



Dean of the Graduate School

250 University Hall
230 North Oval Mall
Columbus, OH 43210-1366

Phone (614) 292-6031
Fax (614) 292-3656

April 20, 2007

W. Randy Smith
Vice Chair, Council on Academic Affairs
Vice Provost for Curriculum and Institutional Relations
203 Bricker Hall
190 North Oval Mall
Campus

Dear Randy:

The Council on Research and Graduate Studies approved the following proposals during its meeting on April 19, 2007. Attached please find a copy of the proposals as well as my correspondence with the proposing programs that may assist the Council on Academic Affairs during its review.

- Proposal for a Graduate Interdisciplinary Specialization in Folklore
- Proposal for a Combined Program (BS/BA in MLHR)
- Proposal to rename graduate program in Computer and Information Science to Computer Science and Engineering
- Proposal to develop a Doctor of Nursing Practice (DNP) degree

Please let me know if you have questions or if you require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Elliot E. Slotnick", with a long, sweeping flourish extending to the right.

Elliot E. Slotnick
Associate Dean

Enclosures

c: Dena Meyers

Proposal for a

Proposal to develop a Doctor of Nursing Practice (DNP) degree

Submitted by

Professor Nancy Reynolds
College of Nursing

Approved by the Council on Research and Graduate Studies
April 19, 2007

Susan Reeser

From: Elliot Slotnick

Sent: Tuesday, March 27, 2007 4:26 PM

To: Reynolds, Nancy

Cc: Dena Myers; Susan Reeser

Dear Nancy,

The Curriculum Committee of the Council on Research and Graduate Studies had an extensive discussion of the College of Nursing's proposal to develop and offer a Doctor of Nursing Practice (DNP) degree. I am happy to report that, by a vote of 5-3, Committee members in attendance voted to endorse your proposal and to send it to the floor of the next meeting of the full Council on Research and Graduate Studies for presentation and a vote. Susan Reeser will be in touch with you regarding the scheduling of that meeting. I hope that you, or your representative, are able to attend to make a brief presentation of the proposal (no more than 5 minutes) and to answer questions that may arise from the floor.

In reaching its decision, the Committee requested that I pass on a concern held by some members that your prospective admissions practice of limiting admission to those with undergraduate Nursing degrees and, as well, to those who already are RNs may be placing overly stringent constraints on the pool of students whom you wish to attract. This appears to be a different standard, for example, than that employed in your current MA program for Nurse Practitioners. The Committee did not seek a change in this practice but, rather, simply wished to register its concern about what, in the end, was a "local" matter for decision.

Congratulations on reaching this stage of the approval process.

Best,
elliott

4/11/2007

Susan Reeser

From: Reynolds, Nancy [nreynold@con.ohio-state.edu]
Sent: Tuesday, March 27, 2007 4:33 PM
To: Elliot Slotnick
Cc: Dena Myers; Susan Reeser
Subject: RE:

Great. Thanks very much for the update. I am very pleased to learn that this will move forward. Best, nancy

Nancy R. Reynolds, PhD, FAAN
Graduate Studies Committee Chair and
Doctoral Program Director
Ohio State University, CON
1585 Neil Ave.
Columbus, OH 43210

w: 614-292-4449
f: 614-292-7976

From: Elliot Slotnick [mailto:slotnick.1@gradsch.ohio-state.edu]
Sent: Tuesday, March 27, 2007 3:26 PM
To: Reynolds, Nancy
Cc: Dena Myers; Susan Reeser
Subject:

Dear Nancy,

The Curriculum Committee of the Council on Research and Graduate Studies had an extensive discussion of the College of Nursing's proposal to develop and offer a Doctor of Nursing Practice (DNP) degree. I am happy to report that, by a vote of 5-3, Committee members in attendance voted to endorse your proposal and to send it to the floor of the next meeting of the full Council on Research and Graduate Studies for presentation and a vote. Susan Reeser will be in touch with you regarding the scheduling of that meeting. I hope that you, or your representative, are able to attend to make a brief presentation of the proposal (no more than 5 minutes) and to answer questions that may arise from the floor.

In reaching its decision, the Committee requested that I pass on a concern held by some members that your prospective admissions practice of limiting admission to those with undergraduate Nursing degrees and, as well, to those who already are RNs may be placing overly stringent constraints on the pool of students whom you wish to attract. This appears to be a different standard, for example, than that employed in your current MA program for Nurse Practitioners. The Committee did not seek a change in this practice but, rather, simply wished to register its concern about what, in the end, was a "local" matter for decision.

Congratulations on reaching this stage of the approval process.

Best,
elliot

4/11/2007

**The Ohio State University
College of Nursing**

New Degree Program Proposal:

Doctor of Nursing Practice (DNP)

**Submitted by the faculty of the OSU College of Nursing
December 22, 2006**

Introduction

The College of Nursing proposes to implement a new graduate professional degree program leading to the Doctorate of Nursing Practice (DNP). This program is being proposed in response to dramatic changes in the health care needs of this country and the global community, and is in keeping with a recommendation from the *American Association of Colleges of Nursing* (AACN) that all advanced practice nursing education evolve to the DNP by 2015 (AACN, 2004). It is important to note that the DNP is not the degree for entry into practice. It is an advanced practice degree for persons already holding a baccalaureate degree and licensed to practice professional nursing. The proposed implementation date for the DNP program in the College of Nursing is Autumn Quarter, 2007. The program will be offered by the College of Nursing and administered by the Graduate School of The Ohio State University. The proposed program was endorsed by the Graduate Studies Committee and approved by the faculty on December 20, 2006.

Designation of the new degree program, rationale for that designation, and educational goals

The new degree will be a Doctorate of Nursing Practice (DNP) in accordance with AACN recommendations regarding degree title. The AACN position (AACN, 2004) is that a practice-focused doctorate is a necessary alternative to the research-focused PhD; both are needed in a practice discipline, such as nursing.

The educational goals for the DNP program are based on the essential competencies for the degree that have been identified by AACN. The program will emphasize the scientific underpinnings for advanced nursing practice, an advanced understanding of organizational and systems leadership for quality improvement, clinical scholarship and analytical methods for evidence based practice, information systems/technology and patient care technology for the improvement and transformation of health care, health care policy for advocacy in health care, interprofessional collaboration for improving patient and population health outcomes, health promotion and risk reduction for individuals and families and population health for improving the nation's health, and advanced practice nursing (see *The Essentials of Doctoral Education for Advanced Nursing Practice*, 2006, Appendix A).

The Ohio State University College of Nursing currently has a well established and productive PhD program in Nursing. The faculty believes that nursing and health care will now be best served by the addition of a program to educate nurses for advanced practice at the doctoral level. Advanced practice nursing refers to *clinical nurse specialists*, *certified nurse practitioners*, *certified nurse midwives*, and *certified nurse anesthetists*. The College of Nursing currently offers the first three of these advanced practice options at the masters level, and all of these options require students to take significantly more credit hours than the 45-50 hours required for a masters degree at Ohio State (Range = 63-87). This proposal would move the advanced practice masters

program to the doctoral level by adding additional course work to support the expanding knowledge base needed by advanced practice nurses.

The DNP will differ from a PhD by its emphasis on advanced clinical skills and practice related issues. The DNP differs from the current master's program in that it places a stronger emphasis on the understanding of systems management, the development and use of evidence based strategies for practice, a stronger interdisciplinary focus, and a greater opportunity for more extensive advanced clinical practice experience. Graduates will be prepared to be critical consumers of the scientific literature and to support clinical research in health care settings. Examples of DNP graduate employment include: 1) specialized nursing practice in hospitals and communities, 2) clinical faculty in areas of practice specialization, and 3) leadership positions in health care organizations and systems. Graduates will be licensed registered nurses and will be eligible for national certification in an advanced practice specialty area.

Description of the curriculum

The complete program will require approximately 148 - 168 total credit hours (90 CH post-master's). See list of required courses in Table 1. The first two years of the program will focus on theoretical course work for advanced practice nursing (see Appendix B for the 3-Year Sample Curriculum). Because students in the DNP program will already be registered nurses, advanced clinical practice opportunities will begin in the first summer with a course focused on clinical transitions to the advanced practice nursing role and will continue quarterly throughout the second and third years of the program. Throughout the third year, students will be enrolled in an advanced clinical practice nursing course, titled the DNP Clinical Immersion, which will require approximately 30 hours per week of clinical practice in the student's specialty area, and will focus on advanced clinical nursing practice issues (See Appendix C for course syllabi).

Table 1. Courses in the DNP Program*

- N601– Scientific Thought in Nursing (3)
- N603 – Nursing within the American Health Care System (3)
- Intermediate Statistics (3-5)
- N702 – Research for Evidence Based Clinical Practice (5)
- N703 – Pathophysiology of Altered Health States I (4)
- N704 –Pathophysiology of Altered Health States II (4)
- N706 – Pharmacology in Advanced Nursing Practice (5)

(Table 1 continued)

N707 - Reimbursement and Cost Methods for Advanced Practice Nurses (3)

N711 – Theoretical Foundations of Clinical Decision Making (4)

N713 – Health Promotion for Advanced Practice Nurses (3)

N715 – Advanced Pediatric Health Assessment (5) or N705 – Advanced Adult Health Assessment (5) or N729 Advanced Health Assessment of the Neonate (5)

N807 – Foundational Knowledge for Nursing and Health Systems Management (7)

N808 – Skills for Nursing and Health Systems Management (7)

N809 – Practicum for Nursing and Health Systems Management (7)

N859 – Advanced Practice Nursing (2-12)

N912 – Introduction to Methods of Nursing Science (5)

N914 – Principles of Measurement in Health Related Sciences (5)

Informatics-Clinical Decision Support (3)

Informatics-Enabled Health Information (3)

Exploration of Advanced Nursing Practice (5)

DNP Seminar I-III – Socialization into the Role of DNP (1)

Foundations for DNP Scholarly Project Development (3)

DNP Clinical Immersion I-III (10)

N998 Final Project- Independent Clinical Project under supervision of adviser (1-5)

* New courses in bold

In addition to the curriculum described above, the DNP students will complete the requirements as outlined by the Graduate School:

1) Professional Doctoral Examination: At the completion of the first two years of the program, the DNP students will take a four-hour written, comprehensive examination. The purpose of this examination is to test the ability of students to synthesize knowledge acquired in the first two years of the program. Students must pass this exam to be designated a candidate for the doctoral degree.

2) Final Document: Each student will submit a proposal and comprehensive review of the scholarly literature at the beginning of the third year of study that will describe a final clinical project that demonstrates original thinking and the ability to analytically evaluate and apply research relevant to advanced nursing practice. The final document could include the development and evaluation of a program of clinical intervention or system modification, an analysis of a health care policy, or a discussion and analysis of the

impact of an intervention on patient care provided to a specific population. This written document will be an innovative evidence-based approach to health care that will serve as the final project and will require approval of the student's committee prior to initiation and at completion of the project. The committee will be comprised of two qualified faculty members and a clinician expert. The student's primary advisor will serve as the committee chair for this project.

3) Exit requirement: Each student will present his/her final project in an oral format consistent with a professional meeting. The presentation will take the form of a 20-30 minute presentation with a question-answer period following. The student's committee will lead the questions. Fellow students and faculty will attend this presentation. The project and presentation will require approval by the student's committee.

Entry requirement. Minimum requirements/qualifications for entry to the program will include a bachelor's degree from an accredited program of nursing, licensure as a Registered Nurse, GPA greater than 3.0, competitive GREs, personal statement and letters of recommendation. Among key criteria considered, will be evidence of strong analytic skills and potential for successful mastery of pathophysiology and critical thinking content.

Program outcomes. Program outcomes will be evaluated with measurement of the ratio of applications to admissions, employment outcomes (including placement in areas of national need; successful employment in area of specialization), student, faculty, employer satisfaction, retention rate, time to degree, pass rates on national certification examinations.

Practice doctoral programs with the degree title DNP will be eligible for professional accreditation by the Commission on Collegiate Nursing Education (CCNE), which currently accredits the college's baccalaureate and master's programs. Programs offering research doctorates (e.g. PhD) will not be considered for accreditation. CCNE continues to collaborate with specialty accrediting bodies through the Alliance for Nursing Accreditation. Moreover, CCNE will continue to strive to assure congruence among the standards for accreditation of nurse midwifery, nurse anesthesia, and DNP programs. Since the DNP programs will include content currently in master's programs to prepare NPs, midwives, CRNAs, and CNSs, there should be no major difficulties with licensure and certification. Once the DNP *Essentials* are accepted, credentialing bodies will review their expectations.

Administrative arrangements for the proposed program

The program will be offered by the College of Nursing and administrated by the Graduate School of The Ohio State University. The proposed program was endorsed by the faculty at a forum held on December 8, 2005, then approved by the faculty on December 20, 2006.

Evidence of need for the program

After two years of study by a national task force chaired by Elizabeth Lenz, Dean of the College of Nursing at The Ohio State University, the AACN issued a position statement on October, 2004, supporting the practice-focused doctorate in nursing as the appropriate advanced practice degree for nursing (AACN, 2004). The AACN recommended that all advanced practice nursing programs be at the DNP level by 2015. The National Academy of Science reinforced this position in a subsequent report. It stated, in part, that “the need for doctorally prepared practitioners and clinical faculty would be met if nursing could develop a new nonresearch clinical doctorate, similar to the MD and PharmD in medicine and pharmacy” (National Research Council, 2005).

The rationale for this proposed program is based on several trends and events in the practice arena and in nursing and health professions education. *Practice* trends include the increasing complexity of health care and the resulting requirement for increased knowledge for advanced practice. In addition to the ever-spiraling complexity and sophistication of health care, several studies and reports have documented problems with health care delivery and patient safety (e.g., Institute of Medicine, 1999, 2001, 2003). These trends suggest an increasing need for insightful and visionary nursing leadership in practice with the educational credentials necessary to be a part of the decision making process for health care management and policy decisions (Lenz, 2005). *Education* trends include the trend toward practice doctorates in the health professions, the increase in credit requirements at the masters’ level in nursing, and the tremendous need for nursing faculty who are well prepared for clinical teaching.

Moving advanced practice nursing to the doctoral level will help address important practice issues and can improve the quality of education received by students enrolled in clinical courses. DNP prepared faculty will bring essential knowledge and skills to the classroom and clinical laboratory. In addition, DNP prepared clinical faculty can help address the national shortage of nurses, which includes nurse faculty. It is a fact that there simply are not enough faculty currently in the system to teach potential students. This faculty shortage is expected to worsen as more faculty reach retirement age. Unfortunately, the enrollments in and graduations from PhD programs in nursing have remained quite steady, and are insufficient to replace the number of faculty who are scheduled to retire in the near future. A practice-focused doctorate appeals to a sizable number of master’s prepared, experienced, and expert clinicians who desire the doctoral credential that many universities recommend or require for their faculty, but who do not wish to pursue a research-focused doctoral degree (Lenz, 2005).

A major trend in other health disciplines has moved the terminal practice degree to the doctoral level, e.g., the PharmD in pharmacy, DPT in physical therapy, and AuD in audiology (Lenz, 2005). The practice doctorate in nursing is not a new idea. Nursing has had the practice doctorate for 25 years, but the majority of institutions of higher education put their emphasis on the research focused PhD in order to advance the knowledge base for nursing practice.

Implementation of the DNP program by The Ohio State University is particularly appropriate because of the long term leadership the University has provided to Ohio and the nation in the education of advanced practice and doctorally prepared nurses. Instruction in nursing has been offered at the Ohio State University since 1914 with college status achieved in 1984. Since 1945, nursing instruction offered at the undergraduate level has led to the degree of Bachelor of Science in Nursing. The graduate program leading to the Master of Science degree was first offered in 1954. The first students were admitted to the PhD program in 1984. This program was approximately the 28th program in the world to confer a doctorate in nursing. There are now close to 100 doctoral programs in nursing in the U.S. alone. The Ohio State University College of Nursing is ranked in the upper 5% in the nation by *U.S. News and World Report* out of over 400 graduate nursing programs. It is the top ranked public graduate program in Ohio. Implementation of the DNP program will help the college maintain its leadership role in Ohio and in the nursing profession.

There is only one university in Ohio currently accepting students into a DNP program: Case Western University. Another program is currently being planned by Wright State University in conjunction with the University of Toledo. The leadership body of the profession of nursing, the American Association of Colleges of Nursing (AACN), has recommended (and the recommendation has been endorsed by its membership) that preparation for advanced practice specialization in nursing should transition from the master's level to the doctoral level by 2015. Master's nursing education will continue. However, the position statement on the DNP (AACN, 2006) is a vision for the future of *specialty* nursing education. As specialty nursing education transitions to the doctoral level, the AACN recommends that institutions reconceptualize their master's degree programs to prepare generalists. The *Clinical Nurse Leader (CNL)*, a national demonstration project launched to introduce a new generalist master's level role into the health care system, is one model for master's education. The Ohio State University is participating in this pilot project and the CNL specialization has been approved and is currently being offered by the Ohio State University. This change in master's programs is consistent with the position statement endorsed by AACN members which states: "As the education of the generalist nurse is elevated to the master's degree level, it is reasonable to assume that specialty education and the education of those individuals prepared for the highest level of nursing practice would occur at the practice doctoral level." The transition date of 2015 for the DNP was set far enough in the future to give programs enough time to make a smooth transition and address the role of master's education.

Prospective enrollment

Most institutions offering DNP programs (including OSU) are initially offering the DNP as a post-master's option and most are enrolling a small number of students (≈ 10). The Ohio State DNP program will transition from the master's to the doctoral level by 2012 at which time larger enrollments would be anticipated commensurate with our current masters program.

Students will be drawn primarily from the pool of graduates from our master's program and from master's-prepared practitioners employed in health care institutions in Columbus and surrounding areas. As of Autumn Quarter 2006, graduate student enrollment in the College of Nursing was 268 Master of Science students and 38 PhD students. Over the past 10-15 years, College of Nursing faculty at OSU have encouraged excellent master's students to continue their studies in the PhD program. Several students have done so, but many have not. Most of the students who chose not to continue their education indicated that they did not wish to be researchers, but rather wanted to focus on clinical practice. The proposed DNP program will appeal to this group of excellent practitioners.

The College of Nursing intends to proceed slowly in the implementation of the DNP program. For the first several years, enrollment will be limited to 10-12 post masters students per year. These students will complete 90 quarter credits of course work to earn the DNP. The reasons for this approach are to: 1) test the program with experienced practitioners in order to benefit from their feedback on the utility of new courses to their practice areas, and 2) allow time for the national certifying bodies to create a credentialing examination appropriate for doctorally prepared advanced practice nurses (this is currently in process).

The College of Nursing admits approximately 115 master's students per year. The current master's program will continue until 2012 which will allow all enrolled masters students to complete their programs prior to the 2015 AACN deadline for advanced practice nursing education to occur at the doctoral level.

Table 2. Number of student enrollments anticipated

	Year 1	Year 2	Year 3	Year 4
Full-Time	5	5	5	6
Part-Time	5	5	5	6

Special efforts to enroll and retain minority students

Over the past two years, underrepresented students have been about 16% of the graduate students in the College of Nursing. This percentage reflects the success of programs put into place over several years to increase the number of ethnically diverse and academically gifted minority students in the program. Specifically, the College has hired staff to assist faculty in graduate student recruitment. This staff actively participates in the OSU Office of Minority Affairs Career Fair and in the annual Graduate Student Visitation and Professional Day in which African-American students from other universities visit Ohio State to see the campus, sit in on graduate classes, meet other graduate students, and meet faculty in their areas of interest. The College also hosts exhibits at the annual career fairs of Wilberforce University, Central State University, and Cleveland State University, and establishes contacts with students in the pre-med/health profession societies at Wilberforce and Central State Universities.

In addition, the university has in place a system to identify outstanding graduate applicants for fellowships. Applicants who meet the academic criteria and identify themselves as an underrepresented minority are targeted and cultivated for admission by the College. These applicants are invited to visit the university to meet with faculty and students, sit in on classes, and tour campus. During the admissions process, faculty submit nominations to the Graduate School for Enrichment Fellowships on behalf of these applicants. Over the past six years, faculty have nominated 27 applicants, 15 of whom have been selected for Enrichment Fellowships by the Graduate School. These students receive a full tuition/fee waiver and a generous monthly stipend. There is no work or service commitment attached to these awards.

Women comprise about 94 percent of the students in our current programs. This percentage is also reflected in the population of practicing nurses; thus, there is no concern about recruiting women into the program. The College does have an ongoing interest group for men in nursing and does make efforts to attract qualified male applicants to the program as they represent a minority in nursing.

Faculty and facilities for the new program and their adequacy

The College of Nursing currently has 28 regular faculty, with 17 on the tenure track and 11 regular clinical track faculty. The College has four tenured professors, 8 tenured associate professors, and five untenured assistant professors. Of the 28 regular faculty, 16 have P status and 12 are category M. These regular and regular clinical faculty members will be the primary teachers in the DNP program. It is entirely appropriate – and is a recommendation in the AACN Essentials document which will provide the basis for accreditation criteria – that clinically expert faculty who are actively practicing clinicians play a key role in the DNP program. In the College of Nursing the regular clinical track faculty (M faculty) are nationally known clinical experts and are fully qualified to teach in this practice-focused program according to the criteria of the professional organization.

The entire faculty has extensive academic and clinical experience in the areas in which they teach, and they are engaged in scholarly activities as evidenced by numerous presentations at local, state, and national meetings, multiple publications, and external grant funding. The College currently has \$9,052,282 in faculty grants, and \$568,102 in student training grants.

Additionally, there are 49 auxiliary clinical instructors and 2 lecturers in the College of Nursing. These faculty are clinical experts. The majority of the auxiliary faculty are responsible for clinical supervision at the undergraduate level, but some teach selected clinical courses in the current masters program in their area of specialization. Additionally, the college has 58 no salary auxiliary faculty in clinical facilities throughout central Ohio and 115 contracts with nurses or physicians willing to serve as clinical preceptors for graduate students. To support the learning experiences of students, the College has contracts with 262 agencies or clinical practices throughout Ohio that are

willing to provide clinical placements for students. As mentioned in the introduction, a national shortage of faculty is projected in nursing. In addition to functioning as leaders and clinicians in the practice arena, nurses with a DNP would be welcome additions to the clinical faculty.

The College of Nursing is housed in Newton Hall with 57 faculty offices on the third floor (some offices are shared by part-time faculty). Learning spaces are configured as follows: 1 large lecture hall on the first floor, 7 classrooms located throughout the building, 2 computer labs and 5 rooms that constitute the Technology Learning Complex on the second floor, and 4 research laboratories in the lower level. Staff offices are located on all levels of the building, Graduate Teaching Associates and Doctoral students have office space on the first floor, with a student lounge on the second floor. In addition, Newton Hall houses student affairs offices on the second floor. Because the proposed DNP program will replace the current masters program, with approximately the same number of students, the classroom and laboratory space in Newton Hall will continue to be adequate for the teaching and learning needs of the DNP students.

The College of Nursing's Technology Learning Complex (TLC) is a state-of-the-science facility that combines specialty laboratory features with virtual reality capability. The TLC is located on the 2nd floor of Newton Hall and consists of the following five (5) Laboratories:

- 1) A modern hospital setting with a whole body computerized patient simulator and peripheral devices .
- 2) An intensive care setting with a baby simulator for neonatal, pediatrics and OB GYN.
- 3) Diagnostic simulation equipment for students learning to perform advanced physical examinations and diagnostic tests.
- 4) A nurse's station and patient rooms including computerized clinical information systems for teaching fundamental assessment skills.
- 5) An adult intensive care setting that is equipped with a patient simulator. Faculty are able to develop clinical scenarios that incorporate a wide range of advanced assessment skills that would require rapid responses by students.

The DNP's facilities and equipment requirements have no impact on the existing programs. The College of Nursing has given great attention to our student clinical setting to ensure that program growth can be accommodated.

The DNP clinical coursework will occur in off-site primary and acute care clinical facilities with whom we have established contracts.

Projected additional cost associated with the program and adequacy of expected subsidy and other income to meet this cost.

Because the proposed DNP program will be phased in to replace the current masters program, with approximately the same number of students, college resources will be adequate for the teaching and learning needs of the DNP students. The College has reserved annual rate to hire two additional faculty who are clinically expert and hold earned doctorates to facilitate the required advanced clinical and the immersion courses; the latter will be offered during the final year of coursework in conjunction with auxiliary faculty who will serve as preceptors in primary and acute care clinical facilities. One of these faculty will be hired for year one of the program and the other for year two.

The short-run costs necessary to accomplish the transition are already incorporated into the budget of the College. In the longer run the additional costs are those associated with growth in any program, and will be handled by the normal budget process of the University.

Table 3 (below) summarizes the expected income and faculty teaching costs associated with the DNP program

Table 3 Assumptions: 1) an incoming cohort of 10 DNP students, which would be added to existing courses, 2) Total Income = estimated fee allocation and subsidy less University Student Services at rate of \$193 per credit and 24% University central tax, 3) Total Cost = faculty salary and benefits for proportional % FTE associated with the increased effort for the 10 additional DNP students in existing courses, 4) estimates of fee allocation and subsidy for new DNP courses were extrapolated from fee allocation and subsidy of existing courses with a similar format. The analysis reveals a total net gain of \$53,788 for the first class of 10 DNP students.

Table 3. Expected Income and Faculty Teaching Costs Associated with the Proposed DNP Program in the College of Nursing

Yr.	Course No.	Total Income	Total Cost	Gain (Loss)
1	601	\$ 8,152	\$ 9,307	\$ (1,155)
1	603	\$ 7,913	\$ 9,307	\$ (1,394)
1	640	\$ 7,913	\$ 9,307	\$ (1,394)
1	702	\$ 11,990	\$ 9,307	\$ 2,683
1	703	\$ 12,666	\$ 2,792	\$ 9,874
1	704	\$ 12,433	\$ 2,792	\$ 9,641
1	705	\$ 15,579	\$ 11,130	\$ 4,448
1	706	\$ 14,120	\$ 1,706	\$ 12,414
1	707	\$ 8,882	\$ 6,150	\$ 2,732
1	711	\$ 13,131	\$ 5,384	\$ 7,747
1	713	\$ 7,913	\$ 4,653	\$ 3,259
1	Exploration of Advanced Nursing Practice	\$ 15,579	\$ 22,101	\$ (6,522)
1	Informatics-Clinical Decision Spt Foundations for DNP Scholarly Project Development	\$ 6,560	\$ 11,168	\$ (4,608)
2		\$ 7,913	\$ 8,840	\$ (927)
2	807	\$ 11,990	\$ 11,168	\$ 822
2	808	\$ 7,913	\$ 11,168	\$ (3,256)
2	809	\$ 6,560	\$ 11,168	\$ (4,608)
2	859	\$ 85,510	\$ 99,452	\$ (13,942)
2	DNP Seminar	\$ 7,913	\$ 9,307	\$ (1,394)
2	Informatics-Enabled Health Info	\$ 7,913	\$ 11,168	\$ (3,256)
2	912	\$ 10,806	\$ 11,168	\$ (362)
2	914	\$ 10,806	\$ 3,723	\$ 7,083
3	DNP Clinical Immersion I	\$ 34,068	\$ 22,101	\$ 11,967
3	DNP Clinical Immersion II	\$ 34,068	\$ 22,101	\$ 11,967
3	DNP Clinical Immersion III	\$ 34,068	\$ 22,101	\$ 11,967
		\$ 402,358	\$ 348,570	\$ 53,788

Based on 154 quarter credits

Table 4. One-Time Costs

	Year 1	Year 2	Year 3	Year 4
Supplies/Services:				
Printing/Marketing	\$5,000	\$4,000	\$2,000	\$2,000
Consultation for Program Eval	\$5,000	\$5,000	\$5,000	\$5,000
Equipment:				
Computers for New Faculty	\$1,200	\$1,200		
TOTAL	\$11,200	\$10,200	\$7,000	\$7,000

Table 5. Continuing (Annual Rate) Costs:

	Year 1	Year 2	Year 3	Year 4
Faculty: *				
New Faculty (1 starts in Yr 1 & 1 starts in Yr 2) + existing faculty salary/ benefits based on % FTE in course	\$177,578	\$431,170	\$431,170	\$431,170
Graduate Students:				
2 GTA's in Yr 1	\$51,000	\$80,000	\$85,000	\$90,000
3 GTA's in Yrs 2 - 4 (includes stipend/tuition)				
Supplies/Services				
On-Line Clinical Nursing Journals	\$10,000	\$10,000	\$10,000	\$10,000
TOTAL	\$238,578	\$521,170	\$526,170	\$531,170

* New Faculty are based on 100% FTE (75% - DNP and 25% spent in clinical practice which is reimbursed by outside sources). Years 1 & 2 reflect some faculty time for program development.

Proposed Sources of Funding**Table 6. Continuing (Annual Rate) Support**

	Year 1	Year 2	Year 3	Year 4
College:				
Tuition and Subsidy* (*Net of University Taxes)	\$142,829	\$300,153	\$402,358	\$402,358
Balance Required by College	\$95,749	\$221,017	\$123,812	\$128,812
Requirement for Continuing Funds	\$238,578	\$521,170	\$526,170	\$531,170

Table 7. One-Time and Start-Up Support

	Year 1	Year 2	Year 3	Year 4
College	\$11,200	\$10,200	\$7,000	\$7,000
Net Requirement for One-Time Funds	\$11,200	\$10,200	\$7,000	\$7,000

Existing support staff within the College of Nursing will incorporate the DNP program into their present workplans so no additional University A&P/CCS are needed.

Table 8. Number of lecture and seminar sections anticipated

	Year 1	Year 2	Year 3	Year 4
Class size				
1-30				
Added	2 new courses to be continued in subsequent years	5 new courses to be continued in subsequent years	3 new DNP clinical courses to be continued in subsequent years	
Discontinued				

The DNP clinical coursework will occur in 1) the College of Nursing's Technology Learning Complex (see description above) and 2) off-site at primary and acute care clinical facilities

The College has office space available for the two additional faculty. Existing support staff will incorporate the DNP program into their present workplans so no additional space is needed.

There are no special space requirements.

A current College of Nursing faculty member will fill the administrative position of Director of the DNP Program.

Use of consultants in developing the program

The Dean of the College of Nursing, Elizabeth Lenz, chaired the national AACN Task Force on the Practice Doctorate, and the faculty at Ohio State have been regularly briefed on the Task Force work and recommendations. The proposed curriculum (Appendix C) is based on the documents produced by this Task Force. In addition, in the spring of 2003, Mary Munding, DrPH, RN, and Dean of Nursing at Columbia University, visited the college to provide information about the Columbia DNP program and on May 26, 2005, Janice Smolowitz, EdD, DNP, RN, MS, the first graduate of the Columbia DNP program, came to Ohio State to confer with faculty about her experiences in the Columbia DNP program. Since then, key Ohio State faculty leaders have attended several national

conferences addressing the need, curriculum and competencies of the DNP. The college also hosted a well attended faculty forum for nurse executives across Ohio, including those from OSU Hospitals, regarding the skills needed by today's clinical leaders. The Ohio Council of Deans also sponsored an Issues Forum on the DNP which was held on Sept 27, 2005 at the Fawcett Center on the OSU campus and was attended by ten faculty from OSU College of Nursing.

Provision is made for ongoing evaluative consultation during the early phases of the program. This will be desirable to assure that the program meets the requirements for CCNE accreditation.

References

American Association of Colleges of Nursing (October 30, 2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*. Washington, DC: AACN.
Access: <http://www.aacn.nche.edu/DNP/DNPEssentialsStatement.htm>

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*. Washington, DC: National Academies Press.

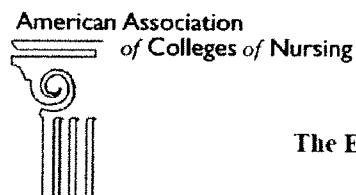
Institute of Medicine. (2003). *Keeping patients safe: Transforming the work environment of nurses*. Washington, DC: National Academies Press.

Lenz, E. R. (2005, September 30). The practice doctorate in nursing: An idea whose time has come. *Online Journal of Issues in Nursing*. 10(3), 1-24.
Access: http://www.nursingworld.org/ojin/topic28/tcp28_1/htm

National Research Council. (2005). *Advancing the Nation's Health Needs: NIH Research Training Programs*. Washington, DC: National Academies Press.

Appendix A

The Essentials of Doctoral Education for Advanced Nursing Practice



The Essentials of Doctoral Education for Advanced Nursing Practice

TABLE OF CONTENTS

	Page
Introduction	
Background	3
<i>Comparison Between Research-Focused and Practice-Focused Doctoral Education</i>	3
<i>AACN Task Force on the Practice Doctorate in Nursing</i>	4
Context of Graduate Education in Nursing	5
<i>Relationships of Master's, Practice Doctorate, and Research Doctorate Programs</i>	6
<i>DNP Graduates and Academic Roles</i>	7
The Essentials of Doctoral Education for Advanced Nursing Practice	8
I. Scientific Underpinnings for Practice	8
II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking	9
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice	11
IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	12
V. Health Care Policy for Advocacy in Health Care	13
VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	14
VII. Clinical Prevention and Population Health for Improving the Nation's Health	15
VIII. Advanced Nursing Practice	16
Incorporation of Specialty-Focused Competencies into DNP Curricula	17
Advanced Practice Nursing Focus	17
Aggregate/Systems/Organizational Focus	18

ADVANCING HIGHER EDUCATION IN NURSING

One Dupont Circle NW, Suite 530 · Washington, DC 20036 · 202-463-6930 *tel* · 202-785-8320 *fax* · www.aacn.nche.edu

Curricular Elements and Structure	18
Program Length	18
Practice Experiences in the Curriculum	19
Final DNP Project	19
DNP Programs in the Academic Environment: Indicators of Quality in Doctor of Nursing Practice Programs	20
Faculty Characteristics	20
The Faculty and Practice	20
Practice Resources and Clinical Environment Resources	21
Academic Infrastructure	21
Appendix A	
Advanced Health/Physical Assessment	23
Advanced Physiology and Pathophysiology	23
Advanced Pharmacology	24
Appendix B	
DNP Essentials Task Force	25
References	27

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 practice 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 #4: 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 Outcomes¹

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.

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 through 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.

Curricular Elements and Structure

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**

Donna Hathaway, PhD, *Chair*
Dean, College of Nursing
University of Tennessee Health Science Center

Janet Allan, PhD
Dean, School of Nursing
University of Maryland

Ann Hamric, PhD
Associate Professor, School of Nursing
University of Virginia

Judy Honig, EdD
Associate Dean, School of Nursing
Columbia University

Carol Howe, DNSc
Professor, School of Nursing
Oregon Health and Science University

Maureen Keefe, PhD
Dean, College of Nursing
University of Utah

Betty Lenz, PhD
Dean, College of Nursing
The Ohio State University

(Sr.) Mary Margaret Mooney, DNSc
Chair, Department of Nursing
North Dakota State University – Fargo

Julie Sebastian, PhD
Assistant Dean, College of Nursing
University of Kentucky

Heidi Taylor, PhD
Head, Division of Nursing
West Texas A&M University

Edward S. Thompson, PhD
Director, Anesthesia Nursing Program
University of Iowa

Polly Bednash, PhD (*Staff Liaison*)
Executive Director
AACN

Joan Stanley, PhD (*Staff Liaison*)
Senior Director, Education Policy
AACN

Kathy McGuinn, MSN (*Staff Liaison*)
Director, Special Projects
AACN

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
3 Year Sample DNP Curriculum

3 Year Sample DNP Curriculum

	Autumn	Winter	Spring	Summer
Year 1	N601 (3) N603 (3) N703 (4) Int. Stats (3-5) 13-15	N702 (5) N704 (4) Informatics- Clinical Decision Support (3) Elective/Specialty (3) 12-15	N706 (5) N711** (4) N713 (3) N715/705/729 (5) 17	Exploration of Adv. Nursing Practice (5) N640 (3) N707 (3) Elective/Specialty (3) 11-14
Year 2	N859 (5) N807* (4-7) Informatics- Enabled Health Information (3) DNP Seminar (1) 13-16	N859 (5) N808* (3-7) N912 (5) DNP Seminar (1) 14-18	N859 (5) N809* (2-7) N914 (5) DNP Seminar (1) 13-18	N859 (10) Foundations for DNP Scholarly Development (3) 13
Year 3	DNP Clinical Immersion (10) N998 Final Project (4) 14	DNP Clinical Immersion (10) N998 Final Project (4) 14	DNP Clinical Immersion (10) N998 Final Project (4) 14	

148 - 168 total credits

* Smaller number of credits for all specialties outside of community and administration

**NHSM students may select another appropriate elective

Bolded courses are new courses designed specifically for the DNP program.

Courses in the DNP Program*

- N601– Scientific Thought in Nursing (3)
- N603 – Nursing within the American Health Care System (3)
- Intermediate Statistics (3-5)
- N702 – Research for Evidence Based Clinical Practice (5)
- N703 – Pathophysiology of Altered Health States I (4)
- N704 –Pathophysiology of Altered Health States II (4)
- N706 – Pharmacology in Advanced Nursing Practice (5)
- N707 - Reimbursement and Cost Methods for Advanced Practice Nurses (3)
- N711 – Theoretical Foundations of Clinical Decision Making (4)
- N713 – Health Promotion for Advanced Practice Nurses (3)
- N715 – Advanced Pediatric Health Assessment (5) or N705 – Advanced Adult Health Assessment (5) or
N729 Advanced Health Assessment of the Neonate (5)
- N807 – Foundational Knowledge for Nursing and Health Systems Management (7)
- N808 – Skills for Nursing and Health Systems Management (7)
- N809 – Practicum for Nursing and Health Systems Management (7)
- N859 – Advanced Practice Nursing (2-12)
- N912 – Introduction to Methods of Nursing Science (5)
- N914 – Principles of Measurement in Health Related Sciences (5)
- Informatics-Clinical Decision Support (3)**
- Informatics-Enabled Health Information (3)**
- Exploration of Advanced Nursing Practice (5)**
- DNP Seminar I-III – Socialization into the Role of DNP (1)**
- Foundations for DNP Scholarly Project Development (3)**
- DNP Clinical Immersion I-III (10)**
- N998 Final Project- Independent Clinical Project under supervision of adviser (1-5)**

* New courses in bold

Appendix C

Syllabi for New Courses in the DNP Program

The Ohio State University
College of Nursing

Informatics-Clinical Decision Support

Instructor: TBA

Class Credit: 3 Credits

Prerequisites:

Acceptance into the DNP program or permission of instructor.

Course Description:

This course will expose the student to a variety of informatics techniques, including computer based systems, available to assist clinicians in making complex decisions.

Objectives:

Upon completion of this course, the student will be able to:

1. Format and analyze clinical data and information for complex decision making.
2. Compare and contrast different approaches and tools that support clinical decision making.
3. Use sensitivity, specificity, and likelihood ratios of diagnostic information.
4. Understand and apply data mining techniques.
5. Generate evidence from practice.
6. Integrate the best evidence, client-specific values and preferences, and clinical expertise for decision making

Course Format:

This course will be a combination of faculty presentations, discussion, interactive computer simulations, written student assignments, and oral student presentations.

Evaluation:

1. Explicitly describe the clinical scenario, setting, and workflow for two nursing decision support algorithms needed in your specified area of clinical practice
2. Select an existing CDSS.
3. Evaluate the CDSS using Sim's taxonomy axes. Based on your analysis, give your recommendations for use of the system (student presentation & discussion).

Course Content:

The concept of clinical decision making; Theories of decision making; Types of clinical decision support systems; Criteria for evaluation of CDSS; Heuristic reasoning including Rules of thumb, bias in decision making; Probability/Decision Analysis; Case based reasoning; CDSS in Patient Care Systems; Expert Systems; Ontologies; Data mining techniques; Data display techniques including principles of effective data displays and formatting data for presentation and analysis; Student presentations.

**The Ohio State University
College of Nursing**

Exploration of Advanced Nursing Practice

Instructor: TBA

Class Credit: 5

Prerequisites:

Status as a Master's or Doctoral student in the MS to DNP Program in Nursing or permission of the Professor

Course Description: The course is designed to explore evolving issues and patterns in Advanced Nursing Practice through the Doctor of Nursing Practice level.

Objectives: The student will:

1. Demonstrate knowledge of the role of Advanced Nursing Practice and its application to the existing health care system
2. analyze the current issues within the discipline and practice of nursing and the health care system and identify ways that Advanced Practice Nursing can influence positive change,
3. analyze career patterns and potential complementarity of nurses prepared at different levels
4. analyze career patterns of nurses prepared at the entrance, advanced practice and doctoral level in relation to nursing, health care systems and higher educations and related performance expectations
5. examine current trends within Advanced Practice Nursing and extrapolate probable directions and challenges within the profession
6. create a web based professional portfolio focused on scholarly practice as Advanced Practice Nursing
7. perform critical analyses of decision making of issues in the students' clinical setting

Course Format: Seminars (10 hours). Individualized practicums based on previous clinical experience and career goals (60 hours).

Evaluation: Based on participation and self evaluation using the objectives as criteria for introspection. Class participation will be evaluated based on students' demonstration of preparation for class, contributions to discussion that reflect thoughtful consideration and understanding of issues. The following criteria will be used:

Class content	30%
Leadership of the seminar	60%
Integrated self-assignment of strengths and areas requiring further development	10%

Course Content: Legal Parameters for Advanced Practice; Scholarship for the ANP/DNP; Political Activism an the ANP/DNP; Practice Negotiation Skills and the ANP/DNP; Integration of the ANP/DNP role into complex Health Care Systems

**The Ohio State University
College of Nursing**

Informatics-Enabled Health Information

Instructor: TBA

Class Credit: 3 Credits

Prerequisites: Acceptance into the DNP program or permission of the Professor.

Course Description: Appraisal of sources, validity and reliability of health information for clinicians in order to effectively use this information to develop personalized health messages for consumers

Objectives: Upon completion of this course, the student will be able to:

1. Apply data, information and knowledge theories and principles to the processes of care (including evaluation of care)
2. Evaluate the accuracy and usefulness of consumer health information based on recognized criteria
3. Determine if healthcare information systems and patient care technologies possess the essential characteristics for selection and implementation
4. Design personalized health information for individuals and/or populations

Course Format:

There will be a combination of faculty presentations, discussion, interactive computer simulations, written student assignments and student facilitated oral presentations.

Evaluation:

Effective evaluation of selected healthcare information systems	40%
Evidence of constructive peer review of each classmate's formal presentations	20%
Development of a personalized healthcare information program for a consumer or consumer group	40%

Course Content:

- a. Evaluation of appropriate data bases and knowledge theories to processes of care for patients in the student specialized area
- b. Strategies for evaluation of the accuracy and usefulness of consumer health information data bases
- c. Criteria for essential characteristics of health care information systems and technologies
- d. Strategies for the development of personalized health information for individuals and/or populations
- e. Peer review of personalized health care information packages as designed by class colleagues

The Ohio State University
College of Nursing

DNP Professional Seminar I-III

Faculty: TBA

Class credit: 1 credit hour

Prerequisites: Enrollment as a student in the DNP Program or permission of the professor.

Description: Socialization to leadership and excellence in multiple dimensions of the Doctor of Nursing Practice role.

Objectives: Students will:

1. Analyze the nature of collaboration in terms of inter-professional relationships as well as relationships with nurses at different levels of practice.
2. Examine and appraise strategies for building effective, collaborative teams for the delivery of health services for patients and populations and within systems of care.
3. Examine the role of the DNP in providing leadership excellence in evidence-based practice and policy development.
4. Develop the skills necessary for excellence in clinical scholarship and evidence-based approaches to solving problems impacting patients, populations, and systems of care.
5. Examine and appraise strategies for achieving excellence in the clinical education of multiple levels of students.
6. Generate a personal philosophy of practice through reflection and analysis.

Conduct of the Course: The seminars will meet 4 times per quarter for 2 hours with additional group work completed on-line.

Readings: Selected journal articles from a variety of disciplines and perspectives.

Evaluation: Participation in class and in on-line discussion; depth and quality of the personal philosophy statement; practical and comprehensive quality of database frameworks for practice and scholarship.

Course Content: Application of analytic methods to the critical appraisal of the literature on health care issues and role development; development of skills essential to clinical scholarship, clinical leadership, and clinical education; development of effective, collaborative inter- and intra-disciplinary relationships; generation of a personal philosophy of doctoral level clinical practice.

**The Ohio State University
College of Nursing**

DNP Clinical Immersion I-III

Instructor: TBA

Class Credit: 10 Credits

Prerequisites: Completion of an advanced nursing practice specialty program, completion of all first year supporting courses in the DNP program.

Course Description: Interdisciplinary study and management of complex health conditions and health care issues across the lifespan.

Objectives:

At the end of the course, the student will:

1. analyze the scientific underpinnings of complex processes as they affect the health and well being of individuals, populations and systems across the lifespan
2. synthesize the relationships among determinants of health as applied to the management of complex problems in the student's area of specialization
3. critically analyze research data, including available large data sets, from multiple disciplines in designing evidence-based management plans
4. integrate research and theoretical models into the creation of evidence-based management plans
5. critically evaluate appropriate measurement strategies to examine phenomena of interest in the care of the student's specialty population
6. evaluate the outcome risks associated with management strategies for the student's specialty population
7. critically analyze ethical dilemmas in the student's population

Course Format: Students will participate in class for six hours four times per quarter. The first three hours will consist of expert presentations from multiple professional perspectives and class discussion. The second three hours will consist of one or two interdisciplinary case presentation(s) lead by the students. Each student will be responsible for at least one case study across the three quarters of residency. Students will complete 500 hours of advanced clinical practice over three quarters of the immersion experience.

Evaluation:

Seminar and participation	40%
Evidence of constructive peer review of each classmate's formal presentations	20%
Formal presentation developed with appropriate others outside nursing	40%

Course Content: Each expert presentation and case study exemplar will contain: (a) pathophysiology and co-morbidity; (b) patient and family psychosocial issues across the lifespan; (c) impact on academic progress and independent living; (d) ethical issues; (e) systems and populations

Appendix D
Letters of Support



College of Dentistry

Office of the Dean
305 West 12th Avenue, Room 1159
PO Box 182357
Columbus, OH 43218-2537

Phone: (614) 292-9755
Fax: (614) 292-0333
www.dent.ohio-state.edu

December 5, 2006

Elizabeth R. Lenz, PhD, RN, FAAN
Dean, College of Nursing
The Ohio State University
1585 Neil Ave
Columbus, OH 43210-1289

Dear Dean Lenz:

This is a letter of support for the College of Nursing's proposed Doctor of Nursing Practice (DNP) degree. This advanced nursing practice degree, similar to the MD, DDS, PharmD, and others, is exactly what is needed in today's rapidly changing health care environment. Importantly, it conforms to the recommendations of the National Research Council. Your proposed program also conforms to the American Association of Colleges of Nursing (AACN) guidelines. As a past president of the AACN, I know first hand that recommendations emanating from this organization have been well researched and thoughtfully reviewed by relevant constituents.

I have reviewed your proposed curriculum and perceive distinct differences between the proposed program of study for DNP students and the existing PhD program. The DNP program emphasizes advanced practice nursing and management in health care systems, whereas your PhD program is focused on creating research scientists capable of generating new knowledge that provides the foundation for nursing practice and health systems. Clearly, these are two distinct missions. I fully support the College of Nursing in its efforts to be responsive to the needs of advanced practice nurses. Best wishes with success for your proposed DNP program.

Sincerely,

Carole A. Anderson, PhD, RN, FAAN
Interim Dean, College of Dentistry



Department of Internal Medicine
Office of the Chairperson

213 Means Hall
1654 Upham Drive
Columbus, OH 43210-1250

Phone: (614) 293-5661
FAX: (614) 293-6656
Web address: internalmedicine.osu.edu

November 15, 2006

Elizabeth R. Lenz, PhD, RN, FAAN
Dean, College of Nursing
The Ohio State University
1585 Neil Avenue
Columbus, OH 43210-1289

Dear Dean Lenz:

Thank you for the opportunity for me to review your proposed plan to implement a practice doctorate in nursing. I understand that the Doctor of Nursing Practice (DNP) will be a new program that prepares advanced practice nurses, and that it will be in addition to your current Doctor of Philosophy (PhD) program, which prepares nurse scientists. I am aware that the American Association of Colleges of Nursing supports this initiative and recommends that all advanced practice nursing education evolve to the DNP level by 2015.

Health care has changed dramatically over the past 15 years. Even within the past five years we have seen a huge escalation in nurse practitioners' contributions to our practices, in both ambulatory and in-patient setting. There is every reason to believe that this pattern will persist and that the very highest level of educational preparation is warranted. Your proposed DNP program addresses the recommendation of the Institute of Medicine that all health care professions examine the way in which they are educating their practitioners and make the changes that will provide students with the knowledge and tools needed to address the issues in health care.

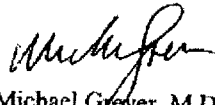
Your proposed DNP program does several things to address the above issues. The DNP students will have more clinical experience and course work than do your current students with a masters degree. The additional education will result in enhanced understanding of the management of health care, the structure and operation of health systems, interdisciplinary practice, informatics, and ethics, as well as additional clinical expertise.

It is very appropriate that Ohio State be one of the leaders in implementing the DNP. I commend you and the faculty for the work you have already put into the process of

The Ohio State University Hospitals / The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute /
College of Medicine and Public Health / University Hospitals East / OSU & Harding Behavioral Healthcare and Medicine /
Primary Care Network

developing the DNP program and wish you good luck in the approval and implementation processes.

Best Regards,



Michael Grover, M.D.
Chairman & Charles A. Doan Professor of Medicine
Department of Internal Medicine
The Ohio State University
Professor of Pharmacology &
Co-Leader, Experimental Therapeutics Program
OSU Comprehensive Cancer Center



College of Medicine and Public Health
School of Allied Medical Professions
Office of the Director

453 West 10th Avenue
Columbus, OH 43210-1234

Phone: (614) 292-5645
FAX: (614) 292-0210

November 14, 2006

Elizabeth R. Lenz, PhD, RN, AACN
Dean and Professor
College of Nursing
The Ohio State University
1585 Neil Ave
Columbus, OH 43210-1289

Dear Dean Lenz:

Thank you for sending me a draft of your proposal for the new program for the Doctorate in Nursing Practice (DNP). I understand that this is not an entry into practice degree but will be an advanced practice degree that will eventually replace your Masters degree. Having recently participated with the faculty in Physical Therapy in designing and implementing the Doctorate in Physical Therapy (DPT), I can appreciate your rationale for developing the DNP. Today's health care environments require preparation of health care providers with the requisite knowledge necessary to provide evidence-based care and to understand the complexities of delivering this health care in our constantly changing health care delivery systems.

I see that you plan to use interdisciplinary seminars throughout the third year of study in the DNP program to help students learn to interact with and value the work of the other health care providers. Students and faculty in Allied Medicine, and more specifically within the Physical and Occupational Therapy Programs, would be pleased to participate in these seminars where appropriate. Learning to work with and value the contributions of all member of the health care team is an invaluable lesson for students in all disciplines.

I appreciate the opportunity to have reviewed your proposal prior to submission to the Graduate School. Best wishes for success with your new program.

Sincerely,

Deborah S. Larsen
Director, School of Allied Medical Professions
Associate Dean, College of Medicine

received
11-15-06

College of Medicine and Public Health / The Ohio State University Hospital / The Arthur C. James Cancer Hospital and
Richard J. Solove Research Institute / University Hospital East / Richard M. Ross Heart Hospital / OSU Harding Hospital /
Primary Care Network



Office of the Chief Nursing Executive

168 Doan Hall
410 W. 10th Avenue
Columbus, OH 43210

Phone: (614) 293-8197
Fax: (614) 293-6200

November 20, 2006

Elizabeth Lenz, Ph.D., RN, FAAN
Dean and Professor, College of Nursing
120 Newton Hall

Dear Dean Lenz,

It is a pleasure for me to provide a letter of support for the development of a Doctor of Nursing Practice (DNP) program at the Ohio State University College of Nursing. With increasingly more complex patients and increased acuity, the need for well-educated nurses who are practice focused is vitally important. In the acute care setting we are going to need to increase the number of bedside experts. The preparation of doctorally prepared nurses would be invaluable to hospitalized patients given the recent changes in models of care delivery and the reduction of medical resident hours.

Without a doubt, graduate education in nursing needs to evolve to match the practice demands and needs of the patient populations in today's hospitals. In acute care, as well as ambulatory settings, the need to increase patient safety and outcomes is imperative. The Institute of Medicine Reports (IOM, 1999, 2001, and 2002) calls for a dramatic restructuring of all health professionals education. Among the recommendations resulting from these reports are that healthcare organizations and groups support healthcare that is safe, effective, client-centered, timely, efficient and equitable. To that end, healthcare professionals should be educated to deliver patient centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement and informatics.

I firmly believe that our future patient care settings will require increase knowledge for advanced practice education, beyond the Masters prepared Clinical Nurse Specialists or Nurse Practitioner. We are going to have to have the best prepared senior level nurses who can be key players in leading quality of nursing care at the bedside.

College of Medicine / The Ohio State University Hospital / The Arthur G. James Cancer Hospital and
Richard J. Solove Research Institute / University Hospital East / Richard M. Ross Heart Hospital / OSU Harding Hospital /
Primary Care Network

In the acute care practice setting I oversee practice daily for over 2000 Registered Nurses and 1000 patients. As a nurse executive for over twenty-two years I am confident in my support of this DNP program. As the CNE for the OSU Medical Center I am pleased to provide any support and resources necessary to assist in the development of the DNP program, here at Ohio State University.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mary G. Nash', written in a cursive style.

Mary G. Nash, RN, Ph.D. FAAN, FACHE
Chief Nurse Executive
Ohio State University Medical Center



Wiley "Chip" Souba, MD, ScD
Dean, College of Medicine

254 Meiling Hall
370 West 9th Avenue
Columbus, OH 43210
Phone: 614 292.2600 / Fax: 614 292.4252
E-mail: Chip.Souba@osumc.edu

November 20, 2006

Elizabeth R. Lenz, PhD, RN, FAAN
Dean, College of Nursing
The Ohio State University
1585 Neil Ave
Columbus, OH 43210-1289

Dear Dean Lenz:

I am most pleased to support the College of Nursing's proposal to move advanced practice nursing education to the doctoral level by adding the Doctor of Nursing Practice (DNP) program. I am aware that pharmacy and physical therapy have already moved their respective programs to the doctoral level. I understand that unlike those two programs, the DNP is not the degree for entry into nursing practice, but will provide the most advanced preparation for nursing practice. Given the knowledge explosion and the monumental changes we have seen in health care practices and care systems, and the complex roles and responsibilities assumed by advanced practice nurses, I concur with your rationale that advanced practice nurses need to be prepared at the highest possible educational level.

When I interviewed for the deanship of the College of Medicine I stressed the high priority I place on interdisciplinary collaboration. Although I am new to OSU, I am aware that there are positive, collegial relationships between faculty in the College of Nursing and those in the College of Medicine. Some physicians have provided guest lectures in selected courses in the current master's program and have served as preceptors for some of your nurse practitioner students. Moreover, many of your master's graduates are employed as advanced practice nurses in the Medical Center. I expect that this type of collaboration and mutual support will continue in the future as you move your advanced practice program to the doctoral level. I would also expect that Medical Center will benefit tremendously from the knowledge and expertise that DNP nurses will bring to patient care and to management in our hospitals.

I look forward to a positive review of your proposal by the Graduate School and the Board of Regents.

Sincerely,

Wiley W. Souba, MD, ScD

WWS: je

Susan Reeser

From: Elliot Slotnick

Sent: Tuesday, March 27, 2007 4:26 PM

To: Reynolds, Nancy

Cc: Dena Myers; Susan Reeser

Dear Nancy,

The Curriculum Committee of the Council on Research and Graduate Studies had an extensive discussion of the College of Nursing's proposal to develop and offer a Doctor of Nursing Practice (DNP) degree. I am happy to report that, by a vote of 5-3, Committee members in attendance voted to endorse your proposal and to send it to the floor of the next meeting of the full Council on Research and Graduate Studies for presentation and a vote. Susan Reeser will be in touch with you regarding the scheduling of that meeting. I hope that you, or your representative, are able to attend to make a brief presentation of the proposal (no more than 5 minutes) and to answer questions that may arise from the floor.

In reaching its decision, the Committee requested that I pass on a concern held by some members that your prospective admissions practice of limiting admission to those with undergraduate Nursing degrees and, as well, to those who already are RNs may be placing overly stringent constraints on the pool of students whom you wish to attract. This appears to be a different standard, for example, than that employed in your current MA program for Nurse Practitioners. The Committee did not seek a change in this practice but, rather, simply wished to register its concern about what, in the end, was a "local" matter for decision.

Congratulations on reaching this stage of the approval process.

Best,
elliot

Susan Reeser

From: Reynolds, Nancy [nreynold@con.ohio-state.edu]
Sent: Tuesday, March 27, 2007 4:33 PM
To: Elliot Slotnick
Cc: Dena Myers; Susan Reeser
Subject: RE:

Great. Thanks very much for the update. I am very pleased to learn that this will move forward. Best, nancy

Nancy R. Reynolds, PhD, FAAN
Graduate Studies Committee Chair and
Doctoral Program Director
Ohio State University, CON
1585 Neil Ave.
Columbus, OH 43210

w: 614-292-4449
f: 614-292-7976

From: Elliot Slotnick [mailto:slotnick.1@gradsch.ohio-state.edu]
Sent: Tuesday, March 27, 2007 3:26 PM
To: Reynolds, Nancy
Cc: Dena Myers; Susan Reeser
Subject:

Dear Nancy,

The Curriculum Committee of the Council on Research and Graduate Studies had an extensive discussion of the College of Nursing's proposal to develop and offer a Doctor of Nursing Practice (DNP) degree. I am happy to report that, by a vote of 5-3, Committee members in attendance voted to endorse your proposal and to send it to the floor of the next meeting of the full Council on Research and Graduate Studies for presentation and a vote. Susan Reeser will be in touch with you regarding the scheduling of that meeting. I hope that you, or your representative, are able to attend to make a brief presentation of the proposal (no more than 5 minutes) and to answer questions that may arise from the floor.

In reaching its decision, the Committee requested that I pass on a concern held by some members that your prospective admissions practice of limiting admission to those with undergraduate Nursing degrees and, as well, to those who already are RNs may be placing overly stringent constraints on the pool of students whom you wish to attract. This appears to be a different standard, for example, than that employed in your current MA program for Nurse Practitioners. The Committee did not seek a change in this practice but, rather, simply wished to register its concern about what, in the end, was a "local" matter for decision.

Congratulations on reaching this stage of the approval process.

Best,
elliot

4/11/2007