

## SECTION I: The Request

The University of Utah College of Nursing requests approval to offer the Doctor of Nursing Practice (DNP) degree effective Fall 2007. In collaboration with the David Eccles School of Business and School of Medicine, the College of Nursing also requests approval to offer a joint Master's in Healthcare Administration and Doctor of Nursing Practice (MHA/DNP) and Master's in Public Health and Doctor of Nursing Practice (MPH/DNP). This program has been approved by the institutional Board of Trustees on **[Date- pending]**

### Executive Summary

The proposed Doctor of Nursing Practice (DNP) degree will soon be the required degree for clinically practicing Advanced Practice Registered Nurses (APRNs), Certified Nurse Midwives (CNMs), and nursing leaders in health care organizations. The American Association of Colleges of Nursing (AACN) has mandated that the current level of preparation necessary for advanced nursing practice roles be moved from the master's to the practice doctorate level by the year 2015. In a move consistent with other health professions, the Commission on Collegiate Nursing Education (CCNE), the autonomous accrediting body of the American Association of Colleges of Nursing (AACN), has decided that only practice doctoral degrees with the Doctor of Nursing Practice title will be eligible for CCNE accreditation.

We will maintain our Masters degrees in Teaching Nursing, Nursing Informatics, and Nursing Leadership as well as the PhD. We will also continue offering the MS degree in selected specialties until the transition to the DNP is complete.

Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all offer practice doctorates. Transitioning to the DNP will not alter the current scope of practice for APRNs and CNMs which is outlined in the Utah State Nurse Practice Act and the Utah State Nurse Midwifery Practice Act.

Consistent with AACN recommendations, the Bachelor's to DNP will offer two tracks. The two tracks will include: (1) Advanced Clinical Practice Specialty and (2) Organizational/Community. Total credit ranges from 73 to 91 depending on the specialty; much of specialty curriculum is driven by national certification bodies. The Advanced Clinical Practice Specialty track prepares nurses for advanced clinical specialty roles. The other track, Organization/Community, will offer two programs each leading to a joint degree preparing nurses for leadership roles. The Nursing Leadership and Health Care Administration specialty program will provide a joint Master's in Healthcare Administration (MHA) and DNP; the Community and Population Health specialty program will offer a joint Master's in Public Health (MPH) and DNP.

The MS to DNP (30-36 credits) will be a single program that is individualized to students' specialty and learning needs. This will allow currently master's prepared nurses to earn the DNP.

This proposal to transition from the MS to the Doctor of Nursing Practice (DNP) degree at the University of Utah College of Nursing is in response to a number of contemporary issues:

1. The nationally mandated changes in standards for advanced nursing education and expectation that the DNP degree will be the minimum requirement for advanced practice in nursing within the next decade, as determined by AACN. (See appendix A)
2. The need to appropriately credit the intensity and duration of expanded education envisioned as necessary by the College faculty.

3. The anticipated demand by present and future students for an accredited and competitive DNP program in the state.
4. The growing nursing faculty shortage in our state and across the country.

## **SECTION II: Program Description**

The College of Nursing at the University of Utah is providing this proposal to explain the rationale for and to outline the plan for a transition from our current Master of Science (MS) in Nursing degree in advanced practice nursing to the Doctor of Nursing Practice (DNP) degree. Recommendations from AACN and changes in accreditation standards will require the DNP degree to be offered by 2015 and students are now seeking programs that award the DNP.

The College of Nursing at the University of Utah currently offers a MS degree with multiple clinical and functional specialization options. It is the only state-supported institution in Utah that offers the MS degree in nursing. Graduate education in nursing prepares APRNs, CNMs, nurse educators, nursing informatics specialists, and nurse leaders. The College has graduated over 1,000 APRNs and CNMs, who provide much needed services throughout the state. Each year we enroll 80 nurses seeking advanced degrees, the majority of whom work towards licensure as APRNs and CNMs.

**Rationale:** The proposed DNP degree will soon be the required degree for clinically practicing APRNs, CNMs, and nursing leaders in health care organizations. AACN has mandated that the current level of preparation necessary for advanced nursing practice be moved from the master's level to the doctorate level by the year 2015. The AACN position statement, endorsed in October 2004, calls for educating all advanced practice nurses and other nurses seeking top clinical positions in DNP programs. In a move consistent with other health professions, the Commission on Collegiate Nursing Education (CCNE), the autonomous accrediting body of the AACN, has decided that only practice doctoral degrees with the DNP title will be eligible for CCNE accreditation. As a proactive response, in Spring 2006, the faculty of the College of Nursing voted to make the degree transition, in recognition of these mandates. In Fall 2006, a majority of faculty approved the proposal to offer the DNP.

Many factors are building momentum for change in nursing education at the graduate level. These include the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; and increasing educational expectations for the preparation of other health professionals. The national Institute of Medicine's 2003 report on Health Professions Education recommended strategies for restructuring all clinical education in the health professions to be consistent with the principles of 21<sup>st</sup> century health systems. These recommendations stressed that health science students and all working professionals develop and maintain proficiency in five (5) core areas: delivering patient-centered care, working as part of interdisciplinary teams, practicing evidence-based medicine, focusing on quality improvement, and using information technology. These recommendations have served as a guide to our curriculum planning for the DNP.

Over recent years, the increasing complexity of health care, the growth in scientific knowledge, and the use of increasingly sophisticated technology have required that master's degree programs preparing nurses for advanced practice roles expand the number of didactic and clinical clock hours far beyond the requirements of master's education in virtually any other field. Many nurse-practitioner master's programs around the country now exceed 60 credits and cannot be completed in less than three years; they often carry a credit load equivalent to

practice doctoral degrees in the other health professions. Although the University of Utah programs in advanced nursing practice remain at under 60 credits and less than three years, College faculty have been forced to add content and clinical time to the program, increasing the intensity of the academic experience for students. Advanced practice nurses themselves identify content areas in which they feel additional training is needed, including practice management, health policy, use of information technology, risk management, evaluation of evidence, and advanced diagnosis and management. As the College faculty plans to include these additional areas in programs, we recognize that the time that will be spent in current master's level nursing education is not congruent with the degree earned. Thus we propose to offer a degree commensurate with the intensity and duration of the learning experience and consistent with national mandates and trends in graduate nursing education.

Research has established a clear link between higher levels of nursing education and better patient outcomes. Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all offer practice doctorates. Transitioning to the DNP will not alter the current scope of practice for APRNs and CNMs which is outlined in the Utah State Nurse Practice Act and Utah State Nurse Midwifery Practice Act. The regulatory body for nursing licensure, the Utah Division of Occupational and Professional Licensing (DOPL) is aware of the trend in graduate nursing education and a seamless transition is anticipated on the regulatory level.

**Complete Program Description:** The proposed DNP curricula build on current master's programs by providing additional education in pathophysiology, pharmacology, evidence-based practice, genetics, information technology, quality improvement, and systems thinking, among other key areas. The transition to the DNP will better prepare APRNs, CNMs, and nurse leaders for their evolving roles given the calls for new models of education and the growing complexity of health care. The DNP is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs that offer the PhD. DNP-prepared nurses will be well-equipped to fully implement the science developed by nurse researchers prepared in PhD and other research-focused nursing doctorates. They will also be well prepared to serve in faculty positions for nursing programs throughout the state.

The proposed DNP program will have two pathways. The first pathway is an entry-level BS to DNP program that will be:

- 9 semesters (3 years) of full time study
- approximately 73-91 credits including required didactic coursework, depending on the national certification requirements of the specialty
- approximately 1000 hours of required clinical experience
- capstone experience (3-6 credits).

The second pathway is an MS to DNP program which allows those APRNs, CNMs, and nurse leaders who have a Master's degree and are already practicing to complete the additional requirements to earn a DNP degree. The program includes:

- 27 to 30 hours of didactic or clinical coursework
- a capstone experience (3 to 6 credits). (See Appendix B for Proposed Curriculum Plans).

The BS to DNP will offer two tracks. The advanced clinical specialty track includes five possible programs preparing nurses for advanced specialty certification and a role as a nurse practitioner

or clinical nurse specialist. The Organization/Community track will offer two programs each leading to a joint degree.

**Joint Degrees with the MHA and MPH programs:** The Nursing Leadership and Health Care Administration specialty program will provide a joint Master's in Healthcare Administration and DNP in collaboration with the David Eccles School of business; the Community and Population Health specialty program will offer a joint Master's in Public Health and DNP in collaboration with the Public Health Program in the Department of Family and Preventive Medicine, School of Medicine (see letters of support). These dual offerings will allow our students to experience interdisciplinary education and take advantage of existing course and outstanding programs offered within the University. This approach will provide both efficiency and excellence in these areas while recognizing the value of these Master's credentials in the market place. The details for each joint degree are included in Appendix B on pages 12 and 13. In the MHA/DNP, 84 to 87 total credits are required. There are seven didactic courses that would count toward both degrees (20 credits) plus the capstone (3-6 credits) and residency (12 credits) that would have a combined focus. In the MPH/DNP, there are 80 to 83 required credits. Six courses would count toward both degrees (15 credits) plus the capstone (3 to 6 credits) and residency (12) credits that would have a combined focus.

### **Proposed Curriculum BS to DNP**

#### **Essential Core Themes for All DNP (27 credits)**

Evidence-based Practice (7 credits)  
 Interdisciplinary Collaboration, Leadership and Health Systems (7 credits)  
 Using Information Technology (3 credits)  
 Quality Improvement: Using and Analyzing Data to Improve Outcomes (6 credits)  
 Patient Centered Care (4 credits)

#### **Advanced Clinical Practice Specialty Track**

Basic and Applied Sciences (9 credits)  
 Clinical Specialty Requirements (17-31 credits)  
 Clinical Residency (16 credits)  
 Capstone Project/Seminar (3-6 credits)  
 Elective (2-3 credits)

#### **Organization/Community Track**

Organizational and Community Core (8 credits)  
 Specialty Requirements: (21-25 credits)\*  
 Clinical Residency (12-16 credits)  
 Capstone Project/Seminar (3-6 credits)  
 Elective (2-3 credits)

\* Specialty Requirements include those needed for joint MHA/DNP or MPH/DNP degrees

### **Proposed Curriculum Master's to DNP (30 to 36 credits)**

*The MS to DNP program of study will be individualized based on previous education and experience and specialty requirements*

Evidence-based Practice (4 credits)  
 Interdisciplinary Collaboration, Leadership and Health Systems (3 credits)  
 Using Information Technology (3 credits)  
 Quality Improvement: Using and Analyzing Data to Improve Outcomes (6 credits)  
 Patient Centered Care (3 credits)  
 Clinical Genetics (2 credits)  
 Specialty Program Requirements or Electives (6-9 credits)  
 Capstone Project/Seminar (3 to 6 credits)

The DNP is focused on specialty nursing education. Thus, our current Master's level advanced nursing practice specialties will transition to the DNP degree and current master's levels degrees in the specialties will be gradually phased out, with each specialty to recommend a suitable timeline for this phase-out. Thus for a time, both the MS and DNP will be offered. We will maintain our MS curricula in Teaching Nursing, Nursing Informatics, and Clinical Nurse Leaders as well as the PhD. We will also continue offering the MS degree in selected specialties until the transition to the DNP is complete.

We do not anticipate that this practice doctorate will compete with our PhD program aimed at developing nurse researchers. Indeed the practice doctorate offers an alternative for nurses who wish to complete their education but are not necessarily committed to a career as a research scientist. The practice doctorate is designed for those in direct clinical practice and areas that support clinical practice-administration, organizational management and leadership, and policy.

**Purpose of the Degree:** The practice doctorate in clinical nursing provides the terminal academic preparation for clinical nursing practice. There are eight essentials areas of knowledge that are required for the DNP (AACN, August 21, 2006). These include:

***Essential I: Scientific Underpinnings for 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. 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. 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.

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

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.

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

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.

***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 and 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 must also be proficient in the use of information systems/technology resources to implement quality improvement initiatives and support practice and administrative decision-making.

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

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

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.

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

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.

***Essential VIII: Advanced Nursing Practice***

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.

**Institutional Readiness:** This transition will gradually replace specific existing master's level programs of study with the appropriate DNP programs of study. Thus administrative and organizational structures will not be changed significantly in order to deliver the requirements of the degree. The oversight of the Master's degree nursing specialty programs has been the purview of the Master's Program and Curriculum Committee and the Associate Dean for Academic Programs. This will now fall to the Master's-DNP Program and Curriculum Committee (realigned in September 2006) and the Associate Dean. Current Master's level specialty directors will remain responsible for the delivery of their respective specialty programs.

**Faculty:** Given the recent development of the DNP degree, there are currently few DNP prepared nurses available to serve in faculty roles. Therefore, some of those who currently teach in Master's level advanced practice programs will be involved in teaching DNP students,

particularly in the initial phases and at the beginning level. This has been recognized as necessary by the AACN:

*"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." (AACN, 2006)*

There will be components of the DNP which will demand doctorally prepared faculty, and the College of Nursing has faculty with PhD's and other doctorates with expertise to teach the core courses of the new academic program. In consideration of the mandate that there be ample opportunity for interdisciplinary collaboration as part of professional preparation, other courses will be jointly taught with other health science disciplines, and arrangements will be made for joint appointments or articulation agreements.

Master's-prepared faculty teaching in APRN programs will have the option to complete the DNP, enhancing their standing within the university and increasing the number of faculty qualified to teach in the DNP program. The first cohort in the MS-DNP program will largely consist of MS-prepared faculty who wish to pursue the DNP; the second cohort will likely have a substantial representation from our current faculty as well. Fifteen current faculty have expressed their interest in pursuing the MS-DNP option, and planning is underway to assist them with some release time and tuition support in order to do so. These faculty are spread across all of our specialty programs so we believe we can find coverage of current faculty responsibility. Given that this degree program will replace current MS specialty programs, not an additional degree option, we anticipate that our current faculty will be sufficient to provide instruction in the various programs. However we will have a short term (1-3 years) need for additional adjunct faculty coverage while some College faculty are released part-time to pursue the degree. By 2010, we anticipate that the College will have the appropriate mix of PhD and DNP prepared faculty to sustain the proposed program. (See Appendix D for a list of faculty and their credentials).

**Staff:** There will need to be a realignment of work schedules and responsibilities of existing staff to accommodate the anticipated program changes. We are planning to increase our graduate advising staff this year thus we will have adequate resources for advising DNP applicants and students.

**Library and Information Resources:** We do not anticipate additional library and information needs, given that these exist in adequate form for the existing program.

**Admission Requirements:** All applicants to the DNP program in nursing must have:

1. Completed University of Utah application to Graduate School.
2. Completed College of Nursing application form.
3. Official transcripts from ALL previous institutions of higher education attended must be sent to the College of Nursing.
4. Minimum grade point average (GPA) of 3.0 on a 4.0 scale.
5. Statement of professional goals.
6. Three (3) professional references.
7. Current copy of resume/vita.
8. Verification of licensure as an RN or APRN if appropriate in at least one of the jurisdictions of the National Council State Boards of Nursing.

9. A personal interview may be required.
10. Applicants for whom English is a second language must score 50 or higher on the "Test of Spoken English."

Applicants to the BS to DNP must have evidence of completion of a Bachelor of Science Degree in Nursing from an accredited institution. If the GPA is below a 3.2, the Graduate Record Exam is required (within past 5 years). Some MS specialty areas may require an upper division Physiology course within the past five (5) years.

Applicants to joint degree (MHA/DNP and MPH/DNP) programs will have to meet eligibility criteria and be accepted by both programs.

Applicants to the Master's to DNP must have evidence of completion of a Master's Degree from an accredited institution and evidence of credentials within their specialty (if appropriate).

#### International Applicants

In addition to the requirements listed above, international applicants must:

- File an International Student Application for Admission obtained from the International Admissions Office, 250 Student Services Building, (801) 581-3091.
- Pass both the Test of Spoken English (TSE) and the Test of English as a Foreign Language (TOEFL) if English is a second language. TSE score must be 50 or higher. TOEFL score must be 500 (173 computer score) or higher.
- Provide evidence of certification by the Commission on Graduates of Foreign Nursing Schools.

**Student Advisement:** We do not anticipate additional advising needs given that the proposed program is designed to replace an existing program. We are planning to increase the FTE for graduate advising in 2006-2007 to accommodate the additional need for student advisement with the transition from the master's degree to the DNP.

**Justification for Number of Credits:** The credit hours are based on the courses required to meet the "Essentials of Doctoral Education for Advanced Practice Nursing" and national certification requirements for specialty areas (See Appendix A). The credit load is comparable to other DNP programs nationally. The AACN recommends 3 years of full-time, year round study including 1000 clinical residency hours for the BS to DNP and at least 1 year of full-time year round study for the Master's to DNP. Our proposed curriculum is consistent with this recommendation.

**External Review and Accreditation:** The Dean of the College of Nursing was a member of a national task force that developed the essentials for DNP. Additional faculty members of the College task force for the DNP degree attended national and regional meetings with academic nursing education programs through 2005-2006. Faculty were thus involved in the development and adoption of the essential requirements for the DNP that are being operationalized on a national level.

The anticipated data for the College's next accreditation by the Commission on Collegiate Nursing Education (CCNE) is 2011. As noted above, AACN has proposed and CCNE has determined that only practice doctoral degrees with the Doctor of Nursing Practice title will be eligible for CCNE accreditation by 2015. Thus by implementing the transition to this degree at



this time, we anticipate being in an excellent position to be accredited for our DNP program at our next visit. The proposed program has been developed to be in accordance with the anticipated accreditation requirements.

**Projected Enrollment:** We plan to begin the program in 2007-08 with the Master's to DNP program thus allowing us to develop the core courses and prepare current and potential faculty for the DNP degree. This first cohort of MS-DNP will be limited to 30 students. We will then begin to transition our BS to MS programs to the DNP beginning in Fall 2008. We anticipate that our enrollment would remain similar to our current MS enrollment, approximately 60 new students in the first year. We anticipate that there will be approximately 90 new students per year once all designated programs have converted to the DNP.

### **SECTION III: Need**

**Program Need:** As was discussed above, the College of Nursing is the only state-supported institution in Utah that prepares advanced practice registered nurses (APRNs) and nurse-midwives (CNMs). Our college graduates provide much needed services throughout the state. We have a stable annual admissions rate of 60- 80 nurses seeking advanced degrees, the majority of whom work towards licensure as APRNs and CNMs. Given the newness of the DNP on a national level, only a few DNP-prepared nurses are currently in the market place. However, nurses are increasingly aware that their future ability to practice in advanced roles will hinge on having the DNP degree. A number of faculty at the University of Utah and other colleges and universities in the state have expressed interest in pursuing the DNP degree.

Nineteen programs in 17 different states are currently offering the DNP degree. Given the national mandates for educational standards and accreditation, over 100 programs are in the planning phase of this degree conversion.

**Labor Market Demand:** Graduates of the DNP program will fill a need for newly expanded and society mandated, advanced clinical nursing practice roles. Graduates can also help to meet the growing gap in the numbers of primary care, acute care and mental health care providers available to the citizens of our state and country. In addition, the DNP can facilitate the preparation of clinically specialized faculty to meet the current nursing faculty shortage.

Representatives from the College met with Laura Poe Bureau Manager of the Division of Occupational and Professional Licensing, and Executive Director for the Utah State Board of Nursing to assess regulatory and licensure issues. The Division and Board are well aware of this national mandate for a DNP degree for clinical specialization in nursing and have stated that they support this movement in graduate nursing education to support public health, welfare and safety.

**Student Demand:** Student demand is rising, as increased publicity and discussion about the DNP raises awareness that future ability to practice will hinge on the expanded education and clinical experience inherent in the new degree program. The College of Nursing held five student forums during the 2005-2006 academic year, attended by over 120 persons (students plus clinical nursing staff from the Health Sciences Center). Interest was high among those who attended. The College of Nursing Office of Student Affairs notes that there are constant inquiries about whether this program will be implemented soon, and a number of current MS students have expressed their desire to transition to a DNP program. At the first Graduate Student Open House of 2006, the information session on the DNP attracted approximately 30% of over 100 participants. In addition to surveying current students, the College of Nursing also conducted a

needs assessment among practicing APRNs/CNMs in the state. A survey mailed to nurses in Utah assessed the level of interest in pursuing this degree (see Appendix E for attached Interest Survey). Of 123 respondents, 47% wanted to receive information about the program.

**Similar Programs:** No other college or university in the Utah System of Higher Education (USHE) currently offers graduate nursing education. None are planning to offer the Doctor of Nursing Practice or any similar program at this time. Brigham Young University and Westminster College are exploring offering the DNP degree in the future. Rocky Mountain University, a proprietary school located in Provo, has started offering the DNP.

**Collaboration with and Impact on Other USHE Institutions:** No other USHE institutions are planning to offer the DNP. We are currently in dialogue with Dixie State College and Weber State University about potential articulations or partnerships.

**Benefits:** This proposal is consistent with the mission of the USHE to provide high quality academic, professional, and applied technology learning opportunities designed to advance the well-being of the state and its people. It is also consistent with the mission of a doctoral/research university to discover, create, and transmit knowledge through education and training programs at the undergraduate, graduate, and professional levels, with an emphasis on teaching, research, and service. This program will advanced practice nurses and nurse leaders with the appropriate terminal degree in their field of clinical specialization.

This proposal is also consistent with the priorities of the University of Utah to provide high quality academic and professional learning opportunities designed to advance the well-being of the state and its people. It is also consistent with our mission as a doctoral/research university to discover, create, and transmit knowledge through education and training programs at the graduate and professional levels, with an emphasis on teaching, research, and service.

The University of Utah is uniquely positioned to address the nursing shortage by addressing the acute need for faculty to prepare future nurses. This program is exceptional in that it will prepare faculty with a practice doctorate in their field of clinical specialization and address the extraordinary demand for nursing faculty who will teach an advanced practice program in our state. The increased numbers of potential new nursing faculty graduated from the proposed program will help to alleviate the nursing faculty shortage in programs across the state.

**Consistency with Institutional Mission:** The University of Utah is a nationally ranked, very high research level of activity public institution within the state system of higher education. A particular strength is the professional programs, and the intent of this proposal is to further strengthen the professional programs in health care particularly nursing. The University of Utah College of Nursing supports the mission and vision of the University, and is an integral part of the Health Sciences Center. As a College, our vision is to develop leaders in nursing and health care. We serve the public by improving health and quality of life through excellence in nursing education, research, and clinical care. We are committed to developing knowledge that leads to improved health and quality of life. The intent of the DNP degree is to continue to enhance discovery and dissemination of knowledge in clinical practice, and prepare excellent clinical practitioners. The College feels strongly about maintaining a high quality graduate nursing education program for the state of Utah, and to do so will require transitioning to the DNP degree.

The College of Nursing is the sole public educational program in the state of Utah that prepares nurses for advanced nursing practice and for faculty positions. In order to continue our mission

to prepare excellent nurses to practice and teach within the contemporary health care system, to ensure that our graduates are competitive in the future marketplace, and to maintain our national ranking among colleges of nursing, we propose moving forward with the plans for a Doctor of Nursing Practice degree.

In summary this proposal to transition from the MS to the Doctor of Nursing Practice (DNP) degree at the University of Utah College of Nursing is a response to a number of contemporary issues:

1. The nationally mandated changes in standards for advanced nursing education and expectation that the DNP degree will be the minimum requirement for advanced practice in nursing within the next decade.
2. The need to appropriately credit the intensity and duration of expanded education envisioned as necessary by the College faculty.
3. The anticipated demand by present and future students for an accredited and competitive DNP program in the state.
4. The growing nursing faculty shortage in our state and across the country.

#### **SECTION IV: Program and Student Assessment**

**Program Assessment:** Program assessment will be accomplished by tracking applications, admissions, retention, and graduation rates. In addition, individual specialty nursing programs must meet requirements of national certification and accrediting agencies for the professional specialty; accreditation standing will be another measure of the program. The proportion of graduates who pass national and/or state licensure exams will be another outcome measure that will be tracked. We also conduct alumni surveys and exit interviews to determine student satisfaction.

**Expected Standards of Performance:** The AACN “Essentials for Doctoral Education in Advanced Nursing Practice” will be the expected standards of performance for graduates, in addition to specialty specific accreditation and certification standards as developed by specific specialty organizations. The proposed program has been developed to meet the essentials for academic and clinical performance. Each essential will be achieved through specific course requirements, clinical assignments, or the capstone project. See Appendix A for a summary of the “Essentials”. The complete document is available at <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>

#### **SECTION V: Finance**

##### **Budget:**

No additional state funds are being requested at this time. State and federal funds currently available to support the Master of Science (MS) degree program in nursing will be reallocated to support the Doctor of Nursing Practice (DNP). All of the specialty courses currently offered will be included in the new curriculum thus this aspect is budget neutral.

Expenses: We do not currently budget at the programmatic level but at the College-wide or departmental level. We have developed this budget by systematically calculating the increased FTE needed for new courses, increased credits, and increased course offerings. We have

developed this projection based on a 12 month salary of \$80,000 in 2007-08, a 3% annual increase, and 33% benefit rate.

Expenses	2007-08	2008-09	2009-10	2010-11	2011-12
Increased FTE	0.71	1.58	1.74	2.74	2.74
Salaries and Wages	56,800	130,192	147,677	239,525	246,709
Benefits	18,744	42,963	48,733	79,043	81,414.
Library	0	0	0	0	0
Equipment	0	0	0	0	0
Travel	0	0	0	0	0
<b>TOTAL</b>	<b>\$75,544</b>	<b>\$173,155</b>	<b>\$196,410</b>	<b>\$318,568</b>	<b>\$328,123</b>
Revenue	2007-08	2008-09	2009-10	2010-11	2011-12
Internal Reallocation	43,347	39,011	40,710	96,488	50,743
Tuition Differential	32,197	64,394	85, 959	128, 520	136,080
SCH Growth		69,750	69,750	93,600	141,300
<b>TOTAL</b>	<b>\$75,544</b>	<b>\$173,155</b>	<b>\$196,410</b>	<b>\$318,568</b>	<b>\$328,123</b>

Current Resources: Initially a combination of PhD and other doctorally prepared faculty, adjunct faculty and master's-prepared clinical experts will be utilized to complete the educational preparation of these students. Faculty resources, clinical training space, supplies and equipment are in place to support the transition of this graduate nursing education program from the MS to DNP. Additional resources will be found by better utilization of faculty on 12 month appointments, federal HRSA grants, filling vacant positions (already budgeted). Currently, 38% of our full-time faculty hold 12 month appointments.

Revenue: We estimate that the new curriculum would add 9 credits annually distributed over the whole year (3 versus 2 semesters). With a conservative estimate of transitioning our current numbers of newly admitted MS students (60 per year) to the DNP, this would yield an additional 540 student credit hours (SCH) per year. The Master's to DNP students will represent enrollment growth and an additional 810 SCH per year. The University would see an increase in tuition revenue related to this increase in SCH productivity. Some of this would be returned to the College of Nursing in growth/productivity revenue according to the formula of \$85 or \$95 per credit hour of growth. We have used this formula to estimate additional SCH revenue per year. In addition, revenue from the graduate student program differential (currently \$39.75 per credit) would increase annually. These funds will be earmarked to cover the increased FTE needed for the DNP program. In Year 4, the program costs will increase due to the additional clinical residency requirements. Over the life of the program, we will internally reallocate funds from our graduate tuition differential pool to meet the increased costs.

Additional Support for Faculty Development: In the first two years, we also anticipate the need to offer "doctoral packages" that will provide support for faculty pursuing the Master's to DNP. Support is needed for release time and coverage, tuition and fees. We have been successful in finding a private donor to support our doctoral packages in the PhD program and are currently seeking such support for the DNP. We also plan to apply for an extension of the Nurse Faculty

Loan Program grant. We have a very effective and growing scholarship program and our Financial Aid advisor will be able to assist students in applying for a variety of sources of scholarships and traineeships.

## References

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

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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.

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.

College of Nursing  
Office of the Dean



July 21, 2006

Jed Pitcher, Chair  
Board of Regents Building  
The Gateway  
60 South 400 West  
Salt Lake City, UT 84101-1284

Dear Chairman Pitcher:

The College of Nursing faculty and administration are in strong support of moving to the Doctor of Nursing Practice (DNP) degree for those individuals seeking advanced training and specialization in nursing practice. A faculty task force has been working over the past several months to redesign the curriculum and develop the new program of study plans. We will submit the full curriculum model and program proposal to the University of Utah Graduate Council, Academic Senate and Board of Trustees in the Fall as soon as we have approval to move forward.

This proposal to transition from the MS to the Doctor of Nursing Practice (DNP) degree has the full support of the faculty and my leadership team at the University of Utah College of Nursing. This national trend in graduate nursing education is driven by; the nationally mandated changes in standards for advanced nursing education and expectation that the DNP degree will be the minimum requirement for advanced practice in nursing within the next decade.

This program is also critical in that it will prepare faculty with the appropriate terminal degree in their field of clinical specialization to address the extraordinary demand for nursing faculty in our state. The increased numbers of potential new nursing faculty graduated from the proposed program will help to alleviate the nursing faculty shortage in programs across the state. Thank you for your time and consideration in processing this letter of intent.

Sincerely,

Maureen R. Keefe, RN, PhD, FAAN  
Dean and Professor  
Louis H. Peery Endowed Chair



10 South 2000 East Salt Lake City, UT 84112-5880  
(801) 581-8262  
FAX: (801) 587-9816



A. Lorris Betz, M.D., Ph.D.  
Senior Vice President for Health Sciences  
Executive Dean, School of Medicine  
CEO, University Health Care

July 20, 2006

Jed Pitcher, Chair  
Board of Regents Building  
The Gateway  
60 South 400 West  
Salt Lake City, UT 84101-1284

Dear Chairman Pitcher:

I am writing to express my strong support for the attached degree proposal developed by our College of Nursing. The Doctor of Nursing Practice (DNP) will replace the Master of Science degree in nursing for those individuals who wish to specialize in an area of advanced practice nursing. The transition to a professional or clinical doctorate for these individuals is based on the American Association of Colleges of Nursing recommendation that all such programs be converted by 2015.

The goal is to expand the curriculum to include the areas of content recommended by the Institute of Medicine and other health organizations by including didactic and experiential learning in the following areas: evidence-based practice, interdisciplinary collaboration, information technology, quality improvement and patient-centered care.

The DNP proposal has the support of the faculty within the College of Nursing, the administrative support of its Dean, Maureen Keefe, and that of my academic leadership team. We hope to begin to offer this new degree option Fall of 2007. Thank you for your time and consideration in reviewing this request.

Sincerely,



A. Lorris Betz, M.D., Ph.D.

ALB/amb

Senior Vice President for Health Sciences  
Moran Eye Center, 5th Floor  
175 N. Medical Drive East  
Salt Lake City, Utah 84132-5901

**Signature Page to Accompany Proposals Requiring Board Approval** - This signature page, with all appropriate signatures included, should be sent to the Commissioner's Office and kept on file at the proposing institution.

**Institution Submitting Proposal:** University of Utah

**College, School or Division in Which Program Will Be Located:** College of Nursing

**Co-Sponsors:** David Eccles School of Business MHA/DNP

School of Medicine Public Health Program MPH/DNP

**Department(s) or Area(s) in Which Program Will Be Located:** Not applicable

**Program Title:** Doctor of Nursing Practice

**Recommended Classification of Instructional Programs (CIP) Code:** \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_

**Certificate, Diploma and/or Degree(s) to be Awarded:** Doctor of Nursing Practice (DNP)

**Proposed Beginning Date:** Fall 2007

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Maureen Keefe, Dean Date

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A. Lorris Betz, Senior Vice President for Health Sciences Date

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David Chapman, Dean Graduate School Date

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Michael Young, President Date



