opportunities for employment of DNP graduates in North Carolina, and the relationship of the DNP program to the Master of Science in Nursing degree program.

Graduate Council members asked numerous questions, which were answered by the Deans and faculty members of the six Schools of Nursing in attendance. Questions addressed issues of the evolving relationship of the DNP degree and the MSN degree; which faculty members in what departments may be qualified to teach in the DNP programs; the effect of the DNP on the enrollment in Ph.D. in Nursing programs; student demand for the program in North Carolina; opportunities for employment of DNP graduates in North Carolina; the new role of DNPs in hospitals and other healthcare facilities; the budget implications of initiating these DNP programs; how these six campuses planned to implement, support, and sustain the DNP programs should enrollment growth funding not be available; and other areas. All questions were answered to the satisfaction of the Council members.

UNC-Chapel Hill made a presentation on the specific details of its proposed DNP program, and answered questions about its program to the satisfaction of Council members.

After discussion, the Graduate Council voted, without dissent, to recommend approval of UNC-Chapel Hill's Request to Plan the Doctor of Nursing Practice degree program.

Collaboration with Other Universities

UNC-Chapel Hill and Winston-Salem State University have committed to collaborating to the extent practicable. For example, the two institutions will begin by sharing at least one course offered simultaneously via videoconferencing with faculty on both campuses sharing joint responsibility for planning and delivering the content of the course. Grading and enrollment will occur on the students' home campus.

Resource Implications

In order to meet the expenses of offering the DNP program, UNC-Chapel Hill plans to apply for increased enrollment dollars, program expansion funding, school-based tuition, and

federal grant funds. If sufficient funding is not available from the above sources, UNC-Chapel Hill would need to increase some class sizes, decrease MSN-to-DNP admissions, and/or consider charging a higher school-based tuition for the MSN-to-DNP students. The last resort would be decreasing BSN-to-DNP admissions, as this would decrease the workforce supply of Nurse Practitioners and Nurse Executives.

Should the request to plan be approved, additional detailed budget information on the DNP program will be submitted with the Request to Establish document.

Recommendation

The staff of the General Administration recommends that the Board of Governors approve the request from the University of North Carolina at Chapel Hill to plan a Doctor of Nursing Practice degree program.

Approved to be Recommended for Planning to the Committee on Educational Planning, Policies, and Programs

Suzanne T. Ortega
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May 31, 2012