



Constituent Universities  
Appalachian State  
University

East Carolina  
University

Elizabeth City  
State University

Fayetteville State  
University

North Carolina  
Agricultural and  
Technical State  
University

North Carolina  
Central University

North Carolina  
State University  
at Raleigh

University of  
North Carolina  
at Asheville

University of  
North Carolina  
at Chapel Hill

University of  
North Carolina  
at Charlotte

University of  
North Carolina  
at Greensboro

University of  
North Carolina  
at Pembroke

University of  
North Carolina  
at Wilmington

University of  
North Carolina  
School of the Arts

Western Carolina  
University

Winston-Salem  
State University

Constituent High School  
North Carolina  
School of Science  
and Mathematics

An Equal Opportunity/  
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## APPENDIX O

# The University of North Carolina

## GENERAL ADMINISTRATION

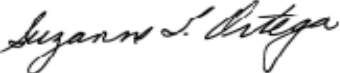
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January 23, 2013

To: Members of the Board of Governors

From: Suzanne Ortega 

Re: Doctor of Nursing Practice (D.N.P.) programs

In June 2012, the UNC Board of Governors approved the requests of six campuses to plan Doctor of Nursing Practice (D.N.P.) degree programs. We agreed, at that time, to move these programs through the academic planning and approval processes concurrently. Since that time, each campus has demonstrated, both to UNC General Administration and through external review, a strong case for student and societal demand, compelling curricula, collaborative opportunities, and viable plans to resource the proposed programs.

In addition to our own internal review and review by the UNC Graduate Council, UNC General Administration consulted with a total of sixteen external reviewers, three of whom evaluated all five of the submitted proposals. With one exception (UNCC/WCU consortium), each proposal was reviewed by one individual nominated by that campus; other reviewers were identified by UNC General Administration. Each reviewer assessed the evidence for student and societal demand, the curricular design, faculty sufficiency, and resource plans based upon the submitted information and his or her own professional experience as a leader and educator in a D.N.P. program. The prominent nursing leaders who were selected to assess all five proposals were also asked to comment upon the need for, and viability of, multiple programs within the University of North Carolina. Those three reviewers arrived at the same conclusions – that North Carolina's public universities are slow to transition to the D.N.P. as compared to other states and that several circumstances justify the approval and implementation of each one, including the present and growing demand for advanced practice nurses. They noted, also, that the cluster of specialties in each of the programs responded to not only to statewide shortages in advanced clinical practice nurses but also regional employer needs and student demands. Given the extensive and expanded requirements for supervised clinical practica and practice-based research projects, reviewers also noted that programs must appropriately rely on well-established, regional mentoring sites and relationships.

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External reviewers noted with particular admiration the efforts taken to identify and pursue collaborative opportunities across the proposed programs. Deans and program directors are continuing their collaborative approach by developing a joint plan to address the professional preparation of existing faculty for teaching and advising in a D.N.P. program.

We include again for your information the overview document on D.N.P. programs created by the Deans of the six institutions proposing the D.N.P. followed by individual summaries of the programs proposed by each institution.

## **The Doctor of Nursing Practice: Educating NC Nurses for Advanced Practice**

**August 23, 2012**

### **Submitted to**

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### **Background**

In October 2004, the American Association of Colleges of Nursing (AACN) approved a target date of 2015 for increasing the recommended educational preparation for entry into advanced nursing practice from two to three years; concomitantly they recommended that the Doctor of Nursing Practice (DNP) replace the Master of Science in Nursing (MSN) as the terminal degree for preparation of advanced practice registered nurses (APRN). APRNs include: nurse practitioners (NP), clinical nurse specialists (CNS), certified registered nurse anesthetists (CRNA), and certified nurse midwives (CNM). Since the DNP replaces the MSN the potential applicant pool and job market for DNP prepared advanced practice nurses are the same as the current (or predicted) applicant pool and job market for MSN prepared advanced practice nurses.

A frequently expressed concern about the DNP is whether taking 3 versus 2 years of study to prepare for advanced practice will adversely impact the supply of nursing faculty ready to teach new RNs in the community college and university settings. While DNP prepared nurses may teach new RNs, the DNP is not required for teaching new RNs. Recommending the DNP for advanced practice does not change the discipline's and Board of Nursing's recommendation that the master's degree is required to teach entry level

RNs. NC schools 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.

Presently six universities within North Carolina (East Carolina University, UNC-Chapel Hill, UNC-Charlotte, UNC-Greensboro, Western Carolina University, and Winston-Salem State University) are proposing to expand their graduate clinical programs to offer the Doctor of Nursing Practice (DNP) degree. Once approved, UNC-Chapel Hill, Winston Salem State, 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 launch.

### **Why a Practice Doctorate for Nursing?**

In 2012, the AACN strongly encourages that the DNP replace the master's as the discipline's required degree for nurses to be considered eligible for national certification as NPs, CNSs, CRNAs, or CNMs. 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, by 2025, nurse anesthetists will be required to have the DNP degree to be eligible to take 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. The workforce of nurses holding the DNP will be prepared to provide primary and advanced nursing care across the lifespan, and partner with families, physicians, and other health care providers to manage chronic illness and collaboratively care for acutely ill patients experiencing complex and co-morbid health threats, and to enhance the availability of health care to populations whose access is limited due to location (e.g., rural settings), limited income, or social inequities and health disparities.

### **DNP Education: A National Revolution**

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. According to the AACN, some of the many factors building momentum for change in nursing education at the graduate level include: the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; shortages of doctorally-prepared nursing faculty; and increasing educational expectations for the preparation of other members of the healthcare team.

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. There are two private universities already offering DNP programs in NC (Duke and Gardner Webb).

### **Request to launch the DNP in NC**

The UNC System has a well-established national reputation for leadership in public education. Likewise, the six nursing programs represented in this proposal are national and state leaders in nursing education. However, we lag behind two-thirds of the nation in expanding nursing education to the DNP degree. Continuing to delay offering this degree denies NC nurses access to the level of education recommended by the profession as most appropriate to preparation for entry into advanced practice. Currently, NC nurses desiring the DNP have three choices: (1) attend a private program (Duke or Gardner-Webb), (2) move out of state to study, or (3) enroll in an online program. All states contiguous to North Carolina have institutions

that offer the DNP degree. Of concern is the likelihood that nurses who leave our state to study will remain where they are educated. Most importantly, continuing to delay state supported DNP education for advanced practice nurses robs the citizens of NC access to a cadre of providers whose education has been expanded to address some of our nation's most daunting healthcare problems: access, quality of care, and affordability.

Between 2008 and 2012, five "Intent to Plan" documents were submitted to the NC General Administration by six NC state-supported schools of nursing – all requesting permission to plan to offer the new Doctor of Nursing Practice degree. The purpose of this current proposal collaboratively brought forth by the Deans of Nursing from six schools (East Carolina University, UNC-Chapel Hill, UNC Charlotte, UNC Greensboro, Western Carolina University, and Winston-Salem State University) is to both request permission to offer five separate programs of study leading to the DNP and to begin admitting students to six campuses (five programs). UNC Charlotte and Western Carolina have submitted a joint intention to plan document (thus six schools, but only five proposed programs of study). In addition, UNC-Chapel Hill and Winston-Salem State University have committed to collaborating to the extent practicable. For example, they 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. Lastly, 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 UNC-P who desire the DNP degree.

**The following are answers to seven questions frequently asked about the DNP.**

**1. Defining DNP Education: What is it?**

The DNP program of study builds upon baccalaureate education and expands current master's level education, to prepare nurses for clinical leadership and hands-on advanced practice in increasingly complex health care environments. Students entering into DNP study with a baccalaureate degree in nursing will take three years of full time study to achieve DNP end-of-program objectives; those entering with a masters' degree will take 12 to 18 months of full time study (variability would be based on length of time needed to complete a capstone project, prior coursework at the masters level, and clinical readiness). Graduates of the DNP program 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. While the DNP constitutes an enhanced level of preparation, it does not create a new role for advanced nursing practice. Rather it provides advanced practice nurses with additional knowledge and skills that better prepares them to address evolving and increasingly complex societal needs for safe, cost-effective, patient-centered and accessible care. Stated simply, the DNP prepares nurses at the graduate level for advanced practice roles in a health care system that is complex, expensive, and unevenly welcoming and resourced to provide care for all in need. DNPs are educated from the beginning to think about their patients in context. Specifically, the context includes each patient's genetic and social background, relevant economic and political barriers to care, the best evidence available to address the patient's health demands and self/family-care capacities, and both the resources and limitations of our ever-changing healthcare system.

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 curriculum requirements for the DNP are driven by the *The AACN Essentials of Doctoral Education for Advanced Nursing Practice*. These include content on:

- Scientific Underpinnings for Practice
- Organizational and Systems Leadership for Quality Improvement and Systems Thinking

- Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- Health Care Policy for Advocacy in Health Care
- Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- Clinical Prevention and Population Health for Improving the Nation's Health
- Advanced Nursing Practice

## 2. Why Double the Need for Doctorally Educated Nurses?

In October 2010 the Institute of Medicine and the Robert Wood Johnson Foundation released a landmark report on *The Future of Nursing*. One of the recommendations was that the number of nurses in the U.S. workforce with doctoral degrees should be doubled. In addition, this report stressed that an improved education system was needed to assure that nurses had lifelong access to increasingly higher levels of education that would assure a nursing workforce equipped with the competencies and breadth of knowledge necessary to delivering high quality, cost effective, patient-centered care in a system that is characterized by complexity, fragmentation, and unevenness in access to care. With its recommendation to double the number of nurses with doctoral degrees (both DNP and PhD) by 2020, *The Future of Nursing* report recognized that nurses with doctoral degrees represented less than 1% of the nursing workforce. Doctorally prepared nurses are needed to not only advance clinical practice and to build nursing science, but to also fill the critical need for faculty to prepare the next generation of 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). 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 increasingly serve as lower-cost primary care providers." ([http://stats.bls.gov/oco/ocos083.htm#projections\\_data](http://stats.bls.gov/oco/ocos083.htm#projections_data))

## 3. Is there an applicant pool?

The DNP applicant pool looks very strong. In Spring semester of 2012, using the same measure across all six applicant schools, the level of program demand was determined by asking currently enrolled baccalaureate and master's students in each institution about their level of interest in doctoral education. As depicted in Table 1, across all six schools there are currently 2,449 baccalaureate students enrolled. Of these 849 (34.7%) responded to an online survey that assessed interest in pursuit of DNP education. Of those 849 responding, 526 (62%) indicated interest in a DNP with almost one half hoping to enroll in 2013.

Table 1. Baccalaureate Student Interest in Pursuing the DNP						
	Chapel Hill	Winston-Salem	East Carolina	Western Carolina	Charlotte	Greensboro
<b>Total Enrolled in Spring, 2012</b>	378	522	666	243	325	315
<b>Responded n (%)</b>	170 (44.9%)	159 (30.5%)	303 (45.5%)	64 (26%)	62 (19%)	91 (28.9%)
<b>Plan to pursue a DNP?</b>	84 (49%)	61 (38.4%)	216 (71.3%)	45 (70%)	52 (83.8%)	68 (75%)
<b>Full or Part Time Study?</b>						
Full time	29/84 (35%)	16/61 (26.2%)	38/212 (17.9%)		13/52 (25.5%)	12/68 (17.6%)
Part time	18/84 (21%)	21/61 (34.4%)	161/212 (75.9%)		19/52 (36.5%)	34/68 (50%)
Unsure	37/84 (44%)	24/61 (39.3%)	13/212 (6.1%)		20/52 (38.4%)	22/68 (32%)
<b>Start your DNP in 2013? Yes</b>	44/83 (53%)	54/61 (88.5%)	96/212 (45.3%)	20/45 (44.4%)		45/68 (66%)

Likewise, data were gathered on currently enrolled masters students (Table 2). Across all six programs there are currently 1,553 masters students enrolled, of these 670 (43.1%) responded to an online survey that assessed interest in pursuit of doctoral education. Of those 670 responding, 385 (56.2%) indicated interest in a post-masters DNP with almost 40% hoping to enroll in 2013.

Table 2. Master's Student Interest in Pursuing the DNP						
	Chapel Hill	Winston-Salem	East Carolina	Western Carolina	Charlotte	Greensboro
<b>Total Enrolled in Spring, 2012</b>	274	109	544	129	198	299
<b>Responded n (%)</b>	146 (53.3%)	41 (37.6%)	307 (56.4%)	32 (24%)	65 (32.8%)	79 (26.4%)
<b>Plan to pursue a DNP?</b>	50 (34%)	28 (68%)	203 (66%)	23 (72%)	54 (83%)	41 (76%)
<b>Full or Part Time Study?</b>						
Full time	6/50 (12%)	12/28 (42%)	7/202 (3.5%)		8/60 (13.3%)	12/60 (20%)
Part time	22/50 (44%)	8/28 (28.6%)	182/202 (90.1%)		35/60 (58.3%)	38/60 (63.3%)
Unsure	22/50 (44%)	8/28 (28.6%)	13/202 (6.4%)		17/60 (28.3%)	10/60 (16.7%)
<b>Start your DNP in 2013? Yes</b>	32/50 (64%)	26/28 (92.9%)	39/202 (19.3%)	2/4 (50%)	19/60 (31.6%)	32/60 (53.3%)

In addition, 4,190 nursing alumni from UNC-Chapel Hill and 2733 from East Carolina were sent an online survey in February of 2012 to assess level of interest in pursuing the DNP. There was a 20.5% response rate (N = 857) from UNC-CH alums and a 24.7% response rate (N = 675) from ECU alums. Of the 857 UNC-CH respondents, 271 (31.6%) indicated interest in the DNP. Of the 675 ECU respondents, 345 (51.1%) 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 23.6% 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.

#### 4. What is the need for advanced practice nurses in NC?

As described earlier, DNP preparation was not meant to create new roles for advanced practice nurses (although with new skill sets in leadership and practice-based inquiry – the emergence of new roles is inevitable). Rather DNP programs are designed to provide advance practice nurses with the knowledge and skills necessary to make valuable contributions to patient care and population health in an increasingly complex healthcare arena. As depicted in Table 3, each of the six schools seeking to launch the DNP provided 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 document a robust job market for advanced practice nurses. The market for advanced practice nurses will only continue to rise. With implementation of the Affordable Care Act there will soon be 32 million Americans newly qualified for health care. Additional market forces driving the need for advanced practice nurses include: recent restrictions placed on the hours medical residents are allowed to work, CMS tying hospital reimbursement rates to low readmissions, and the ever-increasing nursing faculty shortage. DNP education prepares nurses to meet these demands.

		2006-07	2007-08	2008-09	2009-10
UNC CH	Total Advanced Practice Graduates	47	46	49	51
	Total Employed (%)	39 (83%)	38 (83%)	41 (84%)	50 (98%)
	HPSA <sup>1</sup> / Rural / Medically Underserved	34 (72%) <sup>2</sup>	36 (95%)	39 (80%)	43 (84%)
WSSU	Total Advanced Practice Graduates	29	47	50	60
	Total Employed (%)	26 (90%)	42 (89%)	41 (82%)	53 (88%)
	HPSA / Rural / Medically Underserved	26 (90%)	42 (89%)	41 (82%)	53 (88%)
ECU	Total Advanced Practice Graduates	77	73	89	102
	Total Employed (%)	75 (98%)	72 (98%)	87 (98%)	100 (98%)
	HPSA / Rural / Medically Underserved	55 (73%)	45 (62%)	63 (72%)	87 (87%)
West. Carolina	Total Advanced Practice Graduates	8	11	10	20
	Total Employed (%)	8 (100%)	11 (100%)	10 (100%)	19 (95%)
	HPSA / Rural / Medically Underserved	5 (63%)	11 (100%)	6 (60%)	17 (85%)
UNC Charlotte	Total Advanced Practice Graduates (NP/CRNA)	49	64	22	42
	Total Employed (%)	46 (94%)	61 (95%)	22 (100%)	39 (93%)
	HPSA / Rural / Medically Underserved	17 (35%)	19 (30%)	18 (82%)	11 (26%)
UNC G	Total Advanced Practice Graduates	63	54	69	66
	Total Employed (%)	62 (99%)	53 (98%)	69 (100%)	66 (100%)
	HPSA / Rural / Medically Underserved	46 (73%)	38 (70%)	47 (68%)	60 (91%)
		<sup>1</sup> HPSA = Health Professional Shortage Area			
		<sup>2</sup> Percentage of total graduates employed in HPSA / Rural / Medically Underserved sites			

#### 5. What typifies a DNP Curriculum?

The education provided through the program of study leading to the DNP 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. For nurses with their bachelor's degree it will take three years of full time study to complete the DNP. Students entering with a master's degree will take 12 to 18 months of full time study to complete – variability will rest on the number



of transferable credits and University residency expectations. DNP capstone projects focus on quality improvement, population health, and translational science (do findings from controlled research studies work in real world clinical or community settings?). The following are two examples of DNP capstone projects.

(1) A masters prepared pediatric nurse practitioner returned to school for her DNP. She was concerned about the number of prematurely born infants that were being readmitted to the hospital because of feeding problems. During her DNP coursework she found consistent evidence for five risk factors that predicted infant feeding problems and that were observable prior to discharge from the newborn intensive care unit. For her capstone, she used those five predictors to develop a 'risk of feeding problems score card' and retrospectively reviewed two years of discharge records for infants who had been born prematurely. She found that in most instances, infants who exhibited three or more risk factors were being discharged without the benefit of referral to the infant feeding clinic. After graduating her first quality improvement project was to launch a discharge screening protocol that used her feeding problems score card to identify and refer prematurely born infants at risk for future feeding problems.

(2) People with diabetes have a higher incidence of clinical depression than the remainder of the population. Depressed diabetics oftentimes experience greater difficulty with diabetes self-care. There is a brief and valid clinical questionnaire that has been found effective in discriminating between patients with and without clinical depression. It can be quickly administered by care assistants when patients are admitted to an ambulatory clinic. Providers in a local diabetes ambulatory care clinic decided to use the measure to screen for depression and set a start-up goal that at least 90% of all patients would be screened every time they came for care. A DNP candidate who practiced in that clinic focused her capstone project on assessing: the extent to which the clinic met its screening goals, the proportion of depressed diabetic patients who actually received antidepressants, and the extent to which patients with co-morbid diabetes and depression had lab values that indicated effective diabetes self-management. Her findings have enabled clinic providers to discern whether their ambulatory practice meets the needs of the diabetic population they serve.

## **6. What is the added cost of DNP education?**

If each program continues to admit the same number of BSN prepared nurses and graduate the same number of nurses for advanced practice, it will necessitate additional funding for one more year of study for each BSN to DNP graduate student (three years of DNP study versus two years of MSN study). In addition to the BSN prepared nurses seeking graduate education for advanced practice there will also be a sizeable number of master's-prepared applicants seeking an additional 12 to 18 months of fulltime study to achieve their highest practice degree: the DNP. If schools are not allocated any additional funds for educating DNP students, it will necessitate reducing the number of nurses enrolled in advanced practice programs and limit the availability of post-masters DNP admissions. Each school will work with its respective provost to develop a budget using the *Student Credit Hour Funding Model* to project the total academic funding requirements.

## **7. When fully enacted what is the anticipated annual admissions to the DNP program of Study?**

For BSN prepared entrants, since the DNP builds on the MSN, it is possible to phase out offering the MSN as each school switches over to the DNP. This capacity to phase out the MSN enables currently enrolled MSN students to complete their programs of study and it allows each school to shift to DNP as they are able to market their program, recruit students, and enhance their total faculty FTE to cover the third year of teaching. The Six schools have prepared the following tables that project anticipated annual admissions when the DNP Programs of study are fully up and running. In Table 4, the anticipated BSN to DNP admissions are broken down by areas of study. In Table 5, each school projects the anticipated number of annual admissions to their MSN to DNP program. MSN to DNPs are not broken down by area of study since applicants with an MSN will come with their specialty knowledge, their studies will focus more on leadership, epidemiology, and health policy.

Table 4. Targeted BSN to DNP annual admissions when DNP programs are fully enacted \*

	<u>ECU**</u>	<u>UNC CH</u>	<u>UNC Char</u>	<u>UNC G</u>	<u>WCU</u>	<u>WSSU</u>
Family Nurse Practitioner	5 FT 20 PT	21 FT 6 PT	20		18	30 FT 10 PT
Pediatric Nurse Practitioner		9 FT 2 PT				
Adult/Gero Nurse Practitioner	5 FT 20 PT	18 FT 4 PT		24		
Psych Mental Health Nurse Practitioner		9 FT 2 PT				
Neonatal Nurse Practitioner	4 FT 3 PT					
Certified Nurse Midwife	1 FT 6 PT					
Certified Registered Nurse Anesthetist	12 FT		24	60	14	
Nurse Executive / Care Systems Administration		6 FT 6 PT	8		8	
Clinical Nurse Specialist	2 FT 13 PT					
Community/ Public Health Nursing			8			

\*(in all cases - these programs of study currently lead to the MSN. Over time they will become DNP only. Because of the overlap in advanced practice course work between the BSN to MSN and BSN to DNP, it is possible to let market forces drive the ultimate sunsetting of the MSN for advanced practice).

\*\* ECU will initially admit Family NP & Adult/Gero NP in the BSN to DNP program. Nurse Anesthesia, Nurse Midwives, Neonatal Nurse Practitioners and Clinical Nurse Specialists will be admitted as the degree program evolves and credentialing requirements change for these specialties. Numbers depict average new admits annually in the specialties.

Table 5. Post-masters DNP annual admissions when programs are fully enacted \*

	<u>ECU</u>	<u>UNC CH</u>	<u>UNC Char*</u>	<u>UNC G*</u>	<u>WCU</u>	<u>WSSU</u>
MSN to DNP	4 FT 16 PT	10 FT 20 PT	6 FT TBD PT		XX FT XX PT	20 FT 5 PT

\* UNC G is not prepared to predict annual admissions to the Post-masters DNP until resource availability is determined. UNC Charlotte will set the number of part time students based on resource availability.

**8. What is the cost of not acting?**

The major cost of not acting is that NC nurses devoted to practice would not have the highest level of education available to them and the citizens of NC would not have access to advanced practice nurses prepared at the most comprehensive level necessary to meet the care needs of NC citizens and to redress care access issues. There are currently four states bordering NC that offer the DNP program. Those states and the number of DNP programs offered per state include: Virginia (5), Tennessee (3), South Carolina (2), and Georgia (2). Nurses living in NC could move or take courses in our neighboring states via distance-enhanced technologies. In either case they would be paying out of state tuition and they would be vulnerable to being recruited to those states. The loss would include “brain drain” where nurses who are highly motivated to deepen their commitment to practice through pursuit of higher education would be lured away. NC hospitals and clinics would face challenges recruiting advanced practice nurses for direct patient care and leadership, the citizens of NC would be deprived of access to advanced practice nurses with the highest level of academic preparation, and schools of nursing would be challenged to find doctorally prepared faculty for educating nurses for entry into practice as RNs or advanced practice nurses. Table 4 depicts the specialty areas that the six programs will be offering to BSNs to DNPs and the anticipated number of students that will be admitted each year into the specialty areas.

**9. How to accomplish?**

While each DNP program will base its curriculum on *The AACN Essentials of Doctoral Education for Advanced Nursing Practice*, programs will differ based on the focus of the advanced practice programs offered, the constellation of faculty teaching those programs, their student applicant pool, and the culture and mission of each campus. Once permission to offer the degree is obtained from the Board of Governors, each School will set in motion concrete plans to admit students [in Fall, 2013: UNC-CH, UNC Charlotte and Western Carolina (combined program), East Carolina University, and Winston-Salem State University; and in Fall of 2015: UNC Greensboro]. Since submitting their original “Intent to Plan” documents nursing faculty on all six campuses/five programs have been refining their programs of study and developing the coursework that will enable launching the DNP.

Upon request, sample programs of study will be made available from each school.

## **Request for Authorization to Establish a Doctor of Nursing Practice at East Carolina University**

East Carolina University requests authorization to establish a Doctor of Nursing Practice (D.N.P.) degree program (CIP 51.3818).

### **Program Description**

The educational objectives of the D.N.P. at East Carolina University are to prepare graduates to assume leadership roles to advance clinical practice and health delivery and to influence policy, care delivery, and systems for current and future health care needs. Graduates will be prepared to translate scientific, theoretical, and ethical principles into health care for individuals, families, and populations and to implement new technologies and evidence-based practices to optimize health care outcomes, reduce risks, and promote patient safety.

East Carolina University's existing MSN program has eight concentrations: Family Nurse Practitioner; Adult/Gerontology Nurse Practitioner; Neonatal Nurse Practitioner; Certified Nurse Midwife; Certified Registered Nurse Anesthetist; Clinical Nurse Specialist; Nursing Leadership and Nursing Education. East Carolina University will maintain the Nursing Leadership and Nursing Education concentration at the master's level and transition all others over time to the D.N.P. via a staggered approach. The first two concentrations to transition to the D.N.P. fully by year two are Family Nurse Practitioner and Adult/Gerontology Nurse Practitioner. The D.N.P. program was designed to meet the standards set forth in the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (2006), including a minimum of 1000 clinical hours. The program requires 73-77 hours, based on the specialty area, for students entering the D.N.P. with a BSN degree; 36 hours are required for students entering with the MSN degree. Courses common to those entering with the BSN or MSN include a foundations course, statistical methods, population health, informatics, health care finance, health care policy and ethics, and preparation in evidenced-based practice and research. A capstone project is required of all D.N.P. students. East Carolina University plans to make courses available for online delivery starting in year one.

### **Mission Relevance**

The D.N.P. is congruent with East Carolina University's mission to save lives, cure diseases, and positively transform the quality of health care for the region and state. The program is also consistent with several aspects of the Strategic Plan (2010-2013), specifically the strategic direction and subsequent goals and objectives related to Health, Health Care, and Medical Innovation.

### **Student Demand**

In Spring 2012, currently enrolled baccalaureate and master's students at East Carolina University were surveyed about their level of interest in doctoral education (Table 1).

	Number	Percent
Total baccalaureate enrolled Spring 2012	666	
Responded n(%)	303	45.5
Plan to pursue DNP?	216	71.3
Start DNP in 2013? Yes	96 of 216	45.3
Total master's enrolled Spring 2012	544	
Responded n(%)	307	56.4
Plan to pursue DNP?	203	66
Start DNP in 2013? Yes	39 of 203	19.3

Table 1: Spring 2012 Interest Survey results for East Carolina University

### **Societal Demand and Opportunities for Program Graduates**

The success and placement of East Carolina University's MSN program graduates is a good indicator of societal demand for advanced practice nurses. Each academic year between 2006 and 2010, 98% of graduates of the East Carolina University MSN program secured employment six to twelve months after program completion. Additionally, 62-87% of their graduates were employed in health professional shortage areas (HPSA), rural or medically underserved areas.

A robust future job market also exists for advanced practice nurses, as is evidenced by many national and state-level reports. The Future of Nursing, an October 2010 report of the Institute of Medicine and the Robert Wood Johnson Foundation, recognizes that doctorally-prepared nurses represent less than 1% of the nursing workforce and recommends the number of nurses with doctoral degrees be doubled. The North Carolina Institute of Medicine anticipates the state will experience a shortage of nurse practitioners and other primary care providers in the next 10-20 years and recommends expansion of University of North Carolina nurse practitioner programs. The Bureau of Labor Statistics also predicts high demand for clinical nurse specialists, nurse practitioners, nurse-midwives, and nurse anesthetists, particularly in medically underserved areas such as inner cities and rural areas.

### **Resource Implications**

Additional resources are required to launch the program and will be achieved through a combination of reallocation of present institutional resources and projected differential tuition. A differential tuition amount of \$2,600 per academic year per student is requested.

Personnel – East Carolina University estimates two new faculty are needed to launch the program in Year 1. The Vice Chancellor for Health Sciences has committed to support the two faculty lines needed for start-up for two years; subsequent years will be covered through reallocation of existing resources and differential tuition in the event that enrollment increase funding is unavailable. Internal reallocations are planned to meet personnel needs in information technology and administrative support staff.

Library, Facilities, and Technology – No additional library resources are needed. Equipment needs, including a virtual server, can be achieved through internal reallocations and differential tuition.

Other projected expenses include faculty development and travel, supplies, contract services, and marketing and advertising. Differential tuition will be applied towards these expenses.

### **Collaborative Opportunities**

In addition to significant existing internal collaborations between the School of Nursing and other units in East Carolina University's Division of Health Sciences, East Carolina has pursued collaborative opportunities with other campuses in the University system. East Carolina University and UNC Pembroke have reached a collaborative arrangement wherein East Carolina intends to facilitate admission of 10% of seats in the D.N.P. for UNC Pembroke students and/or faculty members. UNC Pembroke agrees to assist in the development of research sites for either D.N.P. students or faculty, particularly those who desire an area of diversity. UNC Pembroke faculty will also have opportunity to serve on scholarly project committees. The two campuses have also discussed other collaborations around use of simulation technologies and research. Collaborative arrangements are also being pursued with UNC Wilmington and Fayetteville State University. Regarding other partnerships, East Carolina University D.N.P. will be able to leverage existing relationships with the military and with those serving rural underserved and vulnerable populations. For example, advanced practice nursing students have clinical rotations in military facilities precepted by active duty military nurses.

### **Outcome of Consultation with Disciplinary Experts**

In Spring 2012, East Carolina University presented details of its proposed D.N.P. program to the UNC Graduate Council and answered questions about the program to the satisfaction of Council members. The Graduate Council voted, without dissent, to recommend approval of East Carolina University's Request to Plan the D.N.P. degree program. East Carolina University's Request to Establish the D.N.P. program was reviewed by three independent reviewers as well as by three other experts who were selected to review all five D.N.P. proposals that moved through the review process concurrently. The consensus of the external reviewers was that the program should be approved. Reviewers identified several strengths, including collaborative opportunities within the university and with other universities and a longstanding focus on preparing graduates to serve rural underserved populations. While those who reviewed only East Carolina University's proposal recommended some attention to aspects of the planned curriculum, the most substantive critiques were common across all cohort proposals:

- How will existing faculty and clinical preceptors receive the professional development needed to teach and advise in a D.N.P. program?
- What alternate advisory structures, outside of traditional dissertation-type committees, can be explored for D.N.P. capstone projects?
- What is the plan to recruit clinically prepared nursing faculty to meet program needs?
- How was the level of differential tuition determined to be appropriate and competitive?

East Carolina University faculty have previously created and/or participated in a variety of faculty and preceptor development opportunities, including the College of Nursing's summer faculty development workshops, East Carolina University's distance education pedagogy workshops, its Nursing Education Educator Development (NEEDS) online course, and training and leadership opportunities through national nursing organizations. Deans and Directors across the University of North Carolina are planning a two-day professional development workshop in 2013, likely at University of North Carolina at Charlotte, focused on curriculum development, faculty development, networking, and identification of mechanisms for sharing best practices among the public institutions offering the D.N.P. These Directors are also planning a semi-annual faculty development series specific to the advising, roles, and projects of the D.N.P. and available for synchronous or asynchronous viewing. Regarding capstone projects, the proposed completion of a Scholarly Project meets committee and other requirements of the Graduate School while accommodating the unique nature and scholarly products of the D.N.P. projects. Team-based supervisory approaches are being considered to optimize use of faculty resources and assist in supervision of large numbers of students in the future. Regarding faculty recruitment, East Carolina

University has an effective recruitment plan in place that utilizes professional organizations and existing clinical practice partners. East Carolina University invests in current faculty enrolled in doctoral programs as a “grow your own” strategy. Finally, regarding differential tuition, East Carolina University developed its recommendation based on student survey feedback and comparison with tuition and fee levels of schools located in the state.

**Recommendation**

It is recommended that the Board of Governors approve East Carolina University’s request to establish a Doctor of Nursing Practice degree program (CIP 51.3138) contingent upon a satisfactory response to curricular points raised in external review.

## **Request for Authorization to Establish a Doctor of Nursing Practice at University of North Carolina at Chapel Hill**

University of North Carolina at Chapel Hill requests authorization to establish a Doctor of Nursing Practice (D.N.P.) degree program (CIP 51.3818).

### **Program Description**

The D.N.P. at University of North Carolina at Chapel Hill will integrate nursing knowledge with ethics and the biophysical, psychosocial, organizational, and information sciences as the bases for advanced nursing practice and innovative approaches to healthcare delivery. Graduates will be able to demonstrate organizational and systems leadership, clinical scholarship, use of information technologies and related technologies for healthcare delivery, analysis of health promotion and maintenance strategies for individuals and populations, and practice expertise in a focus or specialty area. Graduates will also be able to develop, advocate for, and evaluate health care policy and facilitate collaboration and teamwork towards high quality patient and system outcomes.

University of North Carolina at Chapel Hill's existing MSN program has six concentrations: Family Nurse Practitioner; Pediatric Nurse Practitioner; Adult/Gerontology Nurse Practitioner; Psych Mental Health Nurse Practitioner; Nursing Leadership; and Nursing Education. University of North Carolina at Chapel Hill will maintain the Nursing Education program at the master's level and transition the others fully to the D.N.P. by the second year. The D.N.P. program was designed to meet the standards set forth in the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (2006), including a minimum of 1000 clinical hours. Depending on the specialty area, the program requires 66-75 hours for students entering the D.N.P with a BSN degree; 37-41 hours are required for students entering with the MSN degree. Courses common to those entering with the BSN or MSN include epidemiology, financial management, leadership and advanced practice, quality and safety outcomes, and preparation in evidenced-based practice and research. A final project is required of all D.N.P. students.

### **Mission Relevance**

The D.N.P. is congruent with University of North Carolina at Chapel Hill's mission to provide graduate and professional programs of national distinction at the doctoral and other advanced levels. The program is also consistent with the six priorities of the 2011 Academic Plan, which include challenging students through transformative academic experiences, achieving interdisciplinarity in teaching, research and service, and engaging the community in scholarship.

### **Student Demand**

In Spring 2012, currently enrolled baccalaureate and master's students at University of North Carolina at Chapel Hill were surveyed about their level of interest in doctoral education (Table 1). The University of North Carolina at Chapel Hill also surveyed 4,190 nursing alumni to assess level of interest in pursuing the D.N.P. Those results are also included in Table 1.



	Number	Percent
Total baccalaureate enrolled Spring 2012	378	
Responded	170	44.9
Plan to pursue DNP?	84	49
Start DNP in 2013? Yes	44 of 84	53
Total master's enrolled Spring 2012	274	
Responded	146	53.3
Plan to pursue DNP?	50	34
Start DNP in 2013? Yes	32 of 50	64
Total nursing alumni surveyed February 2012	4,190	
Responded	857	20.5
Interest in DNP? Yes	271	31.6%
Return for DNP in 1-2 years? Yes	129 of 271	47.6
Would choose DNP at UNC Chapel Hill? Yes	189 of 271	69.9

Table 1: Spring 2012 Interest Survey results for UNC Chapel Hill

### **Societal Demand and Opportunities for Program Graduates**

The success and placement of University of North Carolina at Chapel Hill's MSN program graduates is a good indicator of societal demand for advanced practice nurses. Between 2006 and 2010, 83-98% of graduates of the University of North Carolina at Chapel Hill MSN program secured employment six to twelve months after program completion. Additionally, 72-95% of their graduates were employed in health professional shortage areas (HPSA), rural or medically underserved areas.

University of North Carolina at Chapel Hill cited several reasons, such as the following examples, that suggest employment opportunities for advanced practice nurses will continue to rise. The Patient Protection and Affordable Care Act will qualify at least 30 million additional Americans for health care. The Association of American Medical Colleges projects by 2020 there will be 45,000 fewer primary care physicians than needed. Nurse practitioners supplement resident inpatient and ambulatory care due to increased restrictions on hours medical residents are allowed to work.

### **Resource Implications**

Additional resources are required to launch the program and will be achieved through a combination of reallocation of present institutional resources, projected differential tuition, and enrollment increase funds. Should enrollment growth funding be unavailable, University of North Carolina would pursue a variety of strategies including increase in class sizes, decrease in admissions, and increase in differential tuition. A differential tuition amount of \$4,150 per academic year per student is requested for the first year, with planned increases in differential tuition each year for three years following. Fees are also proposed, including a \$10 per student orientation/graduation fee, a \$150 per student clinical course fee, and a \$300 per student residency fee.

Personnel – Enrollment in the University of North Carolina at Chapel Hill D.N.P. is projected to be double that of the existing master's program advanced practice concentrations. As such, the campus estimates a total of twelve new faculty are needed to launch the program and would be added as follows: two in Year 1; five in Year 2; five in Year 3. A student services position, administrative assistant, and

information technology assistant are projected needs in Year 1. A simulation lab staff person and an additional administrative assistant position are projected needs in Year 2. Costs of additional faculty and staff would be covered through a combination of differential tuition and enrollment growth funds.

Library, Facilities, and Technology – No additional library resources or facilities are needed to support the program. Some computer lab equipment and other technology purchases are required in Year 1 and will be covered through differential tuition.

### **Collaborative Opportunities**

University of North Carolina at Chapel Hill and Winston-Salem State University have agreed to share faculty expertise in the supervision of capstone projects and are discussing potential for future course sharing. This sharing of faculty expertise strengthens each institution's D.N.P. program and eases some demand on faculty resources. University of North Carolina at Chapel Hill has also planned and hosted numerous meetings and lectures attended by other UNC system nursing program administrators, faculty and staff on issues pertinent to advanced nursing practice, including the need for D.N.P. education, the distribution and overall supply of D.N.P prepared nurses, and approaches for efficient and effective D.N.P. programming. These opportunities contribute to the professional development of educators and students across the system.

### **Outcome of Consultation with Disciplinary Experts**

In Spring 2012, University of North Carolina at Chapel Hill presented details of its proposed D.N.P. program to the UNC Graduate Council and answered questions about the program to the satisfaction of Council members. The Graduate Council voted, without dissent, to recommend approval of University of North Carolina at Chapel Hill's Request to Plan the D.N.P. degree program. University of North Carolina at Chapel Hill's Request to Establish the D.N.P. program was reviewed by two independent reviewers as well as by three other experts who were selected to review all five D.N.P proposals that moved through the review process concurrently. The consensus of the external reviewers was that the program should be approved. Reviewers identified several strengths, including the scholarly achievements of the current faculty and collaborative relationships with other health professions on campus. While those who reviewed only University of North Carolina at Chapel Hill's proposal recommended some attention to aspects of the planned curriculum, the most substantive critiques were common across all cohort proposals:

- How will existing faculty and clinical preceptors receive the professional development needed to teach and advise in a D.N.P. program?
- What alternate advisory structures, outside of traditional dissertation-type committees, can be explored for D.N.P capstone projects?
- What is the plan to recruit clinically prepared nursing faculty to meet program needs?
- How was the level of differential tuition determined to be appropriate and competitive?

University of North Carolina at Chapel Hill faculty have previously created and/or participated in a variety of faculty and preceptor development opportunities, including the School of Nursing's annual Faculty Development series, Web-based preceptor training and support materials, and training and leadership opportunities through national nursing organizations. Deans and Directors across the University of North Carolina are planning a two-day professional development workshop in 2013, likely at University of North Carolina at Charlotte, focused on curriculum development, faculty development, networking, and identification of mechanisms for sharing best practices among the public institutions offering the D.N.P. These Directors are also planning a semi-annual faculty development series specific to the advising, roles, and projects of the D.N.P. and available for synchronous or asynchronous viewing.

Regarding capstone projects, the proposed format of the Scholarly Inquiry Project meets committee and other requirements of the Graduate School while accommodating the unique nature and scholarly products of the D.N.P. projects. Regarding faculty recruitment, the School of Nursing often has D.N.P. prepared individuals to apply for available positions in the School and hence does not anticipate problems with recruitment; additionally, the School's own D.N.P. graduates will be highly competitive for long term contract positions that contribute to the program's future. Finally, regarding differential tuition, University of North Carolina at Chapel Hill developed its recommendation after comparing in-state tuition among seven peer institutions that are research-intensive, have academic health science centers, and offer undergraduate through post-doctoral education in nursing.

**Recommendation**

It is recommended that the Board of Governors approve University of North Carolina at Chapel Hill's request to establish a Doctor of Nursing Practice degree program (CIP 51.3138) contingent upon a satisfactory response to curricular points raised in external review.

## **Request for Authorization to Establish a Doctor of Nursing Practice at University of North Carolina at Charlotte**

University of North Carolina at Charlotte requests authorization to establish a Doctor of Nursing Practice (D.N.P.) degree program (CIP 51.3818).

### **Program Description**

The D.N.P. Consortium at University of North Carolina at Charlotte (with Western Carolina University) will prepare graduates with a scientific foundation for advanced practice nursing. Program graduates will apply clinical scholarship, scientific evidence, and analytical methods to improve health care outcomes, as well as develop and evaluate systems to enhance safety and quality of health care. The program will provide opportunities to engage in culturally competent and ethically sound advanced nursing practice, to demonstrate leadership in improvement of patient outcomes and transformation of health care delivery, and directly manage complex problems and systems in health care.

University of North Carolina at Charlotte's existing MSN program has five concentrations: Family Nurse Practitioner; Certified Registered Nurse Anesthetist; Nursing Leadership; Public Health; and Nursing Education. Western Carolina University's existing MSN program has four concentrations: Family Nurse Practitioner; Certified Registered Nurse Anesthetist; Nursing Leadership; and Nursing Education. The program will begin as post-masters only; students entering the program will hold an MSN degree. In 2016, post-baccalaureate admission to the program will begin. MSN programs (with exception of Nursing Education) will begin a transition to primarily post-baccalaureate admission at that time. After 2016, both the post-masters and post-baccalaureate D.N.P. will be offered, as well as the MSN for all tracks except nurse anesthesia.

The D.N.P. program was designed to meet the standards set forth in the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (2006), including a minimum of 1000 clinical hours. The program requires 42 hours for students entering the D.N.P. with a MSN degree, which are the target applicant pool at the outset of the program. Depending on the speciality area, 68-96 hours are required for students entering with the BSN degree starting in Year 4. Courses common to those entering with the BSN or MSN include epidemiology, global health and social justice, healthcare policy and ethics, economic and financial aspects of health care, leadership in health care, applied biostatistics, and preparation in evidenced-based practice and research. A capstone project is required of all D.N.P. students. To facilitate the consortium design, the program will include both face-to-face instruction and instruction with mediating technology and will require visits to each campus and web-enhanced and online coursework.

### **Mission Relevance**

The D.N.P. is congruent with University of North Carolina at Charlotte's mission to deliver exemplary graduate programs and to address the health needs of the greater Charlotte region. The program is also consistent with several goals of the Institutional Plan (2011-2016), including the delivery of high quality, affordable, and effective educational programs that produce educated and responsible citizens and a competitive workforce and that are prioritized by the campus (Goal 1.1). Development of regionally relevant doctoral programs is also the first goal of the School of Nursing's Strategic Plan.

### **Student Demand**

In Spring 2012, currently enrolled baccalaureate and master's students at University of North Carolina at Charlotte were surveyed about their level of interest in doctoral education (Table 1).

	Number	Percent
Total baccalaureate enrolled Spring 2012	325	
Responded n(%)	62	19
Plan to pursue DNP?	52	83.8
Start DNP in 2013? Yes	NA	NA
Total master's enrolled Spring 2012	198	
Responded n(%)	65	32.8
Plan to pursue DNP?	54	83
Start DNP in 2013? Yes	19 of 54	35

Table 1: Spring 2012 Interest Survey results for University of North Carolina at Charlotte

### **Societal Demand and Opportunities for Program Graduates**

The success and placement of University of North Carolina at Charlotte's MSN program graduates is a good indicator of societal demand for advanced practice nurses. Between 2006 and 2010, 93-100% of graduates of the University of North Carolina at Charlotte MSN program secured employment six to twelve months after program completion. While program graduates tend to work in urban settings, as high as 82% of their graduates reported employment in that timeframe in health professional shortage areas (HPSA), rural or medically underserved areas.

University of North Carolina at Charlotte cited several reasons that suggest employment opportunities for advanced practice nurses will continue to rise. For example, the Affordable Care Act will qualify 32 million additional Americans for health care. Additionally, nurse practitioners supplement resident inpatient and ambulatory care due to increased restrictions on hours medical residents are allowed to work.

### **Resource Implications**

Additional resources are required to launch the program and will be achieved through a combination of reallocation of present institutional resources, projected differential tuition, and enrollment increase funds. Should enrollment increase funds be unavailable, University of North Carolina at Charlotte has committed to reallocate internal resources for these needs. A differential tuition amount of \$4,800 per academic year per student is requested.

Personnel – University of North Carolina at Charlotte estimates four new faculty are needed to launch the program. Differential tuition and enrollment increase funds will be used to cover the position costs. An academic advisor and staff support person are also needed by Year 4 and to be added through enrollment growth funding.

Library, Facilities, and Technology – Current library resources, facilities, and technology supports are adequate to launch the program.

### **Collaborative Opportunities**

Western Carolina University and University of North Carolina at Charlotte have collaborated to design a consortium program where co-developed core courses for MSN-DNP and BSN-DNP students will be delivered via a blend of on-campus and technology-enhanced methods. Each institution will admit students and confer D.N.P. degrees. The partnership will expose students to issues of advanced nursing practice in urban and rural settings. The consortium approach also provides opportunity for shared faculty resources in the supervision of capstone projects. The Advisory Committee for the D.N.P. will be comprised of the D.N.P. Coordinator, two elected faculty members, and Associate Directors of Graduate

Education from each institution. The Advisory Committee will approve admissions recommendations from each school, recommend any changes to courses and curriculum, oversee student progression through the program, and recommend students for graduation.

### **Outcome of Consultation with Disciplinary Experts**

In Spring 2012, University of North Carolina at Charlotte presented details of its proposed D.N.P. program to the UNC Graduate Council and answered questions about the program to the satisfaction of Council members. The Graduate Council voted, without dissent, to recommend approval of University of North Carolina at Charlotte's Request to Plan the D.N.P. degree program. University of North Carolina at Charlotte's Request to Establish the D.N.P. program was reviewed by three independent reviewers as well as by three other experts who were selected to review all five D.N.P. proposals that moved through the review process concurrently. The consensus of the external reviewers was that the program should be approved. Reviewers identified several strengths, including the efficiencies and expertise sharing to be facilitated by the consortial arrangement. While those who reviewed only University of North Carolina at Charlotte's proposal recommended some attention to aspects of the planned curriculum, the most substantive critiques were common across all cohort proposals:

- How will existing faculty and clinical preceptors receive the professional development needed to teach and advise in a D.N.P. program?
- What alternate advisory structures, outside of traditional dissertation-type committees, can be explored for D.N.P. capstone projects?
- What is the plan to recruit clinically prepared nursing faculty to meet program needs?
- How was the level of differential tuition determined to be appropriate and competitive?

University of North Carolina at Charlotte and Western Carolina University have identified topics for two Spring 2013 faculty development seminars and a summer 2013 institute to be offered to faculty in the consortium and led by existing consortium faculty with D.N.P. program experience. Both Schools of Nursing will continue to pursue training and leadership opportunities through national nursing organizations. Deans and Directors across the University of North Carolina are planning a two-day professional development workshop in 2013, likely at University of North Carolina at Charlotte, focused on curriculum development, faculty development, networking, and identification of mechanisms for sharing best practices among the public institutions offering the D.N.P. These Directors are also planning a semi-annual faculty development series specific to the advising, roles, and projects of the D.N.P. and available for synchronous or asynchronous viewing. Regarding capstone projects, the proposed completion of a Scholarly Project through four graded clinical residency courses meets committee and other requirements of the Graduate School while accommodating the unique nature and scholarly products of the D.N.P. projects. Regarding faculty recruitment, University of North Carolina at Charlotte is investing in current faculty enrolled in doctoral programs and will recruit for new positions through regional and national conferences and professional journals. Finally, regarding differential tuition, University of North Carolina at Charlotte developed its recommendation based on existing differential tuition levels for nurse anesthesia students and tuition and fee levels of schools located in the geographical area of the consortium.

### **Recommendation**

It is recommended that the Board of Governors approve University of North Carolina at Charlotte's request to establish a Doctor of Nursing Practice degree program (CIP 51.3138) contingent upon a satisfactory response to curricular points raised in external review.

## **Request for Authorization to Establish a Doctor of Nursing Practice at University of North Carolina at Greensboro**

University of North Carolina at Greensboro requests authorization to establish a Doctor of Nursing Practice (D.N.P.) degree program (CIP 51.3818).

### **Program Description**

The goals of the D.N.P. at University of North Carolina at Greensboro are to prepare advanced practice registered nurses to advance the discipline and nursing profession through clinical practice. Graduates will be prepared to assume leadership roles in the delivery of optimal healthcare and to appraise evidence to improve nursing practice and healthcare outcomes.

UNC Greensboro's existing MSN program has five concentrations or specialty programs: Nursing Administration; Nursing Education; MSN/MBA program; Adult/Gerontology Nurse Practitioner; and Certified Registered Nurse Anesthetist. The Adult/Gerontology Nurse Practitioner and Certified Registered Nurse Anesthetist concentrations will transition fully to the D.N.P. in its first year of implementation while the other programs will remain at the master's level. The D.N.P. program was designed to meet the standards set forth in the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (2006), including a minimum of 1000 clinical hours. The program requires 78-80 hours for students entering the D.N.P. with a BSN degree; 30 hours are required for students entering with the MSN degree. To effectively use resources, the program will launch with BSN-DNP students only, and MSN-DNP students will be accepted after which time the first cohort of BSN-DNP students graduate. Courses common to those entering with the BSN or MSN include biostatistics and epidemiology, effective leadership for practice, healthcare technology, and preparation in evidenced-based practice and research. Through a series of guided project-based courses, students will complete an evidence-based practice and translational methods project and electronic portfolio in demonstration of mastery of the knowledge and skills required of advanced practice nurses. The program will be campus-based; the nurse anesthesia track affiliated with the Raleigh School of Nurse Anesthesia utilizes online resources and will be submitted for approval as a distance-delivered program.

### **Mission Relevance**

The D.N.P. is congruent with University of North Carolina at Greensboro's mission to foster intellectual inquiry and to provide leadership in meeting social and economic challenges in the Piedmont Triad, North Carolina and beyond. The program is also consistent with several goals and objectives of the Strategic Plan (2009-2014), including one to realize an increase in graduate enrollment (Goal 1.8). A major focus of the Strategic Plan is to improve health, wellness, and quality of life for individuals and communities through the varied work of the institution. This focus includes a specific objective to increase access to graduate nursing programs to address the professional nursing shortage (Goal 2.2).

### **Student Demand**

In Spring 2012, currently enrolled baccalaureate and master's students at University of North Carolina at Greensboro were surveyed about their level of interest in doctoral education (Table 1).

	Number	Percent
Total baccalaureate enrolled Spring 2012	315	
Responded n(%)	91	28.9
Plan to pursue DNP?	68	75
Start DNP in 2013? Yes	45 of 68	66
Total master's enrolled Spring 2012	299	
Responded n(%)	79	26.4
Plan to pursue DNP?	41	76
Start DNP in 2013? Yes	32 of 41	78

Table 1: Spring 2012 Interest Survey results for UNC Greensboro

### **Societal Demand and Opportunities for Program Graduates**

The success and placement of UNC Greensboro's MSN program graduates is a good indicator of societal demand for advanced practice nurses. Between 2006 and 2010, 98-100% of graduates of the University of North Carolina at Greensboro MSN program secured employment six to twelve months after program completion. Additionally, 68-91% of their graduates were employed in health professional shortage areas (HPSA), rural or medically underserved areas. Nursing leadership at Moses Cone Health System endorse the program, and leadership for Anesthesiology at Wake Forest University Baptist Medical Center supported its development.

### **Resource Implications**

Additional resources are required to launch the program and will be achieved through a combination of reallocation of present institutional resources and projected differential tuition. A differential tuition amount of \$2,000 per academic year per student is requested.

Personnel – University of North Carolina at Greensboro estimates six new faculty are needed to launch the program, two in the first year and four additional in the second year. The Chancellor has committed to these positions through retirements and reallocation of resources.

Library, Facilities, and Technology – In addition to lab supplies, database subscriptions are needed to update library resources and will be covered through differential tuition. The UNCG Moore Nursing Building is currently at capacity. A new building to house the School of Nursing is a top priority of the campus and the system. UNCG has currently provided start-up funding in collaboration with other schools and industry toward a new education center in downtown Greensboro, which is a potential site to house the DNP program. Ample space exists to house the program through at least the third year of existence in 2017-2018. Development of space to house the program can be accomplished during this timeframe.

### **Collaborative Opportunities**

University of North Carolina at Greensboro will continue collaboration with the Raleigh School of Nurse Anesthesia and the Wake Forest Baptist Health School of Nurse Anesthesia in the offering of the nurse anesthesia courses for the D.N.P., some delivered at a distance. University of North Carolina at Greensboro also collaborates with other University system institutions in transfer of credit for core and elective courses.



### **Outcome of Consultation with Disciplinary Experts**

In Spring 2012, University of North Carolina at Greensboro presented details of its proposed D.N.P. program to the UNC Graduate Council and answered questions about the program to the satisfaction of Council members. The Graduate Council voted, without dissent, to recommend approval of University of North Carolina at Greensboro's Request to Plan the D.N.P. degree program. University of North Carolina at Greensboro's Request to Establish the D.N.P. program was reviewed by four independent reviewers as well as by three other experts who were selected to review all five D.N.P. proposals that moved through the review process concurrently. The consensus of the external reviewers was that the program should be approved. Among other assets, reviewers recognized the many strengths of the existing MSN tracks upon which the D.N.P. program will build. While those who reviewed only University of North Carolina at Greensboro's proposal recommended some attention to aspects of the planned curriculum, the most substantive critiques were common across all cohort proposals:

- How will existing faculty and clinical preceptors receive the professional development needed to teach and advise in a D.N.P. program?
- What alternate advisory structures, outside of traditional dissertation-type committees, can be explored for D.N.P. capstone projects?
- What is the plan to recruit clinically prepared nursing faculty to meet program needs?
- How was the level of differential tuition determined to be appropriate and competitive?

University of North Carolina at Greensboro is nationally recognized for its faculty development as a Center of Excellence in Nursing Education and routinely engages in continuing education and opportunities through professional organizations. Deans and Directors across the University of North Carolina are planning a two-day professional development workshop in 2013, likely at University of North Carolina at Charlotte, focused on curriculum development, faculty development, networking, and identification of mechanisms for sharing best practices among the public institutions offering the D.N.P. These Directors are also planning a semi-annual faculty development series specific to the advising, roles, and projects of the D.N.P. and available for synchronous or asynchronous viewing. Regarding capstone projects, University of North Carolina at Greensboro proposed an acceptable alternative structure in dividing the project over five graded courses co-supervised by a course chair and faculty advisor. Regarding faculty recruitment, University of North Carolina at Greensboro anticipates recruitment for clinical and non-clinical teaching needs among existing private D.N.P. programs in North Carolina, existing PhD nursing programs in the state, as well as through national searches and professional organizations. Finally, regarding differential tuition, University of North Carolina Greensboro developed its recommendation after comparing to existing differential tuition levels currently implemented for graduate nursing programs in the University of North Carolina and to tuition levels of competitive programs in the Northeast United States.

### **Recommendation**

It is recommended that the Board of Governors approve University of North Carolina at Greensboro's request to establish a Doctor of Nursing Practice degree program (CIP 51.3138) contingent upon a satisfactory response to curricular points raised in external review.

## **Request for Authorization to Establish a Doctor of Nursing Practice at Western Carolina University**

Western Carolina University requests authorization to establish a Doctor of Nursing Practice (D.N.P.) degree program (CIP 51.3818).

### **Program Description**

The D.N.P. Consortium at Western Carolina University (with University of North Carolina at Charlotte) will prepare graduates with a scientific foundation for advanced practice nursing. Program graduates will apply clinical scholarship, scientific evidence, and analytical methods to improve health care outcomes, as well as develop and evaluate systems to enhance safety and quality of health care. The program will provide opportunities to engage in culturally competent and ethically sound advanced nursing practice, to demonstrate leadership in improvement of patient outcomes and transformation of health care delivery, and directly manage complex problems and systems in health care.

Western Carolina University's existing MSN program has four concentrations: Family Nurse Practitioner; Certified Registered Nurse Anesthetist; Nursing Leadership; and Nursing Education. The program will begin as post-masters only; students entering the program will hold an MSN degree. In 2016, post-baccalaureate admission to the program will begin. MSN programs (with exception of Nursing Education) will begin a transition to primarily post-baccalaureate admission at that time. After 2016, both the post-masters and post-baccalaureate D.N.P. will be offered, as well as the MSN for all tracks except nurse anesthesia.

The D.N.P. program was designed to meet the standards set forth in the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (2006), including a minimum of 1000 clinical hours. The program requires 42 hours for students entering the D.N.P. with a MSN degree, which are the target applicant pool at the outset of the program. Depending on the speciality area, 71-98 hours are required for students entering with the BSN degree starting in Year 4. Courses common to those entering with the BSN or MSN include epidemiology, global health and social justice, healthcare policy and ethics, economic and financial aspects of health care, leadership in health care, applied biostatistics, and preparation in evidenced-based practice and research. A capstone project is required of all D.N.P. students. To facilitate the consortium design, the program will include both face-to-face instruction and instruction with mediating technology and will require visits to each campus and web-enhanced and online coursework.

### **Mission Relevance**

The D.N.P. is congruent with Western Carolina University's mission to create engaged learning opportunities that enhance economic and community development in the region. The program is also consistent with several goals of the 20/20 Vision Strategic Plan, including delivery of premier graduate education in the health professions with an emphasis on culturally sensitive, integrative, and intergenerational health care (Goal 1.1.2.4). Development of a collaborative D.N.P. with University of North Carolina at Charlotte has been an integral part of the School of Nursing's Strategic Plan since 2004.

### **Student Demand**

In Spring 2012, currently enrolled baccalaureate and master's students at Western Carolina University were surveyed about their level of interest in doctoral education (Table 1).

	Number	Percent
Total baccalaureate enrolled Spring 2012	243	
Responded n(%)	64	26
Plan to pursue DNP?	45	70
Start DNP in 2013? Yes	20 of 45	44.4
Total master's enrolled Spring 2012	129	
Responded n(%)	32	24
Plan to pursue DNP?	23	72
Start DNP in 2013? Yes	2 of 4	50

Table 1: Spring 2012 Interest Survey results for Western Carolina University

### **Societal Demand and Opportunities for Program Graduates**

The success and placement of Western Carolina University's MSN program graduates is a good indicator of societal demand for advanced practice nurses. Between 2006 and 2010, 95-100% of graduates of the Western Carolina University MSN program secured employment six to twelve months after program completion. Additionally during that time period, a range of 60-100% of their graduates were employed in health professional shortage areas (HPSA), rural or medically underserved areas.

Western Carolina University cited several reasons that suggest employment opportunities for advanced practice nurses will continue to rise. For example, the Affordable Care Act will qualify 32 million additional Americans for health care. Additionally, nurse practitioners supplement resident inpatient and ambulatory care due to increased restrictions on hours medical residents are allowed to work.

### **Resource Implications**

Additional resources are required to launch the program and will be achieved through a combination of reallocation of present institutional resources, projected differential tuition, and enrollment increase funds. Should enrollment increase funds be unavailable, Western Carolina University has committed to reallocate internal resources for these needs. A differential tuition amount of \$4,800 per academic year per student is requested.

Personnel – Western Carolina University estimates two new faculty are needed to launch the program, one each in Years 2 and 4 of the program. Differential tuition and a modest level of enrollment increase funds will be used to cover the position costs. A University Program Specialist position is needed in Year 4 and will be covered through differential tuition.

Library, Facilities, and Technology – Current library resources, facilities, and technology supports are adequate to launch the program.

### **Collaborative Opportunities**

Western Carolina University and University of North Carolina at Charlotte have collaborated to design a consortium program where co-developed core courses for MSN-DNP and BSN-DNP students will be delivered via a blend of on-campus and technology-enhanced methods. Each institution will admit students and confer D.N.P. degrees. The partnership will expose students to issues of advanced nursing practice in urban and rural settings. The consortium approach also provides opportunity for shared faculty resources in the supervision of capstone projects. The Advisory Committee for the D.N.P will be comprised of the D.N.P. Coordinator, two elected faculty members, and Associate Directors of Graduate

Education from each institution. The Advisory Committee will approve admissions recommendations from each school, recommend any changes to courses and curriculum, oversee student progression through the program, and recommend students for graduation.

### **Outcome of Consultation with Disciplinary Experts**

In Spring 2012, Western Carolina University presented details of its proposed D.N.P. program to the UNC Graduate Council and answered questions about the program to the satisfaction of Council members. The Graduate Council voted, without dissent, to recommend approval of Western Carolina University's Request to Plan the D.N.P. degree program. Western Carolina University's Request to Establish the D.N.P. program was reviewed by three independent reviewers as well as by three other experts who were selected to review all five D.N.P. proposals that moved through the review process concurrently. The consensus of the external reviewers was that the program should be approved. Reviewers identified several strengths, including the efficiencies and expertise sharing to be facilitated by the consortial arrangement. While those who reviewed only Western Carolina University's proposal recommended some attention to aspects of the planned curriculum, the most substantive critiques were common across all cohort proposals:

- How will existing faculty and clinical preceptors receive the professional development needed to teach and advise in a D.N.P. program?
- What alternate advisory structures, outside of traditional dissertation-type committees, can be explored for D.N.P. capstone projects?
- What is the plan to recruit clinically prepared nursing faculty to meet program needs?
- How was the level of differential tuition determined to be appropriate and competitive?

Western Carolina University and University of North Carolina at Charlotte have identified topics for two Spring 2013 faculty development seminars and a summer 2013 institute to be offered to faculty in the consortium and led by existing consortium faculty with D.N.P. program experience. Both Schools of Nursing will continue to pursue training and leadership opportunities through national nursing organizations. Deans and Directors across the University of North Carolina are planning a two-day professional development workshop in 2013, likely at University of North Carolina at Charlotte, focused on curriculum development, faculty development, networking, and identification of mechanisms for sharing best practices among the public institutions offering the D.N.P. These Directors are also planning a semi-annual faculty development series specific to the advising, roles, and projects of the D.N.P. and available for synchronous or asynchronous viewing. Regarding capstone projects, the proposed completion of a Scholarly Project through four graded clinical residency courses meets committee and other requirements of the Graduate School while accommodating the unique nature and scholarly products of the D.N.P. projects. Regarding faculty recruitment, Western Carolina University is investing in current faculty enrolled in doctoral programs and will recruit for new positions through regional and national conferences and professional journals. Finally, regarding differential tuition, Western Carolina University developed its recommendation based on existing differential tuition levels for nurse anesthesia students and tuition and fee levels of schools located in the geographical area of the consortium.

### **Recommendation**

It is recommended that the Board of Governors approve Western Carolina University's request to establish a Doctor of Nursing Practice degree program (CIP 51.3138) contingent upon a satisfactory response to curricular points raised in external review.

**Request for Authorization to Establish a  
Doctor of Nursing Practice at Winston-Salem State University**

Winston-Salem State University requests authorization to establish a Doctor of Nursing Practice (D.N.P.) degree program (CIP 51.3818).

**Program Description**

The goals of the D.N.P. at Winston-Salem State University are to prepare a diverse population of advanced nurse clinicians to function as clinical leaders in service and academic settings, as well as to serve as executive health care managers and employ concepts of patient-centered practice. Graduates will be prepared to initiate, develop, and evaluate health care policy, finance standards, guidelines, and protocols and to initiate, develop, and use evidence-based practice to ensure quality care. Graduates will be prepared to assume clinically intensive leadership careers, including clinical practice, clinical leadership, applied research, and faculty roles.

Winston-Salem State University's existing MSN program has two concentrations: Family Nurse Practitioner and Nursing Education. Winston-Salem State will maintain the Nursing Education program at the master's level and transition the Family Nurse Practitioner program fully to the D.N.P. by the third year. The D.N.P. program was designed to meet the standards set forth in the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (2006), including a minimum of 1000 clinical hours. The program requires 87 hours for students entering the D.N.P. with a BSN degree; 36-39 hours are required for students entering with the MSN degree. Courses common to those entering with the BSN or MSN include health care policy, legal and ethical issues, health care leadership, health care finance and budgeting, epidemiology, and biostatistics as well as scientific writing and preparation in evidenced-based practice and research. A capstone project is required of all D.N.P. students. The program will be delivered face-to-face in the first year, although Winston-Salem State plans to gradually transition to an online delivery platform.

**Mission Relevance**

The D.N.P. is congruent with Winston-Salem State University's mission to prepare a diverse student population at the baccalaureate and graduate levels. The program is also consistent with several goals of the Strategic Plan (2010-2015), including preparation of graduates of distinction known for their leadership and service professionally, globally, and in the communities in which they live (Goal 1) and contributing to the human and social capital needs of the region and state (Goal 3).

**Student Demand**

In Spring 2012, currently enrolled baccalaureate and master's students at Winston-Salem State University were surveyed about their level of interest in doctoral education (Table 1). Winston-Salem State also conducted needs surveys in 2008 and 2012 where the institution's pre-licensure and RN-BSN graduates indicated WSSU as the preferred choice for enrollment in a DNP program.

	Number	Percent
Total baccalaureate enrolled Spring 2012	522	
Responded n(%)	159	30.5
Plan to pursue DNP?	61	38.4
Start DNP in 2013? Yes	54 of 61	88.5
Total master's enrolled Spring 2012	109	
Responded n(%)	41	37.6
Plan to pursue DNP?	28	68
Start DNP in 2013? Yes	26 of 28	92.9

Table 1: Spring 2012 Interest Survey results for Winston-Salem State

### **Societal Demand and Opportunities for Program Graduates**

The success and placement of Winston-Salem State's MSN program graduates is a good indicator of societal demand for advanced practice nurses. Between 2006 and 2010, 82-90% of graduates of the Winston-Salem State MSN program secured employment six to twelve months after program completion. Similarly, 82-90% of their graduates were employed in health professional shortage areas (HPSA), rural or medically underserved areas.

A robust future job market also exists for advanced practice nurses, as is evidenced by many national and state-level reports. The Future of Nursing, an October 2010 report of the Institute of Medicine and the Robert Wood Johnson Foundation, recognizes that doctorally-prepared nurses represent less than 1% of the nursing workforce and recommends the number of nurses with doctoral degrees be doubled. The North Carolina Institute of Medicine anticipates the state will experience a shortage of nurse practitioners and other primary care providers in the next 10-20 years and recommends expansion of University of North Carolina nurse practitioner programs. The Bureau of Labor Statistics also predicts high demand for clinical nurse specialists, nurse practitioners, nurse-midwives, and nurse anesthetists, particularly in medically underserved areas such as inner cities and rural areas.

### **Resource Implications**

Additional resources are required to launch the program and will be achieved through a combination of reallocation of present institutional resources, projected differential tuition, and enrollment increase funds. A differential tuition amount of \$2,000 per academic year per student is requested.

Personnel – Winston-Salem State University estimates four new faculty are needed to launch the program in Year 1; internal resources have already been identified for these positions. A fifth faculty position will be needed in Year 2. A program coordinator and program assistant are also projected needs. Should enrollment growth funding be unavailable, the Office of the Provost has agreed to support the program coordinator position in its first year and has identified Title III funds to support the program assistant for two years. In years 3 and following, differential tuition funds will be used to support the program assistant. Other potential strategies include streamlining the number of 12-month positions for savings.

Library, Facilities, and Technology – While facilities and technology support are currently able to meet projected needs, resources are required to support additional library resources needed for the program. These resources can be met through reallocation of library resources. Should additional faculty

development resources be needed for online course development and implementation, reallocation of existing resources is possible.

### **Collaborative Opportunities**

In addition to significant existing internal collaborations between the Departments of Nursing, Physical Therapy and Clinical Laboratory Sciences, Winston-Salem State University has pursued collaborative opportunities with other campuses in the University. Winston-Salem State University and UNC Chapel Hill have agreed to share faculty expertise in the supervision of capstone projects and are discussing potential for future course sharing. This sharing of faculty expertise strengthens each institution's D.N.P. program and eases some demand on faculty resources. Winston-Salem State also partners with Duke University's School of Nursing in an NIH-funded program to increase the number of under-represented minority nurses who are prepared to enter PhD programs and other related biomedical/behavioral science disciplines. This partnership offers the opportunity for co-teaching with Duke School of Nursing faculty.

### **Outcome of Consultation with Disciplinary Experts**

In Spring 2012, Winston-Salem State University presented details of its proposed D.N.P. program to the UNC Graduate Council and answered questions about the program to the satisfaction of Council members. The Graduate Council voted, without dissent, to recommend approval of Winston-Salem State University's Request to Plan the D.N.P. degree program. Winston-Salem State University's Request to Establish the D.N.P. program was reviewed by three independent reviewers as well as by three other experts who were selected to review all five D.N.P. proposals that moved through the review process concurrently. The consensus of the external reviewers was that the program should be approved. Reviewers identified several strengths, including the thoughtful plan for program implementation and collaborations with community partners, UNC Chapel Hill, and others. While those who reviewed only Winston-Salem State University's proposal recommended some attention to aspects of the planned curriculum, the most substantive critiques were common across all cohort proposals:

- How will existing faculty and clinical preceptors receive the professional development needed to teach and advise in a D.N.P. program?
- What alternate advisory structures, outside of traditional dissertation-type committees, can be explored for D.N.P. capstone projects?
- What is the plan to recruit clinically prepared nursing faculty to meet program needs?
- How was the level of differential tuition determined to be appropriate and competitive?

The Center for Excellence in Teaching and Learning is poised to assist the Winston-Salem State University Department of Nursing with specialized faculty development, in addition to existing consultative relationships and training and leadership opportunities through national nursing organizations. Deans and Directors across the University of North Carolina are planning a two-day professional development workshop in 2013, likely at University of North Carolina at Charlotte, focused on curriculum development, faculty development, networking, and identification of mechanisms for sharing best practices among the public institutions offering the D.N.P. These Directors are also planning a semi-annual faculty development series specific to the advising, roles, and projects of the D.N.P. and available for synchronous or asynchronous viewing. Regarding capstone projects, the proposed format of the Capstone Project meets committee and other requirements of the Graduate School while accommodating the unique nature and scholarly products of the D.N.P. projects. Regarding faculty recruitment, the Department of Nursing is actively recruiting for positions allocated to the D.N.P. program and finding it necessary to recruit via state and national professional organizations and other national outlets. Finally, regarding differential tuition, Winston-Salem State University

developed its recommendation after considering student focus group feedback, available levels of financial aid support, employment and average nurse practitioner salaries after graduation, and tuition and fees of other University of North Carolina institutions.

**Recommendation**

It is recommended that the Board of Governors approve Winston-Salem State University's request to establish a Doctor of Nursing Practice degree program (CIP 51.3138) contingent upon a satisfactory response to curricular points raised in external review.