

# MSU INVESTMENT PROPOSAL FOR INSTITUTIONAL PRIORITIES

## PROPOSAL OVERVIEW

<b>Title</b>	Doctor of Nursing Practice	<b>Request Date</b>	December 7, 2011
<b>Department</b>	College of Nursing	<b>Email</b>	Helen.melland@montanan.edu
<b>Requestor</b>	Helen Melland, Dean	<b>Phone</b>	994-3784

## STRATEGIC ALIGNMENT

**Core Themes and Objectives (check all that apply)**

### Educate Students

- X Our graduates will have achieved mastery in their major disciplines
- X Our graduates will become active citizens and leaders
- X Our graduates will have a multicultural and global perspective
  - Our graduates will understand the ways that knowledge & art are created and applied in a variety of disciplines
- X Our graduates are prepared for careers in their field
- X We will provide increased access to our educational programs
- X Communities and external stake holders benefit from broadly defined education partnerships with MSU

### Create Knowledge and Art

- X Students, faculty, and staff will create knowledge and art that is communicated widely

### Serve Communities

- X We help meet a fundamental need of the citizens of Montana by providing degree programs for our students
- X We help meet the educational needs of the citizens of Montana by providing a wide range of educational opportunities to a variety of students
- X Our students, faculty, staff, and administrators reach out to engage and serve communities
  - Our students, faculty, staff, and administrator reach in to build the university community

### Integrate Learning, Discovery, and Engagement

- X Each graduate will have had experiences that integrate learning, discovery and engagement
- X Outreach activities will educate students and address the needs of the communities we serve
  - Students, faculty, and staff will create knowledge and art that addresses societal needs
- X MSU is a community that will be characterized by synergy within and across disciplines, roles and functions.

### Stewardship

- X The public trusts the institution to operate openly and use resources wisely
- X The faculty and staff are well-qualified and supported
- X MSU will support Native American students, programs, and communities
- X MSU will be an inclusive community, supporting and encouraging diversity
- X Our publicly provided resources are used efficiently and effectively
  - Natural resources are used efficiently and sustainably
  - MSU nurtures a culture of resource conservation and ecological literacy among students, faculty and staff
- X Our physical infrastructure (e.g., building, equipment, open spaces) will be well-maintained and useful

**INSITUTIONAL BENEFIT**

**Campuses** X Bozeman  Billings  Havre  Great Falls  FSTS  Extension  MAES

**Cross Depts** Please List:

**TIMEFRAME**

**Proposed Dates** Start: September 2013 End: Ongoing doctoral program

**COST AND REQUIREMENTS**

Funding Type	One-Time (\$)	Multi-Year (\$)			Base (\$)	FTE
		Year 1 (FY13)	Year 2 (FY14)	Year 3 (FY15)		
Personnel (w/benefits)		\$0.00	\$0.00	\$0.00	\$100,000	1.5
Materials & Supplies						
Travel						
Contracted Services						
Capital						
Other Operations - benefits					\$34,353	
<b>TOTAL</b>		\$0.00	\$0.00	\$0.00	\$134,353	1.5

**Please comment, if necessary, regarding cost and requirements.**

The proposed Doctor of Nursing Practice (DNP) program will essentially add one year onto the two current master's in nursing nurse practitioner options (Family Nurse Practitioner and Family Psychiatric Mental Health Nurse Practitioner) offered by the College. The cost to deliver the DNP program is for 17-23 additional credits (credit variation due to differences in the different nurse practitioner specialty options), or that third year of instruction beyond the current master's nurse practitioner program. The total estimated cost (instructional salaries and benefits only) to the University to deliver those additional credits is estimated to be approximately \$134,353 beginning AY 2015-16 when the DNP students register for the additional year of study not required of master's prepared nurse practitioner students. This figure is based on direct instructional costs of \$98,153 (using an average tenure track salary within the college of \$65,435 x 1.5 FTE), plus \$34,353 in benefits (using a 35% estimated benefit rate). Those costs are based on AY 11-12 dollar amounts. Should there continue to be raises and changes to the benefit rates before the anticipated costs would be incurred in AY 15-16, we would expect the funding to be reflected accordingly.

On the revenue side, tuition dollars from additional student credit hours would be generated. Using the 2011- 2012 AY MSU graduate resident tuition rate of \$6,092.40 (\$3,046.20/semester) and a net tuition yield of 95% (calculated for the College of Nursing, fall 2011, based on tuition waivers provided), the following additional tuition dollars would be generated during the additional third year of the program:

Number of Students	Additional Tuition Dollars Generated in 3 <sup>rd</sup> Year of Program
25	\$144,695
30	\$173,633
35	\$202,572

The college admitted 28 nurse practitioner students in spring 2011. If that number persists, or even drops slightly, the new tuition dollars would still offset the amount requested (\$134,353).

As we move forward with this program, **we are requesting \$100,000 (or equivalent dollars at that time) be added to the college base dollars beginning in the 2015-16 academic year to support the additional faculty salaries needed for this program.** The additional tuition revenue beyond the \$100,000 requested for college base dollars will go to the University to cover the benefits costs and other administrative costs. We believe the proposal is justified based on the fact that the cost of the DNP program will be offset by projected revenue, which will equal or exceed the cost.

## PROPOSAL SCOPE

### Describe the Proposal

The College of Nursing at Montana State University-Bozeman is seeking approval to offer a Doctor of Nursing Practice (DNP) degree. Students who have a baccalaureate or master's degree in nursing will be eligible for admittance to this program. This new program is congruent with the recommendation of the American Association of Colleges of Nursing (AACN) who voted in 2004 to move the current level of preparation necessary for advanced practice nurses (nurse practitioners, midwives, clinical nurse specialists, and certified nurse anesthetists) from the master's degree to the doctorate by the year 2015. The College of Nursing currently offers three master's degree options, two of which are for advanced practice nurses (Family Nurse Practitioner and Family Psychiatric Mental Health Nurse Practitioner). The college is proposing to terminate those two master's level nurse practitioner options and move the education of advanced practice nurses to the doctoral (DNP) level. The DNP degree is one of two terminal degrees currently offered by the profession of nursing with the other being the PhD. The DNP is a practice-focused degree and prepares experts in advanced clinical practice while the PhD is a research-focused degree designed to prepare nurse scientists and scholars. Currently, the College of Nursing offers no doctoral degree.

Besides AACN's decision in 2004 to adopt the goal that preparation for advanced practice nurses should occur at the doctoral level, other societal, scientific, and professional developments are stimulating this shift in graduate nursing education. The changing demands of the nation's complex healthcare environment require the highest level of scientific knowledge and practice expertise to assure quality patient outcomes. The Institute of Medicine, the Joint Commission for the Accreditation of Health Care Organizations, and the Robert Wood Johnson Foundation have called for reconceptualizing educational programs that prepare today's health professionals, including nurses. Some of the factors building momentum for change in graduate nursing education include: the rapid expansion of knowledge underlying practice; the complexity of patients' illnesses and the high level of skill that is required of caregivers; national concerns about the quality of care and patient safety; shortages of nursing personnel that demand a higher level of preparation for leaders who can design and assess care; and shortages of doctorally-prepared nursing faculty. The development of a practice doctorate is supported in the National Research Council's report titled *Advancing the Nation's Health Needs: NIH Research Training Programs* (2005) stating that the nursing profession needs to develop a "non-research practice doctorate" to prepare expert practitioners who can also serve as clinical faculty. AACN's work to advance the DNP is consistent with these calls to action and societal changes. Nursing is moving in the direction of other health professions as it transitions to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT), and Audiology (AudD) all offer practice doctorates.

## PROPOSAL SCOPE

### Describe the broader impacts and benefits of this proposal

The DNP program will meet the needs of baccalaureate and master's prepared nurses who seek to earn a degree on par with the recommendation of the national organization. Citizens of Montana who are nurses will no longer have to leave the state for a doctorate in nursing – the degree that has become the national standard for advanced practice nurses. There are currently 37 states plus the District of Columbia that have schools that offer the DNP degree (or will beginning fall 2012) including six states surrounding Montana (CO, ND, OR, SD, UT, and WA). One hundred fifty-three DNP programs are currently enrolling students at schools of nursing nationwide, and an additional 160 DNP programs are in the planning stage.

Consumers will be well served by graduates of this program in that the DNP prepared nurse is an excellent fit for a rural state such as Montana. With approval of this degree, MSU-Bozeman will begin preparing and graduating nurses with a clinical doctorate. Simultaneously, Montana's citizens will begin to receive care from highly skilled doctorally prepared professional nurses who can provide quality, primary care for children, adults, and the elderly. Additionally, nurses with a DNP degree will have skills in the areas of organization and systems leadership, clinical scholarship, information systems/technology and patient care technology, health care policy, interprofessional collaboration, clinical prevention and population health. These additional competencies will result in highly educated practitioners who will not only provide expert direct primary care, but also will be leaders in the improvement and transformation of health care – both of which are desperately needed in Montana's rural remote areas.

## ADDITIONAL INFORMATION

### Implementation Plan (Please describe with timelines)

If the program is approved, applications will be reviewed and admission decisions made for the DNP program in the spring of 2013 with students beginning studies in the fall semester 2013. In the past five years, the number of advanced practice (nurse practitioner) applicants has increased steadily from 37 applicants for admission in fall 2007 to 67 applicants for the fall 2011 admission; actual admission numbers have ranged from 20 – 30 per year, with that number being limited by the number of faculty and clinical capacity. Considering the interest survey and calls received from prospective students inquiring when the college is going to start a DNP program, it is reasonable to expect that the number of applicants will remain steady or continue to increase. It is anticipated that some DNP students will progress through the curriculum in three years and will graduate in the spring or summer of 2016. It is also anticipated



that some students will select to progress on a part-time basis most likely because of additional time demands related to work or family and will graduate in 2017-2018.

The DNP curricula will build on the curricula that nurses who have a baccalaureate or master's degree in nursing have completed. Because students will enter the program with different degrees (post-baccalaureate or post-master's) and experiences, the curriculum will be somewhat individualized based on courses completed prior to entering the DNP program, area of specialization, and previous clinical learning experiences. Regardless of the entry point, the DNP curriculum is designed with the requirement that all students attain the same DNP end-of-program competencies.

The curriculum for the DNP program is consistent with the AACN *Essentials of Doctoral Education for Advanced Nursing Practice*. Those essentials recommend that DNP curricula include the following content: 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; and 9) Specialty focused competencies.

Education of the DNP is distinguished by completion of a project that demonstrates synthesis of the student's work. The curriculum will require students to produce an academic product that links the use of evidence to improve either practice or patient outcomes. This final DNP project will be defended by the student and reviewed and evaluated by an academic committee.

The courses that DNP students enroll in will continue to be offered in much the same manner as the current nurse practitioner courses. The didactic courses will be offered using distance technology as is the current practice for all didactic courses offered in the college's graduate program. In order to meet course/clinical objectives and AACN standards for DNP curricula, students must complete 1,000 hours of precepted clinical learning experiences as opposed to the 500 hours required of master's degree nurse practitioner students. Students will often complete these experiences in or near their home locale depending on availability of clinical resources and clinical preceptors. Students who have already earned a master's degree as an advanced practice nurse (nurse practitioner) will receive some credit from their master's clinical hours towards the required 1,000 minimum practice hours required in the DNP as well as theory credits from their master's degree program.

#### **Assessment Plan (Please describe with indicators)**

The DNP degree will be evaluated using the same criteria as all other academic programs in the college. The college has a Master Evaluation Plan which is formatted according to the four standards that must be met for ongoing national accreditation by the Commission on Collegiate Nursing Education (CCNE).

CCNE began accrediting DNP programs during the AY 2008-2009 and has currently accredited 80+ DNP programs. Nursing programs are required to notify CCNE of any "substantive change" which includes a new degree offering. Notification must be submitted "no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change" (CCNE; 2009; Procedures for Accreditation of Baccalaureate and Graduate Degree Programs). Thus, if approved, the college will notify CCNE of this proposal in summer 2013. The college will seek CCNE accreditation of its DNP program no earlier than one year after students first enroll, per CCNE policy, thus not before fall 2014.

Key Indicators:

#### **1. Core Theme 1 - Educates Students:**

- a. Our graduates will have achieved mastery in their major disciplines: 95% of the first class of DNP students and ongoing classes after that will complete degree requirements; 95% will pass national certification exams on first attempt [spring 2018 and ongoing for future classes];
- b. Our graduates will become active citizens and leaders: 100% of DNP students will successfully complete the required courses "Legal and Ethical Issues in Health Care" and "Vulnerability and Health Care in Diverse Communities" as they progress through the curriculum [AY 2013-2014 and ongoing];
- c. Our graduates will have a multicultural and global perspective: 100% of the DNP students will have the opportunity to participate in a global learning experiences (e.g. Honduras, Kenya, Morocco); 100% of DNP students successfully complete Global Health course [AY 2013-2014 and ongoing];
- d. Our graduates are prepared for careers in the field: 100% of graduates employed as DNP's and 100% of employers will be will satisfied with graduates' performance [spring 2018];
- e. We will provide increased access to our educational programs: Enrollment in the first class of the DNP program will be  $\geq 25$ ; enrollment will be stable or increase in the future based on clinical capacity and faculty resources [beginning fall 2013]; 90% of the didactic content in the DNP curriculum will be delivered using distance delivery methodologies to students in Montana and beyond [ongoing beginning fall 2013]; both resident and non-resident students admitted in competitive process including interview [each spring beginning 2013];
- f. Communities and external stake holders benefit from broadly defined education partnerships with MSU:

100% of students benefit from community partnerships resulting in relevant, rigorous, primary care clinical learning experiences; students prepared to meet the primary health care needs of Montanans and beyond as well as serve as transformational leaders in complex health care systems [ongoing beginning spring 2014 – when students first enroll in clinical courses].

**2. Core Theme 2 - Create Knowledge and Art:**

- a. Students, faculty, and staff will create knowledge and art that is communicated widely: Number of faculty publications will increase from 15/year in 2012 to 30/year in 2016 per 2012-2017 Strategic Plan; 100% of DNP students successfully complete scholarly capstone project [spring 2018 and ongoing].

**3. Core Theme 3 - Serve Communities:**

- a. We help meet a fundamental need of the citizens of Montana by providing degree programs for our students: At least 90% of DNP students will be MT residents and will remain in the state to practice after graduation [spring 2018 and ongoing];
- b. We help meet the education needs of the citizens of Montana by providing a wide range of educational opportunities to a variety of students: The college's Caring for Our Own Program (CO-OP) program continues to provide support to American Indian (AI) students through submission of grants, seeking private donor support, and collaborating with other support programs on campus; the percentage of (AI) students enrolled in the DNP program equals the percentage of AI's in MT (6%) [ongoing with beginning of program – fall 2013]; the percentage of male students in the DNP program is  $\geq 15\%$  [ongoing with beginning of program – fall 2013]; program faculty will strategically recruit students representing other minorities (e.g. ethnicity beyond AI; age) [ongoing with beginning of program – fall 2013];
- c. Our students, staff, faculty and administrators reach out to engage and serve communities: DNP clinical courses designed to prepare students to meet health care needs of society; 100% of DNP students complete the course titled Organizational Systems, Economics & Change [AY 2013-2014].

**4. Core Theme 4 - Integrate Learning, Discovery, and Engagement:**

- a. Each graduate will have had experiences that integrate learning, discovery and engagement: 100% of DNP students participate in clinical learning experiences that provide service to individuals, families, or communities and meet societal needs [spring 2014 and ongoing];
- b. Outreach activities will educate students and address the needs of the communities we serve: Approximately 30% of DNP courses include a focus on community engagement [fall 2013 and ongoing];
- c. MSU is a community that will be characterized by synergy within and across disciplines, roles, and functions: DNP courses not dependent on knowledge of nursing science will be taught by faculty representing other disciplines when available and appropriate [beginning fall 2013].

**5. Core Theme 5 - Stewardship:**

- a. The public trusts the institution to operate openly and use resources wisely: Resources will be adequate to continue to support faculty active involvement on university committees and councils [fall 2013 and ongoing];
- b. The faculty and staff are well-qualified and supported: Faculty teaching in the DNP program will demonstrate clinical expertise, didactic knowledge, and meet Board of Nursing requirements [fall 2013 and ongoing];
- c. MSU will support Native American students, programs, and communities: CO-OP will provide support to American Indian (AI) DNP students through submission of grants, seeking private donor support, and collaborating with our support programs on campus [fall 2013 and ongoing];
- d. MSU will be an inclusive community, supporting and encouraging diversity: The percentage of AI students enrolled in the DNP program equals the percentage of AI's in MT (6% [fall 2013 and ongoing]);
- e. Our publicly provided resources are used efficiently and effectively: 100% of DNP graduates will become employed as DNP's;  $\geq 90\%$  will be employed in MT; 95% will graduate in five years or less [spring 2018 and ongoing];
- f. Our physical infrastructure (e.g. building, equipment, open spaces) will be well-maintained and useful: Distance education technologies will continue to be updated to be consistent with known technology to support 90% of the didactic instruction to DNP students using distant delivery methodologies [fall 2013 and ongoing].

**If assessed objectives are not met in the timeframe outlined, what is the plan to sunset this proposal?**

The college's Evaluation Plan provides an infrastructure for identifying what data are to be collected, where to obtain the data, the responsible group/person for analyzing the data, a timeframe for data analysis, and the feedback loop to assure that data are used to make programmatic changes, as needed, or not – based on the evaluation process.

**SIGNATURES**

Department Head (please print)	Signature (required)	Date
<i>Donna A. Williams</i>	<i>Donna A. Williams</i>	<i>12-28-10</i>
Dept Head Priority (please circle one):	<b>Very High</b> High Medium Low Very Low	
Dean/Director (please print)	Signature (required)	Date
<i>Helena I. Melland</i>	<i>Helena Melland</i>	<i>12-28-11</i>
Dean/Director Priority (please circle one):	<b>Very High</b> High Medium Low Very Low	
Executive/VP (please print)	Signatures (required)	Date
Executive/VP Priority (please circle one):	Very High High Medium Low Very Low	