Proposal for a Doctoral Degree in Professional Nursing Practice

Doctor of Nursing Practice
(DNP)

School of Nursing & Dental Hygiene
University of Hawaii at Manoa

March 4, 2011
Proposal for a Doctoral Degree in Professional Nursing Practice: The DNP

Administrative Locus

School of Nursing & Dental Hygiene (SONDH)

Planning Committee

SONDH Faculty

Victoria Niederhauser, DrPH, MSN, PNP-BC (chair), Associate Dean for Academic Affairs
Clementina Ceria-Ulep, PhD, RN, Chair, Department of Nursing
Mirella Vasquez-Brooks, PhD, APRN, FNP-BC, Family Nurse Practitioner Program Director
Connie Gazmen, MS, RN, OCN, Clinical Nurse Specialist Program Director
Merle Koury, PhD, Student Services Director
Sandra LeVasseur, PhD, RN, PhD Program Director
Debra Mark, PhD, RN, Director, Office of Research and Extramural Programs
Kristine Qureshi, DNSc, RN, Graduate Chair, SONDH
Maureen Shannon, PhD, CNM, FAAN, Chair, Graduate Curriculum & Evaluation Committee
Jenny Sterns, CPNP, Pediatric Nurse Practitioner, Program Director

UH Hilo Nursing Collaborating Partners

Kathryn Daub, EdD, RN, Director, School of Nursing
Sarah Smith, MS, RN, Faculty, School of Nursing

Degree Proposed

Doctor of Nursing Practice (DNP)

Proposed Date of Implementation

Fall Semester 2012
Proposed for a Doctoral Degree in Professional Nursing Practice: The DNP

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Executive Summary

The School of Nursing and Dental Hygiene (SONDH), University of Hawai‘i at Mānoa is proposing to develop the post-master’s Doctor of Nursing Practice (DNP) program to provide alignment with the national movement in advanced nursing education. The rapid pace of scientific development with emergence of complex diagnostic and treatment approaches results in the need to translate new science into complex health care environments. This process of acting on new medical evidence, implementation into routine care, and measuring improvements in the quality and safety of patient care is not automatic. Literature and experience shows that changing the behavior of individual health care providers and organizations to ensure safe, quality care delivery is complex. The program is designed to meet our statewide demand for a highly competent nursing workforce equipped with the skills to ensure the delivery of safe, quality nursing care in Hawai‘i.

The movement of health professionals to the practice doctorate, including pharmacy (PharmD), physical therapy (DPT), and psychology (PsyD), is proving a strong motivator for nurses to complete their academic education by attaining the doctoral degree. Until recently, the only pathway open was the PhD, which prepares graduates for a research or academic career. The DNP provides the pathway for MS prepared nurses to continue formal education and access a program targeted to the needs of their practice area. The February 2010 American Association of Colleges of Nursing (AACN) national survey reported that there are 120 DNP programs with an additional 161 programs in the planning stage.

The DNP provides the pathway for MS prepared nurses to continue formal education and access a program targeted to the needs of their practice area. Building on the master’s program curriculum, the DNP is designed as a professional (practice) doctorate integrating evidence based practice, quality improvement, and systems leadership to prepare experts in specialized advanced nursing practice. The DNP is targeted to nurses seeking a terminal degree in nursing practice and will complement the present research focused doctoral program. The program will include course and clinical work (fieldwork) including a capstone project addressing a high priority area of practice.

The DNP program will be accessible to qualified candidates across the state and will admit licensed registered nurses (RN) possessing a master’s degree in nursing or related field. The program will consist of 37 credit hours of study completed over a period of 2 years including summer sessions. Students will enter and progress in learning cohorts with courses offered in a combination of face-to-face, online, and hybrid delivery. The pedagogies will address the needs of adult learners through group work, capstone experiences, and engagement with key practice leaders and organizations. The capstone project will have a strong applied focus with students conducting projects relevant to their practice. Faculty will reflect the interdisciplinary nature and team focus of health care delivery. The DNP will access practitioner and academic expertise from schools within UH and the health care sector in Hawai‘i.

The curriculum will be guided by the AACN Essentials of Doctoral Education for Advanced Nursing Practice. The program will be designed so that all graduates are competent in the eight
essentials of doctoral education for advanced nursing practice and prepared for their specialty role in the larger healthcare system as well as on the individual care provider level.

Planning for the program involved extensive consultation internally and with stakeholders locally. Within the school, the Department of Nursing (DON) faculty undertook curriculum and program development following successful completion of the DON self-study in summer 2010. The DON Faculty Senate President served on the internal planning group and the full Senate recommended we move forward in a timely manner. Arlene Sperhac, PhD, PNP, FAAN, Professor, Rush University is serving as the national project consultant. She is a member of the National Taskforce for NP Practice Doctorate Competencies (National Organization of Nurse Practitioner Faculties), president of the Pediatric Nursing Certification Board, and CCNE site visitor for accreditation of baccalaureate, master’s, and DNP programs. Key employers, the UH Statewide Nursing Consortium, and nurse leaders in the state endorsed creation of the practice doctorate to build practitioner scholars.

The DNP program’s focus on interdisciplinary and practice partnership will draw on faculty from across UH as well as local health care leaders. Previous experience in the master’s entry program (MEPN) implementation showed that engagement of those beyond the school faculty provided depth to the admission process. UH Mānoa Nursing anticipates creating an admission process that will continue this engagement to build a strong DNP student body. Admission to all UH Mānoa Nursing programs is highly competitive. We project the same will be true for the DNP effort. Our experience in creating clear admission criteria, an explicit process for application review, and a required interview will support recruitment of candidates committed to advancing the profession. As in all of our programs, priority admission consideration is given to Hawai‘i residents, Native Hawaiian and Pacific Islanders, gender diversity, and those underrepresented in the nursing workforce.

The proposed DNP will enhance the learning environment at SONDH by providing two pathways to the terminal degree. Students will have the option to select the degree option, PhD or DNP, which best fits their abilities, needs, and career goal. Second, the program will extend our already strong partnerships for practice and scholarship with employers. Finally, with an expanded course catalog, we will increase the range of courses available to all nursing students.

The DNP Advisory Committee will be an important mechanism in ongoing formative assessment of the DNP program. The committee will meet quarterly for the first two years, then semi-annually. Discussions based on the program evaluation and student outcomes will be used to guide discussions for ongoing program improvement.

**Background**

The UH Mānoa Department of Nursing, School of Nursing and Dental Hygiene is recognized for strong student academic performance and increasing faculty success in research/scholarship while maintaining the focus on teaching excellence. During the past five years, the UHM Nursing has entered into formal research and educational partnerships with the health care industry in Hawai‘i, defined a focused research agenda, launched the legislatively authorized Hawai‘i State Center for Nursing, and is collaborating with the Western Pacific Region of the World Health Organization (WHO) in the Regional Human Resources for Health initiative. In
light of the impending nursing retirements and increased workforce demand, the School is continuing to expand educational capacity for both entry level and advanced practice nursing, including launch of the Master’s Entry into Nursing Program (MEPN). Currently the only provider of doctoral nursing education and the major provider of graduate level programs in the state, the School accepts the responsibility to assure the delivery of high quality nursing care in Hawai`i.

As an island state and the only public University offering the MS nursing degree in Hawai`i, the School is committed to providing graduate program access via distance education. The nurse practitioner, advanced public health nursing, nursing education, and nursing administration specialties in the master’s program and the PhD program are approved for distance education by WASC. The programs use a range of technology supported instructional methods to reach students including online courses, video-teleconferencing, and site visitation for clinical evaluation.

The rapid pace of scientific development with emergence of complex diagnostic and treatment approaches results in the need to rapidly translate new science into complex health care environments. This process of acting on new medical evidence, implementation into routine care, and measuring improvements in the quality and safety of patient care is not automatic. Literature and experience shows that changing the behavior of individual health care providers and organizations to ensure safe, quality care delivery is complex.

Nurses provide the majority of health care in the US and are consistently voted the most trusted professional in Gallop polls. The profession recognized that nursing education must evolve to meet society’s evolving needs. The proposed Doctor of Nursing Practice (DNP) program builds on the present master’s curricula to provide education in evidence based practice, quality improvement, systems leadership, and policy. The proposed UH Mānoa Nursing post-master’s DNP degree will prepare graduates for the highest level of nursing practice beyond the initial preparation in the discipline.1 The DNP is targeted to nurses seeking a terminal degree in nursing practice and will complement the present research focused doctoral program (PhD). The program will provide course and clinical work (fieldwork), including a capstone project.

Statement of Goals & Objectives

The mission of the SONDH is to provide an innovative, caring, and multicultural environment in which faculty, students and staff work together to generate and transmit knowledge, wisdom, and values to promote quality of life and health for present and future generations. To better reflect Hawai`i’s unique cultural diversity and heritage, the SONDH is committed to increasing representation of Native Hawaiian and other underserved people in all nursing and dental hygiene programs. The core values within the strategic plan include Research, Educational effectiveness, Social justice, Place, Economic development, Culture and society, and Technology (RESPECT).

The goal of the DNP program is to prepare superb leaders for the highest level of nursing practice and will provide academic progression to nurses in the state of Hawai'i, the Pacific Basin, and the country. The DNP graduates will serve as leaders in clinical and executive positions translating emerging science and policy directions to improve patient care. Graduates will use their knowledge base and executive skills to create new models of care delivery.

**Program Objectives**

The graduate will be prepared to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical and organizational sciences.
2. Demonstrate leadership in organizations and health care systems to promote safe, efficient care delivery to both individuals and populations.
3. Assume a leadership role in the translation and application of research and clinical practice models to improve outcomes to meet health care needs of culturally diverse populations.
4. Utilize technology and informatics to improve health care and to implement change in health care systems.
5. Design, influence, and implement health care policies that affect health care financing, practice regulation, access to care, safety, quality, and efficacy of care.
6. Collaborate with interdisciplinary professionals and teams to improve patient and population health outcomes.
7. Use advanced nursing practice competencies to improve health outcomes for underserved populations, particularly Native Hawaiians and Pacific Islanders.

The American Association of Colleges of Nursing document, *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), provides the guiding framework for the proposed program (see Appendix 1). These essentials (competencies) are endorsed by both the Commission on Collegiate Nursing Education (CCNE) and the Institute of Medicine (IOM). At successful completion of the UH Mānoa Nursing DNP program, the student will be able to demonstrate the competencies required for the highest level of nursing practice.

**Program Justification**

The movement towards the practice focused nursing doctorate has taken shape over the past 30 years. Varying program models emerged leading the AACN, the national voice for America's baccalaureate- and higher-degree nursing education programs, to convene a Task Force charged to clarify the purpose of the practice doctorate; describe program trends over time; assess the need for programs; and identify a unified approach for programs. In October, 2004, the AACN *Position Paper on the Practice of Doctorate in Nursing Practice*[^1] noted that the health system needed nursing providers competent in providing individual level care and equipped to participate at the system level. This 2004 Position Statement is the landmark document that launched the present effort to create the DNP, as the education and titling for advanced practice

nursing. Subsequently, the AACN voted to recommend the preparation necessary for advanced nursing practice move from the master's degree to the doctorate by the year 2015. The October 2010 IOM Report, *The Future of Nursing*, took a strong position by recommending a doubling of the number of nurses with a doctorate degree by 2020.

The movement of health professionals to the practice doctorate, including pharmacy (PharmD), physical therapy (DPT), and psychology (PsyD), is proving a strong motivator for nurses to complete their academic education by attaining the doctoral degree. Until recently, the only pathway open was the PhD, which prepares graduates for a research or academic career. The DNP provides the pathway for MS prepared nurses to continue formal education and access a program targeted to the needs of their practice area. The February 2010 AACN national survey reported that there are 120 DNP programs with an additional 161 programs in the planning stage.

UH Mānoa Nursing is the leader in nursing research and scholarship in Hawai'i, provides professional nursing practice consultation across the State and in the Pacific Region, and is anchoring the UH Statewide Nursing Consortium. The UHM graduate nursing distance education programs are innovative and highly regarded, and this innovation will support the DNP program.

The UHM DNP Program, in collaboration with the DNP program at UH Hilo, will support workforce development for nursing, with an emphasis on increasing access to primary care services in the community setting, acute services in the hospital setting, strengthened public health nursing and continue to create nursing leaders. The programs will ensure access to the requisite education for advanced practice nursing, contribute to the development of a stronger primary health care system, and improve the health of the residents of the State of Hawai'i.

**Needs Assessment**

The DNP provides the pathway for MS prepared nurses to continue formal education and access a program targeted to the needs of their practice area. The most recent AACN data shows that 72% of schools with APRN programs are either offering or planning a DNP program.³ Hawai'i nursing needs assessments document a strong interest in lifelong learning to expand skill and competency for nursing practice. In fall 2009, UHM Nursing conducted an electronic survey of RNs statewide regarding their interest in pursuing graduate education at UHM and asked specifically about interest in the DNP. Of the 445 respondents, 34% reported interest in the program with the majority (90%) identifying a preference for a part-time program and over 90% interested in a hybrid program (mix of on-line and campus).

UHM Nursing has 199 classified graduate students eligible to enroll in the DNP program. Students reside across the State of Hawai'i including the Island of Hawaii, Maui, Kauai, and Oahu. Three students from the Pacific Region are enrolled in our MS nursing program, with 2 on Guam and 1 on American Samoa.

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The Chief Nurse Executives from Hawai‘i’s major healthcare systems met with Dean Boland on February 17, 2011 and expressed consensus support to establish the DNP program at UH Mānoa to address systems level need. Further, they discussed skill sets and content required for a strong DNP program. The Queen’s Medical Center, Kaiser Permanente Hawai‘i, Hawai‘i Pacific Health, and Tripler Army Medical Center reported that nurses at their agencies would be greatly interested in the post-master’s DNP degree. Several nurse executives expressed a personal interest in pursuing the DNP noting its great value for nursing administrators as decision-makers and leaders in the practice setting. Some agencies are providing support and funding for employees to attain the DNP. For example, the Army Nurse Corps Program is requiring all nurse anesthetists to attain the DNP. Several of these agencies provided a letter of support which are included in Appendix 2.

The geographic isolation of the state requires that Hawai‘i grows its own nurses with targeted recruitment and retention efforts. While constituting 25% of the population, Native Hawaiians (NH) and Pacific Islanders (PI) represent only 5% of the Hawai‘i nursing workforce. In 2004, the School’s ‘IKE AO PONO (IAP) program was created and embedded at the school level with general fund support after the completion of a successful HRSA funded grant. ‘IAP outcomes to date include increases in enrollment (2% to 10%), retention, and the graduation of 117 Native Hawaiian nurses in the past six years. Currently, there are 40 Native Hawaiian graduate nursing students enrolled at UH Mānoa. Building on the success of IAP, the E ALA PONO program was established in collaboration with a Native Hawaiian Educational Trust to support two cohorts of master’s students in the advanced public health nursing specialty at UHM nursing. IAP Director Nalani Minton envisions that more Native Hawaiian students will be interested and prepared to enter into a DNP program to develop Native Hawaiian leaders in the nursing profession for Hawai‘i and the Pacific Region.

Success in addressing both need and demand for advanced nursing education requires an understanding of the perceptions of the target audience related to choosing to undertake advanced academic education. Katoaka-Yahiro and Mobley (2009) conducted a study to assess the distance learning needs of nurses living on the islands of Hawai‘i, Maui, and Lanai. The 18 focus groups, recruited from six of the ten state hospitals on the Neighbor Islands, identified three major themes related to distance learning: benefits, barriers, and intention/desire. Nurses felt that the benefits to distance learning included: a) convenience/flexibility; b) career advancement; c) cost savings and d) impact on the work environment. Barriers to distance learning included: a) human factors, e.g., learning challenges and limited personal resources; b) work, e.g., access to computers; c) technical support; e.g., outdated equipment; and d) program/curriculum, e.g., absence of academic counseling. Intention/Desire included features that the participants would like to have in the future: a) education program features, e.g., computer refresher courses; b) career/education interest, e.g., desired degree programs; c) positive outcomes, e.g., wave of the future; and d) organizational support, e.g., access to computers at work.

The study concluded that there is a gap in the research literature on distance learning outcomes in nursing practice related to generational differences in learning styles, computer competence, effective teaching strategies, and infrastructure. Educators need to evaluate current teaching and learning strategies that are effective in distance education and meet the diverse needs of
traditional and non-traditional nursing students in urban and rural areas of the State. Best practice in distance learning is critical to the success of meeting academic and practice needs. This goal will require administrative support, a technological infrastructure, faculty development, student support services, and on-going evaluation. Distance learning is the ‘wave of the future,’ and it is a critical benchmark to best practice in nursing education.

The proposed DNP will provide local alignment with the national movement in advanced nursing education. More important, it is designed to meet our statewide demand for a highly competent nursing workforce equipped with the skills to ensure the delivery of safe, quality nursing care in Hawaii.

Program Description

As a post-master’s degree program, the DNP program will admit a student licensed as a registered nurse (RN) and possessing a master’s degree in nursing or related field. The program will consist of 37 credit hours of study completed over a period of 2 years including summer sessions. This is consistent with similar post-master’s DNP programs at peer nursing schools. For example, University of Colorado Denver, John Hopkins University, and Loyola University-New Orleans offer a 38 credit program over 2 years, including summer sessions; Duke University’s program requires 35 credits taken over 2 years, including summer sessions; and the University of Minnesota’s program consists of 36 credits over a 2 year period, including summer sessions.

The DNP program will be offered via distance education and therefore accessible to qualified candidates across the state and Pacific Region. Students will enter and progress in learning cohorts of approximately 24 students annually with courses offered in a combination of campus face-to-face seminars, online, and hybrid (blended) delivery. To the extent possible, students will be required to progress with their cohort. The online PhD program uses this approach and reports it is a successful model whereby students form their own learning community and progress to graduation in a timely manner. The pedagogies address the needs of adult learners through group work, capstone experiences, and engagement with key practice leaders and health care organizations. Again, the UHM Nursing online PhD experience with adult learners will be used to guide the implementation of the DNP program. Students will attend three on campus week-long seminars during their course of study. Seminar #1 focuses on orientation, building basic skill in distance learning including use of Laulima and Elluminate™, and advisor meetings. Seminar #2 serves as the transition between year 1 and 2 to provide face-to-face capstone project proposal presentation, and advisor meetings. Seminar #3 will take place at the completion of the final spring semester. The final event of the week will include the annual DNP program day where students will present their final capstone project to the cohort, faculty, and practice partners. They will be on campus and able to participate in the May Mānoa commencement and school recognition ceremonies.

The DNP curriculum is built upon the present UHM nursing graduate program. Some of the core coursework for the DNP is offered in the present MS program; several courses in the PhD curriculum are applicable as electives for the DNP program. The capstone project has a strong
applied focus with students conducting projects relevant to their practice. The program pathway for student cohorts and the course listings is found in Table 1.

Table 1. DNP Pathway: 37 credits

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<tr>
<td><strong>YEAR 1</strong></td>
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<td>On Campus</td>
<td>NURS 600 Epidemiology for Advanced Nursing</td>
<td>NURS 797 DNP Capstone (1)</td>
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<td>Seminar #1</td>
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<td>Orientation</td>
<td>NURS 669 Introduction to Evidenced-based</td>
<td>NURS 671 Biostatistics: Application for</td>
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<td>(August)</td>
<td>Practice (3)</td>
<td>Advanced Nursing Practice Settings (3)</td>
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<td>NURS 673 Implementation and Evaluation</td>
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<td>Strategies for Evidenced-Based Practice (3)</td>
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<td>NURS 665 Clinical Economics and Finance (3)</td>
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<td>NURS 797 DNP Capstone (1)</td>
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| **YEAR 2**            |                                             |                                             |
| On Campus             | NURS 630 Transforming Health Care through   | NURS 797 DNP Capstone (4)                   |
| Seminar #2            | Collaboration, Informatics and Policy (3)   |                                             |
| Capstone              |                                             |                                             |
| Proposal Presentation | (August)                                    |                                             |
|                       | NURS 797 DNP Capstone (1)                   |                                             |
|                       | Elective (3)                                |                                             |
|                       | NURS 774 Best Practices in Healthcare       |                                             |
|                       | Leadership & Management (3)                 |                                             |
|                       | NURS 797 DNP Capstone (3)                   |                                             |

NOTE: 10 credits of NURS 797 DNP Capstone with 45 hours per credit = 450 minimum hours of clinical practicum hours; In addition, NURS 600, NURS 630, and NURS 671 will have 1 credit of practicum each = 135 hours. Total practicum hours for the post-master program are 585 hours. The model assumes documentation (validation) at admission of at least 500 clinical hours completed during MS program.

DNP Capstone

AACN believes that doctoral education, whether practice or research, is distinguished by completion of a specific project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship. In contrast to the classic dissertation model that varies little across higher education or discipline, the practice project will take many forms. AACN examples include a practice portfolio that includes the impact or outcomes due to practice while highlighting the practice scholarship; a practice change initiative where the student demonstrates the use of evidence and science to achieve system change; or a project manuscript accepted for publication. The capstone is designed to build towards achievement of the AACN essential competencies. It provides a tangible and deliverable academic product that is derived from practice and evaluated by peers and faculty.
On arrival at Seminar #1, the student will be prepared with a draft description of their project idea and a commitment from the organization partner where the project will be conducted. The program semester benchmark described below must be met for continued progression:

- Year 1, Semester 2 (1 credit)
  - Outline for Capstone Proposal Development: Student will have completed the Problem/Analysis framework for the project
- Year 1, Semester 3 (1 credit)
  - Capstone Proposal Complete, Oral Presentation of Capstone Proposal
- Year 2, Semester 4 (1 credit)
  - IRB Approvals complete (if applicable), Initiation of Capstone Project
- Year 2, Semester 5 (3 credits)
  - Completion of Capstone Project
- Year 2, Semester 6 (4 credits)
  - Analysis of Outcome Criteria, Completion of Capstone Project Report Presentation, Oral Presentation of Capstone Project

Each student and faculty advisor will design a capstone project plan to address individual learning needs. Experiences will include in-depth collaboration with leaders from nursing and related health disciplines. The faculty and practice advisors will support the student to develop a final capstone project that demonstrates synthesis of the student’s work. The detailed syllabus for NURS 797 DNP Capstone is found in Appendix 3.

UHM Nursing provides access to a varied and broad environment for nursing practice. As attested in Appendix 2, the major employers on Oahu are supporting the DNP effort and the school has 221 formal affiliating agreements with agencies statewide for student placement. In addition, the non-compensated faculty at the school number over 100 expert practitioners and executives in nursing and health care. Finally, key Mānoa professional schools have committed to participating in didactic and capstone activity. Taken together, these resources will provide unparalleled access for students. The UHM Nursing faculty resources are detailed in the Resources Available Section on page 19.

Planning was guided by the following resource documents relevant to the profession of nursing education and practice:

- The Institute of Medicine (IOM), *To Err is Human: Building a Safer Health System*, (1999)
In summary, the program is designed so that all graduates will be competent in the eight essentials of doctoral education for advanced nursing practice and prepared for their specialty role in the larger healthcare system as well as on the individual care provider level (for detailed competencies, see Appendix 1, AACN Essentials of Doctoral Education for Advanced Practice Nursing). The eight essentials are:

1. **Scientific underpinnings for practice. Recognizes the philosophical and scientific underpinnings essential for the complexity of nursing practice at the doctoral level.**
2. **Organizational and systems leadership for quality improvement and system thinking. Recognizes the competencies essential for improving and sustaining clinical care and health outcomes, eliminating health disparities, and promoting patient safety and excellence in care.**
3. **Clinical scholarship and analytical methods for evidence-based practice. Recognizes competencies essential for translation of research into practice, evaluation of practice, practice improvement, and the development and utilization of evidence-based practice.**
4. **Technology and information for the improvement and transformation of patient-centered health care. Recognizes competencies essential to manage, evaluate, and utilize information and technology to support and improve patient care and systems.**
5. **Health care policy for advocacy in health care. Recognizes the responsibility nurses practicing at the highest level have to influence safety, quality, and efficacy of care, and the essential competencies required to fulfill this responsibility.**
6. **Interprofessional collaboration for improving patient and population health outcomes. Recognizes the critical role collaborative teams play in today’s complex health care systems and the competencies essential for doctorally prepared nurses to play a central role on these teams.**
7. **Clinical prevention and population health for improving the nation’s health. This essential added to original seven in response to: 1) IOM 2001 call for transformation “...of health professional education in response to the changing needs of the population and the demands of practice”; 2) Healthy People 2010 support of IOM and objective to include “core competencies in health promotion and disease prevention” in clinical education; and 3) In consideration of nursing’s longstanding focus on health promotion and prevention.**
8. **Advanced nursing practice for improving the delivery of patient care. Recognizes the essential competencies reflective of the distinct, in-depth knowledge and skills that form the basis for nursing practice at the highest level regardless of practice role.**

The program is designed to be in compliance with standards for DNP programs developed by the AACN and the CCNE. The baccalaureate and master's programs in nursing at SONDH are fully accredited by CCNE through 2011. Reaccreditation self-study with an evaluation team visit was completed in 2010. The team report found that UH Mānoa met all four standards with no compliance concerns. UH Mānoa will receive the reaccreditation decision by mid-April 2011. In accordance with CCNE criteria, a program may apply for accreditation after the first class of students complete 12 months of study. Accreditation for the program will be sought after the first year of the program.
Arlene Sperhac, PhD, PNP, FAAN, Professor, Rush University is serving as the national project consultant to UHM Nursing on the DNP planning. Dr. Sperhac developed one of the first DNP programs in the U.S. She is a member of the National Taskforce for NP Practice Doctorate Competencies (National Organization of Nurse Practitioner Faculties), president of the Pediatric Nursing Certification Board, and CCNE site visitor for accreditation of baccalaureate, master’s, and DNP programs.

Admission

The DNP program’s focus on interdisciplinary and practice partnership will draw on faculty from across UH as well as local health care leaders. Previous experience in the master’s entry program (MEPN) implementation showed that engagement of those beyond the school faculty provided depth to the admission process. UHM Nursing anticipates creating an admission process that will continue this engagement to build a strong DNP student body. Admission to all UHM Nursing programs is highly competitive. We project the same will be true for the DNP effort. Our experience in creating clear admission criteria, an explicit process for application review, and a required interview will support recruitment of candidates committed to advancing the profession. As in all of our programs, priority admission consideration is given to Hawai‘i residents, Native Hawaiian and Pacific Islanders, gender diversity, and those underrepresented in the nursing workforce.

Admission Requirements

In accordance with UH Mānoa policy, applicants will submit an application for admission to both the Mānoa Graduate Division and the school. Applicants must meet both admission requirements and deadlines as posted on the respective web sites.

To be considered for nursing admission into the post-master’s DNP program, the applicant must meet the following requirements:

- **Nursing License**: An active RN license and APRN license, if applicable, in Hawai‘i or the state of residence.
- **Specialty Certification**: Current certification in the advanced practice specialization (nurse practitioner, clinical nurse specialist, certified nurse-midwife, or nurse anesthetist), where applicable.
- **Education**: A master's degree in nursing or related area with a grade point average (GPA) of 3.0 on a 4.0 scale.
- **English Language Proficiency**: If an applicant’s native language is not English or has not obtained a bachelor’s or master’s degree from an English speaking college, then the applicant must submit official Test of English a Foreign Language (TOEFL) scores with a minimum score of 600.
- **Official transcripts**: Submit one official degree transcript(s) sent directly from the degree granting institution to the Graduate Admissions Office or received in a sealed institutional envelope.
- **School and Graduate Division Application**: Submit a completed application, one each for the Graduate Division and School, which must be received by February 1 for the following fall semester for priority consideration.
• **Curriculum Vita:** Submit a curriculum vita or resume reflecting education, professional work experiences, awards, honors and other achievements.

• **Profile Essay:** Submit approximately 500 words that describes short and long-term professional goals.

• **Description of Proposed Capstone Project Idea:** Submit a brief abstract (approximately 500 words) describing a nursing practice problem you would like to study and your initial ideas about addressing it.

• **Professional References:** Submit three professional references that speak to leadership, academic and professional successes, and potential to be successful in a DNP program.

• **Interview:** Interview after all documents are reviewed.

UHM Nursing graduate students who meet academic requirements may elect to progress to the DNP program. Such admission is conditional upon award of the master’s degree from the UH Mānoa Graduate Division.

**Degree Requirements**

The program will include coursework, fieldwork and a capstone project that centers on a significant issue in health or health care systems. To successfully complete the program, the student must complete the required coursework with a minimum GPA of 3.0. In addition, they must successfully complete and present the results of the DNP Capstone Project to faculty advisors, cohort members, and the community.

**Student Outcomes, Standards, and Guidelines**

The Associate Dean for Academic Affairs (ADAA) is organizationally responsible for DON academic evaluation and quality management. The DNP is a program of the Department of Nursing and will be housed in the Department of Nursing. The DON Chair and the Graduate Chair will collaborate with the ADAA to conduct and evaluate the program to ensure continuous program improvement.

**Required Coursework**

DNP students will complete the equivalent of 37 credits of coursework. Coursework may vary according to prior courses completed during their MS degree with prescribed courses for the degree including 10 credits of NURS 797 DNP Capstone, and 3 credits of NURS 630, NURS 669, and NURS 673.

**Electives**

Six credits of electives will be taken to augment students’ learning. Students will discuss the proposed electives with their faculty advisor.
**DNP Capstone Project**

The NURS 797 DNP Capstone course syllabus outlines the assessment and rubrics for student assessment (Appendix 3). Candidates will work with their principal faculty advisor to develop, implement, and evaluate their project. The principal faculty advisor will evaluate the effort and written material using the explicit capstone proposal rubric noted in the syllabus. In the event of concern related to meeting the review criteria, a second reader will be used. Once the written project is reviewed successfully, the student will present the project at the annual DNP program day to peers, faculty and practice advisors, and the community.

**Assessment of Coursework and Projects**

In conformity with Graduate Division requirements, students will be expected to maintain a GPA of 3.0 or above. Students who obtain a grade of a B- or less in any nursing course will be required to repeat the course at a later date. A student who fails to achieve a B- on repeating a nursing course will not be allowed to progress in the program.

**Program Administration**

The Dean and DON Administrative Team, including the DON Faculty Senate President, meet bimonthly to discuss, clarify, and develop academic and research policy to support school success, receive and provide feedback, conduct strategic thinking on academic and research initiatives, and provide a venue for discussion of concerns, issues, and successes. The DNP will be housed in the DON and administered by a .5 FTE DNP Program Director, a .5 FTE information technology staff and a .5 FTE administrative staff. The Associate Dean for Academic Affairs has responsibility for evaluation and accreditation all academic programs, including doctoral, at the school.

**Program Advising**

Students will be guided through the program by three individuals, Dr. Ray Jarman, the Office of Student Services Graduate Advisor; a doctoral prepared faculty will serve as the Principal Capstone Advisor; and the External Capstone Advisor, who will be a person identified at the capstone project facility that is willing and able to serve in this capacity. The external Capstone Advisor will receive an adjunct (non-compensated) faculty appointment. Currently, we have over 80 adjunct faculty members at the school; many of these faculty members will serve as the external advisors for the student cohorts.

The roles of the three advisors are delineated below:

- **Graduate Advisor (GA):** The GA will advise students on issues related to admission and progression including admission, registration, graduation policies and procedures.
- **Principal Capstone Advisor (PCA):** The PCA will be identified during the admission process and will have expertise in the focus area of the student’s capstone project. They will be the faculty of record for the NURS 797 DNP Capstone course that is taken by students in their second through sixth semesters of the program. The PCA will provide
guidance on the selection of electives to compliment the student program of study and oversee the capstone project planning, implementation and evaluation.

- **External Capstone Advisor (ECA):** The ECA will bring their professional expertise and leadership experience to the DNP Capstone project. The ECA will be identified by the end of the second semester and will sign a formal agreement of support for the student and capstone project. As an insider in the organization, the ECA will facilitate the smooth planning, implementation and evaluation of the Capstone project at the facility.

**Relationship to Board of Regents Criteria**

The proposed DNP is aligned with the UH Mānoa mission of “Leadership, Excellence, Innovation” and the Core Commitments (RESPECT) of *Defining Our Destiny*, the campus Strategic Plan. UHM Nursing is committed to providing a pipeline for the entry level and advanced practice nursing workforce in Hawai‘i. Further, we provide opportunity to Hawai‘i public high school students to attain BS and advanced degrees while receiving a world class education. First time pass rates for entry (95%) and advanced practice nurses (100%) graduating from UHM consistently exceed national averages. The majority of our graduates choose to remain in Hawai‘i and work on all islands. Recent focus groups with employers found that UHM nursing graduates exceed expectations and are highly recruited.

**Similar Programs at Comparable Institutions**

According to the AACN, 120 DNP programs are currently enrolling students at schools of nursing nationwide, and an additional 161 DNP programs are in the planning stages. DNP programs are now available in 36 states plus the District of Columbia. States with the most programs (5 or more) include Florida, Minnesota, New York, Pennsylvania, and Texas. From 2008 to 2009, the number of students enrolled in DNP programs increased from 3,415 to 5,165. During that same period, the number of DNP graduates increased from 361 to 660. Typically DNP post-master’s programs require between 29-40 credit hours of study and all require a capstone project.

**Relationship to Other Programs at UHM**

The proposed DNP will enhance the learning environment at SONDH by providing two pathways to the terminal degree. Students will have the option to select the degree option, PhD or DNP, which best fits their abilities, needs, and career goal. Second, the program will extend our already strong partnerships for practice and scholarship with employers. Finally, with an expanded course catalog, we will increase the range of courses available to all nursing students. Health care delivery is a team effort and the competent nurse must be skilled in communication, advocacy, and team work. The academic environment must provide substantial access to nursing practice experts including advanced clinicians, nurse executives, informaticists, health policy makers, and strong practice environments. AACN suggests that DNP programs use interdisciplinary faculty and engage across disciplines. The SONDH intramural collaborations described below will support this program.
• The Shidler College of Business and SONDH offer a dual degree MS/MBA and faculty teach in the existing master’s in nursing administration program. Together, we offer continuing education programs to the Hawai'i health sector.

• The John A. Burns School of Medicine and SONDH are actively engaged in several interdisciplinary education, practice, and research initiatives. In addition, the Department of Public Health Sciences will support student enrollment in courses.

• SONDH faculty teaches in the interdisciplinary Family Law course offered through the Health Policy Law Center at the William S. Richardson School of Law.

• UH Hilo Nursing School is currently proposing to offer a DNP grounded in transcultural nursing and rural health care. UH Hilo and UHM nursing programs will collaborate and coordinate efforts designed to meet state need.

• UH Statewide Nursing Consortium welcomes the ability for expanded access to academic progression for students statewide. Graduates of the new consortium curriculum can enroll in the MS program and continue on to receive the DNP.

Letters of support are included in Appendix 2.

Relationship to UH Hilo Proposed DNP

The UH Mānoa DNP program and the proposed UH Hilo DNP program will provide two differentiated pathways leading to the DNP. UH Mānoa will offer a post-master’s program to RNs with a master’s degree in nursing or a related field. To meet the need for primary care providers on the Island of Hawai'i, UH Hilo proposes to offer the post-baccalaureate Family Nurse Practitioner DNP program to students who have completed their BS in nursing degree. UH Mānoa’s program will build on our robust master of science degree focusing on both direct and indirect care (leadership and administration) in community-based care, evidence-based practice, and public health nursing. The UH Mānoa program will target the student who is a registered nurse with a master’s degree in the state, Pacific Basin, and the United States.

The two programs will collaborate to strengthen the individual programs and create system level efficiencies. The programs are in the process of creating a MOU to guide efforts to jointly consult, share best practices, create opportunities for faculty exchange, and allow access into specific courses at each campus for students. The UH Mānoa PhD program will continue to educate UH Hilo faculty.

Anticipated Student Demand and Enrollment

At the national level, interest in the post-master's DNP degree is supported by reports of a strong applicant pool from the schools offering the program (personal communication with nursing deans at Rush University, the University of Kentucky, and the University of Tennessee at Memphis). These deans report that they have many more qualified applicants than can be
accepted into their programs. In addition, the institutions are experiencing enrollment growth in both the DNP and PhD programs.

Given the national trend and requirement for the DNP degree as entry into advanced practice nursing in 2015, we expect the demand to continuously exceed the capacity for the DNP post-master’s program. In the first year (August 2012), we project enrollment of a cohort of 24 post-master’s students. Preference for admission will be given to graduating UHM master’s students, and program alumni, and Hawai'i residents. If demand is high, we anticipate increasing enrollment in subsequent years. A summary of the projected expenses and revenue for the UHM DNP program is shown in Appendix 4.

We anticipate that 10% of our current 199 classified master’s students may apply for admission. Other potential applicants include the 800+ Hawai'i licensed Advanced Practice Registered Nurses (APRNs), nursing administrators, and active duty military APRNs stationed in Hawai'i.

Enrollment Projections

For the proposal purposes, we project 24 part-time students will be admitted each August. Part-time students will be able to complete the program in 6 semesters, including summer sessions. Projected enrollment at the time of implementation and over a six-year period with corresponding anticipated graduations are shown in Table 2.

Table 2. Projected Enrollment and Graduation

<table>
<thead>
<tr>
<th>Cohort</th>
<th>FY 2012</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort 1</td>
<td>24</td>
<td>24</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>-</td>
<td>24</td>
<td>24</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 3</td>
<td>-</td>
<td>-</td>
<td>24</td>
<td>24</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24</td>
<td>24</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Cohort 6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24</td>
</tr>
<tr>
<td>Total Projected Enrollment</td>
<td>24</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Total Projected Graduations</td>
<td>0 (cohort 1)</td>
<td>24 (cohort 2)</td>
<td>24 (cohort 3)</td>
<td>24 (cohort 4)</td>
<td>24 (cohort 5)</td>
<td>24 (cohort 5)</td>
</tr>
</tbody>
</table>

Anticipated Cost

Costs will include faculty salary, administrative program support, information technology support, seminar costs, materials/supplies, and accreditation costs. Tuition revenue from student enrollment will support any additional costs for lecturers.

Program Funding

The program will be fully funded using existing general funds and tuition revenues. No additional funds will be requested. Existing funds and resources will be reallocated. External funds will be sought to supplement existing funding.
Academic Cost and Revenue Template

The Academic Cost and Revenue Template is provided in Appendix 4 including a justification. Revenue is projected for each year.

Resources Required and Resources Available

Faculty

The UHM DON has 68 full time faculty; of these 28 hold doctoral degrees, while the remainder are master’s prepared. We have several current faculty who are qualified to teach the new DNP courses. In year one, 1.50 FTE faculty will be hired to support the program with an additional 1.50 FTE faculty hired in year two. The program will provide interdisciplinary learning via electives and seminars with faculty from the John A. Burns School of Medicine, William S. Richardson School of Law, Shidler College of Business, and UH Hilo Nursing.

Library Resources

The UHM Hamilton Library is the only major research library in the State of Hawai‘i and the Pacific Rim. The UHM Nursing graduate students have access to more than 3.4 million volumes, 24,000 serials in all formats (print and electronic), 60 science databases, 3,000 electronic journals, and 30,000 other titles. The students also have access to the John A. Burns School of Medicine Health Sciences Library (which emphasizes Web accessible materials).

Physical Resources

Webster Hall provides 40,000 sq. ft. of classroom and faculty offices for UHM Nursing. In fall 2011, the UH Translational Health Sciences Simulation Center will be launched with the completed renovation of the third floor to create an 8,000 sq. ft. learning facility with state-of-the-art technology capable of communication with clinical facilities, UH campuses, and students statewide. Students will learn in an interprofessional environment with participation of JABSOM faculty and expert clinicians from Center partners including The Queen’s Medical Center, Hawai‘i Pacific Health hospitals, and Kaiser Hawai‘i during the on-campus seminars. No additional physical resources will be required for the UHM DNP program. Since a majority of the courses will be online, no additional classroom space will be required.

Other Resources Required

No other additional resources will be required for the UHM DNP program. SONDH operates a staffed Office of Student Services and works closely with the UHM Graduate Division to manage enrollment and student progression. The plans for the UH Translational Health Sciences Simulation Center have already taken into account advanced practice nursing education needs. The requisite equipment has been ordered, with simulation lab equipment funding from HRSA, HMSA Foundation, and local health care organizations and foundations.
UH Mānoa and the UH Hilo nursing program will develop a memorandum of understanding whereby the two programs will offer two distinct DNP programs with collaboration and coordination designed to meet state need.

**Assessment of Student Performance**

During the first year of the program, the UHM Nursing will seek accreditation for the DNP program from CCNE. Through this accreditation process, the program will demonstrate alignment to the AACN DNP Competencies, a sound assessment plan, and continuous quality improvement effort.

Assessment of student performance for the DNP program will be done through the UHM Nursing Evaluation Plan. Continuous quality improvement strategies are the basis of the evaluation system. Formative evaluation (monitoring) and summative evaluation (outcomes) are linked to assure that potential problems are identified and resolved early and that data-based reports of program successes and issues are readily available for dissemination to faculty, administrators, and UHM Nursing’s Curriculum & Evaluation Committee. Objectives are measurable and are linked to appropriate activities and evaluation criteria.

The UHM Nursing Evaluation Plan provides an infrastructure for identifying, analyzing, and reporting data for program decision-making. The plan assesses program inputs, monitors program processes, and measures the achievement of program outcomes. The plan provides a multidimensional, multivariate framework for evaluation of UHM Nursing programs. Students, faculty, program graduates, accrediting agencies, employers, administrators, licensing agencies, and others as appropriate provide program evaluation data. The plan's goals are to: (a) provide formative evaluation (ongoing feedback) to administrators, faculty, students, advisory groups, and others concerned with the strengths and weaknesses of the program; (b) identify specific areas for future development in curriculum, instruction, faculty expertise, resources and facilities, organization and administration, and alumni affairs; (c) identify the relationship between the program and the current and emerging needs of society; (d) determine the extent to which the program meets the needs of students, faculty, and employers; and (e) provide evidence of program effectiveness in accordance with accreditation and other pertinent criteria.

Internal academic assessment processes require that the SONDH assess its effectiveness in achieving its goals and objectives; assess student attainment of learning outcomes; document use of assessment data; and establish goals and objectives for the next academic year. These assessment activities along with external evaluation from the CCNE when available will ensure that the DNP program fulfills its mission, goals, and objectives to produce nurses for the highest level of nursing practice.

**Curriculum Map**

A detailed cross-walk between the AACN DNP competencies and the curriculum is found in Appendix 5.
Program Outcomes

The program outcomes for the DNP program are that the graduate will be prepared to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical and organizational sciences.
2. Demonstrate leadership in organizations and health care systems to promote safe, efficient care delivery to both individuals and populations.
3. Assume a leadership role in the translation and application of research and clinical practice models to improve outcomes to meet health care needs of culturally diverse populations.
4. Utilize technology and informatics to improve health care and to implement change in health care systems.
5. Design, influence and implement health care policies that affect health care financing, practice regulation, access to care, safety, quality, and efficacy of care.
6. Collaborate with interdisciplinary professionals and teams to improve patient and population health outcomes.
7. Use advanced nursing practice competencies to improve health outcomes for underserved populations, particularly Native Hawaiians and Pacific Islanders.

Program Outcomes, adapted from the AACN Doctoral Essentials (2006), are linked to coursework, field work, and the DNP Capstone Project.

Other Assessments of Program Effectiveness

Capstone Project

The DNP program includes a capstone project (see Appendix 3, NURS 797 DNP Capstone syllabus) which provides an opportunity for the student to apply advanced theoretical, policy and specialty knowledge and skills in clinical practice and systems level experiences. During the capstone, the student must demonstrate the ability to employ effective communication and collaboration skills to influence health care quality and safety, and negotiate successful change in care delivery processes for individuals, groups, or populations across a broad spectrum of healthcare delivery systems.

Upon completion of the capstone, the student will demonstrate:

1. Advanced clinical judgment, expertise and specialization in a defined content area.
2. Advanced levels of systems thinking and accountability in designing, delivering, and evaluating evidence-based care to improve health care quality, safety, and outcomes.
3. Leadership in the development and implementation of patient-driven, institutional, local, state, federal, and/or international health policy in a select content/specialty area.

Each student has the responsibility to present a proposed capstone project that meets their individual career goals during the second seminar. It is expected that the student will focus on clinical problems and/or organizational systems to promote effective, efficient and accessible
care for individuals, groups, or populations. The proposed capstone project will be evaluated via a rubric by faculty and their DNP peers. Students are expected to synthesize the feedback, and alter their project as necessary. At the end of the program, the student will submit a written project summary and present the final capstone project to faculty and DNP peers at the final on-campus seminar.

A detailed description of the student performance assessment can be found in the NURS 797 DNP Capstone syllabus located in Appendix 3. Table 3 reflects a sample rubric for the final DNP Capstone Project paper.

Table 3. Rubric for Capstone Project

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Minimal (1)</th>
<th>Acceptable (2)</th>
<th>Exceptional (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem</td>
<td>Problem is not clearly articulated. Literature review is disorganized and incomplete; project is not feasible.</td>
<td>The problem statement is acceptable and the project is feasible.</td>
<td>The problem is well chosen and articulated and significant in scope and potential impact.</td>
</tr>
<tr>
<td>Framework</td>
<td>Theoretical framework is inappropriate. Supporting literature is not present.</td>
<td>The literature review section is adequately organized and the methods are sufficient to provide an acceptable level of analysis.</td>
<td>The literature review is thorough, complete, well organized and clearly articulated. The theoretical/conceptual framework is well thought out and presented.</td>
</tr>
<tr>
<td>Objectives</td>
<td>Objectives are not feasible or measurable.</td>
<td>Objectives are feasible and measurable.</td>
<td>Objectives are insightful and clearly linked to evaluation measures.</td>
</tr>
<tr>
<td>Action Plan/Methods</td>
<td>The methodology section is disorganized and the method selected is inappropriate for the project.</td>
<td>The methodology section is adequately organized and the methods are sufficient to provide an acceptable level of support for the project.</td>
<td>The methodology section is well organized. The methods and outcomes evaluation criteria chosen are at the highest level for the project.</td>
</tr>
</tbody>
</table>
Analysis
Plans for analysis is well described in detail

Methods of analysis are not explained.

Methods of analysis are appropriate, though other methods may have been planned.

Plans for outcomes criteria are insightful and will provide useful implications for practice.

Approvals
Informed Consent, if necessary, meets human subject requirements

Informed consent was indicated, but not obtained

Informed consent, if indicated, was submitted or obtained

Informed consent was submitted or obtained from multiple institutions, if applicable.

Quality of Writing
APA format

The proposal is poorly written, unorganized and contains spelling, punctuation, and grammatical errors.

The quality of writing is acceptable. The proposal is coherent and contains a few spelling, punctuation, and grammatical errors.

The quality of writing is above average. As a whole it is well organized, shows logical consistency, and is free of spelling, punctuation and grammatical errors.

Transition Points for Assessment

Transition points for assessment of student performance for the DNP program are:

- Year 1: Successful completion of all course work with achievement of at least a B grade in all nursing courses; Successful presentation of capstone project with feedback via rubric from faculty and DNP peers. Initiation of capstone project.
- Year 2: Successful completion of all course work with achievement of at least a B grade in all courses; Completion of capstone project with final presentation.

DNP Advisory Committee

The DNP Advisory Committee will be an important mechanism in ongoing formative assessment of the DNP program. The committee will meet quarterly for the first two years, then semi-annually. Discussions based on the program evaluation and student outcomes will be used to guide discussions for ongoing program improvement.

CCNE Accreditation

Officially recognized by the U.S. Secretary of Education as a national accreditation agency, the CCNE is an autonomous accrediting agency, contributing to the improvement of the public's health. CCNE ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self regulatory process, CCNE accreditation supports and encourages continuing self assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs.

UHM nursing’s existing baccalaureate and master’s programs are accredited by the CCNE. Per CCNE policy, UHM nursing will notify CCNE of the intent to offer a DNP upon approval from
the University with the plan to apply for accreditation and schedule a site visit after the first year, approximately FY 2014. The program will be evaluated upon CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, amended April 2009, and AACN’s *Essentials of Doctoral Education for Advanced Nursing Practice*.

**References**

A list of references is provided for additional information and background on the DNP degree.

**Evolution of the DNP**

- American Association of Colleges of Nursing (AACN), Fact Sheet: The Doctor of Nursing Practice (provided in Appendix 1). [http://www.aacn.nche.edu/Media/FactSheets/dnp.htm](http://www.aacn.nche.edu/Media/FactSheets/dnp.htm)
- AACN, Doctor of Nursing Practice Frequently Asked Questions. [http://www.aacn.nche.edu/DNP/dnpfaq.htm](http://www.aacn.nche.edu/DNP/dnpfaq.htm)

**Healthcare Environment**


**National and CCNE Accreditation Requirements**

Fact Sheet:
The Doctor of Nursing Practice (DNP)

On October 25, 2004, the member schools affiliated with the American Association of Colleges of Nursing (AACN) voted to endorse the Position Statement on the Practice Doctorate in Nursing. This decision called for moving the current level of preparation necessary for advanced nursing practice from the master’s degree to the doctorate-level by the year 2015. This endorsement was preceded by almost four years of research and consensus-building by an AACN task force charged with examining the need for the practice doctorate with a variety of stakeholder groups.

Introducing the Doctor of Nursing Practice

- In many institutions, advanced practice registered nurses (APRNs), including Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse-Midwives, and Certified Registered Nurse Anesthetists, are prepared in master's-degree programs that often carry a credit load equivalent to doctoral degrees in the other health professions. AACN's position statement calls for educating APRNs and other nurses seeking top leadership/organizational roles in DNP programs.

- DNP curricula build on traditional master's programs by providing education in evidence-based practice, quality improvement, and systems leadership, among other key areas.

- The DNP is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. DNP-prepared nurses are well-equipped to fully implement the science developed by nurse researchers prepared in PhD, DNSc, and other research-focused nursing doctorates.

Why Move to the DNP?

- The changing demands of this nation's complex healthcare environment require the highest level of scientific knowledge and practice expertise to assure quality patient outcomes. The Institute of Medicine, Joint Commission, Robert Wood Johnson Foundation, and other authorities have called for reconceptualizing educational programs that prepare today’s health professionals.

- Some of the many factors building momentum for change in nursing education at the graduate level include: the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; shortages of doctorally-prepared nursing faculty; and increasing educational expectations for the preparation of other members of the healthcare team.

- In a 2005 report titled Advancing the Nation's Health Needs: NIH Research Training Programs, the National Academy of Sciences called for nursing to develop a non-research clinical doctorate to prepare expert practitioners who can also serve as clinical faculty. AACN's work to advance the DNP is consistent with this call to action.

- Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT), and Audiology (AudD) all require or offer practice doctorates.
Sustaining Momentum for the DNP

- After a two-year consensus-building process, AACN member institutions voted to endorse the *Essentials of Doctoral Education for Advanced Nursing Practice* on October 30, 2006. Schools developing a DNP are encouraged to use this document, which defines the curricular elements and competencies that must be present in a practice doctorate in nursing. The *DNP Essentials* are posted online at [http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf](http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf).

- In July 2006, the AACN Board of Directors endorsed the final report of the *Task Force on the Roadmap to the DNP*, which was developed to assist schools navigating the DNP program approval process. This report includes recommendations for securing institutional approval to transition an MSN into a DNP program; preparing faculty to teach in DNP programs; addressing regulatory, licensure, accreditation, and certification issues; and collecting evaluation data. The Roadmap report and accompanying tool kit are posted at [http://www.aacn.nche.edu/DNP](http://www.aacn.nche.edu/DNP).

- Schools nationwide that have initiated the DNP are reporting sizable and competitive student enrollment. Employers are quickly recognizing the unique contribution these expert nurses are making in the practice arena, and the demand for DNP-prepared nurses continues to grow. According to the 2009 salary survey conducted by *ADVANCE for Nurse Practitioners* magazine, DNP-prepared NPs earned $7,688 more than master’s-prepared NPs.

- The Commission on Collegiate Nursing Education (CCNE), the leading accrediting agency for baccalaureate- and graduate-degree nursing programs in the U.S., began the process for accrediting DNP programs in Fall 2008. To date, 18 DNP programs have been accredited by CCNE, and an additional 70 DNP programs are pursuing CCNE accreditation.

Current DNP Program Statistics

- 120 DNP programs are currently enrolling students at schools of nursing nationwide, and an additional 161 DNP programs are in the planning stages.

- DNP programs are now available in 36 states plus the District of Columbia. States with the most programs (5 or more) include Florida, Minnesota, New York, Pennsylvania, and Texas.

- From 2008 to 2009, the number of students enrolled in DNP programs increased from 3,415 to 5,165. During that same period, the number of DNP graduates increased from 361 to 660.

![Number of Doctoral Programs in Nursing, 2006 - 2009](image-url)

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# The Essentials of Doctoral Education for Advanced Nursing Practice

October 2006

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

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

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

> any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. (p. 2)
Furthermore, the DNP position statement (AACN, 2004, p. 4) identifies the benefits of practice focused doctoral programs as:

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

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

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

**Context of Graduate Education in Nursing**

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

In hallmark reports, the IOM (1999, 2001, 2003) has focused attention on the state of health care delivery, patient safety issues, health professions education, and leadership for nursing practice. These reports highlight the human errors and financial burden caused by fragmentation and system failures in health care. In addition, the IOM calls for dramatic restructuring of all health professionals’ education. Among the recommendations resulting from these reports are that health care organizations and
groups promote health care that is safe, effective, client-centered, timely, efficient, and equitable; that health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement, and informatics; and, that the best prepared senior level nurses should be in key leadership positions and participating in executive decisions.

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

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

*Relationships of Master’s, Practice Doctorate, and Research Doctorate Programs*

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

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

**DNP Graduates and Academic Roles**

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

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

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

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

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

The DNP curriculum is conceptualized as having two components:

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

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

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

**Essential I: Scientific Underpinnings for Practice**

The practice doctorate in nursing provides the terminal academic preparation for nursing practice. The scientific underpinnings of this education reflect the complexity of practice
at the doctoral level and the rich heritage that is the conceptual foundation of nursing. The discipline of nursing is focused on:

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

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

The DNP program prepares the graduate to:

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

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

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

Graduates must be skilled in working within organizational and policy arenas and in the actual provision of patient care by themselves and/or others. For example, DNP graduates must understand principles of practice management, including conceptual and practical strategies for balancing productivity with quality of care. They must be able to assess the impact of practice policies and procedures on meeting the health needs of the patient populations with whom they practice. DNP graduates must be proficient in quality improvement strategies and in creating and sustaining changes at the organizational and policy levels. Improvements in practice are neither sustainable nor measurable without corresponding changes in organizational arrangements, organizational and professional culture, and the financial structures to support practice.

DNP graduates have the ability to evaluate the cost effectiveness of care and use principles of economics and finance to redesign effective and realistic care delivery strategies. In addition, DNP graduates have the ability to organize care to address emerging practice problems and the ethical dilemmas that emerge as new diagnostic and therapeutic technologies evolve. Accordingly, DNP graduates are able to assess risk and collaborate with others to manage risks ethically, based on professional standards.

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

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

b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.

c. Develop and/or monitor budgets for practice initiatives.

d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.

e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.

3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

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

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

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

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

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

DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and healthcare systems, and provide leadership within healthcare systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduate to apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice. DNP graduates also design, select, and use information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.
DNP graduates must also be proficient in the use of information systems/technology resources to implement quality improvement initiatives and support practice and administrative decision-making. Graduates must demonstrate knowledge of standards and principles for selecting and evaluating information systems and patient care technology, and related ethical, regulatory, and legal issues.

The DNP program prepares the graduate to:

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

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

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

DNP graduates are prepared to design, influence, and implement health care policies that frame health care financing, practice regulation, access, safety, quality, and efficacy (IOM, 2001). Moreover, the DNP graduate is able to design, implement and advocate for health care policy that addresses issues of social justice and equity in health care. The powerful practice experiences of the DNP graduate can become potent influencers in policy formation. Additionally, the DNP graduate integrates these practice experiences with two additional skill sets: the ability to analyze the policy process and the ability to engage in politically competent action (O’Grady, 2004).
The DNP graduate has the capacity to engage proactively in the development and implementation of health policy at all levels, including institutional, local, state, regional, federal, and international levels. DNP graduates as leaders in the practice arena provide a critical interface between practice, research, and policy. Preparing graduates with the essential competencies to assume a leadership role in the development of health policy requires that students have opportunities to contrast the major contextual factors and policy triggers that influence health policy-making at the various levels.

The DNP program prepares the graduate to:

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

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

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

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1 The use of the term “collaboration” is not meant to imply any legal or regulatory requirements or implications.
The DNP program prepares the graduate to:

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

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

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

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

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

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

Essential VIII: Advanced Nursing Practice

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

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

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

The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.

4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.

6. Educate and guide individuals and groups through complex health and situational transitions.

7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

**Incorporation of Specialty-Focused Competencies into DNP Curricula**

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

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

The specialized competencies, defined by the specialty organizations, are a required and major component of the DNP curriculum. Specialty organizations develop competency expectations that build upon and complement *DNP Essentials* 1 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


February 7, 2011

Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai‘i at Mānoa
2528 McCarthy Mall, Webster Hall 402
Honolulu, HI 96822

Dear Dr. Boland,

On behalf of UH Maui College of Nursing/Allied Health as well as a Hawai‘i Statewide Nursing Consortium member, I am pleased to support UH Mānoa Nursing’s proposal to develop a Doctorate in Nursing Practice (DNP) program.

The changing demands of our complex healthcare environment require both increasing education and different models of education to best serve the community. As you know, the American Association of Colleges of Nursing has recommended moving the current level of preparation necessary for advanced nursing practice from the master’s degree to the doctorate-level. The DNP program at UH Mānoa will keep our state in pace with evolving professional standards.

With the Consortium curriculum implementation, each year UH Maui and UH Mānoa are educating approximately 60 baccalaureate prepared nurses who reside on Maui. With the increase in number of Hawai‘i’s BS nursing workforce committed to lifelong learning, as stressed in the new curriculum, there will be a larger pool eligible for advanced practice nursing education. Noting the shortage of primary care health providers in rural and neighbor island areas in Hawai‘i, the DNP program will provide an opportunity for these nurses to seamlessly obtain their nursing education within the UH System, while providing nursing services to their home community.

At UH Maui College of Nursing, the majority of faculty are master’s prepared and many are alumni of the UH Mānoa Nursing program. UH Mānoa’s current nursing graduate (master’s and PhD) programs serve as a pipeline to prepare nursing faculty for UH Maui. The DNP will attract nurses who want the flexibility to practice at the highest level required in today’s healthcare setting and support nursing education programs where there is a shortage of doctorally-prepared nursing faculty. The DNP program will provide an additional graduate
pathway for current and potential faculty to pursue a terminal degree in nursing and advance their professional careers at UH. As such, the DNP will support UH Maui College with a greater pool of nursing faculty and capacity for continuing faculty development.

We support the development of the DNP at UH Mānoa and thus, the enhanced capacity of the UH Statewide Consortium to address state need. Ultimately, students and healthcare consumers will benefit from DNP advanced practice nurses who will be well equipped to fully implement the scientific knowledge and practice expertise to assure quality patient outcomes.

Sincerely,

[Signature]

Nancy Johnson, MSN, APRN
Allied Health Department Chair
Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai‘i at Mānoa
2528 McCarthy Mall, Webster Hall 402
Honolulu, HI 96822

Dear Dr. Boland,

The Queen’s Medical Center (QMC) is pleased to support UH Mānoa Nursing’s proposal to develop a Doctorate in Nursing Practice (DNP) program.

As you know, there is an ongoing dialogue among Hawai‘i’s health care community about the changing demands of our complex healthcare environment and the impact of health care reform in our state. The DNP program at UH Mānoa will keep our state in pace with evolving professional standards and nursing practice that can contribute to health care transformation efforts in Hawai‘i. Transforming health care delivery recognizes the critical need for clinicians to design, evaluate, and continuously improve the context within which care is delivered. Nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills will significantly impact health care outcomes.

Nurses are constantly working with individuals who have a high level of preparation in their respective fields—physicians, pharmacists, and other health providers. The DNP provides a clinical option for advanced preparation in nursing practice that is more comparable to other intraprofessional education. With the DNP at UH Mānoa, Hawai‘i’s nurses including those at QMC of whom many are UHM baccalaureate or master’s alumni, will have varied opportunities for lifelong learning.

QMC and UH Mānoa Nursing have a strong, long-standing academic and practice partnership which includes providing clinical experiences for enrolled students in the baccalaureate and advanced specialty areas in the master’s programs. As part of our ongoing commitment to UH Mānoa Nursing, QMC welcomes UH Mānoa DNP students for additional advanced practice specialty experiences and cap stone projects providing mutual benefit to all parties. We commit to participating in your program planning and support the development of the DNP at UH Mānoa.

Sincerely,

Cindy Kamikawa, RN
VP, Nursing, ED, Trauma & CNO

February 8, 2011
February 09, 2011

Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai‘i at Mānoa
2528 McCarthy Mall, Webster Hall 402
Honolulu, HI 96822

Dear Dr. Boland,

The VA Pacific Islands Healthcare System (VA-PIHCS) strongly supports UH Mānoa Nursing’s proposal to develop a Doctorate in Nursing Practice (DNP) program.

The VA-PIHCS mission is to provide integrated and innovative health care services to veterans by providing outstanding clinical care and conducting patient-centered research activities. We are enthusiastic about a DNP program at UH Mānoa because nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills will significantly impact health care outcomes. Veterans’ could greatly benefit from DNP advanced practice nurses who will be well-equipped to fully implement the scientific knowledge and practice expertise to assure quality patient outcomes.

UH Mānoa and VA-PIHCS along with the Pacific Regional Medical Command are partners in the successful VA Nursing Academy. Together, we are successfully building sustained capacity for nursing practice and education in Hawai‘i and the Pacific Islands by developing a culturally competent program specific to the needs of our rural, geographically isolated region. The DNP program at UH Mānoa will strengthen our partnership, increase access to nursing education, and provide continuing professional development for civilian and military nurses to implement evidence-based practice at the VA-PIHCS.

As you know, the VA-PIHCS serves veterans in the Pacific Basin, a rural geographic service area that includes the Hawaiian Islands, Guam and American Samoa. The Spark M. Matsunaga Medical Center is a state-of-the-art outpatient facility that provides diagnostic, medical, mental health, and specialty care treatment. Since the VA Nursing Academy was established, we have significantly increased clinical placements for UHM nursing students at VA-PIHCS facilities. Student satisfaction of the clinical experience at our site is excellent and we remain committed to providing outstanding experiences for UHM nursing including DNP students for advanced practice specialty experiences and capstone projects.
We appreciate your vision and effort to establish a DNP program. We believe the program fits well with the VA-PIHCS vision to be the preferred VA model for the 21st century whereby highly educated and qualified advanced practice nurses can significantly contribute to this effort.

Sincerely,

Susan M. Mangery, RN, M.Ed., BSN, BS, NE-BC
Associate Director Patient Care Services/Nurse Executive
VA Pacific Islands Healthcare System
Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai‘i at Mānoa
2528 McCarthy Mall, Webster Hall 402
Honolulu, HI 96822

Dear Dr. Boland,

The Pacific Regional Medical Command/Tripler Army Medical Center is pleased to support UH Mānoa Nursing’s proposal to develop a Doctorate in Nursing Practice (DNP) program.

The Pacific Regional Medical Command is committed to efforts to improve health outcomes, quality of life, quality of care, and healthcare policy for military beneficiaries. Nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills will significantly impact health care outcomes. As such, we strongly support a DNP program at UH Mānoa that will keep pace with the evolving professional standards and the future of health care.

UH Mānoa Nursing and the Pacific Regional Medical Command have a strong, long-standing partnership which includes providing clinical experiences for enrolled students in the baccalaureate and advanced specialty areas in the master’s programs. Together, in 2009, we established a nursing research partnership to conduct research projects on topics such as health promotion, disease prevention, and care for conditions that contribute to the quality of life for military individuals and families. The DNP program at UH Mānoa will strengthen our partnership while providing professional development for civilian and military nurses at the Pacific Medical Regional Command for the purpose of improving evidence-based practice.

As part of our ongoing commitment to UH Mānoa Nursing, the Pacific Regional Medical Command welcomes UH Mānoa DNP students for advanced practice specialty experiences and cap stone projects as the staff with clinical and scientific expertise is available. This will provide mutual benefit to all parties. We commit to assist in your program planning and support the DNP program at UH Mānoa.

Sincerely,

Judith A. Bock
COL, AN
Deputy Commander for Nursing
February 16, 2011

Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai‘i at Mānoa
Webster Hall 402
2528 McCarthy Mall
Honolulu, HI 96822

Dear Dr. Boland:

The John A. Burns School of Medicine (JABSOM) supports UH Mānoa Nursing’s proposal to develop a Doctor of Nursing Practice (DNP) program.

The joint AAMC/AACN report on Lifelong Learning in Medicine and Nursing observed that other developed nations are progressing towards inter-professional education in a manner unknown within the US. The transforming health care landscape and the growing evidence supports the need to transform professional education, with specific attention to collaborative education and training efforts among health profession schools. In Hawai‘i, it is important that our schools build educational capacity in our respective disciplines recognizing the impending physician and nursing retirements with increased workforce demand. The development of a DNP program at UH Mānoa will provide enhanced opportunities for collaboration between our schools, which aligns with the national direction in health profession education, and will be beneficial to addressing workforce needs and improving health care delivery in Hawai‘i.

Over the years, nursing and medicine have successfully collaborated on several initiatives related to inter-professional education including Ke Ola Hawai‘i, Quentin Burdick Rural Health Interdisciplinary Program, and the continuing Maternal Child Health Leadership Education in Neurodevelopmental and Related Disabilities (MCH LEND) program. Most recently, we enhanced our partnership through the Hilo Family Health Center and in multiple research endeavors. Our respective academic associate deans Kasuya and Niederhauser continue to explore interdisciplinary education efforts throughout our program offerings.

JABSOM looks forward to our continuing collaboration and expanding these efforts to the success of the DNP program. Our shared vision, faculty interest, and the geographic advantage of our island state provide an opportunity to move forward to develop a sustainable effort to transform education - and clinical practice – and population health - in Hawai‘i.

Sincerely,

Jerri R. Hedges, MD, MS, MMM
Dean and Professor of Medicine
Barry & Virginia Weinman – Endowed Chair
Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai‘i at Mānoa
2528 McCarthy Mall, Webster Hall 402
Honolulu, HI 96822

Dear Dr. Boland:

The Shidler College of Business supports UH Mānoa Nursing’s proposal to develop a Doctor of Nursing Practice (DNP) program.

Shidler College of Business and UH Mānoa Nursing are interdisciplinary partners in the dual degree program for the Master of Science in Nursing Administration and MBA. The program provides extensive professional preparation in both nursing administration and business for registered nurses. Faculty with complementary expertise from both programs worked well together in designing and implementing the program. Our schools jointly offer the healthcare finance for non-finance health care executives and managers, which is valued by the nursing community with an ongoing demand.

I commend you on taking these steps now to prepare for the future practice in nursing. As health care reform moves to full implementation, the impact on health care systems and business with a focus on quality, accountability, and payment will be critical. The development of a DNP program at UH Mānoa that includes a blend of clinical, organizational, economic, and leadership skills will be beneficial to designing, implementing and improving health care delivery in Hawai‘i’s environment.

Similar to nursing, advanced education in business is seeing an evolution of doctoral preparation where some universities offer a doctoral business degree with a practice emphasis – the Doctor in Business Administration (DBA). The DBA is focused more on application of theory with a practical application in managerial settings than the PhD. The DBA is designed to provide business executives with competencies needed to pursue business/public administration careers that require more advanced research skills and qualifications. Currently, Shidler does not offer a DBA, but we recognize both degrees are “academically equivalent” and are valued in both the business and academic communities.

The Shidler College of Business looks forward to expanding our partnership with you for the proposed DNP program. We welcome collaborative, interdisciplinary efforts in our areas of faculty strength including finance, organizational management, and leadership. As you further develop the program, please let us know how we can best assist to support the DNP program success.

Sincerely,

V. Vance Roley
Dean and First Hawaiian Bank Chair of Leadership and Management
Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai‘i at Mānoa
2528 McCarthy Mall, Webster Hall 402
Honolulu, HI 96822

Dear Dr. Boland:

We are pleased to support UH Mānoa Nursing’s proposal to develop a Doctor of Nursing Practice (DNP) program with enthusiasm.

The William S. Richardson School of Law highly values multidisciplinary education, research, and service. We are proud to continue to host ongoing programs and discussions through our Health Law Policy Center, and the School of Nursing has been much involved and very helpful in many ways. Also, as you well know, we have an ongoing successful partnership with UH Mānoa Nursing as well as with the College of Education and the Myron P. Thompson School of Social Work that has created and continues to support Child Welfare Clinic course offered again at the Law School this semester. Faculty members with complementary expertise have worked unusually well together in designing and implementing this innovative multidisciplinary Clinic and in sustaining its work to that is improving the delivery of child welfare services in Honolulu while simultaneously educating rising professionals. Our additional collaborations within the context of the Elder Law Program and our Elder Law Clinic have also been most beneficial.

The Health Law Policy Center conducts and disseminates research on health law policy aimed at improving health care access in Hawai‘i, serves as a focus for multidisciplinary research, teaching, and discourse on health law and policy, and brings together community leaders, health care policy makers, and faculty members and students across disciplines to study, examine, and seek solutions to health care shortages and other barriers to access in Hawai‘i’s rural, impoverished, and otherwise underserved communities.

The development of a DNP program at UH Mānoa is certain to be significant in designing, implementing, and improving health care delivery within our current rapidly changing health care environment. We recognize that the impact of the nursing profession on health policy is a crucial component of any progress we might make.
The William S. Richardson School of Law is anxious to share our expertise and to collaborate as much as possible in our relevant areas of faculty strength such as health law and policy and professional ethics.

The Law School looks forward to our continuing collaboration and to opportunities to expand our mutual efforts through the success of a DNP program. I trust that you will let me know if and whenever the Law School might be helpful as our two schools continue to build on our shared success in important multidisciplinary work.

With best wishes and aloha,

[Signature]

Aviam Soifer
Dean and Professor
COURSE OVERVIEW

COURSE NUMBER
NURS 797

COURSE TITLE
Doctor of Nursing Practice Capstone

CREDIT HOURS
10 credits total (1 credit = 45 hours) taken over several semesters

FACULTY
Office:
Phone:
Email:

CATALOGUE DESCRIPTION
Under the guidance of their DNP faculty advisor, students will synthesize, integrate and translate newly acquired knowledge and skills in the implementation and evaluation of their selected project over the course of their program.

PREREQUISITES: Enrollment as a classified student in the DNP degree program in the Department of Nursing; NURS 669

COURSE OBJECTIVES
At the completion of the course, the student will be able to:

1. Apply advanced clinical judgment, expertise and specialization in a defined content area.

2. Use advanced levels of systems thinking and accountability in designing, delivering, and evaluating evidence-based care to improve health care quality, safety, and outcomes.

3. Assume leadership in the development and implementation of patient or population-driven, institutional, local, state, federal, and/or international health policy or clinical practice in a select content/specialty area

EVALUATION METHODS
Capstone Benchmarks
Students will be required to successfully meet the benchmarks for each semester outlined below to progress in the program.

- Year 1, Semester 2 (1 credit)
  - Outline for Capstone Proposal Development: Student will have completed the Problem/Analysis framework for the project

- Year 1, Semester 3 (1 credit)
  - Capstone Proposal Complete (see Capstone Proposal Rubric), Oral Presentation of Capstone Proposal

- Year 2, Semester 4 (1 credit)
  - IRB Approvals complete (if applicable), Initiation of Capstone Project

- Year 2, Semester 5 (3 credits)
  - Completion of Capstone Project

- Year 2, Semester 6 (4 credits)
  - Analysis of outcome criteria, Completion of Capstone Project Report Presentation, Oral Presentation of Capstone Project
Course Grade:

Grading scale used:

- A+ 4.0 97-100
- A  4.0 94-96
- A-  3.7 90-93
- B+  3.3 87-89
- B   3.0 84-86
- B-  2.7 80-83
- C+  2.3 77-79
- C   2.0 74-76 Minimum grade to pass the course is an average of 74.
- C-  1.7 70-73
- D+  1.3 67-69
- D   1.0 64-66
- D-  0.7 60-63
- F   0.0 59 or <

All UH Graduate Division and School of Nursing grading and program progression policies will be followed.

PROFESSIONAL RESPONSIBILITIES AND CONDUCT

A professional decorum in all settings (didactic, clinical, face to face, and/or distance based) is required at all times, and is considered a critical element for all courses in the Graduate Program. Failure to adhere to a professional decorum may result in failure of the course or other disciplinary action. In addition, students enrolled in this course must comply to the following:

- The University of Hawaii at Manoa Student Code of Conduct will be followed at all times. This document may be assessed at www.edu/student/conduct/; the SONDH regulations will be followed at all time and can be accessed at www.nursing.hawaii.edu/files/2010Studenthandbook.pdf.
- Patient /Client confidentiality must be maintained at all times and in no instance may a patient/client’s name or any other identifying information be used. Failure to abide by this instruction may also result in failure of the course.
- It is the responsibility of the student to contact faculty for assistance if there are any questions, concerns, problems, or conflicts with the course. Situations that cannot be resolved at the course faculty level will require the Department Chairs’ notification and intervention.

Social Computing guidelines:

- Students are personally responsible for the content they publish on blogs, wikis, social networks, forum boards, or any other form of user-generated media. Be mindful that what you publish may be public for anyone to see and may be traced back to you even after a long time – protect your privacy. This includes online publishing and discussion on blogs, wikis, file-sharing, user-generated video and audio, virtual worlds and social networks.
- Be thoughtful on how you present yourself. Nursing and Dental Hygiene students are preparing for a career providing services to the public. The UH Manoa School of Nursing and Dental Hygiene (SONDH) and future employers hold you to a high standard of behavior. By identifying yourself as UHM SONDH student through postings and personal web pages, you are connected to your colleagues, clinical agencies, and even clients/patients. Ensure that content associated with you is consistent with your professional goals. If you are a new SONDH student, be sure to update your social profiles to reflect our guidelines.
- Protect confidential information. While you are posting to your friends, many of the sites are open to browsing or searching. Be thoughtful about what you publish. Do not disclose or use...
confidential information or that of any other person or agency. Respect HIPAA regulations. ([http://www.hhs.gov/ocr/privacy/hipaa/administrative/index.html](http://www.hhs.gov/ocr/privacy/hipaa/administrative/index.html))

- Do not post any information about your clinical rotations or clients in any online forum or webpage.

**Academic Dishonesty:** Academic Dishonesty, as defined by the UHM Student Conduct Code available through the Office of Student Services, Webster Hall 201, will not be tolerated and will result in a failure for the course.

University of Hawaii/Campus Policies/Academic Integrity/Plagiarism

Catalog.hawaii.edu/about-uh/campus-policies1

Plagiarism includes, but is not limited to, submitting, to satisfy an academic requirement, any document that has been copied in whole or in part from another individual’s work without identifying that individual; neglecting to identify as a quotation a documented idea that has not been assimilated into the student’s language and style; paraphrasing a passage so closely that the reader is misled as to the source; submitting the same written or oral material in more than one course without obtaining authorization from the instructors involved; and “dry-labbing,” which includes obtaining and using experimental data from other students without the express consent of the instructor, utilizing experimental data and laboratory write-ups from other sections of the course or from previous terms, and fabricating data to fit the expected results.

**Disability Access:** Students with disabilities and related access needs are encouraged to contact the UHM KOKUA Program for information and services. Services are confidential, and students are not charged for them. Contact KOKUA at 956-7511 (V/T) or 956-7612 (V/T) or e-mail KOKUA@hawaii.edu. KOKUA is located on the ground floor, in room 013, of the Students Services Center.
Doctor of Nursing Practice Proposal Evaluation Framework (Capstone Proposal Rubric)

Title ____________________________________________

Student ___________________________________________

Principal Capstone Advisor________________________ Date _____________

Capstone Proposal Rubric: Students must achieve at least a 2 in all section to advance to Capstone Project Implementation.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Minimal (1)</th>
<th>Acceptable (2)</th>
<th>Exceptional (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
<td>Problem is not clearly articulated. Literature review is disorganized and incomplete; project is not feasible.</td>
<td>The problem statement is acceptable and the project is feasible.</td>
<td>The problem is well chosen and articulated and significant in scope and potential impact.</td>
</tr>
<tr>
<td><strong>Framework</strong></td>
<td>Theoretical framework is inappropriate. Supporting literature is not present.</td>
<td>The literature review section is adequately organized and the methods are sufficient to provide an acceptable level of analysis.</td>
<td>The literature review is thorough, complete, well organized and clearly articulated. The theoretical/conceptual framework is well thought out and presented.</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>Objectives are not feasible or measurable</td>
<td>Objectives are feasible and measurable</td>
<td>Objectives are insightful and clearly linked to evaluation measures</td>
</tr>
<tr>
<td><strong>Action Plan/Methods</strong></td>
<td>The methodology section is disorganized and the methods selected is inappropriate for the project.</td>
<td>The methodology section is adequately organized and the methods are sufficient to provide an acceptable level of support for the project.</td>
<td>The methodology section is well organized. The methods and outcomes evaluation criteria chosen are at the highest level for the project.</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>Methods of analysis are not explained.</td>
<td>Methods of analysis are appropriate, though other methods may have been planned.</td>
<td>Plans for outcomes criteria are insightful and will provide useful implications for practice.</td>
</tr>
<tr>
<td><strong>Approvals</strong></td>
<td>Informed consent was indicated, but not obtained</td>
<td>Informed consent, if indicated, was submitted or obtained</td>
<td>Informed consent was submitted or obtained from multiple institutions, if applicable.</td>
</tr>
<tr>
<td><strong>Quality of Writing</strong></td>
<td>The proposal is poorly written, unorganized and contains spelling, punctuation, and grammatical errors.</td>
<td>The quality of writing is acceptable. The proposal is coherent and contains a few spelling, punctuation, and grammatical errors.</td>
<td>The quality of writing is above average. As a whole it is well organized, shows logical consistency, and is free of spelling, punctuation and grammatical errors.</td>
</tr>
</tbody>
</table>
## Doctor of Nursing Practice Capstone Project Evaluation Framework (Capstone Rubric)

**Title**  

**Student**  

**Principal Capstone Advisor**  
**Date**

### Rubric for Capstone Project

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Minimal (1)</th>
<th>Acceptable (2)</th>
<th>Exceptional (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
<td>Problem is not clearly articulated. Literature review is disorganized and incomplete; project is not feasible.</td>
<td>The problem statement is acceptable and the project is feasible.</td>
<td>The problem is well chosen and articulated and significant in scope and potential impact.</td>
</tr>
<tr>
<td>Background information./literature supports problem; Problem/change clearly identified; Scope of project realistic and appropriate</td>
<td>The problem statement is acceptable and the project is feasible.</td>
<td>The literature review section is adequately organized and the methods are sufficient to provide an acceptable level of analysis.</td>
<td>The literature review is thorough, complete, well organized and clearly articulated. The theoretical/conceptual framework is well thought out and presented.</td>
</tr>
<tr>
<td><strong>Framework</strong></td>
<td>Theoretical framework is inappropriate. Supporting literature is not present.</td>
<td>The literature review section is adequately organized and the methods are sufficient to provide an acceptable level of analysis.</td>
<td>The literature review is thorough, complete, well organized and clearly articulated. The theoretical/conceptual framework is well thought out and presented.</td>
</tr>
<tr>
<td>Need, feasibility and significance are clearly presented; Literature, benchmarks and supporting data provided and appropriate; Framework (theoretical/conceptual/practice) is evident and appropriate</td>
<td>The literature review section is adequately organized and the methods are sufficient to provide an acceptable level of analysis.</td>
<td>The literature review is thorough, complete, well organized and clearly articulated. The theoretical/conceptual framework is well thought out and presented.</td>
<td>The literature review is thorough, complete, well organized and clearly articulated. The theoretical/conceptual framework is well thought out and presented.</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>Objectives are not feasible or measurable</td>
<td>Objectives are feasible and measurable</td>
<td>Objectives are insightful and clearly linked to evaluation measures</td>
</tr>
<tr>
<td>Objectives stated in feasible and measurable terms; Evaluation measures linked to objectives</td>
<td>Objectives are feasible and measurable</td>
<td>Objectives are insightful and clearly linked to evaluation measures</td>
<td>Objectives are insightful and clearly linked to evaluation measures</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>The methodology section is disorganized and the methods selected are inappropriate for the project.</td>
<td>The methodology section is adequately organized and the methods are sufficient to provide an acceptable level of support for the project.</td>
<td>The methodology section is well organized. The methods and outcome evaluation criteria chosen are at the highest level for the project.</td>
</tr>
<tr>
<td>Appropriate for objectives; Clear rationale for actions/method; Setting and group clearly described; Tools/measures described; Resources/supports and risks/threats and benefits noted</td>
<td>The methodology section is adequately organized and the methods are sufficient to provide an acceptable level of support for the project.</td>
<td>The methodology section is well organized. The methods and outcome evaluation criteria chosen are at the highest level for the project.</td>
<td>The methodology section is well organized. The methods and outcome evaluation criteria chosen are at the highest level for the project.</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>Methods of analysis are not explained.</td>
<td>Methods of analysis are appropriate, though other methods may have been employed to generate conclusions.</td>
<td>Analysis of outcome criteria is insightful and will provide useful implications for practice.</td>
</tr>
<tr>
<td>Findings are clearly and professionally presented in text; Analysis is well described in detail; appropriate use of charts and tables.</td>
<td>Methods of analysis are appropriate, though other methods may have been employed to generate conclusions.</td>
<td>Analysis of outcome criteria is insightful and will provide useful implications for practice.</td>
<td>Analysis of outcome criteria is insightful and will provide useful implications for practice.</td>
</tr>
<tr>
<td><strong>Conclusion &amp; Recommendations</strong></td>
<td>Conclusions and/or recommendations are incomplete and not justified.</td>
<td>Conclusions and recommendation are appropriate, however more detail could have been included.</td>
<td>Conclusions and recommendations were thorough, consistent with outcome findings.</td>
</tr>
<tr>
<td>Conclusions are based on findings; Links are made between findings and current literature; Recommendations are based on solid evidence</td>
<td>Conclusions and recommendation are appropriate, however more detail could have been included.</td>
<td>Conclusions and recommendations were thorough, consistent with outcome findings.</td>
<td>Conclusions and recommendations were thorough, consistent with outcome findings.</td>
</tr>
<tr>
<td><strong>Quality of Writing</strong></td>
<td>The report is poorly written, unorganized and contains spelling, punctuation, and grammatical errors.</td>
<td>The quality of writing is acceptable. The paper is coherent and contains a few spelling, punctuation, and grammatical errors.</td>
<td>The quality of writing is above average. As a whole it is well organized, shows logical consistency, and is free of spelling, punctuation and grammatical errors.</td>
</tr>
<tr>
<td>APA format</td>
<td>The quality of writing is acceptable. The paper is coherent and contains a few spelling, punctuation, and grammatical errors.</td>
<td>The quality of writing is above average. As a whole it is well organized, shows logical consistency, and is free of spelling, punctuation and grammatical errors.</td>
<td>The quality of writing is above average. As a whole it is well organized, shows logical consistency, and is free of spelling, punctuation and grammatical errors.</td>
</tr>
</tbody>
</table>
### Academic Cost and Revenue Template

**CAMPUS/Program**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
</tr>
</thead>
</table>

#### Students & SSH

<table>
<thead>
<tr>
<th></th>
<th>A. Headcount enrollment (Fall)</th>
<th>B. Annual SSH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>48</td>
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<td>88</td>
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<tr>
<td></td>
<td>48</td>
<td>88</td>
</tr>
</tbody>
</table>

#### Direct and Incremental Program Costs Without Fringe

<table>
<thead>
<tr>
<th></th>
<th>C. Instructional Cost without Fringe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>220,220 $</td>
</tr>
<tr>
<td></td>
<td>C1. Number (FTE) of FT Faculty/Lecturers</td>
</tr>
<tr>
<td></td>
<td>C2. Number (FTE) of PT Lecturers</td>
</tr>
</tbody>
</table>

#### Other Personnel Costs

| | D. Other Personnel Costs | 120,000 $ | 124,800 $ | 129,600 $ | 134,400 $ | 139,200 $ | 144,000 $ |

#### Unique Program Costs

| | E. Unique Program Costs | 7,500 $ | 22,500 $ | 12,500 $ | 12,500 $ | 12,500 $ | 12,500 $ |

#### Total Direct and Incremental Costs

| | F. Total Direct and Incremental Costs | 347,720 $ | 657,243 $ | 672,441 $ | 698,454 $ | 725,317 $ | 753,061 $ |

#### Revenue

<table>
<thead>
<tr>
<th></th>
<th>G. Tuition</th>
<th>365,280 $</th>
<th>709,512 $</th>
<th>745,032 $</th>
<th>782,328 $</th>
<th>821,400 $</th>
<th>862,248 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tuition rate per credit</td>
<td>761 $</td>
<td>799 $</td>
<td>839 $</td>
<td>881 $</td>
<td>925 $</td>
<td>971 $</td>
</tr>
</tbody>
</table>

#### Total Revenue

| | H. Total Revenue | 365,280 $ | 709,512 $ | 745,032 $ | 782,328 $ | 821,400 $ | 862,248 $ |

#### Program Cost per SSH With Fringe

| | K. Instructional Cost with Fringe/SSH | 607 $ | 765 $ | 795 $ | 827 $ | 860 $ | 894 $ |
|---|---|---|---|---|---|---|
| | K1. Total Salary FT Faculty/Lecturers | 200,000 $ | 478,400 $ | 497,536 $ | 517,437 $ | 538,135 $ | 559,660 $ |
| | K2. Cost Including Fringe of K1 | 270,000 $ | 645,840 $ | 671,674 $ | 698,541 $ | 726,482 $ | 755,391 $ |
| | K3. Total Salary PT Lecturers | 20,220 $ | 31,543 $ | 32,805 $ | 34,117 $ | 35,482 $ | 36,901 $ |
| | K4. Cost Including fringe of K3 | 21,231 $ | 33,120 $ | 34,445 $ | 35,823 $ | 37,256 $ | 38,746 $ |
| | L. Support Cost/SSH | 375 $ | 375 $ | 375 $ | 375 $ | 375 $ | 375 $ |
| | Non-Instructional Exp/SSH | 450 $ | 450 $ | 450 $ | 450 $ | 450 $ | 450 $ |
| | System-wide Support/SSH | 56 $ | 56 $ | 56 $ | 56 $ | 56 $ | 56 $ |
| | Organized Research/SSH | 131 $ | 131 $ | 131 $ | 131 $ | 131 $ | 131 $ |
| | M. Total Program Cost/SSH | 982 $ | 1,140 $ | 1,170 $ | 1,202 $ | 1,235 $ | 1,269 $ |

#### Instruction Cost with Fringe per SSH

| | O. Comparable Cost/SSH | 1,373 $ | 1,373 $ | 1,373 $ | 1,373 $ | 1,373 $ | 1,373 $ |

#### Program Cost per SSH With Fringe

| | P. Program Cost per SSH | 607 $ | 765 $ | 795 $ | 827 $ | 860 $ | 894 $ |

#### Net Cost (Revenue)

| | J. Net Cost (Revenue) | -17,560 | -52,269 | -72,591 | -83,874 | -96,083 | -109,187 |

---

**APPENDIX 4**

Academic Cost and Revenue Template

Reviewed by campus VC for Administrative Affairs:
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instructions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td><strong>A.</strong></td>
<td>Please include an explanation of this template in your narrative.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td><strong>B.</strong></td>
<td>Annual SSH: Course Registration Report located at <a href="http://www.iro.hawaii.edu/maps/mltitles.asp">http://www.iro.hawaii.edu/maps/mltitles.asp</a>. Add the SSH for the Fall and Spring reports to obtain the annual SSH. This is all SSH taught by the program, including to non-majors.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td><strong>C.</strong></td>
<td>Instructional Cost without Fringe (automated calculation): Direct salary cost for all faculty and lecturers teaching in the program. &quot;Formula for column D: =IF(OR(D32&lt;&gt;&quot;&quot;),D32+D34,&quot;&quot;)&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td><strong>D.</strong></td>
<td>Other Personnel Cost: Salary cost (part or full time) for personnel supporting the program (APT, clerical lab support, advisor, etc.). This includes personnel providing necessary support for the program who may not be directly employed by the program and may include partial FTEs. Add negotiated collective bargaining increases and 4% per year for inflation thereafter.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td><strong>E.</strong></td>
<td>Unique Program Cost: Costs specific to the program for equipment, supplies, insurance, etc. For provisional years, this would be actual cost. For established years, this would be projected costs using amortization for equipment and add 4% per year for inflation thereafter.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>54</td>
<td><strong>F.</strong></td>
<td>Total Direct and Incremental Cost: C + D + E. &quot;Formula for column D: =IF(OR(D13&lt;&gt;&quot;&quot;),SUM(D13,D16,D17),&quot;&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td><strong>G.</strong></td>
<td>Tuition: Annual SSH X resident tuition rate/credit. &quot;Formula for column D: =IF(D10&gt;0,D10*D22,&quot;&quot;&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td><strong>H.</strong></td>
<td>Other: Other sources of revenue including grants, program fees, etc. This should not include in-kind contributions unless the services or goods contributed are recorded in the financial records of the campus and included in Direct and Incremental Costs in this template.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td><strong>I.</strong></td>
<td>Total Revenue: G + H. &quot;Formula for column D: =IF(D13&lt;&gt;&quot;&quot;),SUM(D13,D22),&quot;&quot;)</td>
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<td>58</td>
<td><strong>J.</strong></td>
<td>Net Cost: F - I. This is the net incremental cost of the program to the campus. A negative number here represents net revenue (i.e., revenue in excess of cost). If there is a net cost, please explain how this cost will be funded. &quot;Formula for column D: =IF(AND(D18&lt;&gt;&quot;&quot;),D18-D24,&quot;&quot;&quot;)</td>
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<td>59</td>
<td><strong>K.</strong></td>
<td>Instructional Costs with Fringe/SSH: (K2 + K4) / B. &quot;Formula for column D: =IF(D10&lt;&gt;&quot;&quot;),SUM(D33,D35,D10),&quot;&quot;)</td>
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<tr>
<td>60</td>
<td><strong>L.</strong></td>
<td>Support Cost/SSH: The campus' non instructional expenditure/ssh + systemwide support – organized research (UHM only) as provided by UH Expenditure Report (<a href="http://www.hawaii.edu/budget/expend.html">http://www.hawaii.edu/budget/expend.html</a>). &quot;Formula for column D: =IF(OR(D37&gt;0,D38&gt;0,D39&gt;0),D37+D38-D39,&quot;&quot;&quot;)</td>
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<tr>
<td>61</td>
<td><strong>M.</strong></td>
<td>Total Program Cost/SSH: K + L. &quot;Formula for column D: =IF(OR(D31&lt;&gt;&quot;&quot;),SUM(D31,D36),&quot;&quot;)</td>
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<td></td>
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<tr>
<td>62</td>
<td><strong>N.</strong></td>
<td>Comparable Program/Division Instructional Cost/SSH: Taken from UH Expenditures Report (<a href="http://www.hawaii.edu/budget/expend.html">http://www.hawaii.edu/budget/expend.html</a>) or campus data, as available. Please note in the space provided, the program used for the comparison.</td>
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<tr>
<td>63</td>
<td><strong>O.</strong></td>
<td>Unique Program Costs: Unique program expenditure/ssh + systemwide support + organized research (UHM only) as provided by UH Expenditure Report (<a href="http://www.hawaii.edu/budget/expend.html">http://www.hawaii.edu/budget/expend.html</a>). &quot;Formula for column D: =IF(OR(D37&gt;0,D38&gt;0,D39&gt;0),D37+D38-D39,&quot;&quot;&quot;)</td>
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For example, from the 2005-06 UH Expenditure Report, the support expenditure/ssh per campus is: 

- **UHM**: $382.00 + $60 - $112 for organized research = $330
- **UHH**: $278.00 + $40 = $318
- **UHWO**: $179.00 + $32 = $211
- **Haw CC**: $111.00 + $33 = $144
- **Kap CC**: $166.00 + $38 = $206
- **Kau CC**: $114.00 + $30 = $144
- **Lee CC**: $346.00 + $68 = $414
- **Maui CC**: $175.00 + $39 = $214
- **Win CC**: $257.00 + $44 = $301

Students & SSH

Headcount Enrollment

Twenty-four students will enter the program as Cohort 1 in fall 2010 with an annual cohort admission of 24 students each fall thereafter. As a six semester program (two years), we anticipate 48 student DNP majors enrolled each year with the exception of the start-up year.

Annual SSH

Year 1 = Cohort 1: 24 students x 20 cr. = 480 SSH
Year 2 = Cohort 2: 24 students x 20 cr. = 480 SSH
Cohort 1: 24 students x 17 cr. = 408 SSH
Year 2 Total = 888 SSH
Year 3 = Cohort 3: 24 students x 20 cr. = 480 SSH
Cohort 2: 24 students x 17 cr. = 408 SSH
Year 3 Total = 888 SSH
Year 4 = Cohort 4: 24 students x 20 cr. = 480 SSH
Cohort 3: 24 students x 17 cr. = 408 SSH
Year 4 Total = 888 SSH
Year 5 = Cohort 5: 24 students x 20 cr. = 480 SSH
Cohort 4: 24 students x 17 cr. = 408 SSH
Year 5 Total = 888 SSH
Year 6 = Cohort 6: 24 students x 20 cr. = 480 SSH
Cohort 5: 24 students x 17 cr. = 408 SSH
Year 6 Total = 888 SSH

Direct and Incremental Program Costs

Instructional Costs

Lecturers will be hired as needed and costs will be supported from DON tuition accrued and DNP tuition generated.

Year 1:
(1) 2.50 FTE faculty for instruction of existing and new courses including DNP Captstone
(2) 1.00 FTE lecturers for instruction of existing and new courses
Year 2 and beyond:
(1) 6.00 FTE faculty for instruction of existing and new courses including DNP Capstone
(2) 1.25 FTE faculty for instruction of existing and new courses

Other Personnel Costs
(1) 0.50 FTE faculty program director – 11 month contract
(2) 0.15 FTE graduate program advisor
(3) 0.50 FTE information technology/distance education specialist
(4) 0.50 FTE institutional support

Unique Program Costs
(1) Equipment/Supplies: Elluminate™ and distance-based technology software. $2,500 year 1; $5,000 year 2 and thereafter.
(2) Seminar: Supplies, materials, meeting costs to host annual summer seminar for DNP students. $5,000 year 1; $7,500 year 2 and thereafter.
(3) Accreditation: CCNE accreditation program addition fee and site visit evaluation fees during year 2 at $10,000.

Revenue
Tuition

Graduate nursing students are charged an established UHM graduate nursing differential tuition. We propose that the DNP program tuition remain consistent with the established graduate nursing differential tuition. The BOR approved tuition schedule for FY 2012 is $725 per cr. hr. for residents and $1,382 per cr. hr. for non-residents. The tuition schedule for FY 2013 and beyond is not yet available. The tuition rate projections above assume a 5% increase per year and reflect resident enrollment only. Non-resident enrollment will increase the revenue projections.

Program Cost per SSH with Fringe

The Expenditure Studies UH, Fiscal Year 2009-10, was utilized to complete this section. The projected DNP program cost is in the range of the existing nursing graduate program expenditures.

Comparable Cost

From the above referenced report, the School of Medicine was selected as a comparable program for comparison because of similarities as a health care practice doctorate at the same campus.
The following table maps the SONDH DNP Courses to the AACN Essential for Doctoral Essentials (2006)

<table>
<thead>
<tr>
<th>DNP Essential 1: Scientific Underpinnings for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The DNP program prepares the graduate to:</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2. Use science-based theories and concepts to:</td>
</tr>
<tr>
<td>• determine the nature and significance of health and health care delivery phenomena;</td>
</tr>
<tr>
<td>• describe the actions and advanced strategies to enhance, alleviate and ameliorate health and health care delivery phenomena as appropriate; and</td>
</tr>
<tr>
<td>• evaluate outcomes.</td>
</tr>
<tr>
<td>3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>N600</td>
<td>Epidemiology for Advanced Practice Nurses</td>
<td>3</td>
</tr>
<tr>
<td>N671</td>
<td>Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>N797</td>
<td>DNP Capstone</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DNP Essential 2: Organizational and Systems Leadership for Quality Improvement and Systems Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>The DNP program prepares the graduate to:</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2. Ensure accountability for quality of health care and patient safety for populations with whom they work.</td>
</tr>
<tr>
<td>a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.</td>
</tr>
<tr>
<td>b. Employ principles of business, finance, economics, and health policy to practice initiatives that will improve the quality of care delivery.</td>
</tr>
<tr>
<td>c. Develop and/or monitor budgets for practice initiatives.</td>
</tr>
<tr>
<td>d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.</td>
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<tr>
<td>e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.</td>
</tr>
<tr>
<td>3. Develop and evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.</td>
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<thead>
<tr>
<th>Course No.</th>
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<th>Credits</th>
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<tbody>
<tr>
<td>N774</td>
<td>Best Practices in Healthcare Leadership &amp; Management</td>
<td>3</td>
</tr>
<tr>
<td>N665</td>
<td>Clinical Economics and Finance or Similar</td>
<td>3</td>
</tr>
<tr>
<td>N797</td>
<td>DNP Capstone</td>
<td>10</td>
</tr>
<tr>
<td>N630</td>
<td>Transforming Health Care through Collaboration, Informatics and Policy</td>
<td>3</td>
</tr>
</tbody>
</table>
University of Hawaii at Manoa – School of Nursing and Dental Hygiene
Doctoral Education for Advanced Nursing Practice (DNP) Curricular Map

DNP Essential 3: Clinical Scholarship and Analytical Methods for Evidence-Based Practice
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 of 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:
   a. 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

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<tbody>
<tr>
<td>N671</td>
<td>Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>N669</td>
<td>Introduction to Evidenced-based Practice</td>
<td>3</td>
</tr>
<tr>
<td>N673</td>
<td>Implementation and Evaluation Strategies for Evidenced-Based Practice</td>
<td>3</td>
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<tr>
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<td>DNP Capstone</td>
<td>10</td>
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</table>

DNP Essential 4: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
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.

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<td>N669</td>
<td>Introduction to Evidenced-based Practice</td>
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<tr>
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<td>DNP Capstone</td>
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</tbody>
</table>
DNP Essential 5: Health Care Policy for Advocacy in Health Care
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.

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</table>

DNP Essential 6: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
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.

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DNP Essential 7: Clinical Prevention and Population Health for Improving the Nation’s 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.

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</table>
DNP Essential 8: Advanced Nursing Practice

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 or 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.

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</tr>
<tr>
<td>N733</td>
<td>Clinical Prevention &amp; Population Health</td>
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</table>