Grand Valley State University

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Institutional Change Request: Doctor of Nursing Practice Program

Academic Excellence

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INSTITUTIONAL CHANGE REQUEST:

DOCTOR OF NURSING PRACTICE PROGRAM

Submitted to

Higher Learning Commission
North Central Association of Colleges and Schools

by

Kirkhof College of Nursing

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PRESENTATION OF PROPOSED INSTITUTIONAL CHANGE: DOCTOR OF NURSING PRACTICE PROGRAM

Background

Introduction

The Kirkhof College of Nursing (KCON) is one of eight colleges in the university. The Bachelor of Science in Nursing (BSN) program received its first accreditation from the National League of Nursing (NLN) in 1978 and earned continuing accreditation in 1986. The Master of Science in Nursing (MSN) program was first accredited by the NLN in 1987. Both programs were reaccredited by NLN in 1994. In 1999 the faculty members of the KCON elected to change accrediting bodies to the Commission on Collegiate Nursing Education (CCNE) (the accrediting body that is associated with the American Association of Colleges of Nursing) and received its initial accreditation in 2002 for 5 years, and continuing accreditation in 2007 for ten years. The baccalaureate degree (BSN) prepares graduates of the undergraduate program for taking the licensure examination for nurses (the National Council of State Boards of Nursing Licensure Examination—NCLEX) and for entering basic level nursing positions. The baccalaureate degree is also offered to nurses who are already licensed but who do not have a baccalaureate degree in nursing. The master's degree educates nurses in advanced nursing as practitioners, educators, and administrators. Specialty areas for advanced practice include adult, family, child and adolescent, women's health, and mental health. Advanced practice graduates are prepared to sit for certification as nurse practitioners and/or clinical nurse specialists.

The enrollment in the academic year of 2007-2008 at the KCON was 449 undergraduate students in the upper division nursing courses and 101 graduate students. In addition, there were 1,034 pre-nursing students in the undergraduate program at the university.

Mission and Vision

The Kirkhof College of Nursing is committed to the development of quality nurse professionals. The KCON mission is consistent with the mission of Grand Valley State University: to educate students to shape their lives, their professions and their societies. The KCON's mission is to provide quality nursing education to a diverse population of students. KCON strives to improve the well-being of people through leadership in nursing education, professional practice, and scholarship.

The college adheres to the vision of the university to provide students with a broad education in the arts and sciences that will provide them with the knowledge and skills to participate intelligently in public discourse while also preparing competent professionals who practice in a multidisciplinary health care system. For both undergraduate and graduate nursing students the KCON seeks to prepare nurses who are competent practitioners, leaders, and scholars. Further, the KCON seeks to develop community partnerships (such as with the Family Health Center which is an academic nurse managed center) and research-based practice models that address the health care needs of diverse populations.

Resources

Although Grand Valley does not offer complete online programs via distance learning technologies, the KCON employs creative use of technology to enhance the learning experiences of students. These include discussion board activities and the use of video streaming on Blackboard to facilitate on-line course activities, and simulated experiences with standardized patients and computerized mannequins.

The KCON employs full-time (tenure track and visiting) and part-time (affiliate and adjunct) faculty who are responsible to carry out the mission of the college. Tenure track and visiting faculty enact each of the three areas of the mission-teaching, service/practice and scholarship, while affiliate and adjunct faculty engage primarily in the teaching function and are mentored by tenure track faculty. The faculty composition for AY 2007-2008 is presented in Table 1.

Table 1. Faculty Profile 2007-2008 Academic Year

Faculty Status	Number	Rank
Tenure	19	Professor – 5 Associate – 9 Assistant – 5
Tenure track	8	
Visiting	2	
Affiliate	9	
Adjunct	45	

Strategic Planning

The KCON's most recent effort at strategic planning began in 2005. Keeping in mind the university's strategic planning, these strategic goals (desired outcomes) emerged as key to the KCON's future efforts and growth:

- We have innovative educational initiatives that are responsive to communities of interest.
- We have fully engaged the health care community, locally, regionally, nationally and internationally through education, service, and research.
- We have a nurturing and supportive environment for and with a diverse community of students, alumni, faculty, staff and clients.
- We have alumni, faculty, and staff who are recognized as leaders in nursing education, practice, and scholarship.
- We have students, faculty, staff and clients who reflect the diversity of the region.
- We have well-developed research programs.
- We have well-developed evidence-based models for education, administration, and clinical practice

Section I: PROPOSED INSTITUTIONAL CHANGE

Specific Change

The Kirkhof College of Nursing (KCON) at Grand Valley State University proposes to offer a Doctor of Nursing Practice degree.

Expected Outcomes of Proposed Change

Multiple factors co-exist locally and nationally to drive timely adoption of a DNP Program at the KCON. These factors include (a) profound changes in U.S. demographics, (b) the knowledge explosion in science and medicine, (c) growing complexities in health care, (d) the shortage of nurses and nursing faculty, and (e) the need for professional nursing to be recognized on parity with other practice-based disciplines. The DNP program is designed to address these factors through the enactment of the didactic portion of the curriculum and the engagement of faculty with clinical and community-based partners in the West Michigan area.

In the development of the DNP program, consideration has been given to: (a) the foundation areas outlined in the AACN *Essentials* document (see Appendix A), (b) the knowledge and specialty practice areas of the current KCON faculty (see faculty vitae), and (c) three overarching outcomes that have been identified for the DNP Program:

1. DNP graduates will provide advanced and complex care within an area of specialization in nursing that is scientifically and evidence based and incorporates the science of nursing and other disciplines to optimize the functioning of human beings and their families and communities.

2. DNP graduates will use organizational and systems leadership, information technology, interprofessional collaboration, and policy advocacy to improve and transform health care.

3. DNP graduates will contribute to the practice of nursing through clinical scholarship for evidence-based practice and active leadership in local and national professional groups. (KCON Doctoral Program Task Force, June 2007).

The learner outcomes are further explained in the section VI of this document.

Financial Growth

Present budget projections suggest that the DNP program will be able to recruit sufficient numbers of students to bring funding to the university. Tuition income is based on a total of 60 students enrolled in courses in year 5. Scholarships for students and program grant support are very likely sources of income for students and the KCON since this is such a valued program.

Projected Impact of Proposed Change on the Organization's Current Mission

The DNP program reflects the mission of the university to educate "students to shape their lives, their professions, and their societies". The DNP graduates will shape their lives as nurse leaders who will contribute to the nursing profession and improve the health of societies. The KCON mission is more specifically oriented toward the development of professional nurses and nursing and is consistent with the university's. Adoption of a DNP program is congruent with the long-range vision of the Kirkhof College of Nursing and fully supports the mission of Grand Valley. The KCON has endorsed a mission of providing "quality nursing education to a diverse population of students" and to "improve the well-being of people through leadership in nursing education, professional practice, and scholarship." Further, the KCON's vision is to be "a regional, national, and international leader in:

- Educating individuals at the undergraduate and graduate levels for professional nursing practice, leadership, and scholarship

- Developing creative partnerships with communities.

- Providing innovative research-based practice models to address the health needs of diverse populations."

The KCON has identified one strategic goal (desired outcome) of its activities to be "innovative educational initiatives that are responsive to communities of interest." The health care environment of West Michigan demands highly educated and skilled nursing professionals, and initiation of a DNP program is in complete accord with the KCON's mission, vision, and strategic goals (desired outcomes).

In summary, there is congruence between the mission and vision of the university and those of the college, and the move to make the DNP available in Grand Rapids will address the strategic direction the KCON has shaped. It will allow the KCON to continue to build partnerships in the community while offering student-centered, quality education for professional nurses across a spectrum of learners. Above all, the KCON will support the ultimate objective of academic excellence while improving the health and welfare of the community.

Proposed Program Offerings

The DNP curriculum, as a new level of preparation for advanced practice nurses and nurse administrators, will expand upon courses already required in the KCON master's level APN and nursing administration functional roles. (See Appendix B). The program will add clinical and intensive experiences in health care settings, allowing the development of approaches to address complex health needs and to develop and test evidence-based nursing interventions and management strategies. This program will benefit nurses and students in existing programs. For example, through the use of the Simulation Center, the environment for interdisciplinary education will be enhanced.

By modifying the MSN Program and transitioning the APN emphasis to the DNP level, there will be a strengthening of the preparation of the APNs for the central roles they will have in the health care system. The DNP will also be an excellent credential for nurse executives in the higher levels of administration in health care systems. The KCON has developed program plans that allow students to enter the DNP Program immediately after attainment of the BSN degree. The KCON is also committed to assisting potential post-MSN students (or those who enter the current MSN program but do not complete the program before the DNP becomes the terminal degree) to attain this credential through completion of courses that represent gaps in their preparation for this new degree.

The planned DNP Program will require and foster high standards for the achievement of its students. To assure that potential students have the capacity for the expected high levels of performance, scores of at least 500 on each section of the Graduate Record Examination (GRE) will be required for admission. In addition, a writing score of at least 4.0 will be required. Acceptable performance on the GRE is a common requirement for admission to doctoral programs in nursing. This requirement will assure that applicants meet standards that will allow success in both the program's courses and in writing certification examinations for the APN role. The GRE provides one measure of a student's potential for success in graduate school, and the undergraduate grade point average (GPA) provides another. The minimum undergraduate GPA for admission will be 3.0.

The proposed DNP curriculum has been developed using the *Essentials of Doctoral Education for Advanced Nursing Practice* (2006)*,* a document created by the AACN to guide DNP curricula. (see Appendix A) Following a pattern set for BSN and MSN program development, AACN's accreditation arm, the Center for Collegiate Nursing Education (CCNE), is likely to incorporate the standards identified in the "*Essentials*" document for DNP education as it undertakes the review and accreditation of these programs. Graduation from an accredited program is a requirement for eligibility to write the certification examinations for advanced practice nursing. Ultimately, all APN graduates must become certified to meet the legal standards set by states for practicing in an advanced role that includes diagnosis and management of disease, prescriptive authority, and eligibility for reimbursement. Thus, the guidance of the *Essentials* document in

developing the curriculum of the DNP program was crucial for meeting accreditation standards necessary for the future practice of KCON graduates.

The *Essentials of Doctoral Education for Advanced Nursing Practice* lists the following critical foundation areas for DNP curricula:

1. Scientific underpinnings for practice
2. Organizational and systems leadership for quality improvement and systems thinking
3. Clinical scholarship and analytical methods for evidence-based practice
4. Information systems/technology and patient care technology for the improvement and transformation of health care
5. Health care policy for advocacy in health care
6. Interprofessional collaboration for improving patient and population health outcomes
7. Clinical prevention and population health for improving the nation's health
8. Advanced nursing practice

The inclusion of courses and content that will address these foundation areas for the DNP degree are addressed in the next section.

In designing the courses and developing the DNP curriculum, the KCON has: (a) critically examined the historical demand for specialties that have been offered for study in the MSN Program, (b) considered the position statements of nursing organizations and the writings of nurse leaders, (c) monitored the position vacancy notices for the region, and (d) analyzed the areas of health care specialty arising in west Michigan. The sources and types of data include: the types of advanced practice nursing positions new graduates from the MSN program secure; examination of the job postings by the Michigan Council of Nurse Practitioners; and, the regional population demographics and health initiatives. The clinical emphases on adult/older adult and child/adolescent present opportunities for KCON students, as well as indications of future demands for expert advanced practice nurses. Through these efforts, the KCON has decided to concentrate its efforts in developing the DNP to modify and strengthen the child and adolescent health and adult health/older

adult health APN specialties. Although the family advanced practice nursing specialty has been offered yearly in the MSN Program, most students have pursued and gained employment in settings that primarily serve adults, rather than a clientele that spans the age spectrum. Therefore, an adult/older adult health specialty will be offered instead of family health. If changes in community needs and employment opportunity indicate a need for additional population – focused health specialty, the KCON will evaluate those data and respond appropriately.

As indicated, the DNP program will offer two emphases: advanced nursing practice, and nursing administration and health care systems. Within the advanced nursing practice emphasis, the student will be able to choose from specialties in child and adolescent health, or adult health/older adult health. To develop the skills for these areas of practice, there will be "DNP core" courses required of all students, "Administration/Systems core" courses required of students in this emphasis, and "APN core" courses required of all APN-emphasis students, regardless of their area of specialty. The APN students will complete theoretical and practicum courses that will develop their knowledge and skills in providing care to the client populations they have selected for their specialty. Program grids are provided in Appendix B.

The culminating experience for all students will be obtained in practicum courses, and NUR 792 and 793, *Scholarly Inquiry in Nursing Practice I and II*. These courses will provide intensive immersion experiences in health care settings that will present the opportunity to: (a) refine expert practice knowledge and skills, and (b) design, implement, and evaluate a practice innovation of significance for the point-of-care or for health care system. This innovation will represent the "capstone" project for the DNP Program, and students will develop a written report of their scholarly project to faculty mentors. Thus, the culminating experience for DNP students will allow them to achieve the identified program outcomes, as listed earlier. The Evaluation Grid in Appendix C demonstrates the relationships among courses, "Essentials" and program outcomes.

Projected Numbers of Students

To systematically assess interest in the West Michigan region, the KCON commissioned the Morrow Group to conduct a telephone survey of registered nurses in the target recruitment area. With the awareness that no other mid- or west Michigan universities have immediate plans to develop a DNP program, in July and August of 2007, the KCON instructed the Morrow Group to survey nurses in a targeted area. This included those west of and bordering U.S. 131, and spanning from Berrien and Cass counties in the south to the northern boundary of the lower peninsula of Michigan, including Emmet, Charlevoix, Antrim, Leelanau and Grand Traverse counties. For survey purposes, the Morrow Group was able to obtain a list of 8,500 registered nurses. Because nurses already holding a master's degree were fewer in number than those holding bachelor's degrees, associate degrees, or diplomas in nursing, the number of master's-prepared nurses the interviewers were able to contact totaled 117. This was deemed to be adequate, although less than the targeted survey number of 300. For those holding a bachelor's degree or less, 100 nurses in each of three regions (northern, Kent/Ottawa/Muskegon, and southern) for each degree grouping were surveyed. The Morrow Group Report is available in the Resource Room.

The KCON was most interested in determining the number of respondents who have identified doctoral study as a possible career goal. The Morrow Group suggested the use of response options "very interested," "somewhat interested," "not very interested," and "not at all interested" for the series of questions the nurses would be asked. Table 2 shows the number and percentage of individuals in each group of nurses who indicated they were "very" or "somewhat" interested in a doctoral degree.

Table 2: Interest in Doctoral Degree

Degree Held by Respondent	Very Interested		Somewhat Interested		Total	
	n	%	N	%	n	%
MSN (N = 117)	10	8.5	16	13.7	26	22.2
Clinical practice					4	15.4
Administration					7	26.9
BSN/other Bachelor's (N = 300)	7	4.8	24	16.4	31	21.2
Clinical practice					25	80.6
Administration					4	12.9
ADN/Diploma (N = 300)	6	3.7	7	4.3	13	8.0

It was not surprising that there was a relatively higher percentage of master's degree graduates who indicated an interest in pursuing a doctoral degree; during graduate study, more nurses become aware of the roles of those who hold the doctorate and consider this option for themselves. Of those who had interest in obtaining the MSN degree, 85 (58.2%) of these had interest in the advanced practice emphasis, while 27 (18.5%) preferred to study administration. Further, of the 146 BSN nurses who had interest in pursuing a master's degree, all of them indicated they would like to enroll within three years.

In considering the percentages of those interested in a clinical practice doctorate, the total of 15.4% is of the interviewees who had any interest in the doctoral degree (i.e., 15.4% of the 26 nurses with interest in a doctorate). Similarly, among the bachelor's-degree prepared nurses, 25 (80.6%) of the 31 nurses with interest in the doctorate indicated a desire to focus in clinical practice. It also was not surprising that the group with lowest degree of interest in the doctorate was the ADN/diploma nurse group. This group might have a difficult time considering the pursuit of a degree that is so advanced compared to their current level of education. However, it is encouraging that 8% of the ADN/diploma nurses had interest in a doctoral degree.

With the knowledge that those who aspire for the advanced practice role in nursing would at this time consider the MSN as appropriate preparation (because the move to DNP credentials for APN certification is not currently understood by many), we explored the interest of nurses in obtaining the MSN. Nearly half of the bachelor's-degree prepared nurses and nearly one-fourth of the ADN/diploma nurses were interested in the MSN.

At the KCON the target date to enroll the first DNP Program students is Fall 2009. Anticipated enrollment numbers are based on the experience of KCON in engaging graduate students and on the results of a regional market survey completed in September 2007. In addition, a comprehensive marketing plan will be enacted to inform the community about the importance of the Doctor of Nursing Practice and the program being planned by the KCON. (see Appendix D)

As described above there will be two types of students admitted to the DNP Program: those who possess an MSN and those who have a baccalaureate degree in nursing. We expect to enroll ten students into the post-baccalaureate option and ten students into the post-Masters option of the DNP program. While the post-MSN applicants will be evaluated for placement in the program based on past educational experiences, it is anticipated they will need to complete approximately 35-40 credit hours in the doctoral program.

Section II: FACTORS LEADING TO PROPOSED CHANGE

Proposed Change: Relationship to the Nursing Profession, the West Michigan Community, and Strategic Planning

Relationship to the Nursing Profession

In recognition of a number of societal, systems, and professional developments, the American Association of Colleges of Nursing (AACN) has stated that the level of preparation necessary for advanced nursing practice roles will move from the master's degree to the doctorate level by the year 2015.

In 1999, the Institute of Medicine (IOM) issued a comprehensive report on medical errors. It noted that as many as 98,000 Americans die each year as a result of errors in health care; the total cost of preventable adverse healthcare events (injury from errors) was reported to be between $17 and $29 billion. The fragmented nature of the health care delivery system and the context in which health care is delivered were variables noted to contribute to the high and inexcusable error rate and compromise of patient safety. This led to extensive evaluation and appeal for radical transformation of the health care system and the related policy environment in order to close the chasm between what we know to be good quality care and what actually exists in practice. It was stressed that reform around the margins is inadequate to address system problems. Recommendations included addressing issues of management practices, workforce capability, work design, and the organizational safety culture, as well as pressing public policy questions related to nurse staffing levels, nurse work hours, and mandatory overtime. Challenges from lack of access to primary care, long term care, mental health care, and chronic disease management were emphasized and the need for an integrated approach to meet personal and population needs at the community level was stressed. An overall focus on health promotion and disease prevention was noted to be mandatory.

The IOM, Joint Commission on the Accreditation of Healthcare Organizations and other authorities have called for reconceptualizing health professions education to meet the needs of the health care delivery system. Specifically the IOM charged that "all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement, and informatics." Transforming health care delivery requires clinicians who can design, evaluate, and continuously improve the context within which care is delivered. (see learner outcome #2, p. 4 above) The best possible clinical care must be available to all individuals regardless of age, gender, or race, and in both acute care and communities. This call has been a major force in the decision to move advance practice nursing education from the master's to the doctoral level.

Other factors contributing to the change in nursing education at the graduate level include rapid expansion of knowledge underlying practice; increased complexity of patient care; shortages of nursing personnel; shortages of prepared nursing faculty, practice leaders, systems leaders, and nurse researchers; and the increasing educational expectations for the preparation of other health professionals (e.g. DPT, PharmD). The development of a practice doctorate is supported by the National Academy of Sciences (2005) which called for the nursing profession to develop a "non-research practice doctorate" to prepare expert practitioners who can also serve as clinical faculty.

The DNP is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. DNP-prepared nurses will be well-equipped to fully implement the science developed by nurse researchers prepared in PhD research-focused nursing doctoral programs. AACN has been very intentional in planning for the DNP. Stakeholders from education, practice, and regulatory bodies have provided input. Two task forces, the DNP *Essentials* and the DNP Roadmap task forces, have used a consensus-building process to create the essential curricular elements of the nursing practice doctorate and to address key operational and transition concerns. The Commission on Collegiate Nursing Education (CCNE), the leading accrediting agency for baccalaureate and higher degree nursing programs in the U.S., has developed a process for accrediting DNP programs

Front line clinical nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills are most likely to be able to critique nursing and other clinical models, and design programs of care delivery which impact health outcomes. DNP graduates will likely seek practice leadership roles in a variety of settings, to include management of quality initiatives, executives in healthcare organizations, directors of clinical programs, leaders in primary care, and faculty positions.

Despite not being a research-focused doctoral degree, there is great potential for the DNP to contribute to the research mission by strengthening the linkages between the practice and research efforts in the college of nursing, and the partnerships between the college and the practice entities. The strength of the DNP graduate is the use of research findings in making practice decisions. Consequently there will be an increased number of nurses with expertise in evaluating research for application, who can use research in their practice and in their teaching, resulting in policies and practices that are informed by the evidence. DNPs can serve as practice-focused members of the research team; identify practice issues and gaps in practice knowledge leading to important research questions; and DNPs can provide the leadership in the translation of research.

Relationship to the West Michigan Community

Located in West Michigan, Grand Valley State University is well positioned to offer the DNP. West Michigan is currently poised to become a prominent setting for health services and research, and the need for nursing's distinctive knowledge and skills in the provision and advancement of health care has never been greater. The present environment in Grand Rapids and the West Michigan region is unique in terms of the need for increased sophistication in addressing many complex issues of health care. Nursing leaders voice support and are anxious to have the expertise of the DNP graduates among the provider system to make a difference for patients, families, and communities. Letters of support for the DNP program are available in the Resource Room.

Grand Rapids is experiencing a concentrated growth in medical research, healthcare education, and patient facility construction. An impressive array of buildings is under construction, reflecting a commitment of nearly $1 billion by donors and medical

institutions. A new medical school, a children's hospital, a biomedical research center, a cancer treatment center, and two medical treatment and office buildings are included in this growth. When completed, capacity will expand allowing treatment of thousands of people a day and employment of 5,000 people (2,500 more jobs than now exist). The next 50 years of health care infrastructure for west Michigan is soon to become a reality. The clinical, organizational, economic and leadership skills characteristic of the DNP will be highly sought in this environment.

Further demonstration of the environment in West Michigan is as follows. West Michigan is one of only 14 communities that successfully competed for a Robert Wood Johnson Foundation (RWJF) grant *Aligning Forces for Quality: The Regional Market Project* designed to help communities across the country improve the quality of health care for patients with chronic conditions such as diabetes, asthma, depression and heart disease. The $25-million program is part of RWJF's continuing effort to close the gap between the quality of health care that Americans now receive and what the health care system is capable of delivering. The premise of *Aligning Forces for Quality* is that no single person, group or profession can improve the quality of care without the support of others. *Aligning Forces for Quality* seeks to drive quality improvement by aligning key forces, including health care providers (physicians/physician groups, nurses, clinics), health care purchasers (employers and insurers) and health care consumers (patients). The program seeks to help providers improve their own ability to deliver quality care and measure and publicly report their performance; and help patients and consumers understand their vital role in recognizing and demanding high-quality care. From the previous description of the DNP graduate, clearly this kind of RWJF initiative will benefit from the leadership of DNPs.

Relationship to the Grand Valley State University Strategic Plan

Grand Valley State University has a clear mission statement: *Grand Valley State University educates students to shape their lives, their professions, and their societies.* The mandate to reform American healthcare and insure healthcare that is accessible, equitable, affordable, safe, and patient centered is critical to our society. The clinical, organizational, economic and leadership skills of the DNP are a direct response to the mandate and are aligned with GVSU's mission. The 2008-2010 Strategic Plan for the university encompasses eight major goals. These are highlighted as follows with descriptors demonstrating how the goals influenced the direction of and were consistent with development of the DNP degree program:

- **Offer high quality undergraduate and graduate education provided by student focused faculty who are dedicated to excellent teaching, scholarship, and professional service in a wide array of liberal arts and sciences and professional academic areas.** The DNP expands the degree offerings at the graduate level with a clinical focused professional doctorate consistent with the doctor of physical therapy (DPT) and the Education specialist degrees. Building on the baccalaureate nursing degree that has liberal education as a foundation, specific disciplinary standards are the cornerstone of the DNP, aimed at addressing relevant issues in health care delivery with potential for broad national and international application.

- **Create a broad educational experience guided by a philosophy supporting liberal education in all academic programs.** Essential skills in communication, critical thinking, self-reflection, leadership, cultural awareness, and sensitivity to the "big picture" or holistic approach necessary for efficiency and quality in healthcare will be integral to expected outcomes of the DNP graduate.

- **Contribute to the enrichment of society by building collaborations within the university as well as those among the university, its family of alumni and retires, and external entities.** This goal encompasses the aspiration to create methods for embracing change in a broad context and to respond to identified community needs. As has been previously identified, the DNP is in direct response to an overwhelming outcry for reform and change in the overall healthcare system.

In an effort to create advanced practitioners capable of assuring equitable, accessible, and patient-centered care, models for true service learning that benefit both the student acquisition of knowledge and targeted practice/community needs will be developed and sustained. There will be interdisciplinary opportunities for the DNP students with students in the College of Health Professions and other health professions learners in the community. The DNP graduate will expand partnerships with stakeholders and the local and regional community.

- **Promote inclusion, equity, and intercultural learning in all aspects of university life.** Race, ethnicity, income, education, place of residence, and age, among other possible factors, affect quality of and access to health care. Racial, ethnic, and socioeconomic disparities are national problems that affect health care at all points in the process, at all sites of care, and for all medical conditions—disparities are pervasive in our health care system. Health care disparities are costly. Poorly managed care or missed diagnoses result in expensive and avoidable complications. Inherent in the DNP degree program is content to insure that the graduate has a framework for practice that is informed: why, where and how disparities occur and essential knowledge for devising and targeting programs to eliminate these inequities. It is expected that the DNP program will enhance recruitment initiatives and attract diverse student and faculty candidates.

- **Create a vibrant university culture that fosters an atmosphere of inquiry and learning in all university and community settings.** The DNP degree program expands graduate education and is uniquely focused on linking practice and translational research to produce best outcomes for patients, families, and communities. Translational research is a process where the basic research informs the clinician's practice, and in turn, the clinicians make novel observations in the clinical arena that often stimulate new research questions. There will be more opportunity for interdisciplinary teaching, practice, and research.

- **Effectively allocate financial resources to response to change and emerging opportunities.** Within this goal is the strategy to explore and engage in sustainable practices that ensure responsible stewardship, promote social equity, and encourage sustainable economic development. The cost of health care has left many Americans unable to pay their medical bills. Many cannot afford high premiums for

health insurance. Patients avoid recommended care rather than pay the out-of-pocket costs. Employers are cutting back or eliminating health benefits, forcing millions to become uninsured. State and federal governments are challenged to meet the expanding costs of public programs like Medicaid and Medicare. Health care costs are far higher in the United States than in any other advanced nation, whether measured in total dollars spent, as a percentage of the economy, or on a per capita basis. The costs in healthcare have been rising substantially faster than the overall economy or personal incomes for more than 40 years. This is a significant long-term fiscal crisis in the United States, and it demands a solution. Learning how to influence healthcare policies and systems via informed arguments and strategic thinking; and knowing how to engage in advanced nursing practice within the context of cost consciousness are key aspects of the DNP degree program.

As the DNP Program is initiated, the MSN Program will change. The DNP will take the place of some of the emphases currently offered in the KCON's MSN program. It is anticipated that remaining emphases will be modified over the next several years to decrease their length and to align the number of credits required for completion with expectations for other students pursuing master's degrees at Grand Valley. By transitioning MSN courses to the DNP Program, the KCON will be able to use many of the financial, human, and clinical resources already available. The emphases that will be upgraded to award the DNP include the advanced practice nursing (APN) functional role (which currently allows study in several specialties, some on a rotating basis) and the nursing administration role.

- **Effectively present the university's image and advance its reputation.** DNP graduates will have enhanced skills for the translation of evidence, development of population-focused care models, and intervention in significant policy initiatives that will spawn dissemination through presentations, publishing, and consulting, advancing the reputation of Grand Valley State University and the Kirkhof College of Nursing.

- **Develop and expand relationships with current and new constituencies that lead to involvement, participation, and financial resources.** The DNP graduates will serve not only as expert clinicians but also as faculty and mentors for other nursing students, potentially serving to overcome current concerns regarding the growing shortage of nursing faculty. The DNP program will generate faculty-practice initiatives that will attract a strong cadre of practicing clinicians that can potentially add a revenue stream via a faculty-practice plan. The very nature of the doctoral degree work will stimulate increased grant writing. Federal funding initiatives are clearly seeking opportunities to support interdisciplinary research that is translational and demonstrates the circle of bench, to bedside, to community, and back. A particularly strong potential for funding is the Agency for Healthcare Research and Quality (AHRQ) which is the health services research arm of the U.S. Department of Health and Human Services (HHS). AHRQ is a home to research centers that specialize in major areas of health care research such as quality improvement and patient safety, outcomes and effectiveness of care, clinical practice and technology assessment, and health care organization and delivery systems. It is also a major source of funding and technical assistance for health services research and research training at leading U.S. universities and other institutions, working to build the knowledge base for what works—and does not work—in health and health care and to translate this knowledge into everyday practice and policymaking.

Relationship to the Kirkhof College of Nursing Strategic Plan

There are seven strategic goals (Desired Outcomes) in the KCON strategic plan; five of these are addressed and supported through the development of the DNP degree program:

- **We have innovative educational initiatives that are responsive to communities of interest.** Several of our practice partners are seeking to attain or sustain Magnet Status. Magnet status is an award given by the American Nurses' Credentialing Center (ANCC) to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. This status indicates nursing involvement in data collection and decision-making in patient care delivery. Leaders

in Magnet hospitals value staff nurses, involve them in shaping research-based nursing practice, and encourage and reward them for advancing in nursing practice. Open communication between nurses and other members of the health care team, and an appropriate personnel mix to attain the best patient outcomes and staff work environment is required of Magnet hospitals. The attributes and skills of the DNP graduate have been previously described. Clearly, the DNP prepared nurse is the exemplar of the kind of leader needed for Magnet initiatives, with an obvious mirroring of the visionary expectations. Expert clinicians (the DNP graduate) will have the skills to make a difference in outcomes and foster accessibility and equity.

- **We have fully engaged the health care community locally, regionally, nationally, and internationally through education, service, and research.** Research and demonstration projects conducted by research teams from the KCON (comprised of students and faculty) will become the cornerstone of practice partnerships. "Real-world" challenges will become the capstone projects for students who will seek solutions to critical problems using an evidence-based approach supported by sound methods of inquiry.

- **We have alumni, faculty, and staff who are recognized as leaders in nursing education, practice, and scholarship.** Faculty who prepare expert advanced practice nurses at the doctoral level and the DNP graduates themselves will become the consultants in the health care system seeking to overcome the current deficiencies. A key component of the DNP curriculum is the focus on leadership and becoming a change agent, empowered by an awareness of what the problems are, and the knowledge to find solutions.

- **We have well-developed research programs.** Faculty are active in conducting and developing programs of scholarship in several areas. Among these are health promotion, risk reduction related to bone health, health of caregivers, healthy environments for older adults and evaluating and improving quality in nurse-managed primary care models of practice.. In the first area of study, the KCON faculty are working with older adults and children, evaluating health beliefs and promoting healthy lifestyle behaviors; and, have reached out to and are incorporating researchers from other health disciplines. The faculty teams

examining health of caregivers include those who are studying grandparents who are raising their grandchildren and those who are members of a national research team studying the health of nurse caregivers. One faculty member is a recognized Hartford Foundation Fellow, and is studying ways to enhance environments for older adults. At the academic nurse-managed health center, faculty, staff and graduate students are engaged in monitoring and changing practice processes to improve client care outcomes and satisfaction. In each of these foci faculty have incorporated graduate students into the research teams.

- **We have well developed evidence-based models for education, administration and clinical practice.** Encompassed in these two goals is the desire to create identified areas of research, develop research teams, increase collaboration, and increase products of dissemination. The DNP degree program attracts quality and experienced faculty with clinical research backgrounds. DNP students will enhance research teams and broaden the scope of inquiry. Leveling of evidence-based practice for all levels of nursing practice will be encouraged by the DNP program.

Relationship to Existing Programs

The Kirkhof College of Nursing (KCON) currently offers the baccalaureate degree in nursing; and the Master's degree in Nursing (with specialties in adult/gerontology, family, pediatrics, and nursing administration and health care systems). The proposed Doctor of Nursing Practice (DNP) degree program will prepare individuals at the doctoral level for advanced practice with emphases in clinical (child/adolescent or adult/older adult) and nursing administration and health care systems. There will be collaboration with other units within the university community, including the Statistics Department and the College of Public Administration (nursing administration and health care systems). The College of Health Professions is housed in the same instructional building as the KCON. Within this college are six health disciplines which offer opportunity for interprofessional teaching and learning.

For more than 25 years, the KCON has been the preferred university for BSN education in the area, historically enrolling qualified students to program capacity. The BSN Program is

the largest undergraduate prelicensure program in the area. The number of students who can be accommodated was increased in 1999 and again in 2006 in response to the growing nursing shortage, the high number of students seeking placement who were waiting several semesters before placement in clinical courses, and requests from the area's health care institutions. The number of students graduating from the baccalaureate program has more than doubled over this period of time. With recent grant funding, the KCON has been successful in adding a second degree accelerated track. Current capacity in the undergraduate programs is 216 students. Since its inception, the graduate program has prepared highly qualified nurses who have assumed leadership positions in a variety of health care roles. There have been more than 3,000 graduates since the university began nursing program offerings. The MSN program has also been seen as a quality and attractive program with many graduates holding leadership positions in health care. The success and effectiveness of these graduates has fueled ongoing interest in doctoral education in West Michigan. The DNP program will articulate well with the BSN and MSN programs. The DNP Program will add a unique contribution to the programs already existing in the KCON.

A necessary resource for offering high-quality BSN education is a health care environment that offers students opportunities to observe and interact with appropriate professional nursing role models, with health care professionals from other disciplines, and with those who define and develop appropriate professional standards. The DNP Program will enhance the environment for the KCON's BSN students, both on campus and in the health care settings utilized for their clinical education. Practicing DNP graduates will become leaders in the health system in West Michigan. They will embody the highest level of nursing practice and collaborate in a multidisciplinary health care environment, which they will shape on a daily basis. Not only will the BSN students observe the expanded role enacted by the DNP graduate, but they will benefit from the greater autonomy and professional regard that will be fostered as standards of practice influenced by DNP-educated nurses become prevalent.

In summary, there is congruence among the university's role and the mission; the KCON's mission and desired outcomes; and, the move to make the DNP available in Grand Rapids and the West Michigan area. It will allow the KCON to continue to build partnerships in

the community while offering student-centered, quality education for professional nurses across a spectrum of learners. Above all, the KCON will support the ultimate objective of academic excellence while improving the health and welfare of the community.

Needs Analysis Related to Proposed Change

Nationally, interest in DNP programs has been substantial. In October 2004, at the time of publication by the AACN of the *Position Statement on the Practice Doctorate in Nursing,* only four universities were identified as having DNP programs in operation. There are now 62 DNP programs enrolling students nationwide, and more than 60 additional practice doctorates are also under development at U.S. nursing schools. In the state of Michigan, Oakland University has initiated a DNP degree program in collaboration with Northern Michigan University; Saginaw Valley State University, Wayne State University and University of Michigan-Flint are preparing to do so.

To assess the demand for the DNP Program, KCON first approached five schools in neighboring states that are currently offering post-baccalaureate DNP programs. Four of the schools readily shared information, and the information obtained is shown in the table below. The demand for available places was indicated to be high. The programs surveyed were conservative in the numbers of students they considered themselves able to mentor effectively. It is readily apparent that the DNP is an attractive degree for nurses in the Midwest.

Table 3. Enrollment Pattern of Regional DNP Programs

School Offering DNP	Number of Applicants/ Target Class Size	Number Accepted
University of Minnesota, Minneapolis, MN	Class #1: 40/30 places Class #2: 29/30 places	31 28
Purdue University, West Lafayette, IN	Over first 4 years, 62 applicants Cap of 50 students overall in all classes actively enrolled	5 post-MSN in 1st class 3 subsequent classes of 12-14 each; total 47 admitted in first 4 years
Rush University, Chicago, IL	Class #1 (06-07): 87 applicants/30 places Class #2 (07-08): 132 applicants/30 places	29 31

The nursing community of West Michigan has voiced considerable interest in doctoral education. (see Letters of Support for DNP in Resource Room) Faculty who teach in the KCON's BSN program have found that many current students aspire to continue their education to obtain a master's degree or doctorate. The KCON has not surveyed its students formally. However, faculty have cited anecdotal reports that those who are earning their second bachelor's degree in the nursing program, in particular, indicate a great desire to advance their nursing credentials to the MSN or higher degrees. Over the years that the KCON has offered the second-degree program, many graduates have returned for the MSN within a few years after graduation. This pattern is also seen, to a lesser degree, among graduates of the RN to BSN completion program. Therefore, the KCON expects that a number of current students in these two programs, especially those who have an interest in advanced practice nursing, constitute a group of potential candidates for the DNP.

Finally, since doctoral programs typically draw applicants from other states, and there have been more applicants to programs in Chicago (Rush University) than can be placed, applicants from other places in the Midwest can be anticipated as the KCON's DNP Program gains a reputation for excellence.

Section III: NECESSARY APPROVALS

Internal Approvals with Documentation (attachments)

Grand Valley State University has a Curriculum Change Process (attachment A) in which the following Approvals to proceed at each level have been documented.

- **August 21, 2007**- The Kirkhof College of Nursing's Faculty Organization Committee passed a motion to approve the DNP and its curriculum plan forward to the University curricular process.

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- **November 5, 2007**- The Kirkhof College of Nursing's Curriculum Committee approved changes to NUR 646 (contingent upon approval of NUR 606 and NUR 608) and NUR 647 (contingent upon approval of NUR 650).

- **November 19, 2007**- The Kirkhof College of Nursing's Curriculum Committee approved NUR 605, NUR 606, NUR 607, and NUR 608.

- **December 3, 2007**- The Kirkhof College of Nursing's Curriculum committee approved NUR 625, NUR 650, NUR 690, NUR 691, and NUR 703.

- **December 17, 2007**- The Kirkhof College of Nursing's Curriculum Committee approved NUR 702, NUR 740, NUR 741, and NUR 742.

- **January 21, 2008**- The Kirkhof College of Nursing's Curriculum Committee approved NUR 629, NUR 630, NUR 720, NUR 721, NUR 722, NUR 723, NUR 724, NUR 730, NUR 731, NUR 732, NUR 723, and NUR 734.   A memo from the KCON Curriculum Committee indicates the completion of the review of courses and the forwarding of courses to the Dean of the Kirkhof College of Nursing per the procedure of the GVSU curriculum process.

- **March 28, 2008**- The Graduate Council carried a motion to approve the DNP Final Plan. The motion was passed and the DNP Final Plan was approved

- **March 28, 2008**- The Faculty Salary and Budget Committee (FSBC) carried a motion to support the Final Plan for the Doctor of Nursing Practice (DNP) Program and recommended implementation. The motion was unanimously approved. The committee requested a copy of the revised calculations for tuition projections incorporating Graduate Assistant costs.
- **April 2, 2008**- The University Curriculum Committee (UCC) carried a motion to support with a recommendation memo to Executive Committee

of the Senate addressing the issues of the library budget memo, impact on other units, and communication with Statistics. The motion was unanimously approved.

- **April 4, 2008**- The Executive Committee of the Senate (ECS) carried a motion to approve the Doctor of Nursing Practice Final Plan and send it to the University Academic Senate for their action. The motion was unanimously approved.

- **April 11, 2008**- The University Academic Senate (UAS) voted unanimously to approve the Final Plan for the Doctor of Nursing Practice degree and forward it to Administration with a recommendation to approve.

- **June 11, 2008**- The Kirkhof College of Nursing's Curriculum Committee carried a motion to unanimously approve courses for the Doctor of Nursing Practice and forward them on to the Dean of the Kirkhof College of Nursing for her review and approval.

Section III Attachments
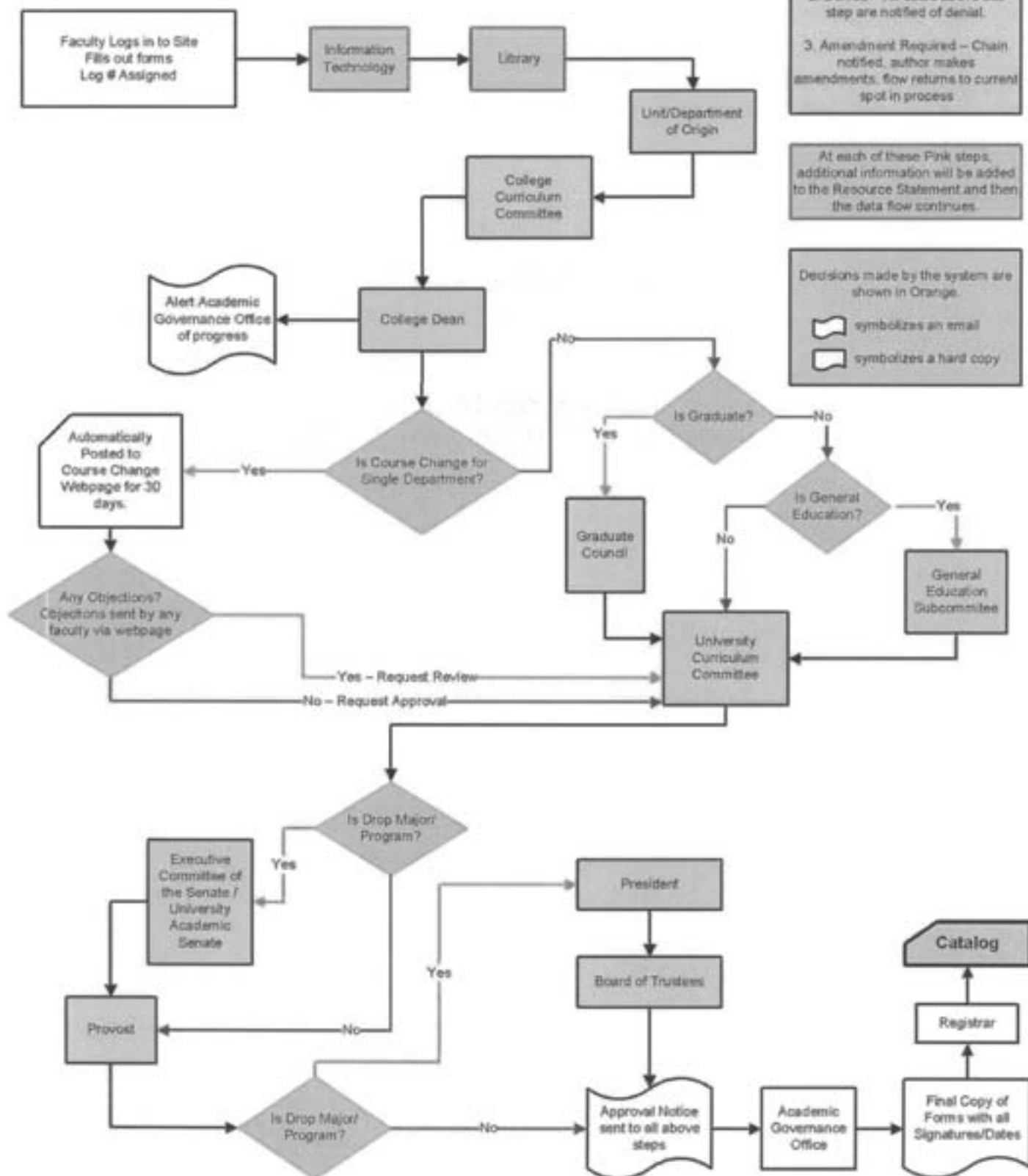
Curriculum Changes Online Process

5/1/2006

At each of these Blue Steps, the flow can go in 3 directions

1. Approval – Flow goes to next step

2. Denied – All users above this step are notified of denial.

3. Amendment Required – Chain notified, author makes amendments, flow returns to current spot in process

At each of these Pink steps, additional information will be added to the Resource Statement and then the data flow continues.

Decisions made by the system are shown in Orange.

symbolizes an email

symbolizes a hard copy

Faculty Logs in to Site
Fills out forms
Log # Assigned

Information Technology

Library

Unit/Department of Origin

College Curriculum Committee

Alert Academic Governance Office of progress

College Dean

Is Course Change for Single Department?

Is Graduate?

No

Yes

Automatically Posted to Course Change Webpage for 30 days.

Yes

Graduate Council

Is General Education?

No

Yes

General Education Subcommittee

Any Objections? Objections sent by any faculty via webpage

Yes – Request Review

No – Request Approval

University Curriculum Committee

Is Drop Major/ Program?

Executive Committee of the Senate / University Academic Senate

Yes

President

Board of Trustees

Yes

Provost

No

Is Drop Major/ Program?

No

Approval Notice sent to all above steps

Academic Governance Office

Catalog

Registrar

Final Copy of Forms with all Signatures/Dates

Grand Valley State University/Kirkhof College of Nursing
All College Meeting
August 21, 2007

Present: K. .Ackerson , D. Bambini, J. Barry, C. Beel-Bates, J. Bos, A. Bostrom, C. Borgman, A. Brower, L. Brown, D. Brown-Bayus, L. Bond, R.A. Brintnall, A. Britton, L. Buck, C. Carter Pugh, C. Coviak, J. Coye, K. Cooper, M. Datema, R. Davis, S. Etheridge, P. Gendler, L. Grinstead, L. Houghton-Rahrig, G. Hoyer, S. Jensen, S. Jarchow, G. Jewell, K. Kline, K. Knight, S. Kraus, S. Leder, C. McCurren, M. Meidema, S. Mlynarczyk, W. Moerland, R. Perkins, M. Rapaport, K. Reick, P. Ronning, M. Ryan, P. Schafer, N. Schoofs, L. Scott , J. Smith, R. Stone, E. Van Doren, M. VandenBosch, M. Vander Werf, J. Washburn, R. Weiner, D. Wezeman, C. Wood & Jan Andersen

Agenda Item	Discussion	Decision/Action
Julie Guevara	Update on University Accreditation by the Commission of North Central Association. Dr. Guevara congratulated us on receiving ten year accreditation from AACN. University documents written by mid-November, to site visitors by June. Last NCA visit was in 1998. We were requested to submit a report 2 years after visit addressing 6 areas of challenge. Stipulated that must meet challenge before return visit. Areas were: Put Strategic plan mechanisms in place to assess and drive activity, workload, graduate programs/criteria and intention, growth issue and management, extra curricular activities in regard to growth. We have met these challenges. Discussed three response options: full accreditation, point out our deficiencies and return in 2 years for focused visit, or the whole university closed down and couldn't confer degrees. North Central supersedes any other accreditation. Our KCON standards meet those of NCA.	North Central Association visit to GVSU, Oct 13-15, 2008
Jean Nagelkerk	Dr. Nagelkerk explained her role as Interim Vice Provost for Health. Welcome to new year. She has been given three foci: Enhance the connection between GVSU and Van Andel Institute; strengthen community partnerships and plan for the future.	J. Nagelkerk has an office in CHS; room 552.
President Hass and Provost Davis	o Provost Davis: Welcomed everyone to the new academic year. There are 80 new faculty, 23,500 students this year at GVSU. Construction is going on. Changes reviewed; reorganization of executive offices with new equity officer. Struggling with budget--discussed tuition increase. Thank you for work on projects such as workload. There are no new initiatives planned for this year. o President Haas: Second year as president, a milestone for him, 30th year in education	
Introductions	Introductions occurred.	
Dean's report	Budget report given. Revised budgeted amounts for operating funds. This year concentrating on reducing cost of student help. Have supported faculty in development above what university recommends in the past—may brought into range of university recommendation in the future. Faculty practice/clinical appointment funding has no incoming funds currently.	

	Designated accounts: Endowment fund is contributions that are not specifically directed. This fund pays quarterly and has been used to support second group of 2nd deg students. Also used for student emergencies. Can expect $7500 in the fund this year. We are earning money at our Academic Nurse Managed Center. Two position salaries are paid out of revenues. Standard Patient Program has done work for Michigan State and we have accumulated a small amount for work done. C. Coviak states less faculty support is available for conferences than in the past, but encourages faculty to apply to FTLC to supplement the $900 allowance from KCON. Apply as soon as possible--don't wait for deadline. FTLC goes through funds rapidly so apply on time. Submit abstract for conferences. We are doing a lot of work that could be supported by FTLC. We are currently underfunded according to their records. Japanese opportunity discussed. Reminded of the President's address 10 a.m. on Friday in Allendale, LAT, convocation follows in the Field House.	Distributed handout "Faculty Conference Attendance Request, 2007-2008"
John Klein from Instructional Technology	Data Security. GVSU loses 1 laptop a week, CHS is very secure—as a whole. Worst area is DeVos. Allendale is getting worse. Stolen identify more common now. Q&A : o If deleted, can you recover in a couple of days. o If deleted, a hacker could retrieve. o Non GVSU contractors seem to leave doors open indiscriminately—always expressing our concern.	Confidential information should not be saved on laptop computers. Hard drives crash—use drives backed up every night (N). Keep passwords secret and a combination of numbers & letters. o Can be retrieved for 90 day time span. o Program eraser allows real delete. o Lock laptops into file drawer.

Faculty Organization Meeting

FOC/**Present:** D. Bambini, J. Barry, C. Beel-Bates, , A. Bostrom, R.A. Brintnall, A. Britton, C. Coviak, P. Gendler, L. Grinstead, L. Houghton-Rahrig, S. Jensen, S. Jarchow, G. Jewell, K. Kline, S. Leder, C. McCurren, S. Mlynarczyk, K. Reick, M. Ryan, P. Schafer, N. Schoofs, L. Scott, R. Stone, E. Van Doren, M. Vander Werf, J. Washburn , Weiner, C. Wood

1. Approval of agenda		Approved
2. Minutes approval	April 30, 2007	A. Britton moved, seconded by J. Washburn, to approve minutes with revisions.
3. Select Parlamentarian		Co-Parlimentarians are D. Bambini and K. Kline
4. Old Business		None
5. New Business	Workload Planning Report: Each college was asked to address workload and submit report to the Provost. The report was reviewed point by point. o Question is still "what is baseline"? *Good teacher, up on things, some communication about what you do, obligation to*	Dean Gendler summarized previous work done by KCON faculty on workload/benchmarking.

	college and community, scholarship with product. o Significant focus: *Substantial amount of time in focused area. Visible product. Peer reviewed in sophisticated journal.* o We have some issues. Who evaluates scholarship plans and goals? Are you comfortable with the definition of "basic"? o Kay Setter Kline volunteered to submit her work load plan for review by FRRC.	This issue is forwarded to the Faculty Recruitment and Retention Committee for further development and definition.
6. Committee Business	A.. Admissions and Progression: o J. Washburn is new chair. o Reviewed Update for Fall 2007 distributed with agenda. Some points discussed. Discussed action form which will need further revision. o Will monitor Direct Admit students and limit to 40.	J. Washburn reported.
	B. Awards and Scholarship: o Committee members were recognized: C. Carter Pugh, M. Vander Werf, M. Ryan and M. Rapaport. Job well done over last year. o Updated grid will be available soon. Discussed specific scholarships. o Asked for ideas to recognize faculty. Please submit suggestions. o Awards for graduate students discussed. Dean of Graduate Education does offer scholarships. It was decided they would begin discussion with Dean Kimboko. Spectrum Health is willing to examine previous award plan and possibly resume their involvement.	G. Jewell, chair, spoke.
	C. Curriculum: (1) Dr. Schafer presented information on the DNP Proposal. o The original doctoral prospectus was approved by the University in 2001. o DNP plan is evolving, but needs to move forward to the University Curriculum Committee. If approved in FOC, plan moves to the chair of ECS, Graduate Council and then to UCC. Need to move out of KCON by Oct 1, 2007; enroll students in fall 2009. o KCON could suggest that the Graduate Council and UCC review at the same time. Has been done in the past.	P. Schafer presented DNP proposal information. R. Davis called the question, seconded by C. Beel-Bates. K. Kline moved to <u>approve the DNP and its curriculum plan forward to University curricular process.</u> Motion was seconded by C. Coviak. **The motion was approved.**
	D. Evaluation.	C. Beel-Bates presented addendum to annual report.
	E. Faculty Recruitment and Retention: o Oct 15 FOC meeting will be devoted to sabbatical proposals. All candidates received notice from the Dean of eligibility, must submit documentation to committee by Sept. 5 for feedback if wanted and have documents available for colleague review by October 1. o Elections: Handbook updates are in progress showing results of elections.	S. Leder submitted annual report. K. Reick, new chair, made announcements.
7. Adjourn		C. Coviak moved to <u>adjourn</u>, seconded by L. Scott. **Motion carried.**

Recorder: R. Stone

Kirkhof College of Nursing
CURRICULUM COMMITTEE
Meeting #6 – November 5, 2007
10:15-11:45 a.m. – 336 CHS

Present: Jean Barry, Kay Kline, Jean Martin, Sylvia Mupepi, Nancy Schoofs, Elaine Van Doren
Absent: Ruth Ann Brintnall
Student: Melissa Lewis
Ex-Officio: Linda Scott

	Topic	Discussion	Action/Decision
1.	Approval of Agenda	<u>Add</u>: - Updates to BMS / Chemistry – L. Scott - Recommendation from GPAC – J. Martin	*Approved as amended.*
2.	Approval of Minutes – 10-1-07 & 10-22-07	▪	*Approved as amended.*
3.	Review of Annual Agenda Plan	<u>Updates noted</u> ▪ MTH 110 Review Date – 1/7/08 ▪ Medication Administration Concept Map – 12/3/07 ▪ NUR 315 Content Map – 11/19/07	
4.	Announcements	▪	
5.	Review of 2007-2008 Action Register	▪	
6.	Form and Guidelines for Course Review Document	▪ Now available on L drive.	
7.	Revisit AACN Revision of BSN Essentials Document	▪ Being revised by AACN as comments are received. ▪ Changes include making a clear statement that learning strategies listed after each Essential are suggestions only, not mandatory. ▪ Noted how much they reflect IOM (Institute of Medicine) Recommendations. ▪ Seem to still be very congruent with previous Essentials. ▪ It appears the new Essentials will be easier to measure. ▪ Question: What happened to the roles of Coordinator of Care, Provider of Care, etc. ? Implied but not stated. ▪ Since this is the foundation of our pre- and post-licensure undergraduate curriculum, we do need to look at them in line with what we are currently doing, some of the identified gaps, and how they are addressed in the new Essentials. ▪ Have concerns about whether speaking a second language is mandatory	*L. Scott and J. Barry will meet to plan discussion with UPAC on November 19, 2007.* *Latest revision of Essentials will be distributed to committee members.*

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Topic	Discussion	Action/Decision
	or desired. Not included as an "End of Program Competency." ▪ Good to see they are very explicit about aging and end-of-life. ▪ Essential #3 speaks to our need to look at NUR 435. Need to be sure evidence-based practice / research thread runs throughout curriculum. ▪ Should not be looking at the new Essentials as to how they relate to current courses. Need to look at different and new ways to meet the new Essentials. ▪ Heavy emphasis on quality improvement and safety. ▪ Need to convene a faculty meeting to look into how to best address this shifting paradigm, short and long term actions that need to be taken to meet these Essentials. ▪ No time frame has been indicated for finalizing the Essentials (possibly Fall 2008).	
8. Discussion / Vote of Currently Available DNP Syllabi of Record	▪ J. Barry will notify members of CCC when DNP documents are available for review in the online curriculum process. Electronic copies will also be forwarded to committee members at least one week prior to meeting. ▪ Question about why we have an Administrative track but not Education track. ▪ Need for this to move forward as a tight, well-defined curriculum (not just quickly). ▪ 605, 691, and 742 discussion tabled until 11/19/07. ▪ 646 and 647 – major changes are prerequisites. NUR 646 ▪ Basically prerequisite course numbers have changed. ▪ NUR 606 is new 522, 608 is new 531. ▪ PA 614 and PA 632 are current prerequisites. NUR 647 ▪ PA 614 and PA 632 no longer need to be prerequisites as they are now prereqs to NUR 646. ▪ NUR 646 and NUR 650 (a new course) will now be prerequisites to	*Moved by K. Kline to approve changes to NUR 646 contingent upon approval of NUR 606 and NUR 608. Seconded by E. Van Doren. Motion approved.* *Moved by J. Martin to approve changes to NUR 647 contingent upon approval of NUR 650. Seconded by E. Van Doren. Motion approved. (4 in favor, 0 opposed,*

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	Topic	Discussion	Action/Decision
		NUR 647.	*1 abstention).*
9.	Next Steps for Seminar Discussion	▪ Postponed.	
10.	Update of Electronic Survey for Master's Project – E. Van Doren	▪ Postponed.	
11.	Other	<u>Pending Items</u> ▪ J. Barry will add grading scale to Action Register ▪ "Pending Issues" will be removed from future minutes. <u>Chemistry Sequence / BMS Courses</u> ▪ Chemistry is ready to move to CHM 109/230 sequence. ▪ One BMS 305 instructor would prefer that CHM 232 remain a prerequisite; however, BMS has begun process to change prerequisites. ▪ BMS is trying to "fast track" the curricular process to change the prerequisites. ▪ BMS trying to determine if the current nutrition course is structured the way we need it. ▪ CCC needs to revisit most recent review of nutrition. ▪ Opportunity to collaborate with BMS. ▪ <u>GPAC Recommendation for NUR 400</u> ▪ Course review completed in 2006-2007, CCC requested that GPAC look at whether course needs to be completed within one year of clinical courses. ▪ Recommendation from RN/GPAC is to delete requirement. ▪ Catalog copy will need to be changed.	*Discussion regarding BMS 305 will be on Nov. 19, 2007, CCC agenda.* *Moved by K. Kline to delete time requirement from NUR 400. Seconded by J. Martin. Motion approved.*
12.	Pending Issues for AY 2007-2008		*Topic will be removed from future minutes.*
	Meeting adjourned at 11: 45 a.m.	Next Meeting: November 19, 2007, 10:15 – 11:45 a.m. – 336 CHS	

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NOTE: *Any motions passed and rationale need to go to RAS for addition to the FOC agenda.*

Minutes taken by Lori Brown

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Present: Jean Barry, Kay Kline, Jean Martin, Sylvia Mupepi, Nancy Schoofs, Elaine Van Doren
Absent: Ruth Ann Brintnall
Student: Melissa Lewis
Ex-Officio: Linda Scott

	Topic	Discussion	Action/Decision
1.	Approval of Agenda	<u>Add</u>: - Discussion regarding upcoming faculty forum (if time available).	*Approved as amended.*
2.	Approval of Minutes – 11-05-07	▪	*Approved as submitted.*
3.	Review of Annual Agenda Plan	<u>Updates noted</u> ▪ NUR 315 Content Map – 01/21/08 ▪ Phase 3 Report – 01/07/08	
4.	Announcements	▪	
5.	Review of 2007-2008 Action Register	▪	
6.	Debrief from UPAC: AACN revision of BSN Essentials document	▪ Took a big view, got through #7. ▪ Not sure people are seeing real impact on curriculum based on people's comments. ▪ The more we can feel we have an understanding, the better off we will be overall. ▪ Will most likely come out of discussion knowing it is time to do a curriculum revision – not just course "fixes." ▪ Can't get there staying in the current paradigm. ▪ Need to look at how we teach as well as what we teach. ▪ Need to investigate getting copies of book currently in print regarding teaching-learning practices. ▪ Also other tools available to get started. ▪ Might want to consider having small group discussions within and/or across teams to look at what is upcoming. ▪ Are threads that go across the curriculum that need to be built on. ▪ What is next step for us as a group? Do we wait until after the December UPAC meeting until the final essentials are discussed? Do we find articles to have teams discuss? If we pull resources together, Linda Scott will take to December Course Coordinators meeting for	

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Topic	Discussion	Action/Decision
	distribution to teams. Giddens article on conceptual teaching is a good one. ▪ Pat Benner powerpoint will be distributed to CCC members. References several articles.	
7. Medication Administration project: Next steps	▪ People at UPAC are in agreement that we have issues. ▪ Will need to do a process design flow diagram. ▪ Basic math (like decimal points, etc) is a problem. ▪ Discussed whether all clinical courses should have a test that all students have to take prior to class. ▪ Would need to address remedial actions if test is not passed. ▪ Need to look at short term fixes as well as long term solutions.	
8. Review of DNP Core Courses	▪ Order for DNP course reviews: core courses, administration, tracks. ▪ Will do scholarly project courses, which are technically part of the core courses, later in the review process. ▪ Discussed course change proposals vs. new course proposals. ▪ Supplemental statement could be added to each course change proposal explaining rationale for doing as course change proposal rather than new course proposal.	*Moved by E. VanDoren that courses with minor changes will be considered course revisions even if they constitute three or more changes. Seconded by K. Setter Kline. Motion approved.* *Authors of documents should be reminded to check spelling, etc.* *Jean Barry will assign two people to each course for indepth review for each meeting. All committee members will be provided all documents.*
	NUR 605 ▪ Believe the level of objectives are a little "light" for a graduate/doctoral level course. ▪ Link objectives with outcomes/methods of evaluation.	*Moved by K. Setter Kline to approve NUR 605 with the recommendations that the levels of the objectives be increased and the content of the papers be identified. Seconded by J. Martin. Motion approved.*
	NUR 606 ▪ Link objectives with outcomes/methods of evaluation.	*Moved by K. Setter Kline to approve NUR 606 with recommendation to link evaluative methods to objectives. Seconded by J. Martin. Motion approved.*

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Topic	Discussion	Action/Decision
	NUR 607 ▪ changes: course number, title, credits, prerequisite, course description. ▪ Change focus from increased credits. ▪ Course change proposal form indicates prerequisite changes, which is inaccurate and should be revised. ▪ Compare US <u>to</u> other (not <u>and</u>) ▪ Evidence on health care systems (take out "the"). ▪ Objective#5: Seems more like a paper than an objective – rather broad. Objectivewould be more clear if stated: Analyze policy implications for health care delivery. ▪ Objective #6 also seems more like a paper.	*Moved by E. VanDoren to approve NUR 607 with recommended changes: no prerequisite change and editorial changes in multiple objectives. Seconded by J. Martin. Motion approved.* *Jean Barry will talk to course change author (P. Schafer) regarding editorial changes recommended by CCC.*
	NUR 608 ▪ Topics: difficult to see how "managing systems in case management" fits ▪ Concern about having a planned change paper and planned change media project. Can't complete a planned change in a one semester course. Could be "phase 1." ▪ Prefer changing wording change project paper. ▪ 605 does not need to be listed as a prerequisite since it is a prerequisite to 606, which is a corequisite to 608.	*Moved by J. Martin to approve NUR 608 with recommended changes: remove 605 as prerequisite, take 605 off syllabus of record, get rid of m anaging systems in case management, and take term "planned" off change paper and change media project. Seconded by N. Schoofs. Motion approved.* *Jean Barry will talk to author regarding editorial changes.*
	NUR 625 ▪ New course. ▪ Remove 605 as prerequisite. ▪ Level of objectives: justification for prerequisites indicates that this course will provide more indepth study, so it seems the objectives should reflect this depth. ▪ course description: using a multidisciplinary framework, this course addresses health care disparities. ▪ Discussion will be continued at 12/3/07 CCC meeting.	
	NUR 690 ▪ Not discussed	
	NUR 691	

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Topic	Discussion	Action/Decision
	▪ Not discussed	
	<u>NUR 703</u>	
	▪ Not discussed	
9. Other	▪	
Meeting adjourned at 11: 45 a.m.	Next Meeting: December 3, 2007, 10:15 – 11:45 a.m. – 336 CHS	

NOTE: Any motions passed and rationale need to go to RAS for addition to the FOC agenda.   *Minutes taken by Lori Brown*

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Kirkhof College of Nursing
CURRICULUM COMMITTEE
Meeting #8 – December 03, 2007
10:15-11:55 a.m. – 336 CHS

Present: Jean Barry, Kay Kline, Jean Martin, Sylvia Mupepi, Nancy Schoofs, Elaine Van Doren
Absent: Ruth Ann Brintnall
Student: Rachel Kujacznski, Melissa Lewis
Ex-Officio:

	Topic	Discussion	Action/Decision
1.	Approval of Agenda	<u>Add</u>: ▪ Workshop Information: Van Doren	*Approved as amended.*
2.	Approval of Minutes – 11-19-07		*Approved as submitted.*
3.	Review of Annual Agenda Plan	<u>Updates noted</u> ▪ NUR 315 Content Map – 01/21/08 ▪ Phase 3 Report – 01/07/08	
4.	Announcements	▪	
5.	Review of 2007-2008 Action Register	▪ Updated regularly with items requiring action.	
6.	Medication Administration Concept Map – Van Doren	▪ Looking at the entire medication administration process to see why we have some of the issues (i.e., NCLEX scores, HESI scores, etc.) we have. ▪ Map compiled looking at key issue and then determined sub-topics under each key issue. ▪ Key concepts / highest levels are: Organizational/agency issues, medication knowledge, nursing assessment process, and professional/legal issues. ▪ Goal was to take from broad, umbrella view (from "forest" to "trees") ▪ Concern expressed that fundamental math knowledge should be included under general knowledge ▪ Based on assumption that some knowledge is in place pre-nursing/KCON (i.e., MATH 110, anatomy, etc.) ▪ Map does not yet show relationships ▪ Medication safety will be added to map	*Send changes/additions, etc. to E. Van Doren for incorporation into medication administration concept map.* *Will be revisited at January 7, 2008, CCC meeting.*
7.	Follow-up from 11/26/07 Faculty Forum	▪ Purpose of meeting was to get feedback from faculty, not to come to conclusions. ▪ Gave good insight into what people are thinking ▪ Some comments received that the upfront stuff took too long ▪ Recommendation from GPAC that an ad hoc group be formed to ▪ Members from GPAC, CCC, DNP (G. Jewell, N. Grinstead, M. Ryan, R.	

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Topic	Discussion	Action/Decision
	Reick from GPAC) ■ E. Van Doren, S. Mupepi, & J. Martinwill represent CCC. ■ Suggested in GPAC that the group be time limited and that recommendations be complete by the April 2008 FOC meeting. ■ Recommend that CCC members review RN-GPAC minutes from 12/3/07 as there was good discussion regarding MSN program.	
8. Review of DNP Core Courses	<u>NUR 625</u> ■ Continued discussion from 11/19/07 meeting. ■ Need to tie in vulnerable populations. ■ Don't see rationale for having NUR 690 as prerequisite (not in objectives) – linkage not clear. ■ Syllabus of record: Course description needs to match what is on new course proposal. ■ Suggested topics read more like objectives than suggested topics. ■ Evaluation needs to equal 100% ■ Question about intent of site visit	*Moved by J. Martin to approve NUR 625 with recommended changes. Seconded by K. Kline. Motion approved.*
	<u>NUR 690 (Kline, Mupepi)</u> ■ Course change proposal: ■ question the credit allocation. Currently 2 credits, has been increased to 3 credits, wondering if it should actually be increased to 4 credits. ■ Predominantly lecture & discussion ■ Important not to short change qualitative ■ Course will also be taken by MSN students if we offer an MSN. ■ Consensus that it should be 3 credits. ■ Resources: ■ ok ■ Syllabus of Record: ■ Course description ok ■ Order of objectives: list in order in which they should be accomplished. Last one – change last word to proposal.	*Moved by E. Van Doren to approve NUR 690 with recommended changes. Seconded by J. Martin. Motion approved. (4 in favor, 1 opposed, 0 abstentions)*
	<u>NUR 691 (Barry, Brintnall)</u> ■ New course proposal	*Moved by J. Martin to approve NUR 691 with recommended changes.*

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Topic	Discussion	Action/Decision
	▪ Syllabus of Record ▪ Question about how objective 1will be measured/evaluated. Possibly with case study analysis. Don't like "recognize." Suggest integrate. ▪ Methods of evaluation need to equal 100%.	*Seconded by E. Van Doren. Motion approved.*
	NUR 703 – Nursing Informatics (Van Doren, Schoofs) ▪ New course proposal ▪ Good job relating objectives back to DNP essentials. ▪ Unclear if external faculty will be utilized ▪ minor grammatical /typographical issues noted ▪ Resources: ▪ Noted on form that we either need to hire or develop someone with the knowledge base. ▪ Syllabus of Record: ▪ Same description changes as in course proposal ▪	*Moved by K. Kline to approve NUR 703 with recommendes changes. Seconded by N. Schoofs. Motion approved.*
	NUR 650 – Business & Quality in Nursing (Van Doren, Schoofs) ▪ New Course Proposal ▪ specialty course that focuses on administrative/management area ▪ change from "leadership" to "management" ▪ spelling errors noted ▪ Resource document ok ▪ Syllabus of Record ok	*Moved by N. Schoofs to approve NUR 650 with recommended changes. Seconded by E. Van Doren. Motion approved.*
	NUR 702 (Kline, Mupepi) ▪	
9. Other	▪ Information distributed by E. Van Doren regarding the "rebuilding Your Nursing Curriculum to Reflect Today's Practice Reality" conference being held in Indianapolis April 27-28, 2008.	
Meeting adjourned at 11: 50 a.m.	Next Meeting: December 17, 2007, 10:15 – 11:45 a.m. – 336 CHS *(Kay Kline to chair)*	

NOTE: Any motions passed and rationale need to go to RAS for addition to the FOC agenda.   *Minutes taken by Lori Brown*

Kirkhof College of Nursing
CURRICULUM COMMITTEE
Meeting #9 – December 17, 2007
10:15-11:55 a.m. – 336 CHS

Present: Ruth Ann Brintnall, Kay Kline, Jean Martin, Sylvia Mupepi, Nancy Schoofs, Elaine Van Doren
Absent: Jean Barry
Student:
Ex-Officio: Linda Scott

	Topic	Discussion	Action/Decision
1.	Approval of Agenda	<u>Add</u>: ▪	*Approved as amended.*
2.	Approval of Minutes – 12-03-07		*Approved as submitted.*
3.	Review of Annual Agenda Plan	Deferred until next meeting.	

4.	Announcements	1. <u>KCON MSN Program Task Force members reviewed.</u>
		  ▪ E. Van Doren, S. Mupepi, & J. Martin will represent CCC
		  ▪ G. Jewell, N. Grinstead, M. Ryan, K. Reick from GPAC
		
		2. <u>Biomedical Science</u>
		  ▪ A. Bostrom and L. Scott met with Brian Kipp and Tony Nieuwkoop (biomedical science) to discuss anatomy and physiology course restructuring.
		  ▪ They are looking at designing an A&P sequence (two semester sequence of two 4 credit courses).
		  ▪ Would also like KCON participation in the development of the courses.
		  ▪ Participation should be facilitated by CCC (although participant(s) need not necessarily be CCC members).
		  ▪ Trying to have course sequence ready for fall 2009.
		  ▪ BMS is thinking of limiting to pre-nursing students. Would allow for more direct application to nursing and would provide ample seats for our students.
		  ▪ Rigor of course is to be maintained.
		  ▪ Will still be an acceptable course if students transfer to another major.
		  ▪ Would still be 200-level courses.
		
		3. <u>Baccalaureate Essentials</u>
		  ▪ Need to have discussion on January 7, 2008, regarding input received (prior to L. Scott's attendance at AACN).	

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	Topic	Discussion	Action/Decision
		▪ Would be helpful to have comments from UPAC and Evaluation prior to 01/07/08 meeting for review.	
5.	CCC Charge for the Masters Program Task Force	▪ Discussed recommendations that came out of RN/GPAC. ▪ Would like to see recommendation of where we are going to go and what we would like to offer. ▪ Would be good to have task force work completed to present at April 28, 2008, FOC meeting. ▪ Needs to come back to curriculum first, in time to be acted on and distributed to faculty for review prior to the April 2008 FOC meeting. ▪ Two key questions would like to have answered: Are we going to have an MSN exit and if so, what will it look like (generalist, CNL, specialist like education, etc., or other) ▪ Time line: Come back to curriculum in March with recommendations (tentatively planned for review at March 10, 2008, CCC meeting).	
6.	Phase 3 Report from the Task Force to Review Trends/Literature for Master's Education	▪ Information collected by graduate assistant was distributed. ▪ Information was gathered from possible "competitors" as well as those organizations who are moving in the same general direction as KCON.	
7.	CHM 109 and 230 Proposal	▪ BMS willing to move to accepting CHM 109/CHM 230 sequence for their courses. ▪ Still a problem with BMS 305 Nutrition but biomedical sciences believes it will be resolved. ▪ Would require program change through the curriculum process (prerequisite/course changes).	*Moved by R. Brintnall that we reaffirm CHM 109 and CHM 230 as the chemistry requirement for the BSN program. Seconded by E. Van Doren. Motion approved.*
8.	Short Term Goals: Medication Administration Project	▪ Deferred to future meeting.	
9.	Review of DNP Core Courses	NUR 702 (Kline, Mupepi) ▪ Required for Nursing Administration students. ▪ Discussed changing the title. Title will be left as submitted.	*Moved by E. Van Dorentto approve NUR 702 as presented. Seconded by J. Martin. Motion approved.*
		NUR 740 (Kline, Mupepi) ▪ Administration Practicum I (previously NUR 648). ▪ Biggest changes are prerequisites. ▪ Needs to reflect total required hours including clinical hours (270 clinical hours). ▪ Will be a 6 credit course.	*Moved by E. Van Doren to approve NUR 740 with recommended changes. Seconded by J. Martin. Motion approved.*

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	Topic	Discussion	Action/Decision
		▪ Show percentage ranges for activities/assignments.	
		NUR 741 (Schoofs, VanDoren) ▪ Add statement regarding resource impact of overall program. ▪ Same change to clinical hours as NUR 740.	*Moved by J. Martin to approve NUR 741 with recommended changes. Seconded by N. Schoofs. Motion approved.*
		NUR 742 – (Van Doren, Schoofs) ▪ Third course in sequence of three. ▪ Continuation of NUR 741. ▪ Same change to clinical hours as NUR 740	*Moved by N. Schoofs to approve NUR 742 with recommendes changes. Seconded by E. Van Doren. Motion approved.*
10.	Other	BMS 305 ▪ We were asked for our input from BMS. ▪ UPAC discussed and recommended that they develop a new nutrition course with emphasis on application (decrease biochem emphasis)	*Action by CCC needs to be added to future agenda (preferably 01/07/08).*
	Meeting adjourned at 11: 30 a.m.	Next Meeting: January 7, 2008, 10-10:30 a.m. with RN/GPAC in 115 CHS, 10:35 – 11:45 a.m. – 336 CHS	

NOTE: Any motions passed and rationale need to go to RAS for addition to the FOC agenda.   *Minutes taken by Lori Brown*

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Present: **Jean Barry (Chair), Jean Martin, Sylvia Mupepi, Nancy Schoofs, Elaine Van Doren**
Absent: **Ruth Ann Brintnall, Kay Kline**
Student: Rachel Kujacznski
Guests: Phyllis Gendler
Ex-Officio: Linda Scott

	Topic	Discussion	Action/Decision
1.	Approval of Agenda	Add: ▪ MSN Task Force Update	*Approved as amended.*
2.	Approval of Minutes – 01-07-08		*Not reviewed.*
3.	Review of Annual Agenda Plan		
4.	Announcements		
5.	Medication Administration	Next Steps ▪ E. Van Doren met with E. Bielak, who is waiting for formal notification from CCC as to acceptance of previous report. ▪ Now need to be specific with recommendations. ▪ J. Barry's recent meeting with Dean McCurren included a discussion about medication administration. She has worked in this area and has some good ideas about possible approaches.	*J. Barry and E. Van Doren will review previous draft of letter and will send final version to E. Bielak.*
6.	Review of DNP Core Courses	***All new course proposals – need to verify the "first time offered" and check projected number of students.***	
		NUR 629 (Martin, Mupepi) ▪ Syllabus of Record needs to list prerequisites (J. Martin will add). ▪ Need comment regarding library, classroom, and computer resources (J. Barry will "cut and paste" from another document).	*Moved by E. Van Doren to approve NUR 629 with recommended changes. Seconded by N. Schoofs. Motion approved.*
		NUR 630 (Martin, Mupepi) ▪	*Moved by J. Martin to approve NUR 630 as submitted. Seconded by E. Van Doren. Motion approved.*
		NUR 720 (Martin, Mupepi) ▪ Title was changed to more accurately reflect course content. ▪ Increased credits from 2 to 3. ▪ Prerequisites changed to reflect new prereqs.	*Moved by E. Van Doren to approve NUR 720 as submitted. Seconded by J. Martin. Motion approved.*

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Topic	Discussion	Action/Decision
	NUR 721 – (Van Doren, Schoofs) ▪ Replaces NUR 685. ▪ Should be 4 credits (syllabus of record (SOR) has typographical error and states 3 credits; course is currently 4 cr and is remaining 4 cr). ▪ Objectives on SOR are inconsistent in how population is identified. ▪ Change "use of" to "application of" informatics technology under "Seminar Topics" on SOR. ▪ Need to indicate that course description has changed.	*Moved by N. Schoofs to approve NUR 721 with recommended changes. Seconded by E. Van Doren. Motion approved.*
	NUR 722 – (Van Doren, Schoofs) ▪ Changing from 2 to 3 credits. ▪ Objective #5 – should say "discuss" not "discusses." ▪ SOR –Should say "children, **adolescents**, and family" rather than "children and family" as currently stated? Need to change course description (topics and objectives could say "identified population."	*Moved by N. Schoofs to approve NUR 722 with recommended changes. Seconded by S. Mupepi. Motion approved.*
	NUR 723 – (Barry, Brintnall) ▪ Need to "check" activity if changing or remove detail currently listed if no changes. ▪ Description not checked but description has changed. ▪ Description: add "adolescents." ▪ Make sure course description is the same on the course proposal as on the SOR. ▪ Clarify topics – "Given the developmental level of the students, . . . "	*Moved by E.Van Doren to approve NUR 723 with recommended changes. Seconded by J. Barry. Motion approved.*
	NUR 724 – (Barry, Brintnall) ▪ NCP, pg. 3, under "Rationale," last line – "ion" should be "in." ▪ Under "D" – first final is misspelled.	*Moved by J. Barry to approve NUR 724 with recommended changes. Seconded by S. Mupepi. Motion approved.*
	NUR 730 – (Martin, Mupepi) ▪ Question raised about possibility of including information about health promotion/community resources. ▪ Question raised if the topics listed should be specific to older adult. J. Martin noted that it was removed because it became extremely cumbersome.	*Moved by J. Martin to approve NUR 730 as submitted. Seconded by E. Van Doren. Motion approved.*
	NUR 731 – (Van Doren, Schoofs) ▪ Change "use of" to "application of" informatics technology under "Seminar Topics" on SOR.	*Moved by E. Van Doren to approve NUR 731 with recommended changes. Seconded by N. Schoofs. Motion*

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Topic	Discussion	Action/Decision
	▪ SOR should clarify "Possible Textbooks" (could use same suggested textbooks as listed on NUR 730).	*approved.*
	NUR 732 – (Van Doren, Schoofs) ▪ Number of credits on course proposal should be listed as "3." ▪ Objective #5 – should say "discuss" not "discusses." ▪ Under "Activity" on the course proposal, the 3 credits should be listed as "lecture/discussion" rather than just "lecture." ▪ SOR should clarify "Possible Textbooks" (could use same suggested textbooks as listed on NUR 730).	*Moved by N. Schoofs to approve NUR 732 with recommended changes. Seconded by S. Mupepi. Motion approved.*
	NUR 733 – (Barry, Brintnall) ▪ Typo on New Course Proposal (3rd page) – "include" is misspelled. (next line down should be "chronic," not "chronically.") ▪ NCP, pg. 3 -- "Configured" is misspelled. ▪ SOR, 2nd pg., under "Objectives" – need to add "chronic" before conditions. "Conditions" should be changed to "illnesses." ▪ Include textbooks from NUR 730.	*Moved by J. Martin to approve NUR 733 with recommended changes. Seconded by S. Mupepi. Motion approved.*
	NUR 734 – (Barry, Brintnall) ▪ Typos – pg. 3, under "Prerequisites," – "include" is misspelled, "chronically" should be "chronic." ▪ Possible texts have been added, typo "fro" should be "for."	*Moved by E. Van Doren to approve NUR 734 with recommended changes. Seconded by J. Martin . Motion approved.*
7. Other	MSN Task Force Update ▪ Meeting – 3 or 4 more upcoming meetings. ▪ Met with Dean at most recent meeting, which helped clarify things. ▪ Continue to gather materials. ▪ Have been interesting discussions thus far. Additional meeting ▪ Need to schedule an additional meeting prior to February 18, 2008. ▪ Will meet Friday, 2/1/08, from 10:30-12:30.	
Meeting adjourned at 11: 52 a.m.	Next Meeting(s): ▪ Friday, February 1, 2008, 10:30 a.m. – 12:30 p.m., 336 CHS ▪ Monday, February 18, 2008, 10:15-11:55 a.m., 336 CHS	

NOTE: Any motions passed and rationale need to go to RAS for addition to the FOCagenda.   *Minutes taken by Lori Brown*

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Faculty Members Present: D. Armstrong, J. Biese (for C. Grapczynski), V. Long, M. Luttenton**,** D. Ross, R. Smith-Colton**,** M. Staves, R. Wilson
Absent: D. Cannon, C. Coviak, C. Grapczynski, P. Jorgensen, P. Ratliff-Miller

Elected Student Representatives Present: C. Teerling, K. Wildeboer

Administrative Ex-Officio Present: B. Cole, I. Fountain, N. Giardina, P. Kimboko, S. Lipnicki, J. Montag

Ex-Officio Students Present: G. Baraza

Guest Present: E. Eldridge, C. McCurren

I. Call to Order
M. Luttenton called the meeting to order 9:07 AM.

II. Approval of Agenda
Action: R. Wilson moved to approve the agenda after reordering the items to allow for C. McCurren's discussion of the DNP Final Plan. M. Staves seconded. Agenda approved.

III. DNP Discussion
C. McCurren addressed GC members concerns with regard to the status of the MSN once the DNP is implemented. The MSN program will continue with a generalist focus, and some of the curriculum for the MSN will be foundation coursework for the DNP. Students may convert from the MSN program to the DNP if they want to be specialized in advanced practice.

C. McCurren explained the background and rationale for creating a DNP program. The DNP will be the new standard by 2015. The American Association of Colleges of Nursing mandated that advanced practice nursing be moved to the doctoral level. This move would impact the American health care system in a positive way.

Advanced practice courses are coming through curriculum for review. Nursing students who have not finished their programs yet will likely be doing their practicum by the time the reconfigured courses are put in place for the DNP. Students who choose generalist MSN degree will not be disadvantaged if they pursue the DNP after finishing their MSN.

The program proposes to add four faculty members. The DNP program's capacity is 65 students. GVSU's DNP program will compete with Oakland University, and UM Detroit (Flint) and Wayne State, which have proposals in process. Nationwide, there are 60 current DNP programs and another 140 in planning stages.

C. McCurren addressed concerns about gaps in delivery of programs. Anyone starting the MSN this year must finish by summer 2011. If the generalist masters program is approved, it could start in Fall 2009. There might be a year where no new masters students are admitted while the old program winds down and when new MSN begins.

The program will be marketed beyond the Grand Rapids area and it is hoped to draw the attention of the Midwest Nursing Research Society when KCON attends the next conference.

GC members had concerns about tuition support for students. Graduate assistantships offer some support, but not enough to compete with other universities. HRSA provides funding to GVSU for nurse traineeships. There is also federal funding to support people pursuing doctorates who plan to assume a faculty role. While the DNP is practice-based, those with a DNP can still teach. Funding opportunities from the University Development office and the west Michigan community can be explored.

It was noted that area hospitals support research projects because insurance companies will pay for outcomes studies, so they may want to collaborate with GVSU on this program.

M. Luttenton requested a motion to approve the DNP Final Plan based on the recommendation of the Graduate Council Curriculum Subcommittee.

Action: D. Armstrong moved to untable the motion to approve the DNP Final Plan from the last GC meeting on March 28, 2008, and to approve the DNP Final Plan. R. Wilson seconded. Motion was untabled.

The GC continued its discussion. Some GC members were concerned about the status of the MSN once the DNP is implemented. However, the MSN is a separate issue and an MSN program change will need to go through the curriculum process at a later date.

Action: M. Luttenton called the question to approve the DNP Final Plan. Motion passed. The DNP Final Plan was approved.

IV. Approval of Minutes
Action: M. Staves moved to approve the minutes of the Graduate Council meeting of March 14, 2008, with corrections. K. Wildeboer seconded. Minutes approved.

V. Report of the Chair
M. Luttenton reported that he and R. Wilson attended ECS to answer questions about the GA policy. R. Franciosi asked for the policy to be separate from the functions and procedures. The policy will be published in the Faculty Handbook, and the procedures will be available on the GSGA website.

The Grad Directors reviewed the Graduate Faculty Policy draft and there were some concerns from those in the health professions with regard to the "scholarship" requirement. Programs such as PT, OT, and PAS have different needs for faculty teaching on the clinical side. It was

suggested that the draft include language that encompasses the Boyer model. CHP Grad Directors were also concerned about chairing thesis committees as they have a very limited number of faculty. The draft will be revised and will probably not be ready for ECS review until the end of the semester.

VI. Report of the Dean
Enrollment Management
P. Kimboko attended vendor software demonstrations for Graduate Admissions systems. The new electronic features were to be in place by Fall 2008, but this may be moved to Fall 2009 because of the complexity of the changes that would need to be made.

Graduate Communication Team
The committee collected admissions letters from each program. The Registrar's office will begin sending letters to students whose transcripts do not show that a degree has been awarded.

Catalog Committee
Preliminary revisions are being made to the current catalog in terms of the flow of information. Some changes will be made for the print version, and more extensive versions for the online catalog.

Special Project GAs
Thirty one requests for special project GAs were received. There is funding for twenty four. P. Kimboko would like the salary rate to be reviewed. The last review was done in 2003.

Dean's Citations for Academic Excellence
Please send nominations to P. Kimboko. She would like nominees in all emphases. She clarified that the Graduate Dean's Citations are a different award from the Student Scholarship Day departmental awards.

Graduate and Professional Student Appreciation Week
National Graduate and Professional Students Appreciation Week begins today and runs through next Friday. Faculty and staff are encouraged to do something to recognize graduate students. The Lanthorn recently carried two front page articles on graduate issues.

VIII. Report of the Curriculum Subcommittee
As noted in the GC-CC minutes of March 14, 2008, the subcommittee reviewed and approved seven course proposals with modifications. It was noted that some of the documents were basic course changes, but because they are related to a new program they required a full review. Otherwise, if a basic course change can be posted for 30 days for comments.
Action: M. Staves moved to approve the GC-CC minutes of March 14, 2008. Minutes approved.

VII. Report of the Policy Subcommittee
R. Wilson reported that the GC-PC continued to work on a number of policies simultaneously.

VIII. Report of GPSA

K. Wildeboer reported that she presented at the Midwest Regional Council of NAGPS. She was asked to continue as publicity subcommittee chair for NAGPS, but declined. She noted that the conference was an opportunity to interact with many grad students from other universities and this serves as a reminder as to how large a graduate student population GVSU has.

GPSA announced a call for nominations for officers for the 08-09 academic year.

There is an open meeting for all graduate students with President Haas next Tuesday, April 1, at 5 PM in the University Club.

S. Lipnicki noted that the graduate student survey results are available. There were 1,087 responses.

IX. Old Business
J. Montag addressed the new prerequisite tracking procedures. The switch was made on March 17th. He will send reports for the college deans to let them know who was approved for overrides. M. Staves noted that there were difficulties with students taking temporary courses such as 680. There are a number of 680 courses with different topics, but the system will not allow students to register for more than one. J. Montag would like those with issues such as this to email him with the details, and to note that there are no paper forms in use except for dual enrollment.

X. Adjournment
Meeting adjourned at 10:30 AM.

Minutes approved at Graduate Council meeting of April 11, 2008.

Faculty Salary and Budget Committee Meeting
Minutes of March 28, 2008

A lunch meeting with Provost Davis was held from Noon to1:00pm.

Provost Davis was thanked for making time in her schedule to meet with the Faculty Salary and Budget Committee.   The FSBC thanked her for her continued support of faculty, particularly her support for increasing faculty salaries.

Provost Davis responded to faculty questions that had been gathered earlier. Topics included: the amount of money available for the salary increment pool; efforts underway to bring GVSU more in line with peer institutions across the state; the long term plans for increasing the number of graduate students, and shift in how graduate programs are marketed; future plans for additional facilities, including a new library/learning center; and how the targeted enrollment growth of 1% will be maintained.

PRESENT: Ed Aboufadel, Teresa Bacon-Baguley, Doug Busman, Gayle Davis (ex officio), Gregg Dimkoff, Marinus DeBruine, Milt Ford, Robert Hollister, Joe Godwin (ex officio), Paul Johnson, Fran Kelleher, Kim Ranger, Paul Stephenson, Elaine VanDoren, Xandra Xu,

GUESTS: Cynthia McCurren

1. The meeting was called to order at 1:04pm.

2. Dean McCurren presented an overview of the Final Plan for the Doctor of Nursing Practice (DNP) Program, and addressed questions posed from the floor.

3. The Final Plan for the Women and Gender Studies (WGS) Program was reviewed and discussed.

    A motion was <u>made and seconded</u> to support the Final Plan for the Women and Gender Studies Program and recommends implementation.   Approved Unanimously.

4. The Final Plan for the Doctor of Nursing Practice (DNP) Program was reviewed and discussed.

    A motion was <u>made and seconded </u>to support the Final Plan for the Doctor of Nursing Practice (DNP) Program and recommends implementation. The FSBC also requests a copy of the revised calculations for tuition projections incorporating Graduate Assistant costs.   Approved Unanimously.

5. The meeting adjourned at 1:31 pm

TO:	Rob Franciosi, Chair, ECS/UAS
FROM:	Larry Burns, Chair, Faculty Salary and Budget Committee
SUBJECT:	Final Plan for the Doctor of Nursing Practice (DNP)
DATE:	March 28, 2008
CC:	Robert Adams, Chair UCC
	Dean McCurren, Kirkhof College of Nursing

At the March 28, 2008, meeting of the Faculty Salary and Budget Committee a motion was made, seconded, and unanimously supported recommending approval of the Final Plan for the Doctor of Nursing Final Plan.

The FSBC was impressed by the depth of the plan and appreciated its clarity.

The FSBC requests a copy of the revised calculations for tuition projections incorporating GA costs.

University Curriculum Committee
Minutes of Wednesday, April 2, 2008

Present: Robert Adams (Chair), Jean Barry, Wally Boeve (Recorder), Martin Burg,
           Sarah Daniels (Student), Nancy Giardina (Ex-officio), Greg Mahoney,
           Doug McKenzie, Mel Northup, Michael Ott, Mark Pestana, Glenn Pettengill,
           Walter Sa, Kathryn Stieler, Kevin Tutt, Doug Way,
           Claudia Sowa Wojciakowski

Guests: Pat Schafer, (Faculty, KCON)
        Cynthia McCurren (Dean, KCON)
        Cynthia Coviak (Faculty KCON & Chair, GC-CC)
        Julie Guevarra (Provost's Office)

Agenda (Meeting #19)

Approval of the Agenda
Approved

Approval of Minutes
Approved

Report from the Chair
Can anyone meet during finals week on Wednesday at 2pm if needed, let chair know? Chair will email the committee for availability.
Some of the DNP courses are coming from graduate council soon.
Physician Assistant Studies program change and courses are ready for review.

Report from the Provost
N/A

New Business
- #3356 Doctor of Nursing Practice (DNP) Final Plan
  Action: Motion to Support with Recommendation Memo to ECS addressing the issues of the library budget memo, impact on other units, communication with Statistics. Motion was unanimously approved.

Adjournment: 4:05pm

DNP-F

Memo from the University Curriculum Committee

Date: April 2, 2008

To: Rob Franciosi, Chair of ECS
      Cynthia McCurren, Dean of KCON
      Patricia Schafer
Cc: Lisa Surman Haight
From: Robert Adams, UCC Chair
Re: Final Plan for the Doctor of Nursing Practice (#3356)

The University Curriculum Committee (UCC) reviewed your final plan for a Doctor of Nursing Practice.

The UCC supports the proposal and recommends that the final plan be updated in three ways. First, the UCC recommends that the library budget be updated to reflect the latest discussions between KCON and the Library. At the very least, the latest memo between the Library and KCON should be attached.

Second, it is unclear to readers the impact the DNP will have on other units. The UCC recommends that the final plan task force discuss the effects of a growing DNP program on current resources in CHS.   If there is no impact, then that should be stated.

Third, evidence of communication with the Statistics department needs to be attached. The DNP incorporates courses from STA and PA. A letter from PA is already attached to the final plan.

Please do not hesitate to contact me with questions or concerns at adams@cis.gvsu.edu or 331-3885.

Grand Valley State University
Executive Committee of the Senate
April 4, 2008

PRESENT: David Bair, Yatin Bhagwat, Gayle Davis (ex officio), Rob Franciosi (Chair), Joe Godwin (ex officio), Robert Hendersen, Jon Jellema (ex officio), Nancy Levenburg, Jean Martin, Kristine Mullendore (Vice Chair), Ellen Schendel, Steven Schlicker, Robert Schoofs, John Stevenson, Kathleen Underwood, Jeroen Wagendorp, Roy Winegar.

GUESTS: Cynthia Coviak, Pat Schafer

Called to order at 2:02

Agenda Items	Discussion	Action / Decisions	
1. Approval of Agenda	The agenda of April 4, 2008 was reviewed.	The agenda of <u>April 4, 2008 was approved</u>	
2. Minutes approval	The minutes of February 22, 2008 were reviewed.	The minutes of February 22, 2008 were approved.	
3. Report of Chair	a) The Chair reminded ECE members that the election for the Chair and Vice Chair of the Senate for 2008-9 will be held at the meeting of the newly elected ECS on April 18. There are two nominations for Chair – Kristine Mullendore and Nancy Levenburg. Larry Burns has been nominated for Vice Chair. If there are other nominations they should be sent to Rob Franciosi or Ellen Schendel, who are acting as an election committee. b) The Chair reported that he and Vice Chair Mullendore met with President Haas on March 31 regarding benefits equity and President Haas reiterated that there has been no change in Board of Trustees' decision to not take up this issue until of Michigan Supreme Court has rendered its opinion in the pending case and that they will only address it then. The Chair further reported that the President Haas had become aware of it during the hiring process before arriving at GVSU. President Haas gave his assurance that he would work closely with all university constituents when the issue can be addressed with the Board of Trustees. Concerns were raised from the floor that those most affected by the decision were not present to hear this report and that they should be given the same sense of assurance from President Haas. By consensus it was agreed the ECS Chair would contact the LGBT committee to relay this information.	**By consensus** it was agreed the ECS Chair would contact the LGBT committee to relay the information from the meeting with President Haas.	

4. Report of Provost	a) Provost Davis reported that press articles in the <u>Grand Rapid Press</u> and the <u>Lanthorn</u> regarding the DNP Final Plan resulted from a conversation that occurred during and after a Grand Rapids City Council meeting and that they are not accurate with respect to the statements that the purpose of the proposed 'classes. No other announcements .		
5. Report of Student Senate	In the absence of a student representative there was no report		
6. New Business	a) The Graduate Assistantship Policy distributed earlier was discussed. The Chair presented an overview of the changes requested. Discussion. Due to concerns raised from the floor, it was decided to return the proposal to the Graduate Council. The ECS Chair will contact the Chair of the Graduate Council to get clarification on areas of concern identified at the meeting. b) Changes to the University Assessment Committee Bylaws - No Discussion c) The material on the Doctor of Nursing Practice Final Plan that was distributed earlier was discussed. Pat Shafer and Cynthia Coviak answered questions raised from the floor. A motion was made and seconded to forward the Doctor of Nursing Practice Final Plan to the University Academic Senate for their action, with recommendation to approve the Final Plan and implement the program.	Due to concerns raised from the floor, the policy will be returned to the Graduate Council and the ECS Chair will contact the Chair of the Graduate Council to get clarification on specific areas identified at the meeting. No Discussion **MOTION:** The Executive Committee of the Senate approves the Doctor of Nursing Practice Final Plan, and sends it to the University Academic Senate for their action, with a recommendation to approve the Final Plan and implement the program. **APPROVED Unanimously**	
7. Adjournment	The meeting adjourned at 2:57		

University Academic Senate
Grand Valley State University
April 11, 2008

PRESENT: Majd Al-Mallah, Kirk Anderson, David Bair, Charles Baker-Clark, John Bender, Yatin Bhagwat, Matthew Boelkins, Shawn Bultsma, Lee Copenhaver, Sigrid Danielson, Gayle Davis (ex officio), Kurt Fanning, Roger Ferguson (for Paul Leidig), Rob Franciosi (Chair), Joe Godwin (ex officio), Cynthia Grapczynski, Jennifer Gross, Robert Henderson, Soon Hong, Hugh Jack, Jon Jellema (ex officio), Brian Kingshott, Sharon Leder, Nancy Levenburg, Neil MacDonald, Jean Martin, Cynthia McCurren (ex officio), William Morison, Kristine Mullendore (Vice Chair), Harvey Nikkel, Tonya Parker, John Peck, Paul Plotkowski (ex officio), Ross Reynolds, Ellen Schendel, Steven Schlicker, Robert Schoofs, Jeroen Wagendorp, Deana Weibel, Judy Whipps (for Kathleen Underwood), Roy Winegar

GUESTS: Colleen Brice, Julia Mason, Patricia Schafer,

Called to order at 3:10

Agenda Items	Discussion	Action / Decisions	
1. Approval of Agenda	The agenda of April 11, 2008 was reviewed.	The agenda of April 11. 2008 was approved.	
2. Minutes approval	Review of Minutes of March 28, 2008	The Minutes of March 28, 2008 were approved.	
3. Report of Chair	a) The Chair announced that Commencement will be held on April 26, 2008. Antique gold cording are being provided to Faculty governance members at the senate on April 18 to those who have served as senators to be worn at future events to recognize faculty service on ECS/UAS. b) The Chair acknowledged those members whose terms expire this year and announced that a UAS year-end reception will be on April 18, 2008 immediately following that meeting.		
4. Report of Provost	There was no report from the Provost's Office		
5. Report of Student Senate President	In the absence of a student representative there was no report.		
6. New Business	a) The Chair presented highlights of the Doctor in Nursing Practice Final Plan that was distributed earlier, and noted that the new nursing courses associated with the Final Plan are in various approval stages within the curriculum development system. Dean Cynthia McCurren and Professor Pat Schafer answered questions from the floor. Discussion.		

	It was <u>moved and seconded</u> that the University Academic Senate support the Final Plan for a Doctor in Nursing Practice and forward it to Administration with a recommendation to approve.	**MOTION:** The University Academic Senate supports the Final Plan for a Doctor in Nursing Practice and forwards it to Administration with a recommendation to approve. **APPROVED: Unanimously**
	b) The material distributed earlier on Faculty Personnel Policy Committee Recommendation on role of the College Personnel Committee was discussed. The recommended changes are identified in RED **2.10 Procedures for Regular Faculty Appointment Renewal, Promotion, Tenure, Sabbaticals, Periodic Performance Review, and Dismissal for Adequate Cause.** 1. **College/Library Personnel Committee**. Each College and the University Libraries will establish a Personnel Committee to recommend action concerning regular faculty appointment renewals, promotion, tenure, sabbaticals, and periodic performance reviews within the separate College or Library. The committees will review unit personnel actions for the procedural ~~and content~~ validity of the unit vote as well as the unit's consistent~~cy~~ey ~~and appropriateness~~ ~~in its~~ AND APPROPRIATE applications of standards and expectations in its personnel actions as outlined in Section 2.10.7, and evaluate candidates for reappointment, promotion, and tenure according to the standards and expectations established by their respective UNITS AND Colleges. The Committees recommend to their respective Deans and shall not adopt policies and procedures contrary to the procedures contained in Section 2 of the Administrative Manual. Pursuant to Section 2.13.1, the Dean can initiate review of a case by the Personnel Committee regarding Dismissal for Adequate Cause.	
	A motion was <u>made and seconded</u> to amend the language by adding "UNITS AND" to the area noted.	**MOTION:** The University Academic Senate approves adding "Units and" to the language in 2.10.1 as presented at this meeting. **APPROVED: Unanimously**
	Further discussion was heard. A motion was made and seconded to approve	

The committees will review unit personnel actions for the procedural ~~and content~~ validity of the unit vote as well as the unit's consisten~~T~~cy ~~and appropriateness~~ AND APPROPRIATE applications of standards and expectations in its personnel actions as outlined in Section 2.10.7, and evaluate candidates for reappointment, promotion, and tenure according to the standards and expectations established by their respective UNITS AND Colleges OR UNIVERSITY LIBRARIES.

2) The FPPC recommendation on Personnel Voting that was distributed earlier was presented by the Chair. T After discussion it was proposed that this be returned to FPPC. The following language was proposed to identify their charge as they continue to discuss this issue::

MOTION:
> *"Because granting tenure is the most important decision the university makes, some believe that only faculty who have successfully negotiated that journey are best prepared and positioned to bear that responsibility. Because participation in personnel decisions is valuable to all regular faculty, others are convinced that no distinctions should ever be made in terms of voting.*
>
> *As both sides are genuinely committed to their perspectives, we charge FPPC with proposing a plan next year, intended for implementation for Fall 2009, if approved, that would ensure participation and voting by all faculty, but also make distinctions between the varying levels of appropriate professional responsibilities. Before sending forward a proposal to be considered FPPC (with assistance from UAS) should solicit input from faculty across campus through such means as surveys, web discussions, or campus-wide fora"*

Discussion.

A motion was made and seconded to end discussion.

MOTION: The University Academic Senate approves adding "or University Libraries" to the language in 2.10.1 as presented at this meeting. The language will now read: The committees will review unit personnel actions for the procedural validity of the unit vote as well as the unit's consistent and appropriate application of standards and expectations in its personnel actions as outlined in Section 2.10.7, and evaluate candidates for reappointment, promotion, and tenure according to the standards and expectations established by their respective Units and Colleges or University Libraries.
APPROVED: Voice Vote, 1 vote of NO.

MOTION: The University Academic Senate discussion on the FPPC

		recommendation regarding eligibility to vote should be ended. **APPROVED Unanimously**
	A <u>motion was made and seconded</u> to approve the language as to the charge to the FPPC to guide its future discussion of this proposal as presented at this meeting regarding eligibility to vote in faculty personnel actions involving contract renewal, tenure and promotions.	**MOTION:** The University Academic Senate approves this language as a charge to be forwarded to the FPPC to use to guide their continuing discussion of the issue of eligibility to vote in faculty personnel actions involving contract renewal, tenure, and promotion **APPROVED: by majority voice vote with 1 No**
	c) The reaffirmation of an earlier UAS motion regarding Domestic Partner Benefits, which was distributed earlier, was presented by the Chair. The motion says: *"UAS reaffirms its previous stance on the issue of Domestic Partner Benefits as articulated on 31 October 2003: 'The Domestic Partner Benefit Task Force is charged with reconvening, and to continue monitoring the local, state and national legal, political, and community scene and bring back a recommendation to UAS when issues or events are favorable for Domestic Partner Benefit approval, with a progress report in April 2008."* *UAS also reaffirms its original motion of 4 April 2003, endorsing the recommendation of UAS Domestic Partner Benefit Task Force, "Our world is changing and as an educational institution we address these changes on a daily basis," its report concluded. "To reflect the needs of our employees, both in benefits and equity, it is indeed our duty to offer domestic partner benefits".* Discussion. A **Motion** was made to call the question but was not supported. During further conversation, Professor John Bender offered to draft language for discussion and action at the next UAS meeting.	**MOTION:** Call the Question **Not Supported** Professor John Bender offered to draft language for discussion and action at the next UAS meeting That would encompass the concerns raised in the discussion about the current language.

		Approved By Consensus:	
	4) Applied Linguistics Final Plan	There was no discussion on the Applied Linguistics Final Plan.	
	5) Women and Gender Studies Final Plan	There was no discussion on the Women and Gender Studies Final Plan.	
7. Adjournment	The meeting adjourned at 5:01pm		

GRAND VALLEY STATE UNIVERSITY

University Academic Senate
Executive Committee of the Senate
Rob Franciosi, Chair 2007-08
Kristine Mullendore, Vice Chair 2007-08

Memorandum

TO: Gayle Davis, Provost and Vice President for Academic Affairs

FROM: Rob Franciosi, Chair, ECS/UAS

SUBJECT: Doctor of Nursing Practice Final Plan

DATE: April 21, 2008

CC: Thomas J. Haas, President
               UAS/ECS Members
               Cynthia McCurren, Dean, Kirkhof College of Nursing
               Robert Adams, Chair, UCC
               Larry Burns, Chair, FSBC
               Mark Luttenton, Chair, Graduate Council

At its April 11, 2008, meeting the University Academic Senate voted to approve the Final Plan for the Doctor in Nursing Practice degree and recommends proceeding with implementation. The vote was unanimous.

Throughout discussion of this final plan, faculty across governance commented on the thoroughness and clarity of the document. Its argument was especially compelling, particularly in light of developments on the Health Hill, and there is no question that the DNP will be a crucial addition to our university's offerings.

Besides complimenting the Dean of KCON for her willingness both to answer and to anticipate questions raised by this complex plan, I wish to recognize the heroic efforts of those standing committees which managed to address this urgent document with care and deliberate speed. In taking on this work that was important to Grand Valley, they embodied the best aspects of shared governance.

Section IV: IMPACT OF THE PROPOSED CHANGE ON CHALLENGES IDENTIFIED BY THE COMMISSION AS PART OF OR SUBSEQUENT TO THE LAST COMPREHENSIVE VISIT

Identify Challenges Directly Related to the Proposed Change

The following two challenges identified in the report of the February 1999 Commission of Institutions of Higher Education of the North Central Association of Colleges and Schools relates to the proposed Doctor of Nursing practice degree program. The current request for institutional change is related directly to challenges 3 and 4.

Challenge 3:

The campus lacks an institution-wide policy regarding evaluation of teaching, scholarship and service for faculty for personnel evaluation purposes. Such a policy should include clarification of what constitutes an appropriate product for the various types of scholarship – scholarships of teaching, application, integration and discovery.

Challenge 4:

The number and size of graduate programs is growing, and there will be increasing physical separation of these from the Allendale campus and each other as new buildings are completed. In addition, the volume of grants, contracts and other sponsored programs is growing at all levels. In both areas, the institution should very strongly consider appropriate high-level, campus-wide administrative structures to safeguard standards and protect institutional integrity, as well as to assist in considering growth in these areas.

Describe How the Organization has Addressed the Challenges

Challenge 3:

Consistent with the university policies as described in the Faculty Handbook, criteria for appointment and re-appointment have been articulated by the faculty in the Kirkhof

College of Nursing. The categories and the themes within them for consideration in each rank include:

Effective teaching performance

- Knowledge of nursing

- Classroom and tutorial performance

- Communication and human relations skills

- Evaluation skills

- Performance as an academic advisor

Professional achievement

- Creative and scholarly activities in either research or practice which includes education, clinical, and administrative practice.

- Participation in professional activities

- Continuing education

Unit and University service

- Committee work

- Curriculum development

Community service

- Active in community agency, organization or activity that utilizes nursing expertise

The description of each theme across the ranks reflects increasing level of responsibility and degree of complexity/innovation of contributions.

The KCON policy and procedure for initial appointment and review are overseen by the KCON Faculty Recruitment and Retention Committee (FRRC) a standing committee within the college's faculty governance structure. The actions for re-appointment and tenure review are carried out by the Personnel Committee. These policies and procedures are consistent with those described in the university Faculty Handbook.

Challenge 4:

 Since arriving at the university in 2000, Dr. Priscilla Kimboko, Dean of Graduate Studies and Grants Administration, has provided leadership in these areas. Several faculty in the Kirkhof College of Nursing have been active in the development and enactment of graduate structures and policies. In addition, Dr. Kimboko has been a member of the doctoral program development task force in the KCON, and has advised the task force on areas of graduate program and policy development.

Within the KCON there has been an administrative structure that addresses graduate program issues and the KCON faculty have been active in the development of the emerging graduate infrastructure at the university. Until recently, Dr. Jean Martin held the position of Graduate Program Director in the KCON, and was active on the Graduate Program Director's Advisory Council, formed by Dr. Kimboko in AY 2000-2001. This group prepared a prospectus for the development of a graduate council in the university. The final plan for this entity was written during academic year, 2003, and the Graduate Council was approved by faculty governance in early calendar year 2004. The first representatives to Graduate Council were elected by the faculty in units with graduate programs and were seated in fall, 2004. The Chair of Graduate Council for AY 2004 and 2005 was Dr. Cynthia Coviak, faculty and Director of Nursing Research and Faculty Development at the KCON. In 2007 Dr. Coviak assumed the Chair of the Graduate Curriculum Committee having been the co-chair in 2006. Also, early in her tenure Dr. Kimboko formed a task force to address thesis quality and process standards within the graduate programs at Grand Valley. Dr. Patricia Schafer, faculty at the KCON chaired that group.   Faculty within the KCON have been and will continue to be actively involved the evolution and refinement of the processes and practices of the Graduate Program at Grand Valley.

Within the KCON there is a Graduate Program Advisory Committee (GPAC), consisting of those faculty and administrative professional staff who are primarily involved with graduate nursing education and graduate student matters. This committee, chaired by the Graduate Program Director, brings forward to the KCON governance committees matters of curricula, admissions and policies pertaining to graduate education. The GPAC fully

discussed and endorsed the development of the Doctor of Nursing Practice Program prior to the action of the KCON faculty as a whole.

Both within the KCON and in the wider university, nursing faculty are active in developing and enacting infrastructure to support graduate programs. The development of the proposed Doctor of Nursing Practice degree program is further evidence of that work.

Section V: WHAT ARE THE ORGANIZATION'S PLANS TO IMPLEMENT AND SUSTAIN THE PROPOSED CHANGE?

Involvement of Appropriately Credentialed Faculty

To meet the mission, goals and strategic goals (expected outcomes) of the Kirkhof College of Nursing programs, the nursing faculty currently includes tenured, tenure track, affiliate, visiting and adjunct faculty. Since 2001, all faculty appointed to the tenure track possess an appropriate terminal doctoral degree or have completed all coursework and attained candidacy status. The KCON has 28 full time tenured or tenure track faculty (70% of whom are tenured), two full time visiting faculty, and 9 affiliate faculty. Of the tenure track faculty, eighteen percent are either full or associate professors. Of the tenure track and visiting faculty, 25 are doctorally prepared with three additional faculty members in the process of completing their doctorates.

While faculty members may teach in both the undergraduate and graduate programs, it is anticipated that those who teach primarily in the graduate program will be the initial faculty teaching in the Doctor of Nursing Practice (DNP) program. Of these eleven faculty, nine hold doctorates in nursing; seven are actively engaged in research; and, five are certified in advanced practice nursing and one in nursing education. The proposed DNP program will have two emphases – advanced clinical practice, with foci in child/adolescent health and adult/older adult health, and health systems/nursing administration leadership. Faculty expertise aligns well with the anticipated emphases of the DNP program with four of the anticipated eleven faculty planning to teach in the DNP experts in child/adolescent health, two in adult/older adult health and two in nursing administration. Faculty with preparation in specific areas, such as leadership, politics and policy, professional roles, or nursing and psychosocial theory will teach relevant core courses.

There is a rich diversity in the knowledge and skills of the KCON faculty. There are two doctorally-prepared experts in nursing care of adult/older adult currently teaching in the undergraduate program, and two with doctoral preparation and expertise in these areas who will be joining the faculty in the fall, 2008. This will allow many of the DNP courses and practica to be taught by current faculty. However, there are some areas of knowledge

that will need to be cultivated, such as epidemiology/population health, nursing informatics, and health care economics. Active recruitment and faculty development in these areas are occurring to enhance our faculty profile.

Administrative Structure in the KCON

Administrative personnel include the Dean, two Associate Deans, and three Directors. The Associate Dean positions include Associate Dean of Academic Programs and the Associate Dean for Community and Clinical Services. The Director positions include the Director of Nursing Research and Faculty Development, Director of the Undergraduate Program, and Director of the Graduate Program. The DNP program will fit within the graduate program structure. There are 5 full time and 5 part-time clerical support personnel who facilitate the work of the KCON. Additional clerical support personnel will be needed for the DNP program. In addition the clerical support personnel, the KCON has one admissions coordinator, three student services coordinators, simulation center coordinators (1.5), coordinator of the standard patient program, one academic community liaison and student assistants. In the academic nurse-managed health center (ANMC) there are 1.2 FTE nurse practitioners, 1.0 FTE nurse case manager, 1.0 FTE office coordinator and 0.5 FTE biller. There are three persons who support the activities of the ANMC through contractual arrangements, including a collaborating physician, health information systems expert and a biller.

Availability of Learning Resources and Support Services

The faculty, staff and students in the proposed Doctor of Nursing Practice program will have access to all university and college resources. While resource areas are plentiful, specific components that are being enhanced include:

- **Library**

Library personnel recently completed a self-study, comparing its holdings with those of libraries in similar universities who are enacting the DNP program. Specific resources were identified and a DNP Library Resource Request (Appendix E) was submitted through the GVSU governance process as part of the DNP proposal.

The Frey Foundation library, which resides in the Cook-DeVos Center for Health Sciences (CHS) in Grand Rapids, supports all the health professions programs. In addition to its extensive holdings and database access, the library is a National Library of Medicine partner and will soon be a Loansome Doc service provider. In addition, Grand Valley serves as library of record for the Van Andel Research Institute, located in downtown Grand Rapids. Access to these multiple databases, a 6:1 student to computer ratio and the Document Delivery System will contribute to success in the KCON DNP program by providing both the faculty and students with access to the most current literature available on key topics of study. The specialized focus of the Frey Learning Center, in addition to the extensive holdings of the Steelcase and Zumberge libraries will be critical resources for the development of the DNP program and the doctoral students.

- **Instructional Technology**

The Instructional Technology Unit offers workshops on the use of technology available at GVSU. These are available for faculty and, through recent discussions between KCON and IT, will be open to doctoral students. There are 20 interactive technology labs at both on and off campus sites available to its students, which contain a total of 708 computers. The University holds licenses for a variety of software programs, including the SPSS and SAS statistical packages.

- **Instructional/Learning Resources**

Resources for faculty development of teaching strategies and student learning are extensive at the KCON. The Standard Patient Program employs individuals who are asked to stage practice experiences for students in a simulated setting. The standard patients are used in a variety of roles and case scenarios including history and physical assessment.

Expansion of the KCON Center for Nursing Research will be necessary. It is anticipated that the current 838 square feet of space will be insufficient to provide work space for

doctoral students. These renovations, plus an additional storage space are needed now, have been presented to the facilities personnel and, as the program grows, there will be a need for further expansion of these facilities.

The Simulation Center in the CHS is a complex of five modern labs and suites. Three are nursing laboratory rooms, which include (a) a nursing assessment lab with nine exam tables, (b), a nursing skills lab with 12 hospital beds, and (c) a hospital simulation suite. All of the nursing labs have hospital bedside amenities (i.e. wall suction, simulated O_2, and complete diagnostic assessment equipment). The hospital simulation suite contains a three-bed ER ward, and ICU room, and four private rooms, one of which is a birthing room. The ICU simulation room houses SimMan, one of the College's high-end simulation manikins. The other two suites within the Simulation Center complex are interdisciplinary shared rooms; they include a simulation suite and a model patient suite with eight exam rooms.

Financial Data

The expansion of the graduate program to include doctoral education requires additional budgetary support. These items, as well as anticipated revenues from tuition, are detailed below.

Table 4. PROJECTED BUDGET SUMMARY

PERSONNEL AND STUDENTS					
EMPLOYEES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Faculty (FTE):	2.0	4.0	6.0	6.0	6.0
Staff (FTE):	1.0	1.0	1.0	1.0	1.0
Students Enrolled:	20	35	45	60	65
PROGRAM COSTS					
BUDGET ITEM					
Personnel:	255,000	455,000	655,000	655,000	655,000
Student Wages:	24,000	48,000	60,000	60,000	60,000
CSSM:					
Equipment:	25,000	25,000			
Accreditation Fees:		1500	6,000		
Library:	23,800	15, 800	15, 800	15, 800	15, 800
Instructional Technology:					
Other:					
TOTAL:	327,800	545,300	736,800	730,800	730,800
REVENUE FROM STUDENT TUITION					
Tuition:	198,750	311,250	425,625	528,750	577,500

Personnel

Faculty

The KCON is requesting two additional faculty per year during the first three years of the
program. These needs were calculated based on a full-time teaching load of 18 credits per
academic year (three semesters). Faculty are being recruited to meet the teaching demand
(undergraduate and graduate programs) and the special areas of expertise needed –
population health/epidemiology, nursing/health informatics and health economics.

Staff

One additional clerical person is being requested to support the activities of faculty and
students in the DNP program.

Students

Additional research assistants are being requested (total of 5 over the first 3 years of the program) to support faculty research and supplement prospective DNP students' expenses. Funds are based on three semesters per year assignment.

Equipment

These dollars are for office equipment for additional faculty and/or graduate assistants.

Accreditation Fees

This dollar request is based on the current anticipated costs of accreditation application and site visit from the Credentialing Center for Nursing Education (CCNE), the educational program accrediting body of the American Association of Colleges of Nursing (AACN).

Library

The library memo in Appendix E details this request.

Timeline Used to Implement the Proposed Doctor of Nursing Practice Program

The Kirkhof College of Nursing would like to enroll the first students into the Doctor of Nursing Practice degree program in the fall of 2009. It is anticipated that there will be two cohorts admitted – one at the post-baccalaureate entry and another at the post-Masters entry. Based on the results of the Morrow Study, conducted in the fall, 2007 and reported in Section I of this program change request, we anticipate being able to meet this figure. As the awareness of the reality of the DNP as entry to advanced practice grows we expect a slow, but consistent, increase in the number of those interested in pursuing this degree, especially among those persons graduating from baccalaureate programs.

Timeline of Activities:

2002   Formation of Doctoral Task Force

2002-present -   Extensive background preparation and comprehensive
                   examination of issues related to development of Doctor of Nursing
                   Practice (DNP) degree program, leading to development of proposal,
                   guided by the AACN the *Essentials of Doctoral Education for Advanced
                   Nursing Practice* (2006) including:

   - faculty participated annually in American Association of Colleges
     of Nursing Doctoral Conferences
   - faculty participated in National Stakeholders Meeting and
     regional meetings at which the Essentials of Doctoral Education
     for Advanced Nursing Practice were debated and refined

September, 2007– Morrow Survey: nurses from 27 counties in West Michigan
                   surveyed for interest in pursuing graduate education in
                   nursing.

October, 2007 – Proposal for Doctor of Nursing Practice degree program
                   submitted for approval to Grand Valley faculty governance.

January, 2008 – April 2008 - Cooperation in various stages of Faculty
                   Governance approval process of the proposed DNP

February, 2008 – information sessions held for current masters students to
                   address transition issues and advise of the anticipated doctoral
                   program

April, 2008 – Final approvals by university governance committees completed

and recommendation sent to Provost to continue the process.

Submitted DNP proposal overview and request to the Michigan

State Board of Governors for approval of the Doctor of Nursing

Practice degree program at Grand Valley State University, Kirkhof

College of Nursing via Presidents' Council Academic Program

Review

Presented DNP Proposal overview to the Academic and Student

Affairs Committee of the Board of Trustees (4/25/08)

May, 2008 – Doctoral Task Force agenda for summer to include:

Preparation of NCA report

Refinement of recruitment materials; plan information sessions

Website development

Confirm admission criteria

Faculty development

Funding for faculty and students

Develop processes for curricula mapping and in-depth

course development

May and ongoing: Informing and teaching community, practice partners and

other health related disciplines about the DNP and

role in health care delivery and patient outcomes

June, 2008 – submit NCA report to Julie Guevara, Grand Valley liaison

July 2008 -   Present DNP Proposal overview to university Board of Trustees for

final approval

September, 2008 – finalize Resource Room materials for NCA site visit to KCON

October, 2008 – participate in NCA review

January, 2009 – begin active student recruitment

Throughout 2008-2009 academic year:

        Active faculty recruitment

        Continued faculty development

        Anticipate faculty assignment

        Course development

        Development of clinical placement sites and experiences

August, 2009 – launch the DNP degree program

SECTION VI: WHAT ARE THE ORGANIZATION'S STRATEGIES TO EVALUATE THE PROPOSED CHANGES?

Measures Used to Document Achievement of Outcomes

The Kirkhof College of Nursing has identified outcomes for graduates at the undergraduate, Master's, and DNP levels. The outcomes for the undergraduate and Master's programs were derived from the philosophy and framework of the College, and narrative statements contained within the American Association of Colleges of Nursing's *Essentials of Baccalaureate Education for Professional Nursing Practice* (*BSN Essentials*), and *Essentials of Master's Education for Advanced Practice Nursing* (*Master's Essentials*). In adding the DNP, the dimensions of the professional nurse's role, articulated in the *BSN Essentials* (1998) as "providers of care", "designers, managers, and coordinators of care" and "members of a profession", were expanded to reflect the competencies of the DNP graduate as described in *The Essentials of Doctoral Education for Advanced Nursing Practice* (*DNP Essentials*). The outcomes of the DNP program at Grand Valley are:

> **1.** DNP graduates will provide advanced and complex care within an area of specialization in nursing that is scientifically and evidence-based and incorporates the science of nursing and other disciplines to optimize the functioning of human beings and their families and communities. (provider of care)
>
> **2.** DNP graduates will use organizational and systems leadership, information technology, interprofessional collaboration, and policy advocacy to improve and transform health care (designer, manager, coordinator of care)
>
> **3.** DNP graduates will contribute to the practice of nursing through clinical scholarship for evidence-based practice and active leadership in local and national professional groups. (member of the profession)

To assure that these outcomes would be achieved, as courses in the DNP curriculum were developed their objectives, content, and evaluation were designed to address these outcomes as well as curricular elements outlined in the *DNP Essentials.* The *Outcome and Essentials Tracking in DNP Curriculum* (Appendix C) document was developed to make certain that courses would incorporate the elements and that the three major outcomes of the DNP program would be attained. Projects and presentations completed during the courses will provide avenues for formative evaluation of students' progress toward program outcomes. Rubrics will be developed for each of the assignments to foster consistency among faculty leading the courses. The courses and the achievement of students in the courses will then be reviewed on a regular schedule in the KCON Curriculum Committee. The recommendations developed by this committee will then be forwarded to the Director of the Graduate Program and course faculty, to inform course activities and modifications that will improve the outcomes.

It is expected that the scholarly project, developed in the final year of the program and associated with an intensive immersion in practice, will provide summative evidence of attainment of the outcomes. The project is to evolve from practica and "involves translating evidence into practice, informing and influencing care, and enhancing health outcomes" (KCON, NUR 792 course description).

At the completion of the project the students' committee members will complete an evaluation of the project that will be retained by the KCON and reviewed by the Evaluation Committee to assess curricular integrity and effectiveness over time. Measures originally created to assess the attainment of the outcomes of the KCON's Master's program through evaluation of the scholarly projects will be adapted for the evaluation of the DNP projects. These measures have been designed to capture the students' critical thinking in analysis and synthesis of literature, evaluation of applicability of theories and frameworks in the projects' methods and outcomes, use of standard methods for designing the project activities, and professional communication. The assessment criteria are rated on a scale of 1 (not met) to 5 (fully met). Examples of items that will be adapted for the DNP outcomes include the following.

1. A theoretical framework that supports the efficacy of the protocol is provided

2. The literature constituting the research base has been critically reviewed.

3. The clinical problem is clearly described.

4. The reliability and validity of instruments selected to evaluate the protocol were identified.

5. The research base for the protocol is evident.

6. An appropriate plan for evaluation to judge the outcomes of the protocol implementation is provided.

7. Potential risks to clients stemming from protocol implementation are thoroughly described.

8. An appropriate cost-benefit analysis is provided.

9. Recommendations for protocol implementation are clearly explained.

10. The feasibility of protocol implementation is clearly discussed.

11. Student able to identify the integration of knowledge gained through the protocol development with clinical and functional role emphasis.

12. Student conducted the project with appropriate level of independence.

(KCON, Scholarly Projects Handbook, 2006)

The new measure will also incorporate items that address the impact of the project on the organization or health system, the extent to which interprofessional collaboration was enacted, and the application of technology in design and implementation of the project. In addition, evaluation of DNP practice at the end of the program will be assessed through measures derived from the course objectives for the final practicum courses (NUR 728 Clinical Immersion II [child/adolescent]; NUR 738 Clinical Immersion II [adult/older adult]; NUR 742 Administration Practicum III). These objectives include, respectively, (1) Enact the role of the APN in a selected area of care; (2) Evaluate the effectiveness of role enactment; (3) Identify strategies to enhance role and role performance; and (1) Enact the roles and responsibilities of a nurse executive; (2) Apply the DNP prepared nursing administrator competencies to advancing health outcomes in complex health care systems.

As the advanced practice roles of the DNP graduates have certification examinations as the foundation of their authorization for practice in the state of Michigan, and these examinations represent a standard level of knowledge regarding the advanced practice roles, we will continue the use of exam pass rates in assessing program outcomes for our graduates of the child/adolescent and adult/older adult practice tracks. The KCON has also found it to be useful to assess outcomes through responses to mailed surveys that are sent to alumni and their employers one and five years after graduation. Since many of the items from the mailed surveys address the advanced practice roles that will be offered only at the DNP level in the future, these also will be adapted from the current MSN alumni and employer surveys for use with graduates of the DNP program. Again, the responses over time will be monitored by the KCON Evaluation Committee, who will provide feedback to appropriate committees and individuals responsible for program design and integrity.

How Assessment of Student Learning is Integrated into the Assessment Program.

Assessment of students learning and achievement of desired curricular outcomes will be completed on a course-by-course basis. The Evaluation Grid on which the desired outcomes, AACN Essentials and course descriptions are plotted in attached. (Appendix C) The achievement of student learning outcomes, while important to assess during the course of a student's program of study, are best assessed from the standpoint of the graduate's activities. The preparation of the DNP graduate as a provider of advanced, evidence-based specialized care; as a leader in the health care system; and as a participating member of the profession will best be evident in the graduate's endeavors and successes. As such, the KCON proposes that a system will be created for the student's to create a web-based vita during their student experiences. The importance of maintaining a vita as well as the KCON's willingness to provide the methodology to create the vita will be emphasized during the course work of the DNP student. Upon graduation, the students should have a working vita that they can update following graduation as needed.

The KCON will use this methodology also to evaluate graduates' successes in their roles. The graduates will be reminded at regular intervals to update their vita on the web site. From this, the KCON will be able to follow the graduates' career as provider of care, their

participation and leadership in professional organizations, their scholarship and impact on the health care system. This system will be implemented for several reasons (a) it will be a service to the DNP graduate, (b) it will replace surveys that have notoriously low response rates, and (c) with small numbers of graduates, it will be more possible to know their locations and activities.

SUMMARY

Through the preparation and completion of the university governance process for proposing a new program, and a thorough, reflective self-study completion for presentation of a proposed substantive change, the Kirkhof College of Nursing is poised to continue on the journey toward offering the proposed Doctor of Nursing Practice program to the west Michigan region. Using guidance from our professional associations and sustained team efforts within the KCON and the university, we believe that we have developed a DNP program that will serve the health care, professional and public communities.

We anticipate active dialogue with the North Central Accreditation team and look forward to that experience as an opportunity to demonstrate our readiness and to learn from the interaction. The faculty at the KCON and the Doctoral Task Force, in particular, continue to refine the program plan, as described in the timeline.

References

American Association of Colleges of Nursing (2004, October). AACN Position
        Statement on the Practice Doctorate. Retrieved on July 23, 2007 from
        http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm

American Association of Colleges of Nursing (2006, October). The Essentials of
        Doctoral Education for Advanced Nursing Practice. Retrieved on October 5,
        2007 from http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf

Institute of Medicine (1999). *To err is human; Building a safer health system.*
        Washington, D. C.: National Academy Press.

Institute of Medicine (2003). *Health professions education: A bridge to quality*.
        Washington, D. C.: National Academy Press.

Kirkhof College of Nursing Doctoral Task Force (2007). Meeting minutes.

National Research Council (2005). *Advancing the nation's health needs.*
        Washington, D.C.: National Academy of Sciences.

Robert Wood Johnson Foundation (2008). Aligning Forces for Quality. Retrieved on
        July 30, 2008 from http://www.rwjf.org/**quality**e**quality**/af4q/

Appendix A: Essentials of Doctoral Education for Advanced Nursing Practice
American Association of Colleges of Nursing

American Association
of Colleges *of* Nursing

The Essentials of Doctoral Education
for Advanced Nursing Practice

TABLE OF CONTENTS

ADVANCING HIGHER EDUCATION IN NURSING

Introduction

Background

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

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

Comparison Between Research-Focused and Practice-Focused Doctoral Education

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

AACN Task Force on the Practice Doctorate in Nursing

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

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

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

> *any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy.* (p. 2)

Furthermore, the DNP position statement (AACN, 2004, p. 4) identifies the benefits of practice focused doctoral programs as:

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

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

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

Context of Graduate Education in Nursing

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

In hallmark reports, the IOM (1999, 2001, 2003) has focused attention on the state of health care delivery, patient safety issues, health professions education, and leadership for nursing practice. These reports highlight the human errors and financial burden caused by fragmentation and system failures in health care. In addition, the IOM calls for dramatic restructuring of all health professionals' education. Among the recommendations resulting from these reports are that health care organizations and

groups promote health care that is safe, effective, client-centered, timely, efficient, and equitable; that health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement, and informatics; and, that the best prepared senior level nurses should be in key leadership positions and participating in executive decisions.

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

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

Relationships of Master's, Practice Doctorate, and Research Doctorate Programs

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

primary education pathways: professional entry degree (baccalaureate or master's) to DNP degree or professional entry degree (baccalaureate or master's) to PhD degree. As in other disciplines with practice doctorates, some individuals may choose to combine a DNP with a PhD.

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

DNP Graduates and Academic Roles

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

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

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

The Essentials of Doctoral Education for Advanced Nursing Practice

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

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

The DNP curriculum is conceptualized as having two components:

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

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

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

Essential I: Scientific Underpinnings for Practice

The practice doctorate in nursing provides the terminal academic preparation for nursing practice. The scientific underpinnings of this education reflect the complexity of practice

at the doctoral level and the rich heritage that is the conceptual foundation of nursing. The discipline of nursing is focused on:

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

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

The DNP program prepares the graduate to:
1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
   - determine the nature and significance of health and health care delivery phenomena;
   - describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
   - evaluate outcomes.
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

Organizational and systems leadership are critical for DNP graduates to improve patient and healthcare outcomes. Doctoral level knowledge and skills in these areas are consistent with nursing and health care goals to eliminate health disparities and to promote patient safety and excellence in practice.

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

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

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

The DNP program prepares the graduate to:
1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.

      a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
      b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
      c. Develop and/or monitor budgets for practice initiatives.
      d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
      e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

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

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

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

programs focus on the translation of new science, its application and evaluation. In addition, DNP graduates generate evidence through their practice to guide improvements in practice and outcomes of care.

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

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

DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and healthcare systems, and provide leadership within healthcare systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduate to apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice. DNP graduates also design, select, and use information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.

DNP graduates must also be proficient in the use of information systems/technology resources to implement quality improvement initiatives and support practice and administrative decision-making. Graduates must demonstrate knowledge of standards and principles for selecting and evaluating information systems and patient care technology, and related ethical, regulatory, and legal issues.

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

Essential V: Health Care Policy for Advocacy in Health Care

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

DNP graduates are prepared to design, influence, and implement health care policies that frame health care financing, practice regulation, access, safety, quality, and efficacy (IOM, 2001). Moreover, the DNP graduate is able to design, implement and advocate for health care policy that addresses issues of social justice and equity in health care.   The powerful practice experiences of the DNP graduate can become potent influencers in policy formation. Additionally, the DNP graduate integrates these practice experiences with two additional skill sets: the ability to analyze the policy process and the ability to engage in politically competent action (O'Grady, 2004).

The DNP graduate has the capacity to engage proactively in the development and implementation of health policy at all levels, including institutional, local, state, regional, federal, and international levels. DNP graduates as leaders in the practice arena provide a critical interface between practice, research, and policy. Preparing graduates with the essential competencies to assume a leadership role in the development of health policy requires that students have opportunities to contrast the major contextual factors and policy triggers that influence health policy-making at the various levels.

The DNP program prepares the graduate to:

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

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes[1]

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

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[1] The use of the term "collaboration" is not meant to imply any legal or regulatory requirements or implications.

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

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

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

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

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

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

Essential VIII: Advanced Nursing Practice

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

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

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

The DNP program prepares the graduate to:
1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.

3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

Incorporation of Specialty-Focused Competencies into DNP Curricula

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

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

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

Advanced Practice Nursing Focus

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

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

Aggregate/Systems/Organizational Focus

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

<center>**Curricular Elements and Structure**</center>

Program Length

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

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

Practice Experiences in the Curriculum

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

Practice immersion experiences afford the opportunity to integrate and synthesize the essentials and specialty requirements necessary to demonstrate competency in an area of

specialized nursing practice. Proficiency may be acquired through a variety of methods, such as, attaining case requirements, patient or practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements. Many specialty groups already extensively define various minimal experiences and requirements.

Final DNP Project

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

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

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

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

environments, DNP students must have access to strong practice environments, including faculty members who practice, environments characterized by continuous improvement, and a culture of inquiry and practice scholarship.

Faculty Characteristics

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

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

The Faculty and Practice

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

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

Practice Resources and Clinical Environment Resources

Schools with DNP programs should develop, expand, sustain, and provide an infrastructure for extensive collaborative relationships with practice systems or sites and provide practice leadership in nursing and other fields. It is crucial for schools offering the DNP to provide or have access to practice environments that exemplify or aspire to

the best in professional nursing practice, practice scholarship in nursing education, and provide opportunities for interprofessional collaboration (AACN, 2001a). Strong and explicit relationships need to exist with practice sites that support the practice and scholarship needs of DNP students including access to relevant patient data and access to patient populations (e.g., direct access to individuals, families, groups, and communities) (AACN, 1999). Practice affiliations should be designed to benefit jointly the school and the practice sites. Faculty practice plans should also be in place that encourage and support faculty practice and scholarship as part of the faculty role.

Academic Infrastructure

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

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

Appendix A

I. Advanced Health/Physical Assessment

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

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

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

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

II. Advanced Physiology/Pathophysiology

The advanced practice nurse should possess a well-grounded understanding of normal physiologic and pathologic mechanisms of disease that serves as one primary component of the foundation for clinical assessment, decision making, and management. The graduate should be able to relate this knowledge "to interpreting changes in normal function that result in symptoms indicative of illness" and in assessing an individual's response to pharmacologic

management of illnesses (NONPF, 1995, p. 152). Every student in an advanced practice nursing program should be taught a basic physiology/pathophysiology course. Additional physiology and pathophysiology content relevant to the specialty area may be taught in the specialty courses. In addition to the core course, content should be integrated throughout all clinical and practicum courses and experiences. The course work should provide the graduate with the knowledge and skills to:

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

III. Advanced Pharmacology

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

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

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

Appendix B

DNP Essentials Task Force

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References

American Association of Colleges of Nursing. (1996). *The essentials of master's education for advanced practice nursing.* Washington, DC: Author.

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice.* Washington, DC: Author.

American Association of Colleges of Nursing. (1999). *Essential clinical resources for nursing's academic mission*. Washington, DC: Author.

American Association of Colleges of Nursing. (2001a). *Hallmarks of scholarly clinical practice*. Washington, DC: Author.

American Association of Colleges of Nursing. (2001b). *Indicators of quality in research-focused doctoral programs in nursing* (AACN Position Statement)*.* Washington, DC: Author

American Association of Colleges of Nursing. (2004). *AACN position statement on the practice doctorate in nursing*. Washington, DC: Author.

Allan, J., Agar Barwick, T., Cashman, S., Cawley, J. F., Day, C., Douglass, C. W., et al. (2004). Clinical prevention and population health: Curriculum framework for health professions. *American Journal of Preventive Medicine, 27*(5), 471-476.

Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.

Brown, S. J. (2005). Direct clinical practice. In A.B. Hamric, J. A. Spross, & C. M. Hanson (Eds.), *Advanced practice nursing: An integrative approach* (3rd ed.) (pp. 143-185). Philadelphia, PA: Elsevier Saunders.

DePalma, J. A., & McGuire, D. B. (2005). Research. In A.B. Hamric, J. A. Spross, & C. Hanson (Eds), *Advanced practice nursing: An integrative approach* (3rd ed) (pp. 257-300). Philadelphia, PA: Elsevier Saunders.

Diers, D. (1995). Clinical scholarship. *Journal of Professional Nursing*, *11*(1), 24-30.

Donaldson, S., & Crowley, D. (1978). The discipline of nursing. *Nursing Outlook*, *26*(2), 113-120.

Ehrenreich, B. (2002). The emergence of nursing as a political force. In D. Mason, D. Leavitt, & M. Chaffee (Eds.), *Policy & politics in nursing and health care* (4th ed.). (pp. xxxiii-xxxvii). St. Louis, MO: Saunders.

Fawcett, J. (2005). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (2nd ed.). Philadelphia: Davis.

Gortner, S. (1980). Nursing science in transition. *Nursing Research, 29,* 180-183.

Institute of Medicine. (1999). *To err is human: Building a safer health system.* Washington, DC: National Academies Press.

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century.* Washington, DC: National Academies Press.

Institute of Medicine. (2003). *Health professions education: A bridge to quality.* Washington, DC: National Academies Press.

National Research Council of the National Academies (2005). *Advancing the nation's health needs: NIH research training programs.* Washington. DC: National Academies Press.

National Organization of Nurse Practitioner Faculties. (1995). *Advanced nursing practice: Curriculum guidelines and program standards for nurse practitioner education.* Washington DC: Author.

O'Grady, E. (2004). Advanced practice nursing and health policy. In J. Stanley (Ed.), *Advanced practice nursing emphasizing common roles* (2nd ed.) (pp. 374-394). Philadelphia: Davis.

O'Neil, E. H., & the PEW Health Professions Commission. (1998). *Recreating health professional practice for a new century: The fourth report of the Pew Health Professions Commission.* San Francisco: Pew Health Professions Commission.

Palmer, I. S., (1986). The emergence of clinical scholarship as a professional imperative. *Journal of Professional Nursing, 2*(5), 318-325.

Porter-O'Grady, T. (2003). Nurses as knowledge workers. *Creative Nursing, 9*(2), 6-9.

Sigma Theta Tau International. (1999). *Clinical scholarship white paper.* Indianapolis: Author.

Spross, J. A. (2005). Expert coaching and guidance. In A. B. Hamric, J. A. Spross, & C. M. Hanson (Eds.), *Advanced practice nursing: An integrative approach* (3rd ed) (pp. 187-223). Philadelphia: Saunders.

United States Department of Health and Human Services. (2000). *Healthy people 2010.* McLean, VA: International Medical Publishing.

Appendix B: Curriculum Program Plans

Grand Valley State University
Kirkhof College of Nursing

DNP-ADULT/OLDER ADULT CLINICAL EMPHASIS COURSE SEQUENCE

YEAR 1					
FALL	cr	**WINTER**	cr	**SUMMER**	cr
NUR 622: Advanced Pathophysiology I	3	NUR 623: Advanced Pathophysiology	3	NUR 620: Pharmacology	3
NUR 605: Theoretical Perspectives in Nursing I	3	NUR 606: Theoretical Perspectives in Nursing II	3	NUR 690: Intro to Scientific Inquiry	3
NUR 607: Health Care Systems Policy & Politics	3	NUR 608: Leadership Roles in Complex Systems	3	STA 610: Applied Stats for Health Prof	3
	9		9		9

YEAR 2					
FALL	cr	**WINTER**	cr	**SUMMER**	cr
NUR 628 PsychoPharmacology	3	NUR 610: Advanced Assessment	3	NUR 630: Develop Health: Adult/Older Adult	3
NUR 676 Health Perspectives: Mental Health	3	NUR 677: Mental Health Practicum I	3	NUR 625: Health Issues in Vulnerable. Populations	4
STA: XXX Advanced Statistics	3	NUR 691: Evidence Based Practice	3		
	9		9		7

YEAR 3					
FALL	cr	**WINTER**	cr	**SUMMER**	cr
NUR 730: Primary Care: Adult/OA	3	NUR 732: Mgt of Chronic Conditions	3	NUR 734: Acute/Critical Illness	3
NUR 731: Primary Care Practicum	4	NUR 733: Chronic Care Practicum	4	NUR 735: Acute/Critical Illness Practicum	4
NUR 703: Nsg Informatics, Innovation And Technology	3	NUR 792: Scholarly Inquiry in Nursing Practice I	1	NUR 792: Schol Inq in Nsg Prac I	1
	10		8		8

YEAR 4					
FALL		**WINTER**		**SUMMER**	
NUR 736: Complex Behavioral Problems	3	NUR 737: Clinical Immersion I	4	NUR 738: Clinical Immersion II	4
NUR 792: Schol Inq in Nsg Prac I	1	NUR 792: Schol Inq in Nsg Prac I	1	NUR 793: Schol Inq in Nsg Prac II	2
	4		5		6

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DNP-CHILD/ADOLESCENT CLINICAL EMPHASIS
COURSE SEQUENCE

YEAR 1							
FALL	cr	**WINTER**	cr	**SUMMER**	cr		
NUR 622: Advanced Pathophysiology I	3	NUR 623: Advanced Pathophysiology	3	NUR 620: Pharmacology	3		
NUR 605: Theoretical Perspectives in Nursing I	3	NUR 606: Theoretical Perspectives in Nursing II	3	NUR 690: Intro to Scientific Inquiry	3		
NUR 607: HC Sys Policy & Politics	3	NUR 608: Lead Roles in Complex Sys	3	STA 610: Applied Stats for Health Prof	3		
	9		9		9		

YEAR 2							
FALL	cr	**WINTER**	cr	**SUMMER**	cr		
NUR 628 PsychoPharmacology	3	NUR 610: Advanced Assessment	3	NUR 629: Develop Health: Child/Adol	3		
NUR 676 Health Perspectives: Mental Health	3	NUR 677: Mental Health Practicum I	3	NUR 625: Health Issues in Vulnerable Populations	4		
STA: XXX Advanced Statistics	3	NUR 691: Evidence Based Practice	3				
	9		9		7		

YEAR 3							
FALL	cr	**WINTER**	cr	**SUMMER**	cr		
NUR 720: Primary Care: Child/Adol	3	NUR 722: Mgt of Chronic Conditions	3	NUR 724: Acute/Critical Illness	3		
NUR 721: Primary Care Practicum	4	NUR 723: Chronic Care Practicum	4	NUR 725: Acute/Critical Illness Practicum	4		
NUR 703: Nursing Informatics, Innovation & Technologies	3	NUR 792: Scholarly Inquiry in Nursing Practice I	1	NUR 792: Schol Inq in Nsg Prac I	1		
	10		8		8		

YEAR 4					
FALL		**WINTER**		**SUMMER**	
NUR 726: Complex Behavioral Problems	3	NUR 727: Clinical Immersion I	4	NUR 728: Clinical Immersion II	4
NUR 792: Schol Inq in Nsg Prac I	1	NUR 792: Schol Inq in Nsg Prac I	1	NUR 793: Schol Inq in Nsg Prac II	2
	4		5		6

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Rev 8_1_06

Kirkhof College of Nursing
Grand Valley State University

DNP-NURSING ADMINISTRATION AND HEALTH CARE SYSTEMS EMPHASIS COURSE SEQUENCE

YEAR 1					
FALL	cr	**WINTER**	cr	**SUMMER**	cr
NUR 605: Theoretical Perspectives in Nursing I	3	NUR 606: Theoretical Perspectives in Nursing II	3	NUR 690: Intro to Scientific Inquiry	3
NUR 607: Health Care System Policy & Politics	3	NUR 608: Leadership Roles in Complex Sys	3	STA 610: Applied Stats for Health Professionals	3
PA 614: Organization Theory	3	PA 632: Health Systems Financial Management	3		
	9		9		6

YEAR 2					
FALL	cr	**WINTER**	cr	**SUMMER**	cr
STA: XXX Advanced Statistics	3	NUR 691: Evidence Based Practice	3	NUR 625: Health Issues in Vulnerable Populations	4
NUR 650: Business & Quality in Nursing	3	NUR 647: Nsg Adm & HC Sys II	3	NUR 702: Nsg. Adm & Health Systems Research	3
NUR 646: Nursing Administration & Health Care Systems I	3	PA 634: Health Care Law & Ethics	3		
	9		9		7

YEAR 3					
FALL	cr	**WINTER**	cr	**SUMMER**	cr
NUR 703: Nursing Informatics, Innovation & Technologies	3	NUR 740: Nsg. Adm Practicum I	6	NUR 741: Nsg. Adm Practicum II	6
PA 643: Strategic Mgmt & Planning	3	NUR 792: Scholarly Inquiry in Nursing Practice I	2	NUR 792: Schol Inq in Nsg Prac I	2
	6		8		8

YEAR 4					
FALL	cr	**WINTER**	cr	**SUMMER**	cr
NUR 742: Nsg. Adm Practicum III	6				
NUR 793: Schol Inq in Nsg Prac II	2				
	8				

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Appendix C: Outcome and Essentials Tracking

Outcome and *Essentials* Tracking in DNP Curriculum

Key:

    Outcomes: 1. DNP graduates will provide advanced and complex care within an area of specialization in nursing that is scientifically and evidenced based and incorporates the science of nursing and other disciplines to optimize the functioning of human beings and their families and communities. **[provider of care]**

    2. DNP graduates will use organizational and systems leadership, information technology, interprofessional collaboration, and policy advocacy to improve and transform health care **[designer, manager, coordinator of care]**

    3. DNP graduates will contribute to the practice of nursing through clinical scholarship for evidence-based practice and active leadership in local and national professional groups. **[member of the profession]**

    Essentials: 1. Scientific underpinnings for practice.

    2. Organizational and systems leadership for quality improvement and systems thinking.

    3. Clinical scholarship and analytical methods for evidence-based practice.

    4. Information systems/technology and patient care technology for the improvement and transformation of health care.

    5. Health care policy for advocacy in health care.

    6. Interprofessional collaboration for improving patient and population health outcomes.

    7. Clinical prevention and population health for improving the nation's health.

    8. Advanced nursing practice

DNP Core Courses

KCON Course	Outcomes addressed	*Essentials* addressed
NUR 605 *Theoretical Perspectives in Nursing I* **Description:** This course focuses on the philosophical and conceptual foundations of nursing science. Emphasis is on historical evolution of theory development in nursing, as well as the purpose, structure, and function of theory.	1, 3	1, 2, 3
NUR 606 *Theoretical Perspectives in Nursing II* **Description:** This course focuses on the critique and utilization of theory in practice and research. The utility of middle range theories, grand theories, and theories from other disciplines are addressed.	1, 3	1, 2, 3

STA 610 *Applied Statistics for Health Professions* **Description:** Project-oriented overview of major statistical techniques commonly used in problems encountered in health professions. Students will learn to use a major statistical computing package (SPSS). Hypothesis testing, t-tests, regression, analysis of variance, analysis of covariance, categorical data analysis, nonparametric statistics will be covered.	1, 3	1, 3, 7
STA 6XX *Applied Multivariate Methods for Health Care* **Description:** Builds on the knowledge students have gained from introductory statistics courses and earlier applied health statistics courses to develop skills in understanding published reports of multivariate analyses of health care data, and to develop and implement research that builds evidence for health interventions.	1, 3	1, 3, 7
NUR 607 *Health Care System, Policy, and Politics* **Description:** This course focuses on policy decisions related to the organization, financing, and delivery of healthcare in the global community. It provides a basis for understanding political and social forces that shape nursing practice and health care delivery. Ethical dimensions of public policy formulation and implementation will be highlighted.	1, 2, 3	1, 2, 4, 5, 6
NUR 608 *Leadership Roles in Complex Systems* **Description:** In this course, students analyze and evaluate theories and research that influence leadership in complex systems. Leadership is explored in complex system domains. Core competencies and strategies for leadership effectiveness are examined and evaluated.	1, 2	1, 2, 6
NUR 690 *Introduction to Scientific*	1, 3	1, 3

Inquiry **Description:** Provides an in-depth examination of the research process in health care. It includes the use of quantitative and qualitative methodology to explore researchable problems. Students use a systematic approach to develop a clinical research proposal. Students will acquire competencies to evaluate the scientific and clinical merit of published research reports.		
NUR 691 *Evidence-Based Practice In Nursing* **Description:** This course focuses on the review, analysis, synthesis, and application of scientific evidence for nursing and health care. Emphasis is placed on integrative and systematic reviews as tools to achieve evidence-based practice. Consideration is given to the ethical, legal, cultural, and financial implications of evidence-based advanced nursing practice.	1, 2, 3	1, 2, 3, 6, 7, 8
NUR 703 *Nursing Informatics* **Description:** This course provides an in-depth introduction to information systems and technologies that support nursing practice and improve patient care and outcomes. Relevant theories, as well as informatics issues and standards, will be addressed. Tools and strategies for building and managing information system components will be incorporated.	1, 2, 3	1, 2, 4, 6
NUR 625 *Health Issues in Vulnerable Populations* **Description:** This course incorporates epidemiologic methods in addressing health disparities in vulnerable populations. Course content will explore issues in health access and disparity in U. S. populations and examine current trends, societal consequences, contributory cause(s), and potential APN roles.	1, 2, 3	2, 5, 6, 7, 8
NUR 792 *Scholarly Inquiry in Nursing Practice I* **Description:** This course serves as a	1, 2, 3	1, 2, 3, 4, 6, 7, 8

preparatory scholarly experience linking practica and scholarship for the DNP student. It requires identification of a project that involves translating evidence into practice; informing and influencing care; and enhancing health outcomes. This course prepares students to complete the scholarly project in NUR 793.		
NUR 793 *Scholarly Inquiry in Nursing Practice II* **Description:** This course serves as a culminating scholarly experience linking practica and scholarship for the DNP student. Students will complete a final written project for defense before their scholarly project committee.	1, 2, 3	1, 2, 3, 4, 6, 7, 8

KCON Course	Outcomes addressed	*Essentials* addressed
NUR 622 *Advanced Pathophysiology I* **Description:** This course is the first of a two course series. The focus of the course is to describe the biology of the disease process in terms of physiological dysfunction. Content areas to be addressed include cellular injury, inflammation, immunity, genetics, tumor biology, altered fluid and pH balance, endocrine, respiratory and cardiovascular disease.	1, 3	1, 3, 7
NUR 623 *Advanced Pathophysiology II* **Description:** This course is the second in a two course sequence which describes the scientific concepts underlying biobehavioral diseases. Content areas include disease processes in the following systems: hematologic, renal, neurologic, gastrointestinal, and reproductive.	1, 3	1, 3, 7
NUR 620 *Clinical Pharmacology* **Description:** Explores pharmacological categories of drugs used by practitioners with a variety of patient groups. Selected drugs within categories are presented and compared on parameters such as indications, therapeutic and/or adverse effects, monitoring, doses, and common drug interactions.	1, 3	1, 3, 7
NUR 628 *Nursing Therapeutics: Mental Health (Psychopharmacology)* **Description:** Provides a framework to study the pathophysiology and the therapeutic use of medications in the management of the health care of commonly occurring mental health problems.	1, 3	1, 3, 6, 7
NUR 676 *Health Perspectives: Mental health*	1, 2, 3	1, 3, 7

Description: Theoretical concepts related to the health of individuals and families. Focus is on the application of theories to clinical practice of mental health. Students will examine psychosocial theories that provide explanations for individual and family responses that affect health.		
NUR 677 *Mental Health Practicum I* (Counseling) **Description:** Application of theories and advanced nursing strategies in managing psychiatric-mental health care for individuals. Focus is on the development, implementation, and evaluation of the APN roles.	1, 2, 3	1, 3, 6, 7, 8
NUR 610 *Advanced Assessment* **Description:** The student will demonstrate the ability to use advanced health assessment skills to elicit a comprehensive history and holistic assessment to improve ability to detect and differentiate abnormal findings and potential diagnoses. Didactic content is based on case study analysis. Laboratory hours involve preempted demonstration and use of the Model Patient Program.	1	1, 6, 7, 8
NUR 727 *Clinical Immersion I* **Description:** Provides opportunity for enactment of the advanced practice role in the implementation of evidence-based strategies in the delivery of health care to children and adolescents. Culmination of clinical knowledge and skills.	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8
NUR 728 *Clinical Immersion II* **Description:** Provides opportunity for enactment of the advanced practice role in the evaluation of evidence-based strategies in the delivery of health care to children and adolescents. This course provides a culmination experience for developing clinical knowledge and skills.	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8

Advanced Practice Nursing Track
Child/Adolescent Specialty
(Students also complete the DNP and Advanced Practice Core courses)

KCON Course	Outcomes addressed	*Essentials* addressed
NUR 629 *Developmental Health: Child/Adolescent* **Description:** Exploration of concepts and advanced nursing strategies related to health of infants, children, adolescents, and families. Provides the theoretical base for pediatric advanced practice nursing.	1, 2, 3	1, 3, 6, 7, 8
NUR 720 *Primary Health Care: Child/Adolescent* **Description:** Application of theories and advanced nursing strategies in health promotion and management of common health problems for infants, children, adolescents and their families. Provides the foundation for providing primary health care for the identified population.	1, 2, 3	1, 2, 3, 4, 5, 6, 7
NUR 721 *Primary Care Practicum: Child/Adolescent* **Description:** Clinical application of knowledge and skills necessary to provide primary health care to infants, children, and adolescents. Focus is on development and implementation of APN role in health promotion, disease prevention, and management of selected common pediatric health problems.	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8
NUR 722 Management of *Chronic Conditions: Child/Adolescent* **Description:** Expands the theoretical foundations for management of primary health care to include chronic conditions in children, adolescents, and their families across the health care continuum.	1, 2, 3	1, 2, 3, 4, 5, 6, 7
NUR 723 *Chronic Care Practicum: Child/Adolescent*	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8

Description: Clinical application of knowledge and advanced nursing strategies for management of health care needs of children, adolescents, and their families who have chronic conditions and long-term alterations in functional health patterns.		
NUR 724 *Acute/Critical Care: Child/Adolescent* **Description:** This course provides theoretical foundations for management of acute and critical health dysfunctions of children and adolescents, and related family needs, across the acute care health care delivery system.	1, 2, 3	1, 2, 3, 4, 5, 6, 7
NUR 725 *Acute Critical Care Practicum: Child/Adolescent* **Description:** This course prepares students to apply knowledge and advanced nursing strategies in the management of acute and critical health dysfunctions of children/adolescents, and related family needs, across the acute care delivery system.		1, 2, 3, 4, 5, 6, 8
NUR 726 *Complex Developmental/Behavioral Problems* **Description:** Intensive study of the enactment of APN roles in managing the health care of infants, children, adolescents, and families throughout the health care system. Management of children/families with complex behavioral issues is addressed. The impact of health systems, policies, and health innovations in selecting appropriate nursing strategies is emphasized.	1, 2, 3	1, 2, 3, 4, 5, 6, 7

Advanced Practice Nursing Track
Adult/Older Adult Specialty
(Students also complete the DNP and Advanced Practice Core courses)

KCON Course	Outcomes addressed	*Essentials* addressed
NUR 630 *Developmental Health: Adult/Older Adult* **Description:** Exploration of theoretical concepts and advanced nursing strategies related to the health of adults and older adults. Provides the theoretical base for adult/older adult advanced practice nursing.	1, 2, 3	1, 3, 6, 7, 8
NUR 730 *Primary Health Care: Adult/Older Adult* **Description:** Application of theories and advanced nursing strategies in health promotion and management of common health problems for adults and older adults. Provides the foundation for providing primary health care for this population.	1, 2, 3	1, 2, 3, 4, 5, 6, 7
NUR 731 *Primary Care Practicum: Adult/Older Adult* **Description:** Clinical application of knowledge and skills necessary to provide primary health care to adults and older adults. Focus is on development and implementation of Advanced Practice Nursing (APN) role in health promotion, disease prevention, and management of selected common adult/older adult health problems.	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8
NUR 732 *Management of Chronic Conditions: Adult/Older Adult* **Description:** Expands the theoretical foundations for management of primary health care to include chronic conditions in adults/older adults across the health care continuum.	1, 2, 3	1, 2, 3, 4, 5, 6, 7
NUR 733 *Chronic Care Practicum: Adult/Older Adult*	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8

Description: Clinical application of knowledge and advanced nursing strategies for management of health care needs of adults/older adults with chronic illness and long-term alterations in functional health patterns.		
NUR 734 *Acute/Critical Illness: Adult/Older Adult* **Description:** Provides theoretical foundations for management of acute and critical health dysfunctions of adult/older adults and related family needs, across the acute care delivery system.	1, 2, 3	1, 2, 3, 4, 5, 6, 7
NUR 735 *Acute/Critical Illness Practicum: Adult/Older Adult* **Description:** Students apply knowledge and advanced nursing strategies in the management of acute and critical health dysfunctions of adults/older adults, and related family needs, across the acute care delivery system.	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8
NUR 736 *Complex Behavioral Problems: Adult/Older Adult* **Description:** Intensive study of the enactment of Advanced Practice Nursing (APN) roles in managing the health care of adults/older adults throughout the health care system. The impact of health systems, policies, and health innovations in selecting nursing strategies is emphasized. Addresses management of adults/older adults with complex/behavioral issues.	1, 2, 3	1, 2, 3, 4, 5, 6, 7
NUR 737 *Clincial Immersion I: Adult/Older Adult* **Description:** Provides opportunity for enactment of the advanced practice role in the implementation of evidence-based strategies in the delivery of health care to adults/older adults. Culmination of clinical knowledge and skills.	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8
NUR 738 *Clinical Immersion II: Adult/Older Adult* **Description:** Provides students the opportunity	1, 2, 3	1, 2, 3, 4, 5, 6, 7, 8

for enactment of the advanced practice role in the evaluation of evidence-based strategies in the delivery of health care to adults/older adults. Culmination of clinical knowledge and skills.		

Nursing Administration & Health Care Systems Track
(Students also complete the DNP Core Courses)

KCON Course	Outcomes addressed	*Essentials* addressed
NUR 646 *Nursing Administration & Health Care Systems I* **Description:** Application of relevant theory to the human side of the health care organization. Content includes nurse manager and executive competencies with an emphasis on administrative strategies appropriate to the health care setting.	1, 2, 3	1, 2, 3, 4, 6
NUR 647 *Nursing Administration & Health Care Systems II* **Description:** Application of selected theories to assess, diagnose, plan, and evaluate administrative strategies for health care systems.	1, 2, 3	1, 2, 3, 4, 6
NUR 740 *Administration Practicum I* **Description:** In this beginning administrative practicum, students apply theories of administration in an agency setting and analyze an administrative structure within the context of the health care system. An organizational assessment and diagnosis are completed, with recommendations for an advanced administrative intervention.	1, 2, 3	1, 2, 3, 4, 6, 8
NUR 741 *Administration Practicum II* **Description:** A precepted experience with a nurse executive at a health care organization or system is completed. Students utilize advanced administrative strategies with the guidance of a nurse executive to address an organizational diagnosis intervention project. During this experience students master the competencies essential to the practice of nursing administration.	1, 2, 3	1, 2, 3, 4, 6, 8
NUR 742 *Administration Practicum III* **Description:** The final practicum experience	1, 2, 3	1, 2, 3, 4, 6, 8

requires intensive enactment of the advanced administrative role. Students demonstrate advanced administrative strategies using a nursing administrator as a resource. During this experience students master the competencies essential to the practice of nursing administration across health care settings.		
PA 614 *Organizational Theory* **Description:** Explores the various theories of organizations. Focus is on the process of structural development and the impact each structure has on individuals and groups.	1, 2	1, 2, 3
PA 632 *Health Services Financial Management* **Description:** Provides detailed understanding of the health services financial framework for decision making. Microcomputer applications that serve to facilitate operational and financial planning and analysis, third party reimbursement, regulation, and cost containment, rate settings, operating budgets, capital budgets, project budgeting, cash budgeting, and financial feasibility.	1, 2	1, 2, 3, 4, 5
PA 634 *Health Care Law & Ethics* **Description:** Examines current and historical legal and ethical issues impacting health administration, including malpractice and other liability issues, licensing and regulation, professional ethics, contracts and property, insurance, corporate, taxation, antitrust, fraud and abuse, medical staff, confidentiality, health care access, peer review, ethics committees, legal and ethical aspects of patient care decision making and consent.	1,2	1, 2, 5, 6
NUR 650 *Business & Quality in Nursing* **Description:** This course provides students in the nursing administration area of emphasis with knowledge and expertise in organizational and systems administration for optimal business functioning, in sustaining change through the	1, 2, 3	1, 2, 3, 4, 6

processes of quality improvement, and in assuring that the business of nursing is conducted in a safe, ethical, and efficient manner.		
NUR 702 *Nursing Administration and Health Services Research* **Description:** This course examines methods for evaluating the effectiveness, efficiency, and equity of health care services. Approaches to evaluating relevant structure, process, and outcome variables used to address effectiveness, efficiency, and equity issues are explored. Linkages are made between specific health care policies, nursing administrative practice, organizational planning, and patient outcomes.	1, 2, 3	1, 2, 3, 4, 5, 6, 7

Appendix D: Recruitment/Market Plan

DNP Program: Recruitment/Marketing Plan

Work with Grand Valley State University Admissions/Registrar

- Admissions staff participates in off-campus recruitment as well as speaking to various undergraduate and graduate organizations concerning the benefits of investing in graduate education.
- Provide the admissions office with print materials about the College of Nursing and the DNP Program for their targeted recruitment activities
- Ensure Nursing DNP Program is included in the academic Catalog (online) with details regarding admission, progression, program of study and advantages.
- Ensure inquiries that may come through Admissions about the DNP are forwarded to the KCON Office of Student Services

College of Nursing Database of Prospective Students

- Ensure the KCON Office of Student Services maintains a database of prospective DNP students to include name, phone number, address, and email address
- The Associate Dean for Academic Affairs will mail personal letters to each prospect including recruitment materials
- A graduate faculty member will be asked to make a follow-up phone call to the prospective student to inquire about additional needs or questions

College of Nursing Website

- Ensure enhancements of the Graduate Studies Website to include links to the College of Nursing Website and DNP program
- The KCON Office of Student Services monitor website inquiries and respond
- Ensure an efficient on-line application that provides quick processing feedback to applicants.
- Ensure Nursing DNP Program link on College of Nursing Website with details regarding admission, progression, program of study, financial aid and advantages of working on a DNP at GVSU/KCON and in West Michigan; and easy links to website for online application

Minority Recruitment

- Recruitment visits and/or mailings to historically black colleges and universities with Schools of Nursing. Make use of national lists of minority scholars, such as the McNair Scholars
- Active recruitment from regional minority initiative designed to support minority students in nursing, e.g. National Black Nurses Assoc.
- Work with Grand Valley's Office of Multicultural Affairs to continue to help in identifying graduate assistantships and other financial support for minority students.
- Explore federally supported financial aid programs for minorities pursuing graduate nursing education

General Recruitment Activities

- Faculty will recruit at local, regional, and national professional meetings, using opportunities for dialogue, printed materials, and display board highlighting faculty research and practice
- Insure DNP program is listed/described in online sources, e.g. Petersons
- Recruit specifically at area schools/universities among faculty and BSN/MSN students via mailings, onsite recruitment, personal contact.
- Develop reference list of financial aid opportunities. Establish dynamic graduate assistantships for DNP students.
- Consider mass mailing using Michigan Board of Nursing mailing list
- Develop informational flyer to send to all schools of nursing in Michigan and surrounding states.
- Plan, advertise and implement Information Sessions
- Meet one-on-one with stakeholders (Nurse executives, Nurse Practitioner Coalition, etc)

Recruitment Packet

- Develop recruitment materials that capture the advantages of working on a DNP at GVSU/KCON, highlight faculty practice/research interest areas, admission criteria, financial aid, program of study, examples of potential capstone projects.
- Frame in context of "The Doctor of Nursing Practice: Reforming American Healthcare - Nursing's Call to Action"
- Capitalize on physical resources and interdisciplinary collaboration, as well as close proximity to "Health Hill"

Appendix E: Library Resources Memo

TO:	PAT SCHAFER AND JEAN BARRY
FROM:	DOUG WAY
SUBJECT:	DNP LIBRARY RESOURCE REQUEST
DATE:	8/15/2008
CC:	LEE VAN ORSDEL, JULIE GARRISON AND JODI TYRON

The University Libraries recommend the following amounts for the development and growth of a library collection to support the Kirkhof College of Nursing's proposed Doctor of Nursing Practice Program:

A one-time allocation of approximately $8,000 to support the retrospective acquisition of monographs and an annual allocation of $15,800 to support the on going acquisition of monographs and media ($4,300 per year) and new subscriptions to periodicals (approximately $11,500 per year). The total allocation for the first year would be $23,800 and would then be $15,800 in subsequent years.

The rationale and specifics of this request are below.

Monographs

The analysis of monographs was focused on five new areas of emphasis that are part of the DNP program. Recommendations were derived using standard lists and tools including those from Doody's Book Review Service, Yankee Book Peddler and WorldCat. Retrospective collecting recommendations were based on widely held or strongly recommended titles published since 2000 not owned by the Libraries. Recommended increases to annual allocations were based on a number of factors, including average number of highly recommended titles or widely held titles in an average year not acquired by the Libraries and the approximate average cost of books in that subject area.

Healthcare Management:

> The Libraries have already been collecting in this area to a certain extent to support the Master's in Health Administration from the School of Public and Nonprofit Administration, in addition to some limited collecting out of the current nursing allocation, and while the two programs will have a slightly different focus, the selectors for the two areas will be expected to coordinate collection efforts. Based on resources identified using standard lists

and resources, the library suggests a one-time funding allocation of $1,500 fill in gaps in the Libraries' collection and an ongoing annual allocation of $800 per year. With an average cost per title of $70, this will allow for the acquisition of approximately 10 additional books per year in this area.

Medical Informatics:

The Libraries have already been collecting in the areas of Bioinformatics and Biostatistics in support of programs with in the Colleges of Liberal Arts and Sciences and Computing and Information Systems, and there has been some collection development occurring within the health professions and nursing collections. Selectors in all of these areas will work together to coordinate purchases. The Libraries recommend a one-time allocation of $1,200 to support the acquisition of books to fill in gaps within the Libraries collections. The library also requests an additional ongoing annual allocation of $500 to the Libraries base budget to support the acquisition of books in this area. Books in this area cost an average of $90-$100 per title, so this allocation will allow for the acquisition of approximately five additional titles per year.

Epidemiology:

The Libraries have collected in this area in the past, but not heavily or in a coordinated way. The Libraries recommend a one-time allocation of $2000 to provide for the retrospective acquisition of titles and for an additional ongoing annual allocation of $2000 per year to allow for the acquisition of titles in this area. The average cost of books in this area is $100 per title, so this will allow for the acquisition of approximately 20 titles per year in this area.

Mental Health:

The Libraries have not collected extensively in this area in the past. The Libraries request a one-time allocation of $3000 dollars to support the retrospective allocation of titles in this area and an additional ongoing annual allocation of $1000 per year to support the acquisition of materials in this area. The average cost of books in this area is approximately $70, so this will support the acquisition of approximately 14 titles per year in this area.

Evidence-Based Practice:

The Libraries have been collecting in this area in the past and has a solid core collection. The Libraries request an ongoing annual allocation of $500 per year to allow for additional allocations of titles in this area. The average cost of books in this area is approximately $100 per titles, so this will allow for the acquisition of approximately 5 additional titles per year in this area.

The Libraries do not see the need for additional funds for retrospective collecting this area. Any retrospective collecting that is need for this area or any other areas not mentioned above can be accomplished out of the Libraries existing allocation.

Periodicals

Based on the areas of emphasis for the DNP program and the new courses being offered the Libraries recommend the addition of 17 journals in eight different subject areas. The journals were chosen based on subject areas covered, holdings by peer institutions and other libraries, reviews of the journal and additional factors such as the journal's editorial process, impact factor. The journals below are broken into broad subject areas and it should be noted that pricing is approximate.

Epidemiology
      Epidemiologic Reviews $ 43
      Epidemiology   615
      Infection Control and Hospital Epidemiology   521
      Journal of Clinical Epidemiology   2119
      Journal of Epidemiology and Community Health   999

Nursing Practice
      Research in Gerontological Nursing $ 299

Evidence-Based Practice
      Evidence-Based Nursing $ 454
      Clinical Evidence   500
      Evidence-Based Mental Health   562

Nursing Ethics
      Journal of Clinical Ethics $ 232

Clinical Pharmacology
      Annals of Pharmacotherapy $ 745
      Pharmacotherapy   395

Psychopharmacology
      Biological Psychiatry $2523
      Journal of Clinical Psychopharmacology   749

Mental Health Nursing
      Issues in Mental Health Nursing $ 825
      Journal of Child and Adolescent Psychiatric Nursing   177

DNP Program
      Scholar's Clinical Review   <u>$ 150</u>

Total   **$11387**

**GRAND VALLEY
STATE UNIVERSITY**
www.gvsu.edu

For more information, contact:

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www.gvsu.edu/ncaselfstudy

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