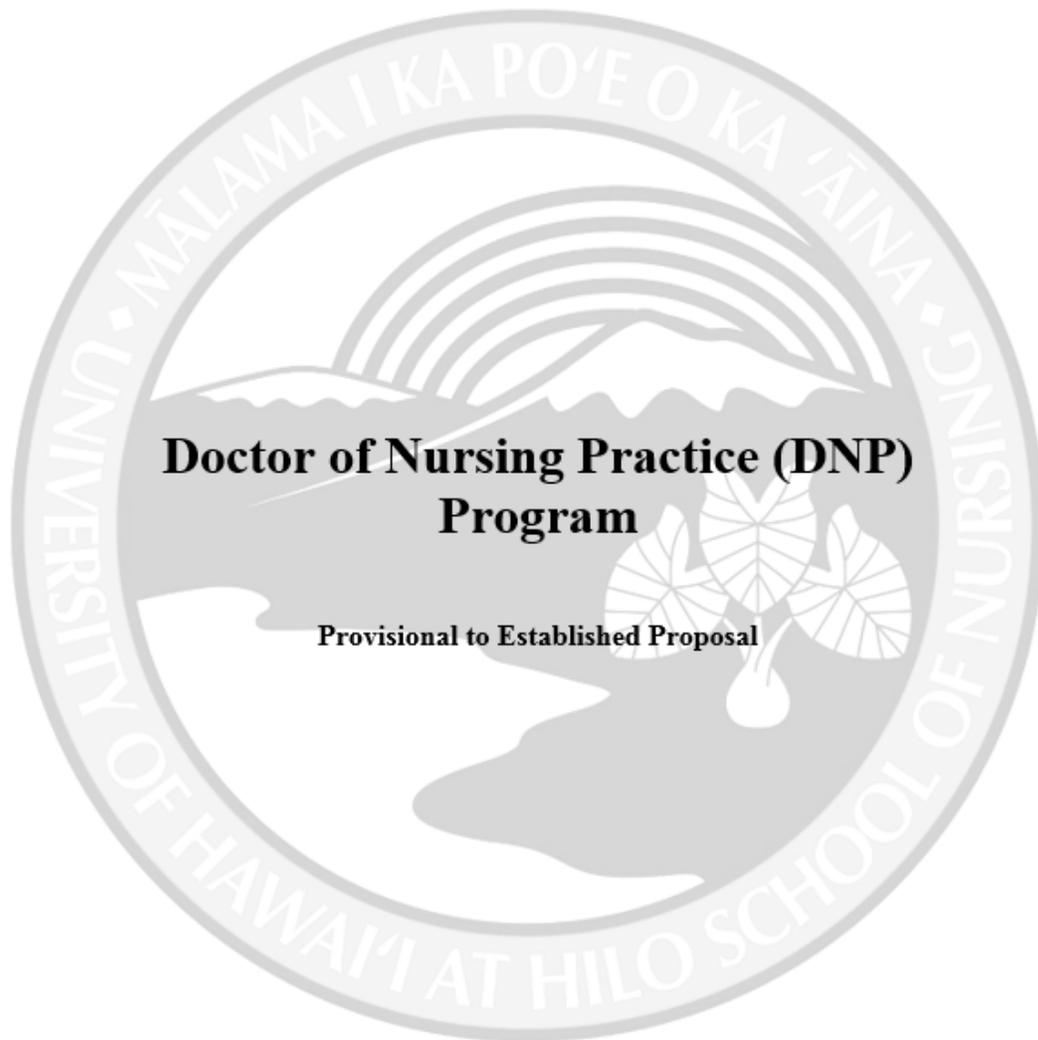


**University of Hawai'i at Hilo
College of Arts & Sciences
School of Nursing**



Date of Proposal: November 1, 2017

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Introduction

The proposal for provisional status for the University of Hawai‘i at Hilo School of Nursing (UH Hilo SON) Doctor of Nursing Practice (DNP) Program was submitted to the Board of Regents (BOR) in October 2010. Provisional status was granted by the BOR in May 2011. The first class of DNP students was admitted to the UH Hilo School of Nursing (SON) in August 2012.

The strength of the UH Hilo SON DNP program is a result of the initial collaborative efforts between the Hawai‘i Island community and the UH Hilo SON. The community voiced a need for primary care access for residents in rural Hawai‘i in the face of inadequate and dwindling primary care provider resources. Using this support, the UH Hilo SON was able to develop and implement a DNP program that trained qualified local RNs for advanced practice roles in their communities. Nurses holding the Doctor of Nursing Practice degree are also well prepared for future roles in health care policy, population health, administration and teaching. The program has grown and become established over the past 5 years, and the quality of the program and its graduates have been recognized by health care agencies across the state. Students list the quality of the degree program, individualized attention, and the rural/transcultural tenets as primary reasons for their interest in the program.

The UH Hilo SON DNP program is focused on providing education to improve the quality of life for diverse and rural student and community populations by:

- Improving local students’ access to higher education,
- Increasing the range of opportunities for our students, and
- Contributing to Hawai‘i’s overall economic future by creating an innovative program that meets educational and health care needs of our rural Hawaiian communities.

It is respectfully requested that the Board of Regents approve the change of status from “provisional” to “established” for the UH Hilo SON DNP program.

1. Program Organization

1.1 Vision and Mission

The UH Hilo SON is dedicated to supporting the mission and vision¹ of UH Hilo in providing a learning environment that is responsive to the needs of a diverse student population and that stresses rigorous high-quality education in a caring, personalized atmosphere. This educational experience is designed to encourage student-faculty interactions and offer hands-on learning and leadership opportunities.

All UH Hilo SON programs produce workforce ready nurses and nurse practitioners to serve rural populations in Hawai‘i. Programs emphasize lifelong learning and teach students to deliver culturally congruent nursing care designed for rural environments. The DNP program emphasizes

¹ UH Hilo Strategic Plan: <https://hilo.hawaii.edu/strategicplan/2011-2015plan.php>

UH Hilo Strategic Plan Goal 2: to inspire excellence in teaching, research and collaboration, and Goal 5: to strengthen UH Hilo's impact on the community, island and state of Hawai'i.

The UH Hilo mission, the SON mission and the DNP mission support academic achievement for all students, are dedicated to inspiring learning, creativity, and exploration inside and outside the classroom, and value the improvement of quality of life for the community.

The UH Hilo SON DNP mission is consistent with professional nursing standards and guidelines for the preparation of nursing professionals. These professional standards below are also the foundation for the program goals, program learning outcomes (PLOs) and the curriculum described later.

- The Essentials of Doctoral Education for Advanced Nursing Practice² (AACN, 2006)
- The Essentials in Master's Education in Nursing (AACN, 2011)
- National Task Force on Quality Nurse Practitioner Education's Criteria for Evaluation of Nurse Practitioner Programs (2012)³

The DNP Program goals are:

- Provide doctoral level education utilizing scientific knowledge and clinical research for safe nursing practice in hospitals and communities and which addresses the growing concerns regarding the quality and safety of patient care delivery.
- Educate and train primary care providers (family nurse practitioners) who are grounded in community on population-based health care and health promotion with an emphasis on rural healthcare.
- Educate and train graduates to address health disparities and improve community health outcomes.
- Conduct community based research aimed at engaging community members to address health needs and concerns, health care finance, and policy development within a transcultural framework.
- Provide and develop organizational and leadership management skills to strengthen practice and health care delivery.
- Provide education in health care policy, development, and education.
- Participate in interdisciplinary collaboration for improving patient and population health care outcomes.

In summary, the overarching goal is to prepare nurses with practice doctorates to address significant health care issues and resource shortages in local communities. This goal is accomplished by using scientific knowledge to improve the quality and safety of care by engaging communities to improve health care using health policy strategies and health

² The Essentials of Doctoral Education for Advanced Nursing Practice
<http://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf>

³ Criteria for the Evaluation of Nurse Practitioner Programs (NTF) 4th edition, 2012 <https://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/docs/ntfevalcriteria2012final.pdf>

economics, by training graduates to recognize health disparities, by providing leadership skills to strengthen health care delivery systems, by serving as health educators for clients within rural communities, and by using interdisciplinary collaboration to improve healthcare outcomes.

1.2 Admission Requirements

The UH Hilo Graduate Office processes all applications to the DNP program. As part of the application process, the graduate office ensures all UH Hilo graduate program requirements are met. All completed applications are reviewed by the DNP Program Coordinator for any discrepancies and forwarded to the DNP Admissions Committee. Applications are reviewed and the Admissions Committee conducts interviews. Highest scoring applicants based on the grading rubric are offered positions in the program. Once applicants accept the position, the DNP Program Office arranges for completion of health requirements, checks licensure status and notifies applicants regarding dates for the Orientation and Summer Institute.

Applicants must meet UH Hilo admission criteria for graduate students, and must hold a valid Registered Nurse (RN) license in the State of Hawai‘i. Specific admission criteria can be found on the UH Hilo DNP website.⁴

Additional application documents are required of international applicants in order to qualify for a U.S. State Department student visa.

1.3 Curriculum and Tracks

The DNP curriculum and program goals at UH Hilo SON are derived from the American Association of Colleges of Nursing “Essentials of Doctoral Education for Advanced Nursing Practice” (the “Eight Essentials”) (AACN, 2006) and National Organization of Nurse Practitioner Faculties Nurse Practitioner Core Competencies⁵ (NONPF, 2012). Both documents serve as the blueprint for curriculum development, content mapping, course implementation, and evaluation of program outcomes. In particular, the DNP curriculum is consistent with the two conceptual components advocated in the “Essentials of Doctoral Education for Advanced Nursing Practice”:

1. The program is based on the Eight DNP Essentials.
2. The program prepares the DNP graduate for specialty practice and leadership roles for population-focused family nursing practice (FNP) .

The crosswalk or connections between the DNP Essentials and the course objectives are mapped across the UH Hilo SON DNP curriculum in **Appendix C**. The curriculum is congruent with national standards for graduate level and Advanced Practice Registered Nursing (APRN).

The career trajectory for nurses is to begin with a Bachelor of Science in Nursing degree. Upon completion of the degree, the BSN graduate takes a state licensure test to become a Registered

⁴ UH Hilo DNP Website: <https://hilo.hawaii.edu/depts/nursing/dnp/>

⁵ Nurse Practitioner Core Competencies: <http://www.nonpf.org/?page=14>

Nurse (RN). RNs are not licensed to diagnose or prescribe medications, but act as leaders in health care teams under the direction of a physician. RNs who want to practice at a level beyond the RN state license may enroll in either a Master of Science in Nursing (MSN) graduate program or a DNP program. There are a number of educational, technical and clinical specializations possible in MSN programs as there are with DNP programs. MSN and DNP graduates may become licensed as Advanced Practice Registered Nurses (APRN). APRNs function as nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives and play a pivotal role in U.S. health care. One APRN specialization is that of Family Nurse Practitioner (FNP), FNP APRNs are often primary care providers and are at the forefront of providing preventative care to the public. APRNs function independently from physicians.

The terminal practice degree in nursing is the DNP. In Hawai'i, DNPs who are prepared as nurse practitioners practice independently, and by state licensure are able to diagnose illness and prescribe medications, as do physicians. DNPs, by scope of education in population health evidence-based practice, leadership, and health policy, are prepared to participate in improving healthcare delivery by serving as primary care providers and by providing leadership to help affect positive changes in health care policies and practice.

UH Hilo SON elected to offer the terminal degree rather than the MSN because it will position our graduates to assume advanced roles as national standards evolve in favor of the DNP. The UH Hilo SON DNP program provides the FNP curricula to BSN to DNP entry students, as well as establishing a path for MSN prepared nurses to attain the highest practice degree. UH Hilo's DNP program gives students specializations in rural health care with a transcultural focus. Our students may add specializations by selecting program electives specific to their interests and career goals.

The National Task Force (NTF) Criteria (NONPF 1995-1997) for Evaluation of Nurse Practitioner Programs is used to guide the population focused Family Nurse Practitioner (FNP) framework embedded within the BSN to DNP program. These criteria are used to determine necessary faculty credentials, curriculum, resources, and program administration. The crosswalk table between the Commission on Collegiate Nursing Education (CCNE) accreditation organization & NTF criteria is in [Appendix C](#). The FNP Core Competencies ([Appendix D](#)) clearly identify the crosswalk between the FNP Core Competencies and the course objectives in each of the courses offered in the UH Hilo SON DNP Program.

In order to achieve the DNP Program goals, the SON developed DNP program learning outcomes (PLOs) ([Appendix E](#)) consistent with relevant professional nursing standards and guidelines. Development of the PLOs was guided by the DNP Essentials document (AACN, 2006) and the Practice Doctorate Nurse Practitioner Entry-Level Competencies (NONPF, 2006) and builds on advanced practice guidelines. Below is a list of the nine PLOs or terminal outcomes of the DNP program.

By graduation, students in the DNP Program are expected to demonstrate the following

program learning outcomes:

- Synthesize theoretical knowledge and research evidence in designing primary care delivery for diverse populations across the lifespan in rural contexts.
- Use best practices and technology to improve care delivery for diverse individuals, families and communities within the continuum of primary, secondary, and tertiary care.
- Collaborate with multidisciplinary professions, multi-sectoral agencies, and lay communities to influence social and health policies impacting rural population health.
- Assume leadership roles in organizational systems to improve rural population health in local and regional communities.
- Promote adherence to professional and ethical-legal standards of practice by individual professionals and organizations.
- Integrate cultural competence and social justice in addressing health disparities in rural populations.
- Examine research evidence in design, implementation and evaluation of policies and programs for population health in rural communities.
- Create educational programs to develop culturally competent practice and education of the Nursing workforce.
- Design educational programs and evaluation programs to enhance rural community empowerment for health.

The UH Hilo SON DNP program was designed from inception to be an online hybrid program. Most coursework is completed using an online asynchronous format. DNP students are only required to come to campus during the Orientation (for new students), which is combined with the Summer Institute in August, and the Spring Institute residencies each year. There are four residencies for the students progressing from the BSN level to DNP and three residencies for students progressing from MSN to DNP. When DNP students are on campus for orientation and institute residency classes, seminars and workshops are held in the learning lab, seminar rooms or Mookini Library depending upon the nature of the class (need for video conferencing, student presentations, procedure workshops, etc.). Although many students live outside the Hilo area, we find even local students prefer video conferencing and the asynchronous learning format. Many free platforms are also used for student access including Skype, Google Hangout, Zoom and Hālāwai broadcasts.

The DNP Program was developed as a full-time only program of study and at this time there is no part time enrollment option. The full-time study requirement is published on the website and in the DNP Program Guidelines, applicants are made aware of the full-time study requirement during the admission interview, and it is reviewed during the Orientation/Summer Institute. UH Hilo SON understands that personal or professional challenges may interfere with the student's ability to progress successfully in a full-time course of study. The option for a Leave Of Absence without academic consequence is available to all students. If a student appears to be in academic jeopardy, has not met progression requirements, or is struggling to keep up with classes, the DNP Program Coordinator will contact the student and provide program planning options.

All students must complete the core nursing requirements for the DNP track. The 10 core courses ([Appendix F](#)), incorporate the DNP Essentials, PLOs, and course objectives. The DNP theory courses provide the foundational competencies necessary to develop the critical thinking and leadership skills essential to providing informed population-based health care and to advance the nursing profession. The 11 Family Nurse Practitioner-specific content courses follow the NTF guidelines. These courses address the specific content necessary for the nurse practitioner role and include population health content in adult health, pediatrics and women's health. In addition, clinical courses are distributed over 5 semesters with students accruing 675 supervised clinical hours. Content specific theory and clinical hours are required for program accreditation as well as for individual certification to practice as an FNP. NURS 606 Rural Health Promotion is a content specific course for this rural focused program. One elective course in the program allows students to explore a tangential field or topic, develop expertise in a focused area, or contribute to the knowledge base necessary to complete their specific scholarly work. Popular elective courses include advanced psychology, psychopharmacology and ethics.

The *Practice Portfolio* is a student-maintained diary that serves as an inventory representing the learning events that support the goals of the student and the program outcomes. As the DNP student progresses and the learning processes continue, the Practice Portfolio reflects the growth and achievement of the student. Review of the Practice Portfolio entries is done by course faculty at the end of each semester if course assignments relevant to practice are assigned, by the Program Coordinator and/or advisor if the student participated in outside events related to accomplishment of DNP Essentials or PLOs, and by the Practice Inquiry Project (PIP) chair while working on the various projects associated with the development and implementation of the PIP. During Practice Portfolio reviews, gaps in educational opportunities or achievement of DNP practice hours toward the 1000 hours required for FNP certification can be assessed and plans to improve any deficiencies recommended.

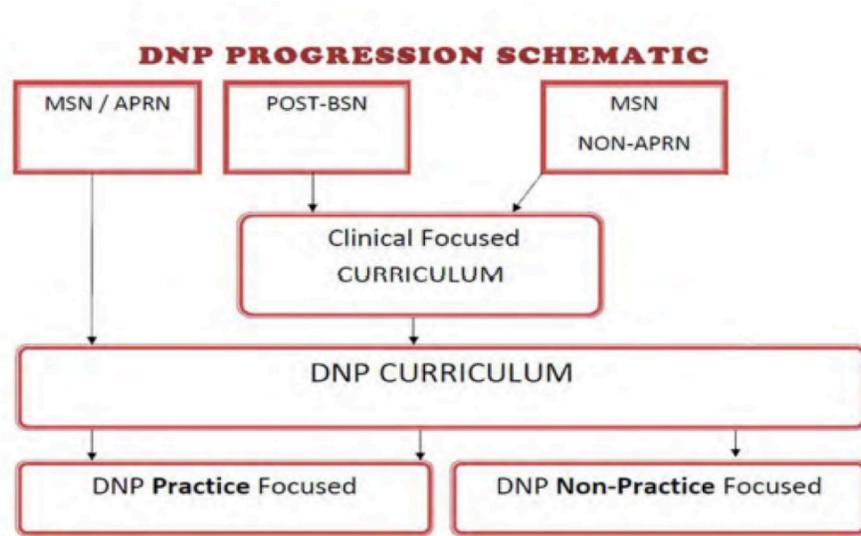
The philosophy of the UH Hilo SON faculty is that practice inquiry begins at the time of admission to the program and culminates with the achievement of the PIP. Each course throughout the program of study is designed to add value to the PIP. Population based advanced practice courses assist the student to define an area or population of interest for the project. Therefore, while the culminating course work is assigned to NURS 617 Practice Inquiry/Project, students progress through the program with the objective of completing aspects of the PIP across the program trajectory. Successful students will defend the project and provide their final written document in NURS 617.

The *Practice Inquiry Project (PIP)* is the culminating DNP project, serving to demonstrate the synthesis of the student's academic and practice endeavors exemplifying critical thinking. The PIP is tangible evidence of the achievement of the PLOs and serves as the foundation for future scholarly work. The development of the proposal outlined in NURS 612 Evidence Based Practice provides the basis for the PIP for both tracks. Completion requires development and oral defense of a proposal, implementation of the project, an oral defense of the project results, and a final written manuscript. Dissemination of the PIP occurs at the annual DNP Symposium during the Spring Institute. Local dissemination is through the UH Hilo SON Symposia (open to the community beginning in 2015) which is part of the Spring Institute, where graduating DNPs

present their projects to fellow students, faculty and outside guests. PIP Chairs encourage students to actively seek conferences for submission of abstracts or podium presentations of the PIP. Finally, DNP students are encouraged to publish their projects in relevant journals. See [Appendix G](#) for a list of PIPs, and [Appendix H](#) for a list of presentations. See Section 5 below for a discussion about the relevance of the program to the University and Community.

The DNP program has two entry tracks: BSN to DNP and MSN to DNP. The DNP Progression Schematic below and in [Appendix I](#) depicts the entry tracks and pathway to the DNP curriculum and DNP outcome based on track. Both programs provide a strong preparation in social aspects of health, transcultural nursing, rural health care, and evidence-based practice. Both are distance learning programs supported by residencies – the Orientation/Summer Institute and Spring Institutes. The strategy to place both BSN and MSN cohorts together in courses as well as at Institutes has yielded an interactive milieu that strengthens relationships among the cohorts and provides knowledge sharing from both the novice perspective and the mastery perspective.

DNP Progression Schematic for BSN and MSN Entry (from [Appendix I](#))



1.3.1. BSN to DNP

Students admitted to the BSN to DNP program are required to have a BSN degree from an accredited University and have an RN license in the state of Hawai‘i. The program meets the family/across the lifespan population-focused nurse practitioner competencies set forth by the NTF (2013). Students admitted to the BSN to DNP program begin with the DNP core courses in the first semester followed by the advanced practice nursing core and population focused specialty courses. Once the advanced practice specialty courses are completed students resume the DNP core courses and progress to the PIP. Students enroll in the program full-time and take the courses in the sequence outlined in the BSN to DNP program plan and in Table 1.3.1 ([Appendix J](#)).

The aim of the BSN to DNP track is to seamlessly enter students into an advanced degree program that will culminate in the attainment of the highest practice degree nursing. BSN to DNP students

obtain the necessary academic credentials to take the Family Nurse Practitioner (FNP) certification examination upon completion of the program.

Post baccalaureate students largely come to the DNP program with a perspective developed as practicing nurses. For the most part, they view health and wellness on a patient-by-patient basis and their role as providers of care is typically one of attending to a patient and family in hospital or primary care settings. The first semester of the BSN to DNP track curriculum exposes students to population based health disparities through NURS 601 Social Aspects of Health and NURS 612 Evidence Based Practice. NURS 618 Epidemiology/Environmental Health provides epidemiological perspectives and the statistical techniques to analyze them. With an expanded view of health care and population needs, the students move to the core elements of advanced practice including advanced pathophysiology, pharmacology and health assessment. Using the foundational thread of rural health care and cultural diversity (embedded in the Mission and Goals of UH Hilo and UH Hilo SON), students spend semester 3 analyzing and applying rural health theory while simultaneously being exposed to rural health practice environments.

Beginning in year 2, fourth semester, students embark on population-based specialty advanced-practice content by engaging in theory and practice courses aimed at identifying and treating adults and older adults in primary care. The focus on practice this semester is further linked with coursework learned previously in NURS 612 Evidence Based Practice. This course hones critical thinking skills necessary to identify and clarify concepts necessary for understanding how evidence-based practice is used in developing practice guidelines.

Semester five of year 2 continues with theory and advanced practice population-based specialty courses in NURS 609 Primary Care of Women and NURS 610 Primary Care of Children. NURS 611 Advanced Research Methods provides students with the skills to use analytical methods to critically appraise existing literature that will be used to design and implement programs and evaluate outcomes related to practice, patterns of practice in systems of care, or to analyze benchmarks to determine variances in care.

During the sixth semester students complete their clinical practice hours focusing on older adults. With the completion of the population-specialty courses students now have a better understanding of family-based primary care needs and are introduced to program development and evaluation in NURS 613 Program Development/Evaluation.

During year 3, the final year of study, students take NURS 614 System-Based Leadership. In this course they are able to analyze and synthesize knowledge related to leadership theories for use in enactment of the DNP role in health care organizations or to use leadership skills to improve practice, patient outcomes or to influence policy. Concomitantly, students are engaged in NURS 615 Health Policy: Local to Global, a course where students are expected to actively participate in creating, analyzing or advocating for health care policy development or reform.

In the last semester of the BSN to DNP track, students use economic and finance theories to develop a business plan in NURS 616 Health Economics. NURS 617 Practice Inquiry Project is completed in this final semester under the guidance of the PIP Chair and committee.

Table 1.3.1 BSN to DNP Program Map

Semester 1 Fall		Credits	Semester 2 Spring		Credits
NURS 601	Social Aspects of Health	3	NURS 603	Advanced Clinical Pharmacology	3
NURS 612	Evidence Based Practice	3	NURS 604	Advanced Clinical Pathophysiology	3
NURS 602	Information Systems and Technology	3	NURS 605	Advanced Health Assessment	4
NURS 618	Environmental Epidemiology and Statistics	3			
Total:		12	Total:		10

Semester 3 Summer		Credits
NURS 606	Rural Health Promotion	3
NURS 606L	Rural Health Promotion Lab	3
Total:		6

Semester 4 Fall		Credits	Semester 5 Spring		Credits
NURS 607	Primary Care of Adults	3	NURS 609	Primary Care of Women	2
NURS 607L	Primary Care of Adults Lab	3	NURS 609L	Primary Care of Women Lab	2
NURS 608	Primary Care of Older Adults	3	NURS 610	Primary Care of Children	2
			NURS 610L	Primary Care of Children Lab	2
			NURS 611	Advanced Research Methods	3
Total:		9	Total:		11

Semester 6 Summer		Credits
NURS 608L	Primary Care of Older Adults Lab	3
NURS 613	Program Develop/Evaluation	3
Total:		6

Semester 7 Fall		Credits	Semester 8 Spring		Credits
NURS 614	System-Based Leadership	3	NURS 616	Health Economics	3
NURS 615	Health Policy: Local to Global	4	NURS 617	Practice Inquiry/Project	6
NURS 6xx	Elective	3-6			
Total:		10-13	Total:		9

Implementation of Clinical Practice Experiences

In addition to the core courses, practice experiences involving skill preparation and mastery are required and enable students to engage in development of new knowledge. BSN to DNP students complete the population-focused clinical courses in a family practice setting. The 675 clinical hours accrued through the clinical lab courses NURS 605 Advanced Health Assessment, NURS 606L Rural Health Promotion Lab and NURS 610L Primary Care of Children Lab are under the guidance of preceptor supervision with oversight by the clinical course faculty. These hours are documented using the Typhon tracking system completed by the student at the end of each semester and reviewed by the clinical course faculty and DNP Program Coordinator. The Typhon summaries are filed in the student’s record and used to verify clinical hours for the student’s completion of the 1000 practice hours required by CCNE for FNP certification.

Since travel to other islands is prohibitive to students who are on limited budgets, alternative partnerships have been made available via our more than 100 MOUs across Hawai‘i, Lāna‘i, O‘ahu, and Kaua‘i. These clinical experiences are culturally rich and have helped make rural health care experiences a reality for DNP students. Independent physicians who were initially reluctant to precept DNP students are now asking for students in their practices, thus opening up new areas of clinical experience. All clinical courses are evaluated by the clinical faculty and are documented in the student's record.

1.3.2. Post-Master's Degree MSN to DNP

The Post-Master's Degree MSN to DNP track offers nurses with master’s degrees a doctoral program which expands their level of evidence-based practice expertise. The MSN to DNP track to date has attracted nurse practitioners, hospital administrators, and educators.

Students admitted to the MSN to DNP program are required to have an MSN from an accredited university with a concentration in advanced practice, leadership or education. Students are accepted to the program for full-time enrollment and take the courses in the sequence outlined in the program plan. (Table 1.3.2 and [Appendix K](#))

The objective of the MSN to DNP track is for students to acquire advanced knowledge and leadership experience by building on the foundation of prior master’s degree work in order to attain the highest practice degree in nursing. The MSN to DNP track at UH Hilo SON is offered over five semesters.

During the first semester students are enrolled in NURS 601 Social Aspects of Health, NURS 612 Evidence Based Practice, NURS 602 Information Systems and Technology and NURS 618 Epidemiology/Environmental Health. MSN to DNP students participate in these courses along with the BSN to DNP students. For the MSN to DNP students these courses may add or refine existing knowledge or provide new knowledge. Our experience has shown that the MSN to DNP students expand their knowledge of health disparities, epidemiology, and technology while continuing to be challenged in analysis and application of the statistics presented in NURS 618.

During semester three, MSN to DNP students take NURS 613 Program Development/Evaluation and NURS 606 Rural Health Promotion. In the fourth semester, MSN to DNP students gain further skills in NURS 614 System-Based Leadership, NURS 615 Health Policy: Local to Global and NURS 611 Advanced Research Methods, strategically designed to assist students to increase hours in their Practice Portfolios, the method by which students catalogue their activities in learning environments supporting learning goals in leadership, policy, program evaluation and other experiences (see Section 4). In the fifth and final semester, students are enrolled in NURS 616 Health Economics and NURS 617 Practice Inquiry/Project. Conceptually, courses are arranged to build knowledge and skills that once accomplished result in production of a high quality PIP and culminate in achievement of the program objectives.

Table 1.3.2 MSN to DNP Program Map

Semester 1 Fall	Credits	Semester 2 Spring	Credits
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NURS 601	Social Aspects of Health	3	NURS 611	Advanced Research Methods	3
NURS 612	Evidence Based Practice	3	NURS 616	Health Economics	3
NURS 602	Information Systems and Technology	3	NURS 6xx	Elective (Optional)	3
NURS 618	Environmental Epidemiology and Statistics	3			
Total:		12	Total:		6-9

Semester 3 Summer		Credits
NURS 613	Program Develop/Evaluation	3
NURS 606	Rural Health Promotion	3
Total:		6

Semester 4 Fall		Credits	Semester 5 Spring		Credits
NURS 614	System-Based Leadership	3	NURS 617	Practice Inquiry /Project	6
NURS 615	Health Policy: Local to Global	4			
NURS 6xx	Elective	3			
Total:		7-10	Total:		6

A complete list of courses can be found in [Appendix L](#).

1.4 Changes made since the Provisional Program was Approved

The following changes have occurred in the College of Arts & Sciences:

June 2017 - The leadership for the UH Hilo SON changed to Dr. Alice Davis, PhD, GNP-BC, ACNP-BC, FNP-BC from Dr. Katharyn Daub.

The following changes have occurred in the DNP Program:

August 2015 – Using the formal UH Hilo curriculum approval process, the MSN to DNP track was changed effective for students entering the track in August 2016. The change consisted of the addition of one semester, from 4 semesters to 5 semesters and with the addition of a required course, NURS 606 Rural Health Promotion.

Two major concerns were identified as the students in the MSN to DNP track progressed through the program. The first and most obvious was the lack of a rural health course, which was a significant focus of the program and part of the original PLOs. The addition of NURS 606 Rural Health Promotion as a required course improved the structure of the MSN to DNP track and provided the necessary foundation in rural health that was expected of all UH Hilo SON DNP graduates. The second concern was the unrealistic timing of the PIP project which had to be accomplished in 16 months in order to graduate. The solution was to add an additional spring semester to the second year of study. The response from students was overwhelmingly positive. It allowed them to take more time to research and implement their PIP projects. In addition, the changes created space for an elective, of benefit to the student, and has allowed efficient use of program planning that eliminated teaching NURS 617 and NURS 615 twice.

1.5 Advising and Counseling

A primary goal of the onsite Fall Orientation/Summer Institute is to support students academically, familiarize them with program support, and to provide cohort networking opportunities through informal dinners, receptions, and formalized sessions that facilitate relationship building with their peers and faculty. Prior-cohort DNP students present a Q & A panel during orientation to help new students better understand the academic pathway before them.

During Fall Orientation/Summer Institute, new students meet with the DNP Program Coordinator to review Program Guidelines, Practice Guidelines, and PIP Guidelines in addition to receiving an introduction to the sequence of courses, and to UH Hilo and SON academic services. During the Fall Orientation/Summer Institute students also meet with fall semester faculty either in person or online (for faculty who are not present in Hilo) for introductions to the courses and sometimes for initial class lectures. This gives students the opportunity to understand expectations and ask questions of the faculty.

New MSN to DNP students are encouraged to review faculty CVs and discuss ideas for PIP projects with the DNP Coordinator and other faculty in anticipation of submitting their request for PIP chair advisors in their second semester.

UH Hilo campus and student resources are reviewed and students are encouraged to access services as needed. All support services provided to on-site graduate and undergraduate students are available to DNP students.

DNP program support includes the DNP Program Coordinator and the program assistant. The DNP Program Coordinator serves as the program advisor to all students. A plan of study is mapped for each student during the DNP Orientation/Summer Institute. This is especially important for the BSN to DNP students who need placement in practice sites to meet clinical requirements for certification organizations in advanced practice, and community networking in environments that will develop new knowledge, allow them to grow in new practice areas, and challenge them to meet career goals. The DNP program assistant mentors students one-on-one as needed with technological issues. UH Hilo SON faculty are available for consultation and guidance.

2. Program Resources

The UH Hilo and SON provide sufficient academic support services for all students. Support services are interactive and equivalent to on-campus services as described in the UH Hilo Distance Learning Policy⁶, with UH Hilo and SON resources integral to the quality of support and student success. The support from UH Hilo has not changed from the time of the approval of the program in 2011.

2.1 Number and Distribution of Faculty

Faculty: The SON employs 13 full time faculty: nine (9) full time tenure-track faculty, three (3)

⁶ UH Hilo Distance Learning Policy: <https://hilo.hawaii.edu/policies/documents/uhh/vcaa/DEPolicyFINAL10.20.17.pdf>

instructors and one (1) full time junior specialist lab coordinator (See [Appendix M](#)). Three additional instructors were also hired as part of a Title III grant collaboration to serve a cohort of BSN students at UH West O‘ahu. This program will run from 2016-17 through 2019-20. Full time faculty employment equivalency (FTE) at UH Hilo is defined as 9 credits per semester for tenure track faculty which includes a 3 credit release for scholarly activities. For non-tenure track faculty, an FTE is considered as 12 credits per semester. The lab instructor and the Director are 11-month appointments; the remainder of the faculty have nine month appointments.

There are 12 part time faculty lecturers who teach DNP courses in their areas of specialization and expertise. (See [Appendix M](#)).

Clinical supervision: The SON faculty-student ratio is in compliance with the Hawai‘i State Board of Nursing (BON) and the practitioner education (NTF) criteria for clinical supervision and evaluation. Clinical courses have 7-9 students at any given time. One clinical faculty member is assigned to the clinical course, who is responsible for clinical site visits or teleconferencing with the student and the preceptor. On occasion, UH Hilo-based faculty attend program planning meetings or clinical site visits with students off island when other meetings require in-person attendance on O‘ahu or other islands where student practicum sites are located.

2.2 Faculty Areas of Expertise

The educational background and clinical expertise of the full time and part time faculty is shown in [Appendix M](#). Both UH Hilo SON tenure track and instructor faculty cross teach in the undergraduate programs (BSN, RN-BSN) and the DNP program based on their academic and clinical expertise and to increase interdisciplinary and social diversity. This distribution allows for the most efficient academic and fiscal use of the small UH Hilo SON.

All faculty are prepared minimally at the master’s level, and 80% are prepared at the doctoral level. All faculty teaching in the DNP program have the academic credentials and the practice credentials that qualify them to teach the courses they have been assigned. For the PIP, the SON DNP policy requires two doctoral-prepared UH Hilo SON faculty to be on the committee; one is the chair of the committee and the second is a committee member. Outside committee members are encouraged if their backgrounds contribute to the project focus.

Practice is the vehicle whereby theoretical knowledge and evidence-based knowledge are transformed to influence healthcare outcomes for patients, community populations and health care systems. Practice experience for DNP students is designed to provide exposure through clinical practice, mentorship, leadership and health care policy opportunities. Since the goal of practice experiences or “practicums” is to apply, synthesize and exercise critical thinking and decision-making skills, the practicum site and preceptor are key to the learning experience.

In keeping with the NTF criteria, faculty responsible for teaching in advanced practice clinical courses must themselves meet certification and practice requirements.

Preceptors:

In addition to faculty, partnerships have been established among health care providers including physicians and community-based advanced practice nurses (APRNs) to help mentor the students to reach practice goals. Preceptors are the core group who teach practice skills outside of the classroom. They are chosen based on their academic qualifications and their practice expertise, including in health care systems, leadership roles and health care policy positions. Securing preceptor sites is the responsibility of the DNP student, with oversight by the DNP Program Coordinator, and is outlined in detail in the DNP Practice Guidelines. The guidelines provide the process for preceptor selection by students. This process has worked well especially for neighbor island students. All potential preceptors and sites are reviewed by the DNP Program Coordinator to evaluate educational preparation, work experiences and overall qualifications of preceptors, and to ensure that preceptors can support student achievement and expected outcomes. Potential preceptors identified by a DNP student meet (virtually) with the DNP Program Coordinator to understand their role, clinical practice objectives, and expected student outcomes. Roles of the preceptor with respect to teaching, supervision, and evaluation are provided in the DNP Practice Guidelines.

2.3 Budget and Sources of Funds

The UH Hilo School of Nursing has sufficient fiscal resources to support the mission of the school and the goals of both programs. Funding provided G-fund and TFSF fund allocations along with course fees. (See [Appendix A](#))

Funding for the School of Nursing has increased from approximately 1.3 million dollars in the first year of the DNP program to an average operating cost of 1.6-1.7 million over the past 6 years. The increase reflects the hiring of additional tenure track faculty to teach in the DNP program along with doubling the lecturer budget for the School of Nursing. During this period, course fees have increased from 73 thousand dollars to a little over 100 thousand dollars.

2.4 Support for Faculty

Numerous UH Hilo venues are available to faculty seeking support for professional development, research, and scholarly interests. The UH Hilo Research Council provides competitive travel awards, seed grants, and research relations funds available to faculty to support their research. The SON includes a faculty development fund in its annual budget and additional funds are available from the UH Hilo Chancellor's Professional Development Fund. Approximately 80% of SON faculty have received support for conferences or scholarly work.

Consistent with the mission and goals of UH Hilo and UH Hilo SON, faculty demonstrate high achievements in many areas: teaching, research, and scholarship, service, leadership and clinical practice. The expertise of SON faculty members fosters and supports an environment for student success of expected program outcomes. SON faculty have presented at the national and international level, have published research and evidence-based articles, and have provided services in key professional associations and boards. These activities assure that DNP students are exposed to current evidence-based knowledge through coursework and mentorship.

2.5 Facilities and Equipment

The UH Hilo SON has excellent facilities to support both the BSN and DNP programs. All full time faculty are assigned a private office and lecturers share space as needed based on their semester-to-semester commitments.

Teaching facilities include classrooms, a common workspace, a large student computer room, a learning laboratory, a simulation lab and viewing room (with interactive, technologically advanced manikins that simulate live patient situations from neonatal to adult), and a seminar/kitchen space. A conference room is available for faculty and advisory board meetings and retreats. The learning lab is network ready and equipped with state of the art audio/video technology and a 75-inch plasma TV screen. This space is reserved by faculty for their courses or meetings as needed, for the DNP Orientation/Summer Institute and at various times during DNP Spring Institutes. The Learning Lab is staffed by a full time Lab Coordinator (faculty member) who is responsible for coordinating lab space, ordering supplies, and conducting classes as needed. The Learning Lab is also equipped with the accessory equipment needed to care for patients in clinic and urgent care settings. The Mookini Library housing a vast complex of resources and teaching/learning environments, including multimedia classrooms and small seminar and study rooms, are also available.

2.6 Collaborative Opportunities

The strength of our educational resources lie in the communities that we serve and our many established relationships with diverse agencies across the state who actively collaborate with us.

2.6.1 Cooperating Agencies

Many of the liaisons on neighbor islands (Maui, Lāna‘i, Kaua‘i, and O‘ahu) were previously established as partners in our RN to BSN program. At this time, UH Hilo SON has more than 100 agreements (MOAs or MOUs) with healthcare agencies across the state and on the mainland. These include hospitals, ambulatory care settings, the VA Pacific Islands Healthcare System, extended care facilities, and private physician offices. In addition, SON students are also placed in the UH Hilo student medical services clinic that provides a full range of primary and urgent care services. The populations that these agencies serve have diverse needs and concerns. The SON is well respected in the community and has a strong reputation of service thereby attracting numerous agencies across the state seeking our assistance with program development and implementation.

A list of agreements (MOUs) can be found in [Appendix N](#).

2.6.2 Other Community Resources

Some non-health care agencies or businesses who contribute to the success of the DNP program include KTA Super Stores, various elementary, middle and high schools on Hawai‘i Island,

service organizations and community outreach programs such as the US Army Reserve, County of Hawai'i Mayor's Office and the State of Hawai'i Department of Health.

3. Program Efficiency

3.1 Cohort Model & Size of Classes

Students are admitted by cohort in the fall semester every year. Cohort size is twelve students. Each cohort consists of both BSN to DNP and MSN to DNP students. Typically there are more applicants for the BSN to DNP track, thus they represent a higher percentage of the cohort. Class sizes do not exceed twelve to fifteen students depending on the progression of students from previous cohorts, leaves of absence (LOA) and subsequent return, delays in academic progression, etc. Except for the initial cohort of ten, up to twelve students have been offered admission each year.

Table 3.1.1: Demographics for students admitted into the UH Hilo DNP program since 2012

Year	Male	Female	Total
2012	2	8	10
2013	0	12	12
2014	3	6	9
2015	0	8	8
2016	1	10	11
2017	1	11	12
Total	7	55	62

3.2 Program Productivity

To date, UH Hilo SON has enrolled six DNP cohorts and has successfully graduated three cohorts. Table 3.2.1 below shows the DNP enrollment for the first six cohorts. Of the three cohorts who have completed the three year program, 74% (23 of 31 enrollees) have graduated, and an additional 10% (3 of 31) are active for a potential success rate of 84% (26 of 31) as of November 2017. Five students were lost to attrition or withdrawal from the program.

Of the three active cohorts (total of 31 students), one student graduated in 2017 and all of the remaining 30 students are still actively pursuing the degree.

Table 3.2.1 DNP Enrollment and Graduation Rates

	Start	Enroll	Grad	Active	Drop	Grad %	Grad/Active %
1	Fall 2012	10	7	1	2	70%	80%

2	Fall 2013	12	11	1	0	88%	100%
3	Fall 2014	9	5	1	3	55%	67%
	Subtotal	31	23	3	5	74%	84%
4	Fall 2015	8	1	7	0	12%	100%
5	Fall 2016	11	0	11	0	0%	100%
6	Fall 2017	12	0	12	0	0%	100%

Table 3.2.2 below shows the recognition rate for BSN to DNP graduates achieving the FNP certification that allows APRN licensing in the state of Hawai‘i. There have been twenty four graduates among the first four cohorts. Twenty of the graduates (83%) have become licensed to practice as APRNs in the states of Hawai‘i, Nevada and California.

Table 3.2.2 BSN to DNP Graduation and FNP Professional Certification Rates

	Cohort Start	Active in Program	Graduated	APRN Licensure	APRN Licensure %
1	Fall 2012	0	7	7	100%
2	Fall 2013	1	11	10	91%
3	Fall 2014	2	5	3	60%
4	Fall 2015	0	1	1	100%
	Total	3	24	21	88%

Master’s prepared RNs enroll in the DNP program to obtain the terminal practice degree. The DNP is a requirement to secure employment in academia. DNP core courses in program development, leadership, health policy and health economics prepare the DNPs for leadership positions in health care agencies, third party reimbursement venues, and population health program development.

The number of MSN to DNP admissions is smaller in comparison to the BSN to DNP program. To date, twelve MSN to DNP students have been admitted to the program and three have graduated. The remaining nine are active in course work or completing the PIP. The three graduates are currently employed in colleges and universities in rural Hawai‘i (Kaua‘i and Hawai‘i).

Many of the BSN to DNP students have masters degrees (MBA, MSN) but have not taken the coursework for the certification as a FNP. Therefore, they have chosen to pursue the BSN to DNP track.

The MSN to DNP graduates were local students who are continuing in jobs that require a DNP for

academic advancement. These graduates contribute in their rural communities by improving the pipeline of well-prepared nurses.

3.3 Cost per Student Relative to Comparative DNP Programs

Tuition rates for UH Hilo SON DNP students who are residents of the state fall in the lowest part of the range relative to similar programs across the country. Non-resident students in our DNP program pay tuition rates that are comparable to other public institutions with similar programs, but more than rates at privately funded universities with similar programs.

**Table 3.3.1 Comparative DNP Programs for the 2017-2018 Academic Year
(\$ per credit hour & FT semester)**

Location	Resident		Non-Resident	
	Credit Hr.	Semester	Credit Hr.	Semester
UH Hilo ⁷	781	9,372	1,558	18,696
UH Manoa ⁸	1,001	12,012	1,896	22,752
University of San Diego ⁹	1,465	NA	1,465	NA
Maryville University ¹⁰	897	13,035	897	13,035
Medical U of South Carolina ¹¹	835	8,116	985	9,553

3.4 SSH per Faculty

Full time Tenured or Tenure Track Faculty at UH Hilo have a teaching load of 9 credits per semester, while Instructors and Lecturers may teach up to 12 credits per semester at maximum.

3.5 Student Funding

Students admitted to the program are eligible for federal financial aid. Loan deferment post education opportunities are available through several agencies such as the National Health Service Corps¹².

3.6 FNP Certification for BSN to DNP Students

The first three cohorts of BSN to DNP students who graduated in May 2015, 2016, and 2017 (Table 3.2.1 and Table 3.2.2 above) were eligible to take the population based FNP certification

⁷ UH Hilo Tuition Rates: https://hilo.hawaii.edu/uhh/bo/cashier/tuition_schedule.php/#2017-2018

⁸ UH Manoa Tuition Rates: <http://www.catalog.hawaii.edu/tuitionfees/regtuition.htm>

⁹ San Diego State Tuition Rates: <http://www.sandiego.edu/finance/student-financial-services/student-accounts/cost/graduate.php>

¹⁰ Maryville University Tuition Rates: <http://www.maryville.edu/admissions/graduate-tuition-and-fees/>

¹¹ Medical University of South Carolina: http://academicdepartments.musc.edu/esl/em/records/fees_17.html

¹² National Health Service Corps Loan Repayment: <https://nhsc.hrsa.gov/loanrepayment/>

examination offered either by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP)). Information about the FNP certification examination is provided in the DNP Practice Guidelines, and population content is given and reinforced throughout the family population-focused theory and clinical courses. An 80% certification pass rate was anticipated for Cohort 1. The actual pass rate was 100% for Cohort 1 and 88% cumulative, to date, through Cohort 3. This first-time takers pass rate is consistent with the AACN Standards of Accreditation¹³ for baccalaureate and graduate programs (2013).

MSN to DNP students who enter the program have earned a MSN in leadership, education or in a practice specialty such as FNP. Since they have already earned an advanced degree, they are not included in the certification statistics.

3.7 Recruitment and Student Demand

The UH Hilo SON DNP program is gaining state recognition for quality. Much of the success of the DNP program at UH Hilo SON is through word of mouth or encounters with DNP students in their clinical practica. Preceptors see the quality of students and their abilities to diagnose and treat patients. The preceptor network is expanding and students are meeting program outcomes in rural health clinics throughout the state. Consequently, the demand for admission into the program is equal to 220% of the original class (22 vs 10). In addition, recruitment is done through open houses which are conducted live and via Zoom each fall semester, on the UH Hilo SON DNP site which includes contact information for the DNP Program Coordinator, and by students who provide testimonials to other potential students on the benefits of the program. We have found student satisfaction, success in the program, and individualized communication through email inquiries are the catalysts for the increased applicants to the program.

4. Student Learning and Student and Program Success

Effectiveness of the program can be judged by the ability of graduates to obtain FNP board certification and other Advanced Practice qualifications. Over 80% of the BSN to DNP graduates obtained these credentials. Ultimately the program will be defined by graduates securing jobs appropriate to their new skills, reductions in community wait times to see a healthcare worker who can provide quality care, alleviation of pressure on existing health care clinics and hospitals, and reduced morbidity and mortality caused by delayed or lack of access to health care.

4.1 Program Quality & Effectiveness

Program Expectations. The UH Hilo SON has developed DNP PLOs consistent with relevant

¹³ AACN Standards of Accreditation: <http://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Amended-2013.pdf?ver=2017-06-28-141019-360>

professional nursing standards and guidelines as stated earlier to assure the quality of the DNP program goals. Development of the PLOs was guided by the DNP Essentials document (AACN, 2006) and the Practice Doctorate Nurse Practitioner Entry-Level Competencies (NONPF, 2006) and builds on advanced practice guidelines. Students in the DNP Program are expected to demonstrate the program learning outcomes outlined in Section 1.3 Curriculum.

A program assessment plan that includes both formative and summative evaluation embedded in direct and indirect assessment has been adopted to assure that the set of nine broad PLOs are accomplished. Specifically, the plan addresses methods to evaluate, revise, or improve the DNP program based on feedback from our students, faculty, and community. Determining the effectiveness and improving the program serves not only current and future graduates but also the university and community where our students learn and will ultimately practice.

Learning Domains and Styles. The UH Hilo SON faculty recognizes that students learn from a variety of experiences. Faculty are committed to teaching using methods that respond to the needs of the adult learner while incorporating primary learning styles and domains of adult learning (andragogy) in order to provide all students with the opportunity to not only excel in their preferential style or domain but to experience successful learning in styles or domains less natural for them. The DNP curriculum employs three main types of teaching-learning: visual, auditory, and kinesthetic, providing cognitive, affective, and behavioral experiences to students. In this way, integration of individual learning and achievement of PLOs occurs. Development of a learning community, a salient feature noted in the UH Hilo SON teaching-learning practices, provides a milieu where students and faculty can engage in technology-driven experiences, cohort bonding activities and one-to-one mentoring.

To accommodate the different learning styles of DNP students and to challenge their preferences, a variety of teaching strategies are employed. These include readings, demonstrations, stories, exemplars, and brainstorming, which are used during the Institutes and with synchronous and asynchronous teaching methods. Student assignments may include creating PowerPoint presentations with voice over and weekly posting with responses. Occasionally, faculty require students to produce videos of their work. For example, in NURS 605 Advanced Health Assessment, videos of history and physical exams are requisite assignments before being cleared for clinical rotations. Required online assignments and discussions engage students using visual and auditory learning styles. Assignments include both individual work and group work fostering student comfort with their own teaching and learning styles and to learn the importance of engaging others.

Delivery of coursework. Due to Hawai'i's unique geography, travel to schools on other islands is only possible by air. Consequently, the online distance format was determined to be most beneficial for the UH Hilo SON community because it meets the needs of our potential student constituents who desire an advanced education available in their state or near their home. The exceptions to this are clinical courses that require practice with a preceptor and the required residential institutes mentioned previously, The DNP distance-learning (DL) infrastructure consists of designated Polycom, computer servers, and distance-learning-capability classrooms, and a simulation lab. Instructional Technology and User Service (ITUS) at UH Hilo manages all technical aspects required for the DNP program. The UH Hilo SON DNP DL program is in

compliance with the UH Hilo Quality Online Course Design Guidelines. Online Course design guidelines and tutorial assistance are available for faculty use.

The UH Hilo SON has been very successful in recruiting and training faculty who are now skilled in online course development and delivery. Many innovations in courses have emerged over the last few years and students have been very receptive to the format. Synchronous learning environments with real time visual and auditory interface using web-conferencing expand the teaching-learning methods available to students. This interface allows for lively discussions, presentations, and clarification of content from asynchronous sessions. Synchronous sessions are creatively used by faculty for “simulated patient interviews” or “ask the expert” telephone conferencing. These types of synchronous interfaces may be one-to-one faculty/student sessions or may involve several students with faculty.

Asynchronous learning environments are the primary teaching-learning strategy used in the UH Hilo SON DNP program. Using the Lulima platform, students engage in learning activities at their convenience through the posted lectures (voice over power points), video productions by faculty or students, student case studies, student presentations, and many other innovative teaching activities. Through Lulima, faculty and students can post up to 100 MB of content. If the content exceeds the Lulima storage capacity, a secure file drop option is available which allows delivery of larger files. Specific course assignments can also be graded and posted through Lulima.

Applied and Synchronous learning are learning or practice experiences that support the kinesthetic learning style and affective and behavioral domains. The quintessential model for applied learning is the clinical practicum where BSN to DNP students engage in history taking and physical examination to develop a plan of care. Simulation has also been used to reinforce theories, skills, and practice guidelines.

SimMan® is an interactive technologically advanced manikin allowing learners to practice the emergency treatment of patients, which significantly increases the possibilities for students to practice their hands-on skills and develop their pre-clinical experiences before encountering live patients in clinic and hospital sittings. Simulation exercises are included during Institute residencies.

The most powerful part in teaching-learning practices is the Annual Workshop during the Spring Institute. Topics are decided on by the DNP Coordinator based on national agenda items, curriculum gaps or student requests. The workshop is a full day and all DNP students regardless of year are required to attend. Workshop topics have included Statistics (2013), Quality Improvement (2014), Genetics (2015), Complementary & Alternative Therapies (2016), and Evidence-based Practice (2017). Nationally recognized faculty are invited to present at the symposium. The most distinguished Workshop presenter was Dr. Marita Titler in 2017. Her evidence-based workshop captured the attention of students, faculty and community guests. Dr. Titler, who implemented the Iowa Model of evidence-based practice to promote excellence in healthcare, is the premier expert in evidence-based practice in nursing.

The Culminating Project. UH Hilo SON has determined that successful completion of the PIP by

the student represents achievement of the PLOs. Faculty investment in the student's successful achievement of the PLOs is critical and begins in the first semester. The curriculum is designed to identify concepts and ideas in NURS 612 Evidence-Based Practice and NURS 601 Social Determinants of Health that students can use to further develop in other courses or for use in projects once their PIP chair is assigned. A first draft of a PIP is required in NURS 612. For that reason, PIP chairs are assigned early in the academic journey for the MSN to DNP students (Semester 2, Year 1: January) and at a pivotal crossroad between clinical and theory courses for the BSN to DNP students (Semester 2, Year 1: May). Dialogue occurs during the Spring Institute when students have the opportunity to discuss their ideas with faculty. These academic forums allow the students to present their ideas to faculty and classmates for feedback thereby enhancing review and oversight opportunities.

A major concern for the program is the timely completion of the PIP project. Many students, including those who have a clear idea for the project and are highly motivated, have been delayed in completing the PIP. Analysis of the issue has yielded several stumbling blocks to the timely completion of the PIP:

- Delay in formation of the problem
- Delay in assignment of a PIP chair
- Full time study demands
- Family and employment conflicts resulting in delays in progression
- Failure to meet graduation deadlines
- Processing of the IRB application for human studies

The following measures have been taken:

- Change in faculty for NURS 612 now provides strong mentorship in developing the problem statement, aims and objective for the PIP, compiling a review of literature and writing a PIP draft (Chapters 1 & 2 of the PIP)
- PIP chairs are assigned in semester 2, first year (moved up by a full semester)
- All faculty are encouraged to add an assignment that further refines the PIP idea. NURS 611 Advanced Research Methodology has facilitated the focus on the PIP through the poster project (an assignment in NURS 611, presented at the annual Symposium)
- Increasing support for students who have family responsibilities

As of 2017, UH Hilo Graduate Council now requires PIP defenses to be completed by April or November of the graduation semester or students cannot participate in commencement (walking with their cohort has been a strong motivation this year). Because of the strong cohort model, this should help to compel students to complete PIPs on time and with their classmates.

A timeline proposed by the student with the assistance of the PIP chair aids in accomplishing the PIP in a timely manner. All courses contribute in some way to the development of the PIP. In

the mentor role, the PIP chair also assists the student to choose additional committee members who can enhance and facilitate the ideas of the project. Often these committee members have access to sites, information or policies that are helpful to the development or implementation of the PIP. These members could also be specialists in a field of interest and provide substantive knowledge to inform the project. All written and defended proposals must be submitted to the University of Hawai'i Institutional Review Board (IRB) prior to implementation.

4.2 Student Learning Outcomes

Evaluation of Student Progress. An evaluation matrix ([Appendix O](#)) is used to guide the evaluation plan. The plan identified in the Matrix has two assessment components: formative and summative. The goal of these assessments is to assure positive student learning outcomes.

Formative and Summative Evaluation. A feedback loop of evaluation between student and faculty is embedded in courses to enhance both student success and program improvement. Student input has been valuable in addressing inefficiencies in both overall program design and delivery of individual courses, and feedback from faculty and preceptors has assisted students to strengthen their study skills and to enhance higher level understanding of course materials. Students are afforded opportunities to provide feedback to the Program Coordinator and to the Curriculum Committee throughout the program.

Formative assessment. Monitoring student learning is the goal of the formative assessment process. In the formative level of assessment, faculty and preceptors provide feedback to students through evaluation of course assignments and projects, selected course reviews by course faculty, and clinical practice evaluation of students by preceptors and clinical faculty. Evaluations are given throughout the semester and during the Institute. For example: evaluations of student clinical performance are completed by the clinical faculty during site visits arranged during the semester, providing clinical faculty the opportunity to evaluate and discuss the student's progress with the preceptor and with the student following patient encounters.

Summative assessment. Students were surveyed regarding their evaluation of program quality and effectiveness. Summative data on the DNP program completed through 2017 is found below in Tables 4.2.1 and 4.2.2. Table 4.2.1 provides student means for evaluation of courses. Items queried include: was the class beneficial, was the class valuable, was the faculty involved, were course objectives met, were faculty prepared and overall course grade. All items for NURS 616 were given scores under 4 with an overall course mean of 3.5. The DNP Program Coordinator and Curriculum Committee revised the courses and faculty teaching the courses based on student feedback. For Spring 2018, a new faculty member who is a DNP with a business background will be teaching the course. Table 4.2.2 shows aggregate data from 2017 related to DNP benchmarks. The response range was between 0-10, with 10 being excellent.

Table 4.2.1 Average DNP Student Evaluation of Program Courses (2017)

Course NURS	Overall Rating	Valuable Experience?	Faculty Involvement?	Faculty Meet Objectives?	Faculty Preparation?	Course Overall?
601 Social Aspects of Health	9.4	8.8	9.1	9.6	9.5	9.3
602 Info Systems/Technology	7.7	7.6	9.4	9.4	9.7	8.8
603 Adv Clinical Pharmacology	8.8	7.5	5.3	7	3.6	6.4
604 Adv Clinical Pathophysiology	9.4	9.4	5.4	8.2	7.6	8.0
605 Adv Health Assessment	9.8	9.6	9.4	9.8	9.6	9.6
606 Rural Health Promotion	8.7	8.7	9.7	9.7	9.5	9.2
607 Primary Care of Adults	8.6	8.6	7.0	8.8	8.4	8.3
608 Primary Care of Older Adults	9.4	9.4	9.0	9.4	9.4	9.3
609 Primary Care of Women	9.2	8.3	7.1	8.1	7.9	8.1
610 Primary Care of Children	9.2	9.6	8.8	9.0	8.2	9.0
611 Adv Research Methods	9.9	9.9	9.7	10.0	8.9	9.7
612 Evidence-Based Practice	9.4	9.1	9.4	9.4	9.4	9.4
613 Program Development/Eval	8.5	8.2	9.0	8.8	9.0	8.7
614 System-Based Leadership	6.8	6.7	6.0	6.3	6.3	6.4
615 Health Policy: Local to Global	8.8	8.8	9.0	8.8	9.0	8.9
616 Health Economics	3.9	3.3	3.7	3.6	2.9	3.5
617 Practice Inquiry/Project	9.2	9.0	8.8	9.2	9.2	9.1
618 Epi/Environmental Health	6.9	6.5	5.9	7.3	6.9	6.7
Entire Program						8.2

Table 4.2.2 Average DNP Student Overall Program Evaluation

How well did the Institute prepare you for the entirety of the DNP program?	Rate satisfaction - how well your educational goals were met by the DNP program.	Was Program Coordinator helpful in assisting you during the year?	Was Academic Support helpful in assisting you in the process of the year?
7.9	8.4	8.6	8.6

Student achievement of PLOs is also linked to direct assessment. Each student's progress is assessed and monitored throughout the academic experience. Assessment of program quality is

ascertained by student performance in signature assignments from select courses that align with one or more of the nine PLOs and eight DNP Essentials. Additionally, Institutes, clinical experiences and other practice opportunities provide ongoing evaluation of program effectiveness.

Grading criteria. Graduate students must pass each class with a grade of B or better, and must have a cumulative GPA of at least 3.0 to graduate.

Criteria used to assess student progress are clearly defined for each course, communicated to students via the syllabus and other means, such as grading rubrics, and are applied consistently. Evaluation of a student's work in a course is based on achievement of course objectives as defined by faculty teaching the course. Students have access to all course material including the syllabus and criteria for evaluation through the Laulima portal for the specific course. Notification of grades for individual or group assignments can be done by student email, Laulima email, through the assignment setting on Laulima, through the gradebook setting on Laulima or another method chosen by faculty teaching the course. Faculty inform students of any performance deficiencies throughout the course. Both student and faculty may schedule a meeting to discuss the issues or concerns of the faculty or the student. Faculty may provide a variety of strategies to assist students to be successful in meeting the evaluation criteria for the course, including but not limited to extra time for exams and project submission, special assistance or timelines for ESL students, extra reading material, or tutoring sessions. In NURS 603 Advanced Clinical Pharmacology, a course taught out of the College of Pharmacy, study guides were made available prior to each exam by the instructor to assist students with difficult concepts. Faculty or student may request advice or assistance from the DNP Program Coordinator at any time.

In designing assessment rubrics, a variety of traditional and innovative assignments may be chosen based on the nature of the course, whether theory or clinical in nature. Evaluation of papers, presentations, videos, case study analyses, patient presentations, online threaded discussions, multiple choice questions, development of education tools or modules, or computer-based assignments may all be employed to determine the final course grade. Often multiple teaching-learning strategies are used in a course to keep students engaged in learning and also to provide a variety of opportunities to be successful.

Clinical Course Evaluation. Clinical course grades are awarded either Credit or No Credit. Practice evaluation criteria are set forth in the DNP practice guidelines provided to the students, which includes definitions of successful performance. Evaluation may include clinical site visits with patients, evidence-based learning opportunities with case studies, telephone interviews, posted case studies and responses, summary evaluation of clinical experience, student self-evaluation of achievement of personal objectives, and final evaluation with preceptor and clinical faculty related to performance and achievement of course-specific PLOs.

Non-Clinical Course Evaluation. Course faculty and mentors also evaluate selected practice activities embedded in non-clinical courses. Students use the Practice Portfolio, based on the DNP Essentials, to catalogue their activities in learning environments supporting learning goals in leadership, policy, program evaluation and other experiences. In specific courses NURS 613 Program Development/Evaluation, NURS 614 System-Based Leadership, and NURS 615

Health Policy: Local to Global, students work with healthcare leaders, policy makers and educators to expand knowledge in these areas. Specific practice experiences embedded in these courses are evaluated by the faculty and the preceptor.

4.3 Program Accomplishments

The DNP program was granted accreditation by the Commission on Collegiate Nursing Education (CCNE) for the program in April 2014 well before the planned graduation of the first cohort in May 2015. The impact of early accreditation for the program meant that new DNP graduates could progress seamlessly to certification as family nurse practitioners. Both the ANCC and the AANP certification boards require students to be graduates of an FNP-accredited program in order to apply for certification.

4.3.1 Prescriptive Authority and Improvement in Access to Medical Care

Prescriptive authority is based on state licensing laws. UH Hilo SON DNP graduates are currently practicing in three states: Hawai'i, Nevada and California. Hawai'i and Nevada state laws allow APRNs to prescribe without physician oversight. Prescriptive authority in California requires a collaborating physician. Whether independent or collaborative, graduates from UH Hilo SON DNP program are able to prescribe medication in all three states, an important factor in health care delivery, especially in rural areas. Thus, APRN graduates from UH Hilo are improving access to care by virtue of job placement and their prescriptive authority.

4.3.2 Contributions to Financial, Health System Policy and Leadership Needs in the State in Improving Delivery of Cost-Effective Health Care

The contribution of UH Hilo SON DNP graduates is impressive given the nature of the evidence based practice projects (PIPs) they have completed. Many of the completed PIPs have addressed health care issues that have led to legislative initiatives, have identified problems that require additional support to improve access to care, or have helped to improve cost effectiveness. A full list of PIPs can be found in [Appendix G](#). Completed projects have been uploaded to HOKU, the open access repository at the Mookini Library. Three graduates have chosen leadership positions that have led to changes in care coordination, insurance reimbursement, and greater understanding of needs in underserved groups. In addition, NURS 615 Health Policy: Local to Global requires active participation by students in health care issues around the state. NURS 614 System-Based Leadership and NURS 616 Health Economics provide them with foundational and experiential knowledge to contribute to improving population health at the local, state or national level. A list of DNP student activities, including presentations, is listed in [Appendix H](#).

4.3.3 Contributions to Education to Improve Care of Selected Health Issues

As of fall 2017, eight of the 24 (32 %) DNP graduates are employed as faculty in the University of Hawai'i education system or in another state. As faculty, they are teaching in undergraduate programs at the university and community college level and in graduate programs at the university level. Some graduates are counted in both the APRN statistics as

well as in educational environments because APRN faculty must accrue clinical practice hours to maintain their APRN certification in the state where they are working. As educators, they are addressing selected health care issues in their areas of specialty thereby heightening awareness of the health care needs of diverse populations for the new generation of health care providers.

In 2006 the AACN recommended that the terminal practice degree would be the gold standard for practice. DNP graduates who decide to enter academia are necessary if this recommendation is to be realized. Studies have shown a severe shortage of doctoral-prepared nurses in university settings. The UH Hilo SON DNP program actively seeks to help fill this need in Hawai‘i.

4.4 Student Post-Graduation Placement

Graduates of the UH Hilo SON DNP are almost exclusively employed in areas that are federally designated as rural under the Health Resources Service Administration (HRSA) and that qualify as medically underserved areas. The UH Hilo SON DNP program is clearly successful in producing graduates who want to serve rural Hawaii. The types of positions held by the graduates meet several of the program goals:

- Educate and train graduates to address health disparities and improve rural community health.
- Educate and train primary care providers (family nurse practitioners) who are grounded in community on population-based health care and health promotion.
- Provide and develop organizational and leadership management skills to strengthen practice and health care delivery.
- Participate in interdisciplinary collaboration for improving patient and population health care outcomes.

Table 4.4.1 Employment Locations of DNP Graduates

Employer	Employer Island/State	HRSA Rural	Medically Underserved	Shortage Area	Public
Bay Clinic Inc.	Hawai‘i Island	Y	Y	Y	N
Hawai‘i Community College Faculty	Hawai‘i Island	Y	Y	N	Y
Hawai‘i Health Systems (HHSC)	Hawai‘i Island	Y	Y	N	Y
Hawai‘i Island Family Health Center (HIFHC)	Hawai‘i Island	Y	Y	N	Y
Hilo Medical Center (HMC) Advanced Practice	Hawai‘i Island	Y	Y	N	Y
Independent Physicians Association	Hawai‘i Island	Y	Y	N	Y

University of Hawai'i at Hilo Faculty	Hawai'i Island	Y	Y	N	Y
UH Hilo Student Health Center	Hawai'i Island	Y	Y	N	Y
Kapa'a Family Physicians	Kaua'i	Y	Y	N	N
Residency Program-Wai'ānae	O'ahu	Y	Y	Y	Y
Northeastern Rural Health Clinic	California	Y	N	N	N
Federally Qualified Health Center (FQHC)-Nurse Practitioner	California	Y	Y	Y	Y
United Health Services	Nevada	N	Y	N	N

4.4.1 Contributions to Workforce Needs in Rural Areas and to the Health of Hawaiian People including the Islands of Kaua'i, Maui, Lāna'i, O'ahu as well as Hawai'i Island

The UH Hilo SON DNP Program employment sites for the three graduating classes are presented in Table 4.4.1 above. Of the total number of graduates (24), twenty have been certified as FNPs and received their APRN state recognition. Of these, 17 received their APRN recognition from the state of Hawai'i, two from California and one from Nevada. Of those who are eligible to practice as APRNs in Hawai'i, seven (41%) are currently employed in rural, medically underserved, shortage areas, or a combination of these designations in the state of Hawai'i. Several of the graduates from the class of 2017 are currently working on their credentialing with the hope of future employment in the state as APRNs.

5. Program Appropriateness for the School and University

UH Hilo SON DNP program is congruent with the mission and goals of the University. It met WASC benchmarks in 2012 prior to the admission of the first cohort. The program is recognized on campus as contributing to the needs of the university and the community. As a graduate program it is well respected within the UH Hilo Graduate Council.

5.1 Relevance to the Health Care Needs of Hawai'i Island

The UH Hilo SON is entrenched in community service. The community of interest is broad, encompassing many internal and external constituents. The reputation of the SON in the community is built on its service contributions. It is through the community of interest (our stakeholders) that common goals are shared and thoughts and ideas are exchanged. It is because of the community of interest that the DNP program focuses on outcomes related to rural health and transcultural aspects of care, and as needed, we revise the mission, goals and objectives to reflect the needs of the community of interest, and we will revise again as those needs change. The relationship between the SON and the community is dynamic and beneficial to all.

The purpose of our university 'ohana/family as outlined in the UH Hilo Strategic Plan is “to

challenge students to reach their highest level of academic achievement by inspiring learning, discovery and creativity inside and outside the classroom. Our kuleana/responsibility is to improve the quality of life of the people of Hawai‘i, the Pacific region and the world.” The UH Hilo SON feels the DNP program is aligned with and meeting the goals of the strategic plan.

The health care needs of persons living in rural Hawai‘i was the inspiration for the UH Hilo SON DNP Program. Much collaboration occurred between community constituents and the UH Hilo SON during the development phase of the DNP Program. Community leaders, health care organizations, legislators, and UH Hilo SON faculty all recognized the need for more primary care providers. The UH Hilo SON community of interest is closely linked to the school’s advisory board, which is comprised of community stakeholders including a former State legislator, UH Hilo University Relations, a Public Health Nurse Administrator, local business professionals, and other strong community leaders. The advisory board meets twice a year with the UH Hilo SON faculty who report on program development and curricular development, and seek advice on community health care needs. The advisory board also assists with discussions on workforce needs in nursing.

Demand for the DNP Program in the Hilo Community. During early planning of the DNP program in 2008, over 20% of graduates of associate degree and BSN programs on Hawai‘i Island indicated that higher education in nursing was not available locally. Later, in 2010, 325 professionals were queried related to a DNP program on Hawai‘i Island. The surveys were distributed to various members of health care teams in hospital and healthcare settings, at nursing conferences, and other organizations where nurses were employed. Of the 139 respondents (43% return) the key points of the survey indicated need and interest to prepare nurses at the DNP level. Such an educational endeavor could meet the practice demands of the increasingly complex healthcare system needs in rural areas facing the island of Hawai‘i.

Critical issues that emerged from the community of interest were categorized as needs for potential students and needs for the community. The community focus was on:

1. The need to recognize the uniqueness of rural health care
2. Access to care begins with adequate numbers of primary care providers
3. Leadership in health care system design, finance and policy development

Critical aspects driving the development of the DNP program for potential students were:

1. A need for an educational pipeline that provides advanced nursing education to local nurses
2. An educational format allowing constituents to stay at home to be educated while serving the community in which they live.

It was clear from the surveys that an online delivery of courses would better serve students and communities. With mandatory residencies for orientation and institutes, students are able to establish critical cohort bonding, access university resources, meet with faculty and engage in real time simulation with actor patients and the simulation family. Hawai‘i and especially Hawai‘i Island is credited with having a large culturally diverse population. This diversity includes the nursing professionals who have come here from the Philippine Islands, Micronesia, China, Korea, and other countries, as well as from the rest of our island state. Because UH Hilo

SON embraces a transcultural focus, students with English as a second language (ESL) are welcomed. Of the 10 students in Cohort 1 admitted August 2012, two were ESL students whose native languages were Chinese and Tagalog.

Moreover, the program specifically recruits students from Hawai‘i who want to study in the same place they live and want to give back to the local communities once they have earned their degrees and have the necessary credentials to care for those in their home communities.

In further keeping with the needs of the community, the program has dedicated theoretical and clinical courses in rural health care issues. The curriculum has a family population focus enabling students to obtain certification as a FNP thereby adding to the cadre of primary care providers so desperately needed in rural Hawai‘i. The DNP core courses in leadership, health care finance, and policy development support the need to provide much needed healthcare system redesign as suggested by the community of interest.

5.2 Relevance to the Health Care needs of the State and the Country

UH Hilo SON DNP graduates—and students—serve Hawai‘i residents in many communities around the state, particularly in rural, underserved areas. Our collaboration with the Wai‘ānae Health Clinic is a prime example of how UH Hilo DNP students fill a need in communities outside of Hilo and Hawai‘i Island. Several of our students practice in their home communities in other states to contribute to the health care needs of those areas, and students yet to graduate have expressed the desire to practice in their home communities on Maui and Kaua‘i. The need for more primary health care providers is a severe problem across the country, especially in rural areas and where often people have fewer resources to access care, especially if they must leave their communities for medical treatment.

5.3 Relevance as a Necessary Supporting Discipline

Our graduates are educated to work in interdisciplinary environments. As APRNs they interface with multiple health care providers including physicians, pharmacists, optometrists, podiatrists, social service caseworkers, mental health services providers, health care agencies, and insurance providers. Each patient encounter in primary care has multiple layers requiring interdisciplinary collaboration.

The Integrated Academic and Facilities Plan for the University of Hawai‘i System states that “UH Hilo efforts at the postgraduate level will focus on ensuring the quality, relevance and enrollment level of its current graduate programs, including providing professional opportunity for residents of Hawai‘i Island.”. Due to its unique, culturally relevant and successful placement of graduates in rural health care settings, the DNP program provides an irreplaceable approach to improving healthcare access and delivery within the state and the country, and also provides advanced professional opportunities for nurses currently practicing on Hawai‘i Island and in other rural areas of the State.

Summary

The UH Hilo SON DNP program is an accredited program that compliments the mission and vision of the University of Hawai‘i system generally and UH Hilo specifically. A transcultural caring focus for rural communities is the foundation of the UH Hilo SON programs. This focus is consistent with the UH Hilo strategic goal. With three graduating classes, the overarching goal to prepare nurses with practice doctorates to address significant health issues has been met by achievement of the program outcomes and placement of students in rural and underserved areas within the state of Hawai‘i and other areas of the country.

This program is exemplary in that it ascribes to human interaction and cultural diversity in rural settings. Health disparities as reflected in rural population health settings provide the foundation for the core courses. These core concepts are indemnified through relevant applied learning in rural health clinics guided by rural health policies and by addressing access to care through patients and health policy. Most importantly, the DNP program has a unique curriculum focusing on rural and transcultural care, both essential elements for delivery of quality health care in our state.

The DNP Program supports personalized planning of student placement to optimize their practice experiences and provide the necessary exposure to identify system issues as well as individual patient care issues. In an effort to meet student outcomes and enhance the teaching and learning process, student placements in clinical sites are individualized through a program plan geared toward the student’s past experiences and future goals as a DNP. The program plan is a joint effort between the student and the DNP Program Coordinator.

In recognition of the University of Hawai‘i at Hilo School of Nursing Doctor of Nursing Practice’s accomplishments and successes since its inception in 2012, we request your support to grant advancement of this program from provisional to established status.