

CCGS NEW PROGRAM PROPOSAL

Doctor of Nursing Practice

Wright State University College of Nursing and Health

Basic Characteristics of the Educational Program

1. Purpose and significance of proposed degree.

The DNP degree is a practice degree, not a research degree, designed to enhance evidence-based practice in health care by providing expert nurse leaders with skills to rapidly translate the current and relevant research evidence into practice. The purpose of our proposed DNP program is to provide Ohio citizens with expert nurse leaders who have advanced nursing knowledge and skills. Within an Interprofessional environment, our graduates will be prepared to blend discipline-specific scientific knowledge with leadership, informatics, fiscal, policy, and organizational and systems theory to meet the health care needs of the 21st century and contribute to improved population health and health systems outcomes. The complexity of large health care systems, the need for greater skill to navigate information technology, and the ability to rapidly translate large amounts of new scientific evidence into practice require doctorally prepared nurses. In addition, we anticipate that some of the DNP graduates will also become nursing faculty at Ohio universities and will help to resolve the nursing faculty shortage faced by Ohio universities.

Definition of the focus of the program.

The program focus will be on evidence-based advanced nursing practice in provision of direct care or indirect care nursing services and nursing leadership - with particular attention to three pillars: informatics, population health, and interprofessional education and collaboration. Central to the DNP at WSU is the application of evidence-based practices utilizing data mining, as well as population and global health systems strategies to assess, analyze and manage complex health environments through innovative interprofessional practicum experiences. The proposed curriculum includes courses that will lead to advanced competencies for understanding and managing the complexities of health care systems, population health and health policy. These competencies advance knowledge and leadership skills for improving health care delivery outcomes, progressing the systematic use of research evidence in health policy-making in order to strengthen health systems and get the right programs, services and drugs to those who need them. Our DNP program highlights the following essential skills as identified by the DNP Essentials (AACN, 2006).

Specifically, our graduates will be equipped with the following advanced skills:

- Organizational focus on population health, health care systems (including information systems), and state, national or global health policies
- Ability to define actual and emerging problems through population-based disease surveillance
- Ability to design targeted population and systems-level health interventions
- Competency in advanced practice in combination with expert-level understanding of nursing and related biological and behavioral sciences
- Ability to work with diverse stakeholders within and across organizations to achieve health-related organizational or public policy goals and design patient-centered care delivery systems or policy-level delivery models (AACN, 2006, p. 18)

2. Rationale for degree name.

The program is entitled Doctor of Nursing Practice. The program reflects the competencies defined within The Essentials of Doctoral Education for Advanced Nursing Practice (Competencies I-VIII, with speciality focus), which was used in developing the program and planning for implementation (AACN, 2006).

Duration of the program.

a. Total credit hours.

The proposed post-master's DNP curriculum will consist of 33 semester credit hours along with a 60 credits (or more) from a previous master's in nursing degree. Although Chancellor's Council on Graduate Studies (CCGS) requires 90 credit for doctoral programs, the CCGS guidelines allow deviations for practice doctorates. The DNP degree is preparation for professional practice (CCGS Guidelines p. 6).

b. Normal or typical length of time for students to complete the program.

Once enrolled, students will complete programs of study in two full-time or three part-time years. Students must complete the program within seven years of first enrollment.

3. Admission timing.

The first cohort will be admitted following approval of the program, marketing and application review in Fall 2021.

4. Primary target audience for the program and admission requirements.

Our target population are working professionals, and we will offer options to move swiftly through the program or pursue it on a part-time basis. Students may work in their professional contexts while enrolled in the program, enabling them to take advantage of tuition reimbursement where it is offered. As our graduates have a positive impact on healthcare system outcomes, we anticipate the program will attract candidates from area health care employers.

Employers, in particular, may not yet fully appreciate the skills and expertise of the DNP-trained nurse. We have the opportunity to build on relationships with current and future clinical partners and advocate for the benefits of doctoral-trained advanced practice nurses and their unique contribution to improved patient and system outcomes (See letters of support Appendix F).

5. Special efforts to enroll and retain underrepresented groups.

In 2015 the CoNH adopted a five-year Diversity Plan. The plan includes goals related to recruitment and retention of diverse students, faculty, and staff. Specific strategies related to recruitment/retention included:

- Developing a comprehensive marketing plan. This will include developing SMART goals with participating colleges (business engineering and public health) and working with administrative personnel (deans and business managers) to align these goals with the university strategic plan and budget.
- Building relationships with minority venues and professional organizations, such as Minority Nurse Magazine, National Association of Hispanic Nurses and the National Black Nurses Association.
- Participating in recruitment activities from local and regional area community partners targeting minority students, such as Black Nurses Association of Greater Cincinnati, Columbus Black Nurses' Association and the Central Ohio Chapter of the National Association of Hispanic Nurses.
- Developing marketing materials (brochures, YouTube videos, Facebook, twitter, linked-in, PowerPoint presentations, virtual tours) specific to target populations, including minority and underserved populations, featuring pictures of faculty of staff members of different identities in the college, and translating materials into different languages.

- Developing a commitment to diversity statement that is college-specific and can be included in job postings. This should be in addition to the standard EEO language.
- Reviewing the EEO information on file with the Office of Equity and inclusion to determine where we are underutilized in our faculty and staff.
- Eliciting the assistance from currently enrolled diverse students and faculty to implement a recruitment plan.
- Requiring all members of any search committees to attend search committee training and implicit bias training.
- Researching affinity groups that are needed within the college to support faculty and staff and creating mentoring groups to support those faculty and staff.
- Rewarding inclusive excellence and multicultural competence in annual evaluations
- Evaluating current benefits related to work-life balance and creating new policies and practices that promote gender equity.
- Utilizing resources through Higher Education Recruiting Consortium (HERC) to advertise positions.
- Attending professional conferences and regional job fairs in diverse venues. Admission strategies include: Training additional faculty and staff to participate in Faculty and Staff (student workers, GRA) Search Committees. Admission strategies include: Training additional faculty and staff to participate in Faculty and Staff (student workers, GRA) Search Committees.
- Working with WSU leadership on reviewing evidence to support holistic admissions.
- Conducting workshops at the university level, at our request, available to faculty this spring on Non-Cognitive Variables and Admissions Center.

Retention

- Identify Minority Nursing Alumni for student support
- Partner with Bolinga Center, Office Of LGBTQA Affairs, Latinx, Asian, And Native American Affairs, Veteran And Military Center for tutoring
- Provide and coordinate peer mentoring tutoring for graduate students
- Collaborate with university Writing Center to increase support for CONH
- Peer matching/mentoring program with academic partners and at national level

Institutional Planning for the Program

1. Physical facilities, equipment and staff needed to support the program.

Physical Facilities, Equipment and Staff.

Clinical/Community Sites: Facilities to supporting the DNP program include local access to health care facilities in the Dayton area and nearby communities, including such as the Wright Patterson Air Force Base (see letters of support, Appendix D). Continued collaboration with these external facilities will strengthen our resources and develop projects that will further enhance the DNP program. The proposed interprofessional curriculum is designed to meet the needs of the communities in Dayton and those at the state and national levels.

Computing center: Computing resources at WSU are provided through Computing and Telecommunication Services (CATS) located in [025 Library Annex](#). The CATS Help Desk is the single point of contact for university technology assistance. A college specific computer lab is available in University Hall and is open 8am - 5pm Monday to Friday with printing and scanning capabilities along with computer/internet access.

Laboratory: The CONH laboratory is adequately supplied with teaching and learning materials for nursing students in both undergraduate and graduate programs. The lab has one skills lab with 5-6 hospital beds, ten exam rooms (outpatient style), one computer lab, 6-7 task trainer room/area and two state-of-the art simulation rooms with observations area, and an extra classroom with two hospital beds. Learning resources

are available to faculty for conducting classes and demonstrations using high- and low-fidelity simulation manikins.

Office space: The CONH has 39 faculty offices and four meeting rooms, all AV equipped. There is also one student success room, and 15 administrative and staff offices.

Others:

Library resources at WSU are adequate to support the DNP program by facilitating access to scholarly resources for teaching, learning, and research. In addition, the library has online research databases that offer faculty and students with access to an A-Z listing of over 100 resources through OhioLINK. Others services include scholarly communication, interlibrary loan, faculty support, reworks and an assigned CONH Librarian.

Online Learning is facilitated through a web-based learning management system (LMS) known as PILOT.

Intellectual Resources/Useful Collaborators: WSU is a Carnegie-classified research university, offering many opportunities for research and scholarly projects at all levels, from undergraduate through post-doctoral and benefiting the Dayton region and the world. WSU funding sources include the National Institute of Health (NIH), National Science Foundation (NSF), U.S. Air Force Research Laboratory (AFRL), Defense Advanced Research Projects Agency (DARPA), Office of Naval Research (ONR). The CONH supports the university's research vision by facilitating a "learning environment bolstered by faculty research in pedagogy/andragogy, service activities, practice initiatives, international collaborations, and faculty expertise in a wide variety of areas," as part of its strategic plan. Nursing faculty have secured external funding from sources such as AHRQ, HRSA, NLN and ACHNE. Former DNP students have secured funding through the Josiah Macy Scholarship and Department of Defense (DOD).

The Statistical Consulting Center (SCC), housed in the College of Science and Mathematics, offers an initial one-hour consultation free of charge, charges a modest fee for fully affiliated Wright State faculty, and provides free support on grant proposals as requested.

The Veteran and Military Center at WSU is focused on providing a supportive environment for all veterans and military-affiliated students (i.e. seating and study areas, free printing, computer access, conference room, cable TV access, lockers, a mini student center for technology assistance, mobile boards). Services include efficient processing of GI Bill Benefits, academic support and advocacy, career and leadership development, and community development and engagement.

Calamityville is home to the National Centre for Medical Readiness (NCOMR), has rooms and offices that provide a realistic training environment for potential emergency response personnel. WSU's CONH is the leader in the field of disaster training and response through collaborative programs such as the National Disaster Health Consortium (NDHC). Students have the opportunity to take programs in the NDHC to develop specific competencies for developing this increasingly demanding skillset. Training is in Interprofessional teams and includes onsite training. In addition, students have the opportunity to take a graduate-level elective in disaster nursing.

Administration and Student Support.

The proposed degree program will be offered by the WSU CONH and administered by the Graduate School. Interprofessional courses will be offered through the WSU Boonshoft School of Medicine, the Raj Sooin College of Business, and the College of Engineering and Computer Science. CONH's Assistant Dean for Graduate Programs will provide oversight to the program. The Assistant Dean is nationally certified as a Family Nurse Practitioner, in accordance with the National Organization of Nurse Practitioner Faculties (NONPF) criteria. The

Assistant Dean reports to the Dean of the CONH who is a doctorally prepared nurse with 40 years of experience in nursing education.

Interested student applicants will ultimately be admitted through the university-wide graduate admission process after passing a departmental admissions process to determine whether they meet the prerequisites to begin DNP coursework. The students will be expected to meet the minimum admission criteria of WSU's Graduate School, as well as admission criteria for the CONH DNP program. We expect the program to be highly competitive, with enrolled students exceeding all minimum requirements.

We anticipate no additional classroom or laboratory space requirements due to the online nature of the program. With the number of students projected, currently available space will suffice for meeting the on-campus residency requirements of the program.

- The Assistant Dean of Graduate Programs will designate a program director
- Graduate advisor/placement coordinator is in place to assist with scheduling and placements

College of Engineering and Computer Science (CESC) provides access to multidisciplinary courses that prepare professionals in data mining and design and operation of a variety of systems in healthcare.

Raj Sooin School of Business (RSSOB) provides access to multidisciplinary courses in Information Systems that prepare students for careers that require knowledge in systems analysis and information technology management.

Boonshoft School of Medicine (BSOM) provides access to multidisciplinary courses in Population and Public Health Sciences.

Faculty Resources.

Doctorally prepared CONH faculty are currently employed which are able to sufficiently to support the program. In addition, the program draws upon existing expertise of other disciplines including engineering (2 courses), business (1 courses) and public health (2 courses).

2. Market Evidence, Enrollment projections, Budgeting, Sustainability.

Market Evidence.

Over the past 15 years, the AACN has promoted the minimum education required for advanced nursing practice to doctorate-level preparation (AACN, 2017). At this time, only Certified Registered Nurse Anesthetists have supported the doctoral degree as entry-level practice starting in 2025 (DNAP vs. DNP, 2017). Even without credentialing agencies requiring the doctoral degree for advanced nursing practice, employers, such as the military, are encouraging doctoral-level degrees for advanced-practice nurses. Across the nation, the reaction of nurses has been positive, with DNP student enrollment and graduation trends raising 13% and 16%, respectively, between 2006 and 2018. (Figures 1 & 2). Nearly 300 DNP programs, located in all 50 states, are accredited by either the Commission on Collegiate Nursing Education or the Accreditation Commission for Education in Nursing, the accepted accrediting agencies for nursing programs sanctioned by the U.S. Department of Education. Of the accredited DNP programs, only a few offer specialization tracks, such as administration, health policy, public health, informatics, executive leadership, clinical education, or aggregate/systems/organizational foci (AACN, 2018a).

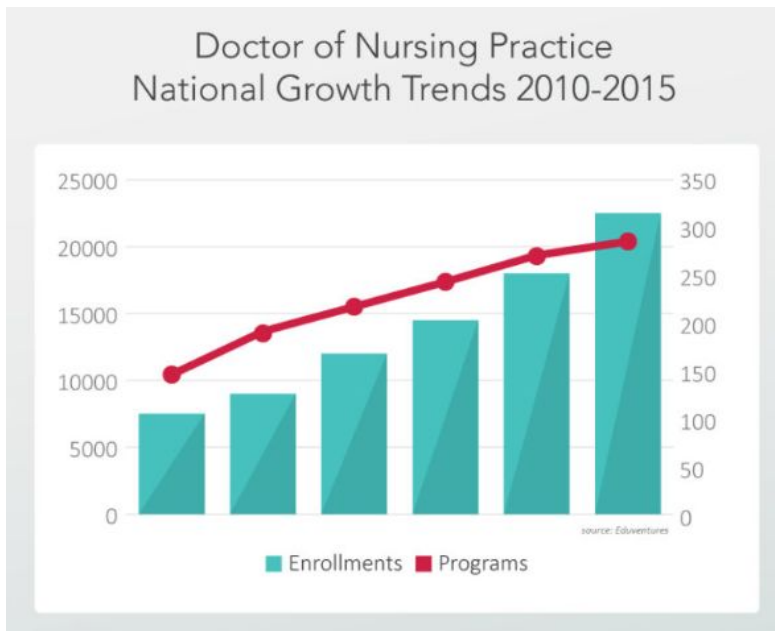


Figure 1. AACN, 2015-2016 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing



Figure 2. AACN Fact Sheet: Doctorate of Nursing Practice (March, 2019)

In Ohio, 14 accredited DNP programs are available for advancing nursing practice. Nine programs are affiliated with private institutions and five are nested within public institutions. All programs offer online educational components. Three of the DNP Programs in Ohio are in the southwest region and are located in Cincinnati. The materials reviewed from each of these programs located in the southwest indicate that none of the three programs have an interprofessional learning model. For more information please see market analysis in Appendix E.

Enrollment Projections.

While no DNP-specific data is available to support the need for this level of nurse in the state of Ohio, there are projections of an increase 13.7% (n = 4,833) in need for advanced-practice nurses in the decade between 2014-2024 (Ohio Labor Market Information, 2017), a need the DNP degree will help address. Based on previous

enrollment (WSU Institutional Research and Effectiveness). We expect growth based on national enrollment trends and demand for our graduates. The program offers competitive tuition and all online program.

The National League of Nurses Biennial Survey support these enrollment projections in that 15% of doctoral candidates have been turned away by schools of nursing 2017-2018 (Figure 3).

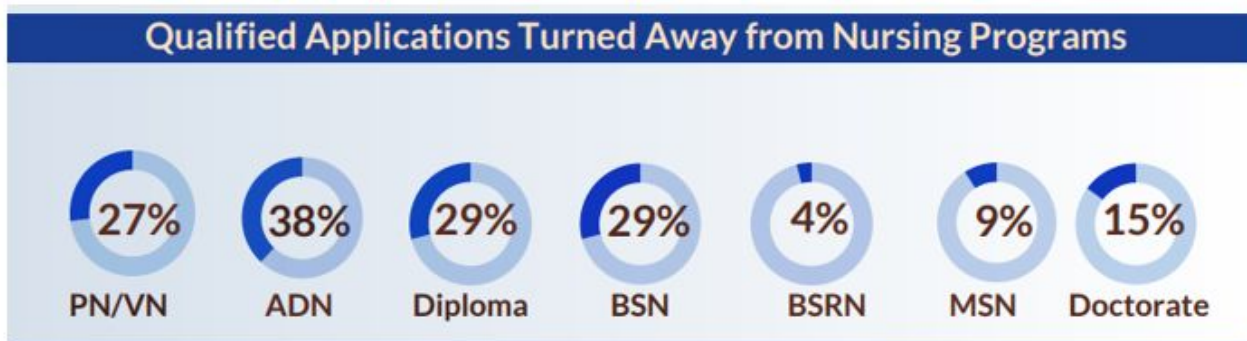


Figure 3. Qualified Applicants Turned Away from Nursing Programs 2017-2018 (NLN Biennial Survey)

A recent survey administered to acute care and public health providers in an eleven county area locally known as *Raider Country*, indicated a need for DNP program availability geographically, and highlighted a workforce development gap, specifically among public health nurses (PHNs) with informatics preparation. In addition, findings from the national Public Health Workforce Interests and Needs Survey (PH WINS) (Association of State and Territorial Health Officials [ASTHO], 2015), revealed that 38% of the public health workforce plans to retire by 2020. Top competency needs and training opportunities among public health nurses (PHNs) are: policy analysis and development, business and financial management, systems thinking and social determinants of health, evidence-based public health practice, and collaborating with and engaging diverse communities. These top needs are consistent with the priority competencies for PHNs which involve Community Health Assessment, Community Health Improvement Planning and Action, Community Engagement and Cultural Awareness, Systems Thinking, and Organizational Planning and Management. These priority competencies intersect with big datasets offered by the OMAHA System, a nursing classification system and outcomes performance network, state agency adverse reporting systems, epidemiology tracking systems and other population-based tracking (Public Health Foundation, 2018). Further, the top training needs of PHNs is to interpret public health data to answer questions (74%) and gather reliable data to answer questions (92%) (Public Health Foundation, 2018). Answering questions is synonymous with finding solutions that improve health outcomes.

In another survey of 3,800 Advanced-Practice Nurses (APNs) and alumni in northwest, southeast and western Ohio. was administered as part of our 2005 Needs Assessment, indicated 91% of nurses were very interested in pursuing the DNP. An alumni survey from December 2017 (N=170) indicated that 33% of WSU grads (BSN and MSN) want to enroll in a DNP program within next 3 years, although the BSN grads may not be eligible for six years because they must first earn a master's degree. These findings reinforce a pipeline of potential DNP students in Raider Country for the proposed DNP program. Although the focus of the program is changing, we predict stability or increase in enrollment. Based upon data from the most recent Ohio Board of Nursing 2017 RN Workforce Data Summary, the pool of candidates that we anticipate drawing from includes charge nurses, directors, managers or executives and supervisors in Ohio (N=33,527 total employed in these categories). Those who most frequently enrolled in the former practice driven WSU-UT DNP program included Certified Nurse Specialists, Certified Nurse Anesthetists, Certified Nurse Practitioners, and Certified Nurse Midwives (N=13,879 total employed in these categories) (Figure 4). Area hospital leaders including the Kettering Network, Premier

Health and Dayton Childrens have all written letters of support for the program and indicate the need for nurses positioned to lead complex health systems.

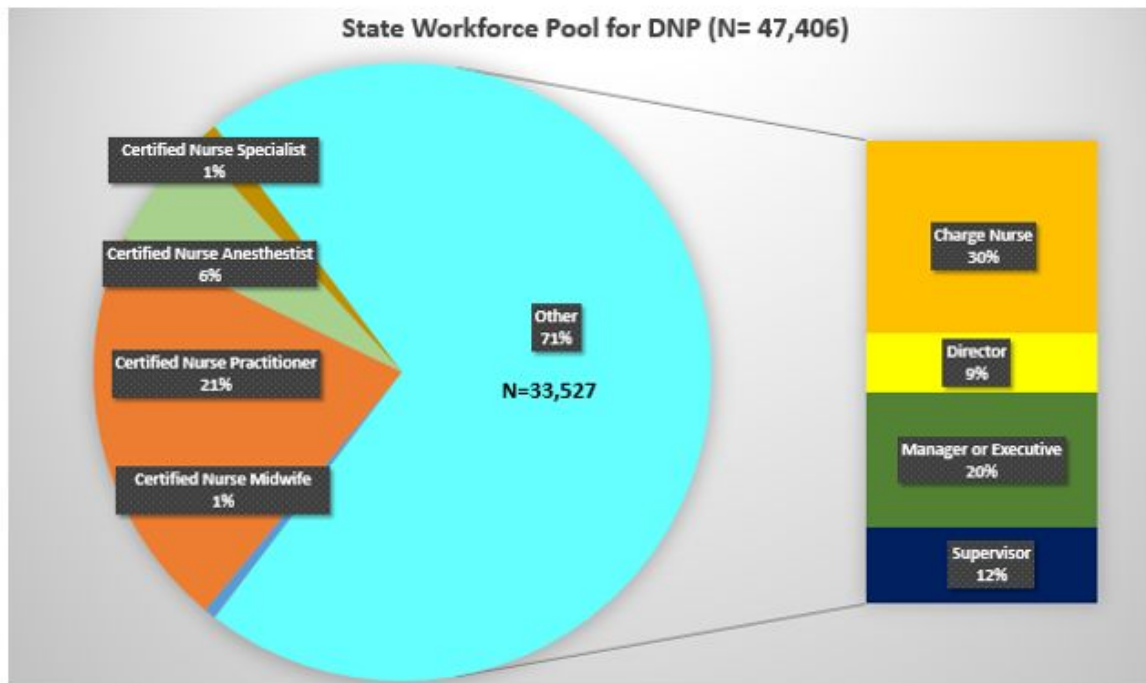


Figure 4. Ohio Board of Nursing 2017 Workforce Data Summary

Our innovative DNP program proposal is substantiated by the Bureau of Labor Statistics (BLS) employment trends, indicating several growth patterns between 2016 and 2026: 1) The job demand for advanced-practice nurses is projected to increase 31% (BLS, 2016a), 2) job demand for health information technicians is expected to increase 13% (BLS, 2016b), and, the need for operations research analysts is predicted to grow by 27% (BLS, 2016c). The National League for Nurses Biennial Survey indicates admitting student cohorts are likely to be younger (Figure 5).



Figure 5: National League for Nursing Biennial Survey of Schools of Nursing 2017-2018

Budgeting.

Two factors in planning for the success of this program are: 1) previous enrollment in the UT-WSU program which was consistently 10 students per year and 2) the volume of master’s prepared and advanced-practice

nurses in the state’s workforce, eligible for earning a DNP. Refer to Appendix G, the Fiscal Impact Statement, to see that we plan timely matriculation for all enrolling cohorts within a two-year, full-time program of study and we anticipate no changes in state subsidies across the next four years (Total = \$1,264,000) (Personal interview, Chris Stein, WSU Strategic Planning & Resource Analyst, November 5, 2019). In reality, working nurses may actually complete their programs of study on a part-time basis, influencing the tuition forecast. In essence, program growth is expected (net profit at the end of year 4 = \$143,774).

Growth Management.

The conservative approach is evident in the need for new faculty lines. From past experience with the UT-WSU DNP Program (Figure 6), the faculty capacity to manage initial enrollment was established (Years 2007-2019) with a range of 5-33 total students (Data obtained from A. Skira, WSU Institutional Research and Effectiveness). The new DNP Program capacity in Years 1 & 2 will range from 10–22 students (Figure 7).



Figure 6. Previous UT-WSU DNP Program Enrollment (Mean=10 New students per year)

NEW AND TOTAL ENROLLMENT

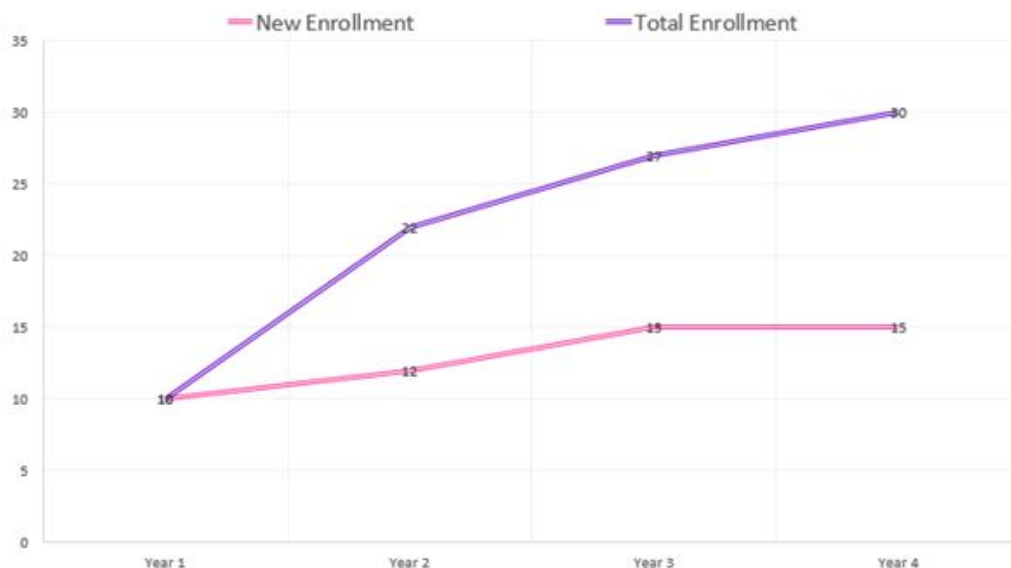


Figure 7. New and Total Enrollment by Years 1-4.

To manage growth in Years 3 and 4 (Total enrollment 27 and 30 respectively), increases in new personnel (1.5-2.5 FTEs and 2-3 part-time equivalents) will be supported by tuition with state subsidy income or SSI (Figure 8). That is, as enrollment increases (purple & pink lines), tuition can offset the costs of hiring additional faculty that may be needed in Year 3.

NEW PERSONNEL MANAGED BY TUITION

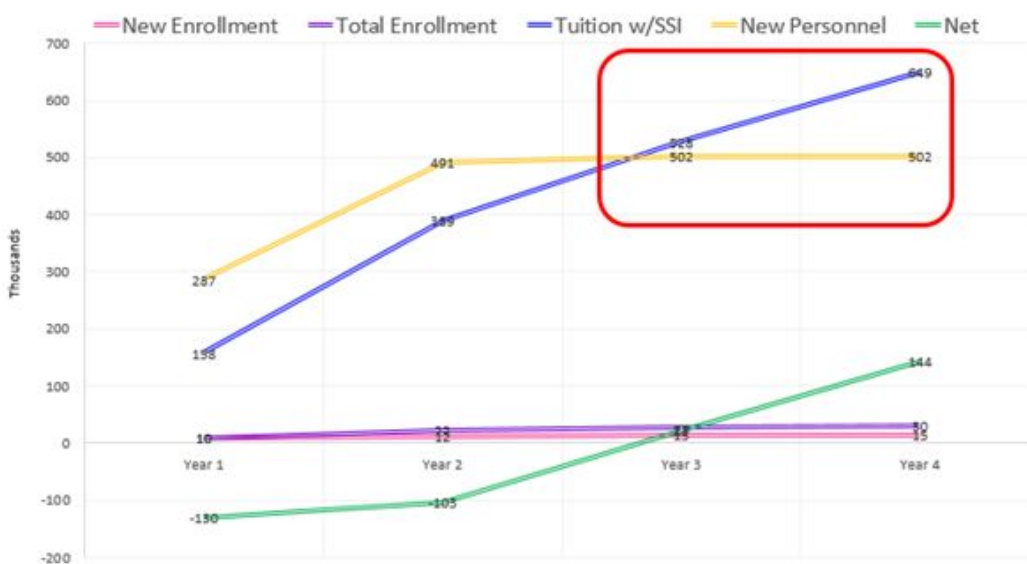


Figure 8. New Personnel Managed by Tuition with SSI

Sustainability.

Conservative enrollment and budget projections have been used to develop sustainability. Figure 9 highlights that in Year 3, the projected net is approximately \$23,000. Year 3 is a pivotal point in the program, where enrollment, tuition and costs for hiring new personnel project a balanced budget with a minimal profit, indicating that the DNP program should be self-sustaining in future years.



Figure 9. Year Three: Self-Sustaining

Statewide Alternatives

1. Unique features of program and other available programs.

Unique to this program is the inclusion of courses from other colleges and the cross-listing of courses within other colleges at WSU, allowing for interprofessional learning opportunities and cost-effective instruction. This will allow the program to take advantage of the expertise of subject-matter experts from other colleges and provide an interprofessional learning environment where DNP students are immersed with other professionals, including public health experts, physicians, social workers, and engineers. In addition, courses will be more cost-effective with increased enrollment. This interprofessional aspect of the program, offering courses with other departments, not only helps the CONH manage faculty resources more efficiently, but also involves departments and colleges collaborating and working together in an interdisciplinary manner, which is essential in today's world

In Ohio, 14 accredited DNP programs are available for advancing nursing practice. Nine programs are affiliated with private institutions and five are nested within public institutions. All programs offer online educational components. Three of the DNP Programs in Ohio are in the southwest region and are located in Cincinnati. The

materials reviewed from each of these programs located in the southwest indicate that none of the programs has an interprofessional learning model.

2. Appropriateness of specific locale for the new program.

A gap in DNP program availability will exist between the northwest and southwest regions of Ohio once the WSU/UT DNP Program Consortium ceases to exist. A recent survey we administered to acute care and public health providers in an eleven county area locally known as Raider Country, indicated that not only does the gap in DNP program availability exist geographically, but so does a workforce development gap, specifically among public health nurses (PHNs) with informatics preparation. Raider Country is a bridge between the northwest and southwest regions of Ohio and a powerful force in workforce preparation in the state.

Ohio Employment projections for advance practice nurses (clinical nurse specialists) show an increase of 13.7% (2014-2024), with annual openings for 4,823 clinicians. Although the BLS data does not address future workforce needs of public health nurses, the results of the PH WINS survey does. PH WINS survey data characterizes the need for a public health workforce who specialize in informatics and only 1.3% of the current workforce has the skills to leverage electronic health information for public health functions (ASTHO, 2015; Dixon, McFarlane, Dearth, Grannis & Gibson, 2015).

3. Opportunities for inter-institutional collaboration.

Opportunities exist to work with other academic institutions and healthcare service organizations on coursework as well as DNP projects, especially during the required DNP practicum hours during the program of study. External Support letters are included in Appendix F. They represent practice sites desiring the graduates for their clinical (including administration) skills, and academic nursing programs wanting graduates to serve as faculty members.

Importantly, WSU is immediately adjacent to the Wright Patterson Medical Center 88th Medical Group. The 88th Medical Group is one of the largest Air Force Military Treatment Facilities providing primary and specialty care to over 58,000 eligible beneficiaries. It is a major military/civilian integrated platform with many formal programs in advanced specialty training of physicians, nurses and technicians (<http://www.airforcemedicine.af.mil/MTF/Wright-Patterson/About-Us/>). The Air Force has positioned itself to recruit more advanced-practice nurses at the DNP level, allowing WSU to provide convenient and approachable access to all WPAFB nurse clinicians pursuing this option in the local area.

GROWTH OF THE PROGRAM

The growth of the program is based on the previous enrollment patterns in the UT-WSU program which was consistently 10 students per year. Other support is increasing demands as cited from the Ohio Board of Nursing 2017 RN Workforce Data Summary, the ACCN fact sheet and data from National League for Nursing (NLN) Biennial Survey of Schools of Nursing 2017-2018 (Refer to Figures 1-5). Also influencing growth estimates is that since the program has ended, UT's DNP program admission has increased "30%" (D. Lokia, email October 24, 2019). Thus, we project student enrollment as follows: 10 (Year 1), 12 (Year 2), 15 (Years 3 & 4), based on two years full-time matriculation student census will be Year 1= 10 students; Year 2= 22 students; Year 3 = 27 students; & Year 4 = 30 students (Figure 11).

The enrollment estimate is supported by the program completion process. Once enrolled, students will complete programs of study in two full-time or three part-time years. Students must complete the program within seven years of first enrollment. Our enrollment estimate is also substantiated by national data. According to figures compiled by the U.S. Bureau of Labor Statistics, the field of nursing is expected to grow by 19 percent between 2012 and 2022. According to the AACN fact sheet, the number of DNP programs continues to increase in order to meet demand. Data published in the 2017-2018 NLN Biennial survey of nursing

programs, 15% of qualified applicants were turned away due to access issues. Ultimately, we expect that the program will be self-sustaining by Year 3 (See Fiscal Impact Statement in Appendix E).

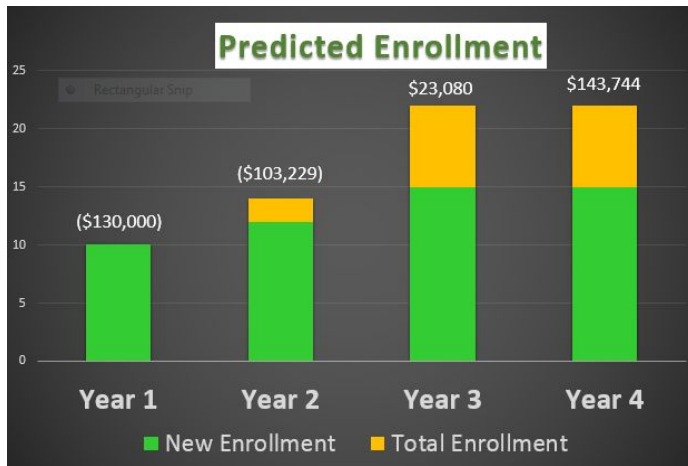


Figure 11. Predicted Enrollment for the New WSU DNP Program

Curriculum and Instructional Design

The proposed new DNP incorporates AACN DNP Essentials, using evidence-based practice and quality improvement as cornerstones for innovative solutions that focus on population health, informatics, and interprofessional education. Ultimately, the DNP student reaches a pinnacle point in the education process by transforming health care systems with newfound innovations (Figures 11 & 12). The curriculum incorporates the expertise of other disciplines through a creative curriculum design that utilizes the resources and expertise of interprofessional programs within the university by including courses from other colleges and the cross-listing of courses. This curricular method offers students access to subject matter experts and the opportunity for interprofessional education.

Curriculum and Instructional Implementation

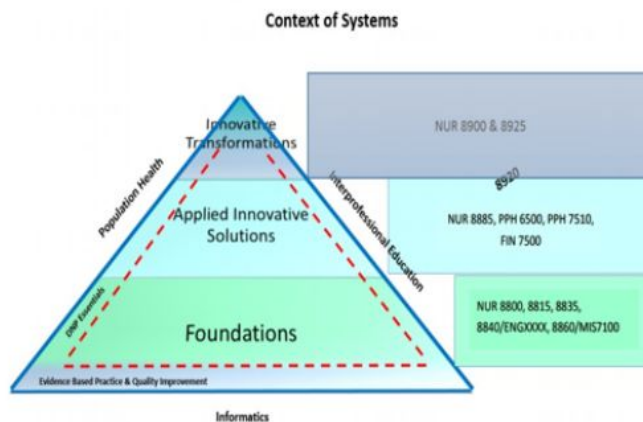


Figure 11. Instructional Design

Six Program Outcomes guide the newly proposed DNP Program curriculum.

1. Integrate science-based theories and data-based concepts for scholarly inquiry to develop, critically appraise, and implement systems approaches that improve population health and health care systems.
2. Demonstrate systems-level leadership of the interprofessional team for quality and safety among populations in healthcare systems using current data sets.
3. Employ information systems/technology, clinical scholarship, and analytical methods as a basis for evidence-based practice to transform dynamic and complex healthcare systems.
4. Implement systems-level strategies among interprofessional teams within/across systems to impact prevention and population health.
5. Use advanced nursing practice to optimize health and improve the care of individuals, families, and populations in healthcare systems.
6. Develop, evaluate, advocate, and provide systems leadership in healthcare policy that transforms healthcare economics, regulation, access, and delivery.

Curriculum and Instructional Design

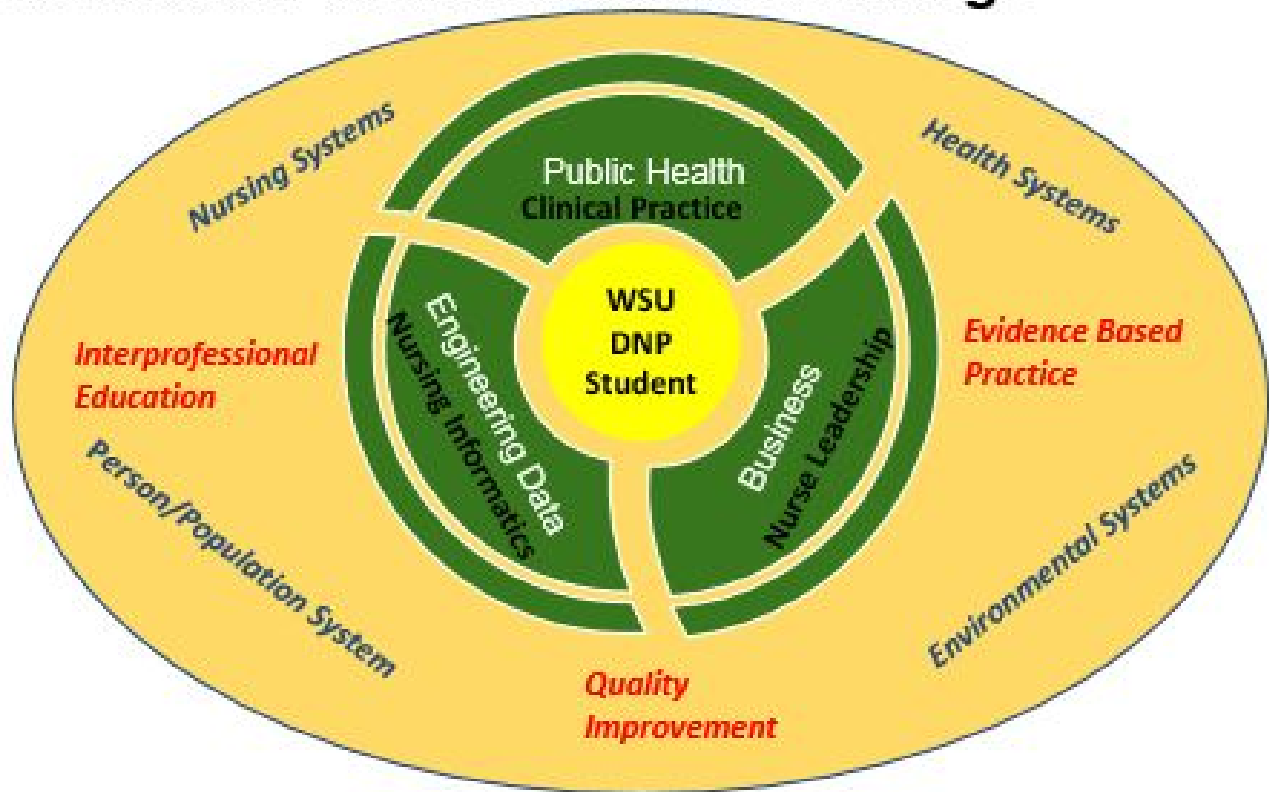


Figure 12. Curriculum Schematic

The interprofessional improves the student learning experience

- Online curriculum using existing and co-developed courses both within nursing and other disciplines
- Working and learning with other professionals to improve communication and systems approach
- Using data processes to improve outcomes
- Learning business principles as applied to healthcare
- Applying a systems approach to improve individual, population and healthcare systems outcomes

1. Curricular content.

Course #	Title	Credits
Required courses for degree		
NUR 8800	Science of Systems Thinking to Advance Population Health Outcomes (residency requirement). 3 credits	3 credits
NUR 8815	Foundations in Scholarship of Healthcare Systems Analysis	3 credits
NUR 8835 Pre-req NUR 8800, 8815	Foundations of Systems Appraisals and Analytic Methods for Evidence-Based Practice	3 credits
NUR 8840	Healthcare Informatics for Collaborative Interprofessional Practice Pre-req 8800	3 credits
Either NUR 8860 or MIS 7100		
NUR 8860	Data-Driven Business and Organizations Pre-req 8840	3 credits
MIS 7100	Data-Driven Businesses and Organizations	3 credits
NUR 8885	System Approaches to Program Implementation and Evaluation Pre-req 8835	3 credits
PPH 6500	Health Resource Management and Policy	3 credits

FIN 7500	Management of Healthcare Organizations	3 credits
NUR 8920	DNP Scholarly Project Practicum (100-300 hours)Pre-req 8885	1-3 Variable Credit (need 3 total)
NUR 8925	DNP Scholarly Project Pre-req 8800, 8815, 8835, 8840, 8885, 8900, NUR 8860 or MIS7100, PPH 6500, PPH 7510, FIN 7500 Pre- or Co-req 8920	1 credit

Full time (2 years)				
Year	Summer	Fall	Spring	Accruing Credits (total)
1	NUR 8800 NUR 8815 Total 6 credits	NUR 8835 NUR 8840 Total 6 credits	NUR 8860 (cross listed) OR MIS 7100 NUR 8885 Total 6 credits	18 credits
2	PPH 6500 FIN 7500 NUR 8920 Total 7-9 credits	PPH 7510 NUR 8900 NUR 8920 Total 6-9 credits	NUR 8920 NUR 8925 Total 2-4 credits	15 credits (33 credits)
Part time (3 years)				
Year	Summer	Fall	Spring	Accruing Credits (total)
1	NUR 8800 NUR 8815 Total 6 credits	NUR 8835 Total 3 credits	NUR 8885 Total 3 credits	12 credits
2	PPH 6500 Total 3 credits	NUR 8840 Total 3 credits	NUR 8860 (cross listed) OR MIS 7100 NUR 8920 DNP Scholarly Total 4-6 credits	10-12 credits
3	FIN 7500 NUR 8920 1-3 Variable Credit (need 3 total) Total 4-6 credits	PPH 7510 NUR 8900 Total 5 credits	NUR 8920 NUR 8925 Total 2-4 credits	11-12 credits (33 credits)

2. Requirements for successful program completion.

Although the Chancellor's Council on Graduate Studies (CCGS) requires 90 credit for doctoral programs, CCGS guidelines allow deviations for practice doctorates, such as the DNP degree. The DNP curriculum consists of 33 semester credit hours. These will be combined with 60 credits (or more) from a previous master's in nursing degree. Thus, the minimum number of credits required to complete the degree is contingent on the number of credits previously earned in the DNP student's previous master's in nursing degree.

The previous degree established the basis for required practice clock hours. The recommendation from the AACN DNP Essentials (2006) document is for "1,000 clock hours of practice post-baccalaureate as part of a supervised academic program" (p. 19). Hours earned through previous masters' degree programs, will be combined with to achieve the required DNP 1,000 supervised clock hours. Students deficit in hours will be required to complete additional practicum hours as part of the supervised academic (DNP) program.

3. Description of a required culminating, or integrated learning, experience.

Building upon the concept of interprofessional collaboration to improve work within system, a foundational experience for all DNP programs is a team-based doctoral project designed to translate the current evidence into a practice setting. In this proposed new curriculum, this doctoral project begins at admission interviews, where the applicants approach the DNP curriculum with the identification of a gap, problem, or challenge in a healthcare system or population aggregate. The team-based project is addressed each semester and woven through each course in the program. The project requires a proposal defense, supervision during the practicum hours of project implementation, and a rigorous final report. Projects are expected to demonstrate a positive impact on defined systems and population health outcomes, and to draw upon insights and methodologies from more than one of the interprofessional disciplines whose courses are included in the curriculum. The final course of the program requires students to successfully complete their project with a grade awarded at the time of completion (Figures 11 & 12).

The DNP Project can take the following forms:

- Evidence-based intervention or change initiative or pilot study
- Program development and/or evaluation
- Quality improvement initiative
- Implementation and evaluation of evidence-based practice guidelines
- Design and evaluation of new models of care
- Policy implementation, analysis, revision

STEP 1: IDENTIFICATION/APPROVAL OF DNP PROJECT AREA OF INTEREST AND DNP PROJECT TEAM

1. Students will identify a broad area of interest and identify a DNP Project Chair in the semester. The area of interest should drive the development of the DNP Project Team.

2. IDENTIFY COMPOSITION OF THE DNP PROJECT TEAM

The DNP Project Team consists of - one DNP Project Chair and at least two student DNP Project Team members. Students may add additional DNP Project Team members with a maximum of 4 students per team. In addition, the team will consist of at least two Project Experts. The Project Chair receives service credit for their work on the project team. According to the faculty workload agreement each bargaining unit faculty is expected to perform 20% of their time providing service. According to the CoNH bylaws, serving on a doctoral project is recognized as a significant service to the college.

DNP PROJECT CHAIR

The DNP Project Chair must be a full time faculty member in the college of nursing who has completed a doctoral degree. The DNP Project Chair will provide academic guidance and mentoring to the DNP student regarding the project throughout the program. The student should meet regularly with the DNP Project Chair for assistance with project development, implementation, analysis and dissemination of results.

DNP PROJECT TEAM MEMBERS

DNP Project Team members include students who have mutual interests and desire to work together on the DNP project. The team members collectively agree to the assignment of work and responsibilities within the group to accomplish goals.

DNP PROJECT EXPERTS

Project experts may be internal or external subject matter experts that provide guidance within their areas of expertise to the project. They participate in both the proposal approval process and the review of the Final Report.

The project steps are divided across the curriculum. Course faculty are responsible for facilitation of learning objectives related to foundational work for each step of the process. The faculty are responsible for evaluating and grading work and providing student feedback on assignments. Students are responsible for sharing assignments with the DNP project chair who meets with the students a minimum two times per semester to ensure advancement towards project completion. The DNP Project Chair also solicits input from the team regarding team dynamics and assists team members in resolving disputes.

STEPS 4-6 Implementation, Final report/presentation, Dissemination

The DNP project sequence includes the following courses:

- NUR 8835 Foundations for Systems Appraisal and Analytic Methods for Evidence: Planning/Formalization of Project teams
- NUR 8885 System Approaches to Program Implementation and Evaluation: Proposal Defense
- NUR 8920 DNP Scholarly Project Practicum, NUR 8900 DNP Leadership Practicum: Implementation and Evaluation
- NRS 8925 DNP Project: Final Report and Dissemination

In the event a team member is no longer able to participate with the team, the team may choose to replace the member or continue without the member. If a team member withdraws

Institutional Staffing, Faculty, and Student Support

1. Faculty.

The CONH has sixteen faculty with PhDs, three faculty with DNPs. (See Appendix C for Faculty Vitas and Matrix). Our faculty have a broad range of academic and clinical expertise. The faculty serve in leadership positions across the university with the community and across the nation. As enrollment increases we anticipate the need for additional full-time, graduate faculty.

Interprofessional faculty in the Boonshoft School of Medicine, the Raj Soin College of Business, and the College of Engineering and Computer Science are also committed to teaching specialty courses reflecting informatics, leadership, and/or population-focused courses. The interprofessional faculty have high levels of expertise in their content areas.

2. Administration and Support.

The proposed degree program will be offered by the WSU CONH and administered by the Graduate School. Interprofessional courses will be offered through the WSU Boonshoft School of Medicine, the Raj Soin College of Business, and the College of Engineering and Computer Science. CONH's Assistant Dean for Graduate Programs will provide oversight to the program. The Assistant Dean is nationally certified as a Family Nurse Practitioner, in accordance with the National Organization of Nurse Practitioner Faculties (NONPF) criteria. The Assistant Dean reports to the Dean of the CONH who is a doctorally prepared nurse with 40 years of experience in nursing education.

Interested student applicants will ultimately be admitted through the university-wide graduate admission process after passing a departmental admissions process to determine whether they meet the prerequisites to begin DNP coursework. The students will be expected to meet the minimum admission criteria of WSU's Graduate School as well as admission criteria for the CONH DNP program. We expect the program to be highly competitive, with enrolled students exceeding all minimum requirements.

We anticipate no additional classroom or laboratory space requirements due to the online nature of the program. With the number of students projected, currently available space will suffice for meeting the on-campus residency requirements of the program.

1) Professional graduate degree programs

a) Admission criteria.

The entire curriculum is guided by The DNP Essentials (AACN, 2006). The curriculum builds on The Essentials of Master's Education for Advanced-Practice Nursing (AACN, 2011), the APRN Consensus Model (APRN Consensus Group and National Council of State Boards of Nursing, 2008) and other documents required by our accrediting body, Commission on Collegiate Nursing Education (CCNE). The DNP Essentials document recommends "1,000 clock hours of practice post-baccalaureate as part of a supervised academic program" (AANC, 2006, p. 19). Most applicants will already have completed 500+ clock hours through their masters' degree programs. For those students who have not achieved a minimum of 500 practicum hours, additional practicum hours will be provided to get to the required DNP 1,000 supervised clock hours. The proposed post-master's DNP curriculum will consist of 33 semester credit hours (Appendix D) along with a 60 credits (or more) from a previous master's in nursing degree. Although Chancellor's Council on Graduate Studies (CCGS) requires 90 credit for doctoral programs, the CCGS guidelines allow deviations for practice doctorates. The DNP degree is preparation for professional practice (CCGS Guidelines p. 6).

The DNP Program is designed as a post-master's entry point and will accept advanced-practice nurses with a master's degree in the direct roles as a CNS, NP, certified nurse midwives (CNM) or certified registered nurse anesthetists (CRNA). However, any master's prepared nurses in indirect roles will be eligible for admission (i.e., nurse executive, nurse education, health care policy, information technology, advanced public health nurses).

Interested student applicants will ultimately be admitted through the university-wide graduate admission process after passing a departmental admissions process to determine whether they meet the prerequisites to begin DNP coursework. The students will be expected to meet the minimum admission criteria of WSU's

Graduate School as well as admission criteria for the CONH DNP program. We expect the program to be highly competitive, with enrolled students exceeding all minimum requirements.

Admissions Requirements: The following are required for admission to the DNP program:

1. Requirements for Admission to Wright State University (WSU) Graduate School

- Cumulative graduate grade point average (GPA) of at least 3.0 (on a 4.0 scale).
- Students who do not meet the required 3.0 GPA and/or pre-requisite course completion requirements may be admitted as conditional following university guidelines spelled out in 5010.2 Conditional Degree Status.
- Official transcripts from each institution of higher education attended

2. Requirements for Admission to CONH

- MSN from an accredited college/university
- Current unencumbered Registered Nurse Licensure
- Clean FBI/BCI background check
- Current CPR
- Current immunization record
- Clean drug screen, if requested at any time in the program
- Letter of intent
- Resume or curriculum vitae including education, work and/or research experience, publications, certifications, licenses, grants, professional affiliations, awards, honors, presentations, and/or courses taught, as appropriate
- Three satisfactory letters of reference: one each from a faculty member, an employer, and/or a colleague/peer
- Satisfactory interview
- Graduate-level Biostatistics for Healthcare within five years preceding admission.

3. Conditions of Satisfactory Progress while in the CONH program

- Signed program of study
- Cumulative graduate GPA of at least 3.0 (on a 4.0 scale)
- Current unencumbered Registered Nurse Licensure in the state where practicum occurs
- Current CPR
- Current immunization record
- Clean drug screen, if requested

b) Practicum experience (field experience).

The program also includes practicum experiences totaling 1,000 hours, when combined with previous graduate
Wright State DNP Program Proposal

work. As advanced specialty practice at the “population/organizational/policy level, the practica focus upon competencies in conducting comprehensive organizational, systems, and/or community assessments and identifying 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” (DNP Essentials, pg 8).

The objectives of the practicum experience at the doctoral level include preparation of advanced-practice nurses, executive leaders, and educators with advanced organizational leadership skills. Students in the DNP practicum will participate in experiences that prepare them to translate evidence into an array of healthcare systems through implementation of evidence practice, quality improvement, or policy development. The overarching goal of the DNP student is to implement change that results in positive effects on health outcomes of patients and vulnerable populations.

Practicum experiences will take place at healthcare agencies with a designated mentor. Affiliation agreements will be in place with the agencies. Final practicum hours may be contracted for a variety of experiences meeting the course objectives, including components of the doctoral project, and should be approved by the project chair. Each course that has designated practice hours will have a doctorally prepared faculty member assigned. The faculty member will specify what practice behaviors/activities constitute a passing level in meeting the course objectives. Students will work with their course faculty member and academic advisors to identify appropriate sites where these objectives can be met. In addition, a clinical mentor will facilitate the student’s activities at the practice site. A clinical mentor is defined as a person employed at the site who can facilitate the student’s progress toward meeting their objectives. The clinical mentor should be the most qualified person available and may or may not be doctorally prepared. Taking practicum hours requires contracting with a faculty member to act as course faculty (preferably the project advisor), contracting with a clinical mentor (located at the practicum site), and approval from the student’s academic advisor/project chair if the practicum includes activities related to the doctoral project.

Students must provide the course faculty member with a written plan signed by the student and the clinical mentor, and this plan must be approved by the course faculty member. This written plan should set forth the learning objectives (based on Final Practicum course objectives), specific learning activities, time commitment, and outcomes to be accomplished. The signed plan shall constitute a learning contract between WSU faculty, the student, and the mentor. However, at the request of the mentor’s employing agency, a standard contract between the agency and the University may also be completed. This contracting process can take time to complete, so planning ahead is strongly encouraged. The course faculty member, in consultation with the clinical mentor, will determine whether the objectives have been met at a satisfactory level.

Students will NOT be allowed to participate in a nursing course with a practice component involving direct patient care unless all requested information is up-to-date and on file in the College of Nursing and Health (WSU). There are NO exceptions. The requirements that need to be fulfilled before you are eligible to participate in direct patient care: Completed health assessment and vaccinations, liability coverage, and evidence of personal health insurance.

c) Faculty qualifications.

According to recommendations by AACN for DNP Education Programs (2019), faculty qualifications to teach DNP students require doctoral preparation (PhD or DNP) that coalesces clinical expertise with the passion for teaching nursing. Nursing faculty must also adapt curriculum and teaching methods in response to innovations in nursing science and the ever-changing practice environment. Educators facilitate the DNP student’s

translation of faculty research into publications in scholarly journals, present at nursing conferences, consult with healthcare agencies, write grant proposals, shape public policy, and engage in community service. In addition, faculty should be trained in curriculum development, student assessment, and online teaching in order to share clinical mastery with nursing students. Certifications in the area of nursing education and online teaching-learning are recommended. The Manaat Report, *Advancing Healthcare Transformation: A New Era for Academic Nursing* (AACN, 2016), advises that faculty possess current clinical practice expertise and engage in partnerships that enhance the translation of research to practice.

The faculty in the Boonshoft School of Medicine, the Raj Soin College of Business, and the College of Engineering and Computer Science are experts in the areas of informatics, leadership, and/or population-focused courses. Likewise they share enthusiasm for teaching nurses and possess advanced education in curriculum development, and on-line teaching.

d) Professional organization accreditation and academic curriculum/program plan.

The WSU CONH is accredited by the Commission on Collegiate Nursing Education (CCNE). CCNE is an autonomous accrediting agency of the Association of Colleges of Nursing (AACN). The AACN published *The Essentials of Doctoral Education for Advanced Nursing Practice (DNP Essentials)*, in 2006, as a guide for the development and implementation of DNP programs across our nation (AACN, 2006). Graduates of our DNP program will be able to demonstrate Competencies I-VIII, and will also incorporate a curricular specialty focus. Although the AACN advocates for DNP education, colleges of nursing are not required to offer the degree for professional accreditation in the field.

e) Theory and practice integration within the curriculum.

The curriculum is developed from a systems theory perspective which incorporates the nursing metaparadigms of nursing, person/population, health and environment. Three innovative education and practice constructs (evidence based practice, quality improvement, and interprofessional education) provide a basis for the dynamic DNP student learning experience specific to public health in clinical practice, engineering data in nursing informatics, and business in nursing leadership.

The DNP Essentials guide the entire curriculum where foundation level courses develop virtual opportunities for students to consider the science of systems thinking to advance population health outcomes, formulate scholarship of health care systems, and appraise systems using analytic methods for evidence-based practice. These foundations build a technology based working knowledge of informatics through collaborative interprofessional practice and the awareness of how data driven businesses, organizations and systems operate. Next, DNP students apply innovative solutions to systems through program implementation and evaluation, incorporating health resource management to policy, managing health care organizations. Finally, students apply innovative transformation in the clinical setting by implementing DNP projects.

f) Credit hour norms.

The proposed post-master's DNP curriculum will consist of 33 semester credit hours (Appendix B) along with a 60 credits (or more) from a previous master's in nursing degree. The number of credit hours align with other programs in the country. The Chancellor's Council on Graduate Studies (CCGS) requires only 90 credit for doctoral programs, but the CCGS guidelines allow deviations for practice doctorates such as the DBP degree.

The DNP Essentials document indicates that there a total of 1,000 hours of practice needed for the completion of the DNP degree. Those hours may be accumulated throughout the student's graduate studies (AANC, 2006,

p. 19). The average number of hours completed during an applicants graduate studies is approximately 500 hours. The proposed program includes 500 hours of practicum, for those students with less than 500 hours upon admission, additional hours will be provided. Contribution of culmination experience to professional preparation.

As the epitome of DNP practice, the required culminating academic experience contributes to the enhancement of the student's professional preparation by providing the student with an opportunity to translate acquired knowledge into practice, the integrative practice experience. The DNP project lays the groundwork for future scholarship while also providing the student with the opportunity to improve nursing practice and/or patient outcomes. Ideally, the culminating experience provides the DNP student with the prospects of successfully integrating the following practice developments: a change that impacts healthcare outcomes through either direct or indirect care, system-level enhancement, and/or sustainable improvements within population health, financial, political or legal arenas (AACN, 2015).

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