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**Proposal for Doctorate of Nursing Practice
Department of Nursing
College of Health and Human Services
California State University, Fresno**

Consultative Approval Page

Signatures:

I have read and approve the following proposal for a Doctorate of Nursing Practice program.

Nursing Graduate Committee Chair Date

Department Chair Date

Dean, Health & Human Services Date

Dean of Graduate Studies Date

Contact Person: Cricket Barakzai
278-2430
maryb@csufresno.edu

Program Type

- State –Support
- Online Program
- Pilot
- New Program

Program Identification

- a. Campuses
Base campus ~ California State University, Fresno
Partner campus ~ San Jose State University
- b. Full & exact degree designation and title
Doctorate of Nursing Practice
- c. Date the Board of Trustees approved adding this program projection to the campus Academic Plan
January 26, 2011
- d. Term & academic year of intended implementation
Fall 2012
- e. Name of department that would offer the proposed degree major program
California State University, Fresno Department of Nursing
The Valley Foundation School of Nursing at San Jose State University
- f. Name, title, and rank of the individual(s) primarily responsible for drafting the proposed degree major program
Michael Russler, Co-Chair, Department of Nursing
Professor
Mary (Cricket) Barakzai, Director, Central California Center for Excellence in Nursing
Co-Chair, Department of Nursing
Professor
- g. Statement from the appropriate campus administrative authority that the addition of this program supports the campus mission and will not impede the successful operation and growth of existing academic programs (Appendix A)
- h. Other campus approvals, (Appendix B)
- i. WASC Substantive Change
The proposed program will be subject to a WASC Substantive Change review.

Program Overview and Rationale

Brief Description of Program

The Department of Nursing at California State University, Fresno proposes to offer a Doctorate of Nursing Practice (DNP) program, in conjunction with San Jose State University's Valley Foundation School of Nursing. This will be a 21 month program culminating in a Doctorate of Nursing Practice degree. This is a formally constructed program of 37 semester units which includes between 408 and 612 hours of supervised clinical experience and meets the requirements for DNP education outlined in the American Association of Colleges of Nursing's *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006) (Appendix C). This program will enhance professional competence, provide access to specialized knowledge, and address the shortage of doctorally-prepared advanced practice nurses and faculty in the region. The Doctorate of Nursing Practice is a 5 semester 37-unit post-master's program designed to provide doctorally-trained advanced practice nurses with the advanced competencies

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necessary for the increasingly complex clinical and leadership roles needed to improve patient outcomes.

Purpose & Strengths of Program

On September 28th, 2010, A.B. #867 was chaptered by the Secretary of State. This bill, also known as the Nava Bill, authorizes the California State University system to establish a DNP pilot program at three campuses to be selected by the Board of Trustees. The pilot program will run until July 1, 2018, when it will be evaluated and expanded to other campuses. In October, it was announced that the three programs would be located at:

1. Fullerton (Base campus), Long Beach, and Los Angeles
2. San Diego
3. Fresno (Base campus) and San Jose

The legislation further mandated that the three programs would enroll no more than 90 full-time equivalent students in total each year and that the programs be designed so that students could continue to work full-time. The purposes of the program were identified as training nurses for advanced practice and preparing clinical faculty to teach in postsecondary nursing programs.

The DNP is built on the generalist foundation of a Bachelor's of Science in Nursing or Master's of Science in Nursing degree. It is a practice-focused degree designed to prepare experts in specialized advanced nursing practice. As such, it focuses on evidence-based practice and the application of research to practice, rather than the generation of new research. The DNP position statement (AACN, 2004, p. 4) identifies the benefits of practice focused doctoral programs as:

- enhancing the development of needed advanced competencies for increasingly complex practice, faculty, and leadership roles;
- providing increased knowledge to improve nursing practice and patient outcomes;
- preparing nurses with enhanced leadership skills to strengthen practice and health care delivery; and
- providing a better match of program requirements and credits and time with the credential earned

Fit with Institutional Mission

Practice doctorate programs, although not research-focused, strengthen the research capacity and mission of the university. The presence of DNPs will strengthen the linkages between practice and research, with the DNP serving as a practice-focused member of the research team, identifying practice issues needing investigation, and translating bench research into reality. In addition, DNP graduates are desperately needed to alleviate the faculty shortage in clinical education at both the baccalaureate and master's levels.

Justification for Offering Program at this Time

For the past twelve years, the Institute of Medicine has attempted to address a number of shortcomings in healthcare, including errors, fragmentation of care, and the need for restructuring of health professional education due to increased practice demands caused by the complexity of the current healthcare system (IOM, 1999, 2001, 2003). Healthcare reform has also focused attention on the important role advanced practice nurses, such as nurse practitioners, nurse midwives, clinical nurse specialists, and nurse

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anesthetists, will play in the future. At the same time, the exponential increase in knowledge and technology has extended the length of programs in all the healthcare professions, including pharmacy, physical therapy, audiology, and occupational therapy. All of these professions have adopted practice or professional doctorates as the degree required for entry to practice.

This is also true for nursing. When the Association of Colleges of Nursing (AACN) reviewed Masters of Science in Nursing (MSN) programs nationwide, they found that, in order to adequately prepare advanced practice nurses, most programs had been forced to increase the number of credits and the length of the programs well beyond what is typical for a master's degree (AACN, 2004).

Based on these findings, the AACN determined that many programs were actually offering programs closer to a professional doctorate, than master's level study. All of these factors led to the AACN decision in 2004 to require that all specialization in nursing should occur at the doctoral level by 2015 (AACN, 2004). The development of a practice doctorate is also supported by the National Research Council (2005) which stresses the need for nursing to develop a "non-research practice doctorate" to prepare practitioners who can serve as clinical faculty as well as expert clinicians.

In addition, in Fall of 2010, a bill was passed by the California Legislature authorizing the CSU system to establish a DNP pilot project on three campuses, of which Fresno State was one. The President and Provost are supportive of this project, with an expected start date of Fall 2012.

Relationship among the Program Philosophy, Design, Target Population, & Pedagogical Methods

The target population for this program is working MSN-prepared registered nurses. The Nava Bill requires that programs be designed so that students can continue to work full-time. In addition, the catchment area for the California State University, Fresno program extends from southern Kern County to the Oregon border. Therefore, to enhance access and provide flexibility, the program will be largely distance delivered via videoconferencing, video-streaming, Elluminate, Skype, and asynchronous computer-based applications. All courses are unique to this program, and are not used for any other prior or concurrent degree program.

Proposed Catalog Description

Doctor of Nursing Practice (DNP)

Director, TBD

The Doctor of Nursing Practice Program

The purpose of the Doctor of Nursing Practice (DNP) Program is to prepare experts in specialized advanced nursing practice. The DNP program prepares graduates for leadership and clinical roles and to engage in evidence-based inquiry. Graduates may also serve as clinical faculty in postsecondary nursing education programs. The curriculum is based on the American Association of Colleges of Nursing's *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006) and meets all requirements for national accreditation. The program is designed for working professionals with the majority of coursework provided via distance modalities. The DNP program is cohort-

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based and designed to be completed in 21 months of full-time study. It consists of 37 doctoral units with a culminating doctoral project.

Admission Requirements

Application requirements consist of the following:

1. The applicant must meet the general admission requirements for California State University, Fresno, the University Graduate Division, and the Department of Nursing.
2. The applicant must have earned an acceptable master's degree from an institution accredited by a regional accrediting association and the national professional accrediting association, as applicable.
3. The applicant must have attained a cumulative grade point average of at least 3.0 in an acceptable master's degree program.
4. The applicant must maintain active licensure to practice as a registered nurse in the state in which practicum experiences will be completed.
5. The applicant must meet all requirements for credentialing or certification eligibility as appropriate to the nursing specialty area.
6. The applicant must demonstrate sufficient preparation and experience pertinent to advanced nursing practice.

Evidence considered in the admission process shall include, but not be limited to:

1. Three letters of recommendation from professional persons knowledgeable about the applicant's advanced nursing practice experience, as well as the potential for scholarship and leadership.
2. A written statement of purpose reflecting what the applicant expects to accomplish in the DNP program and how the DNP program will advance the applicant's nursing career and practice.

Program Requirements

Students in the DNP program move through the coursework as a cohort. A minimum of 37 units are required for completion of the degree. Students must maintain a 3.0 grade point average and demonstrate professional behavior to progress in the program. In order to achieve the DNP competencies, students must complete a minimum 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Students shall be required to pass a qualifying assessment within two attempts in order to continue in the program and prior to advancing to candidacy. The qualifying examination will be administered at the end of the first year, when the student's mastery of essential elements of the core advanced nursing concepts can be fairly evaluated and when the student is considered ready to begin the doctoral project. (See Appendix D ~ Office of the Chancellor Executive Order)

The Doctoral Project

The Doctoral Project consists of three interrelated scholarly manuscripts which are developed in conjunction with the student's Project Committee. The project will relate to

advanced practice and focus on a potential or existing health problem or issue affecting a group or community, rather than an individual. The project is developed, implemented, and evaluated in the second year of the program with guidance from a Project Committee selected by the student. The project will be presented to the Project Committee in a public forum, and the final paper submitted for publication to an appropriate peer-reviewed journal.

Doctor of Nursing Practice Courses

NURS 574 - The Role of Diversity and Social Issues in Healthcare (2 units) Analysis of social and cultural factors affecting health and health access among populations defined by age, education, gender, ethnicity, culture, religion, occupation, income, mental or physical disability, and language.

NURS 575 - Application of Theories in Advanced Nursing Practice (2 units) Application of theories of nursing, ethics, and teaching-learning to advanced nursing practice and healthcare leadership.

NURS 576 - Application of Biostatistics to Populations (3 units) Examination of methods to generate and analyze biostatistical data to design, implement, and evaluate programs and policies for the health care of populations.

NURS 583 - Leadership and Professional Responsibility Complex Healthcare Systems (2units) Analysis and evaluation of nursing leadership and evidence-based management theories to the leadership of complex healthcare systems. Integration and application of concepts of leadership, management, business planning, and evaluation of population-based efforts to provide affordable quality care.

NURS 584 - Technology, Informatics, and Data Management in the Transformation of Healthcare (3 units) Overview of clinical information systems and patient-centered technology. Application of nursing informatics in healthcare systems. Use of technology in evaluation of clinical and programmatic outcomes to guide safe and effective health care. Qualitative, quantitative, and survey approaches are explored.

NURS 585 - Foundations of Evidence Based Practice (2 units) Exploration of issues related to evidence-based practice. Development of skills needed to identify, critically appraise, and utilize best evidence.

NURS 586 - Transformation of Health Care Systems: Health Policy and Economics (2 units) Healthcare policies and economics and the political forces that shape them. Role of the DNP in the analysis, formulation, and implementation of healthcare policies.

NURS 587 - Principles of Epidemiology (3 units) Principles and concepts of epidemiology. Distribution and determinants of disease risk in populations across the lifespan. Approach to disease and intervention, identification of cause of disease,

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response to disease outbreak, disease surveillance, evaluation of screening and prevention, and ethical issues.

NURS 591 - Curriculum Development (3 units) Exploration of philosophical foundations of curriculum, curriculum design, and the development of curriculum frameworks, outcomes, and competencies Analysis of determinants of learning and the developmental stages of the learning process. Theoretical foundations of teaching-learning emphasizing critical thinking and active learning.

NURS 592 - Evaluation in Nursing Education (3 units) Focus on assessment, measurement, and evaluation of learning and program outcomes in nursing. Exploration of theories of educational measurement and evaluation and of measures to evaluate teaching effectiveness, student learning, student outcomes, and student clinical performance.

NURS 593 - Financial Aspects of Projects & Practice (2 units) Principles of health care economics, third-party reimbursement, costing, budgets and budgeting, variance, economic evaluation methods, and writing a business plan to defend or market a health care program. Management of a successful project or practice, emphasizing fiscal planning and control.

NURS 594 – Application of Evidence Based Practice in Teaching (2 units) Guided experience with a master teacher in nursing. Experiential classroom, clinical, and simulation teaching. Implementation of a teaching unit using principles of evidenced based teaching. (Elective course)

NURS 595 - Translating Evidence into Reflective Practice I (4-6 units) (204-306 hours) Integration of clinical practice, theory, and research. Development of clinical expertise in management of health problems in selected populations. Identification and development of a project proposal for implementation. One hour clinical conference per week.

NURS 596 - Translating Evidence into Reflective Practice II (4-6 units) (204-306 hours) Integration of clinical practice, theory, and research. Development of clinical expertise in management of health problems in selected populations. Implementation of project proposal. One hour clinical conference per week.

NURS 597 - Doctoral Project (2 units) Evaluation of data and completion of doctoral project. Dissemination of results through an oral defense and manuscript submission to a peer-reviewed journal.

Curriculum

a. Program Goals

The goal of the Doctorate of Nursing Practice program is to prepare nurses for advanced practice roles, as clinical scholars, and as health policy leaders.

Program Outcomes:

This program is designed to prepare graduates:

1. To provide safe, effective, and efficient care within the scope of advanced nursing practice.
2. To develop effective strategies to ensure the safety of patients and populations.
3. To critically analyze literature and develop best practices.
4. To translate research into clinical practice.
5. To measure patient outcomes.
6. To design, implement, and evaluate quality improvement measures.
7. To analyze the cost-effectiveness of practice initiatives.
8. To evaluate information systems and patient care technology.
9. To influence health care policy, educate others about health disparities, and advocate for social justice.
10. To demonstrate leadership skills to ensure patient outcomes, enhance communication, and create change in healthcare.

Student Learning Outcomes

The primary Student Learning Outcomes are taken directly from the American Association of Colleges of Nursing's *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006) (Appendix C).

Upon completion of the DNP program, the graduate shall be able to:

ESSENTIAL I

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

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4. 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.
5. 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.
6. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

ESSENTIAL III

7. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
8. 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.
9. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
10. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
11. 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
12. Function as a practice specialist/consultant in collaborative knowledge-generating research.

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13. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

ESSENTIAL IV

14. 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.
15. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
16. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
17. 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.
18. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

ESSENTIAL V

19. 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.
20. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
21. 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.
22. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
23. Advocate for the nursing profession within the policy and healthcare communities.
24. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
25. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

ESSENTIAL VI

26. 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.
27. Lead interprofessional teams in the analysis of complex practice and organizational issues.
28. Employ consultative and leadership skills with intraprofessional and

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interprofessional teams to create change in health care and complex healthcare delivery systems.

ESSENTIAL VII

29. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
30. 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.
31. 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

32. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
33. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
34. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
35. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
36. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
37. Educate and guide individuals and groups through complex health and situational transitions.
38. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

b. Plans for Assessing Program Goals & Student Learning Outcomes

See Appendix E ~ Matrix of Student Learning Outcomes & Required DNP Courses

Assessment Activities:

Direct Measures of Student Learning

1. Student led seminars
2. Weekly journals
3. Discussion boards
4. Clinical exemplars

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5. Student presentations
6. Student critiques
7. Student papers
8. Meta-analyses
9. Policy briefs and analyses
10. Case studies
11. Examinations
12. Online log books
13. Group and individual projects
14. E-portfolios
15. Preceptor and faculty clinical evaluations
16. National certifying examinations
17. Qualifying exam
18. Proposal and project defenses
19. Doctoral project

Indirect Measures of Student Learning

1. Student ratings of instruction and course evaluations
2. Exit Evaluation
3. Alumni Evaluation
4. Employer Survey

c. Total number of units required

Successful completion of a minimum of 37 units is required for the degree. However, the DNP Essentials state that “in order to achieve the DNP competencies, programs should provide a minimum of 1,000 hours of (clinical) practice post-baccalaureate as part of a supervised academic program” (AACN, 2006, p10). These hours are to include clinical hours completed in the masters’ program as well as during the DNP program. Since students enter the DNP program with differing amounts of supervised clinical practice from their master’s program, students needing more clinical hours to reach this total may have to complete further clinical units.

d. Justification for baccalaureate program requiring more than 120-semester units

Not applicable

e. Options, concentrations, or special emphases

None are planned

f. All required courses, catalog number, title, units of credit, and pre-requisites or co-requisites

DNP Program Required Courses

Course Number	Title	Units	Pre-reqs	Co-reqs
NURS 574	The Role of Diversity and Social Issues in Healthcare	2	Admission to DNP Program	None
NURS 575	Application of Theories in Advanced Nursing Practice	2	Admission to DNP Program	None
NURS 576	Application of Biostatistics to Populations	3	Admission to DNP Program	None
NURS 583	Leadership & Professional Responsibility in Complex Healthcare Systems	2	NURS 575	None
NURS 584	Technology, Informatics, & Data Management in the Transformation of Healthcare	3	Admission to DNP Program	None
NURS 585	Foundations of Evidence-based Practice	2	NURS 576	None
NURS 286	Transformation of Health Care Systems: Health Policy & Economics	2	NURS 574 NURS583	None
NURS 587	Principles of Epidemiology	3	NURS 576 NURS 585	None
NURS 591	Curriculum Development	3	Admission to DNP Program	None
NURS 592	Evaluation in Nursing Education	3	NURS 591	None
NURS 593	Financial Aspects of Projects & Practice	2	NURS 586	None
NURS 595	Translating Evidence into Reflective Practice I	4-6	NURS 574 NURS 575 NURS 576 NURS 583 NURS 584 NURS 585 NURS 586	None

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			NURS 587	
NURS 596	Translating Evidence into Reflective Practice II	4-6	NURS 595	None
NURS 597	Doctoral Project	2	NURS 596	None

Elective courses, catalog number, title, units of credit, prerequisites, co-requisites, catalog description, graduate or undergraduate option

DNP Program Elective Course

Course Number	Title	Units	Pre-reqs	Description
NURS 594	Application of Evidence-based Teaching in Nursing	2	NURS 591	Experiential classroom, clinical & simulation teaching. Implementation of a teaching unit using principles of evidence-based teaching.

This is a doctoral level option.

g. New courses needed to implement the program

All of the courses needed to implement this program are new doctoral courses.

h. Proposed course offering plan for the first three years of the program

See Appendix F

i. Evidence that program requirements conform to the minimum requirements for the culminating experience (Title 5)

Title V states that

The pattern of study shall include completion of a doctoral project.

- (A) The doctoral project shall be the written product of systematic, rigorous research on a significant professional issue. The doctoral project is expected to contribute to an improvement in professional practices or policy. It shall evidence originality, critical and independent thinking, appropriate form and organization, and a rationale.
- (B) The doctoral project shall reflect a command of the research literature and shall demonstrate the student's doctoral level mastery of evidence-based practice at the doctoral level.
- (C) The written component of the doctoral project shall be organized in an appropriate form and shall identify the research problem and question(s), state the major theoretical perspectives, explain the significance of the undertaking, relate it to the relevant scholarly and professional literature, identify the methods of gathering and analyzing the data, and offer a conclusion or recommendation.
- (D) No more than 12 semester units (18 quarter units) shall be allowed for the doctoral project.
- (E) An oral defense of the doctoral project shall be required.
- (F) Each campus shall create and distribute to all students enrolled in a Doctor of Nursing Program a student manual or handbook. (Title 5, Appendix G)

Information about the Doctoral Project (As outlined in the syllabi for NURS 595, NURS 596, & NURS 597 and student handbook)

Doctoral Project

The Doctoral Project consists of three interrelated scholarly manuscripts which are developed in conjunction with the student's Project Committee. Additional criteria include:

1. The paper will relate to advanced practice and focus on a potential or existing health problem or issue affecting a group or community, rather than an individual.
2. The paper will contain a critical review of existing evidence to support the need for the project.
3. A systematic approach will be used to collect data using reliable and valid methods.
4. Outcomes will be clearly defined, measured and evaluated.
5. The project will be conducted according to ethical principles.
6. The project will be presented to the Project Committee in a public forum.
7. The final paper will be submitted for publication to an appropriate peer reviewed journal.

Sample Topic Areas for the Doctoral Project

- Quality improvement
- Design and evaluation of a new care delivery model
- Policy analysis or change
- Translation of research into practice
- Design and evaluation of a program for community-based populations
- Implementation and evaluation of an evidence-based practice guideline
- Implementation and evaluation of an innovative use of technology in clinical practice
- Comparison of various aspects of care delivery models (e.g., cost, consumer satisfaction, quality of care, etc.)

(Parts of the description of the Doctoral Project were adapted from the NONPF (2005). *Recommended Criteria for NP Scholarly Projects in Practice Doctorate Programs* and

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from the AACN (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice.*)

The Doctoral Project has several phases which are sequential. Students must pass each phase before advancing to the next:

1. Development phase
 - Selection of committee
 - Development of proposal, including
 - Timeline for completion
 - Development of question
 - Literature review
 - Oral defense of proposal
 - IRB approval
2. Implementation phase
 - Implementation of project
3. Summary phase
 - Evaluation of proposed project
 - Written manuscript for submission for publication
 - Oral defense of completed project

The Doctoral Project should be prepared using the stylistic and grammatical manner of the American Psychological Association. It must be type-written and submitted to the committee in 12-point font and double-spaced. The following overview is a guide to development of the proposal.

Chapter 1

Chapter 1 consists of the statement of the problem and development of a research question or hypothesis. This problem must be clearly stated in such a way that an answerable question can be developed.

Chapter 2

Chapter 2 consists of a thorough, but focused, review of the literature in order to critically analyze the evidence to provide a balanced view.

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Chapter 3

This chapter details the plan by which specific research activities will be conducted. The methodology must be responsive to the research question

Chapter 4

Chapter 4 describes the implementation of the methodology.

Chapter 5

Chapter 5 is a discussion of the project outcomes and recommendations for further study

Conclusion

Oral Defense

Following completion of the project, an oral defense of the project is made to the committee and invited students and faculty.

Timetable

A timetable for completion of the project will be created during the development phase. This timetable represents a contract with the committee and will indicate specific dates for achievement of goals and delivery of products. If the student fails to complete the work as scheduled, an incomplete grade will be assigned. Failure to meet project deadlines will prolong completion of the DNP and may require registering for additional credits.

j. Admission criteria, including prerequisite coursework

An applicant may be admitted with classified graduate standing to a program leading to a Doctor of Nursing Practice degree established pursuant to Section 405-- if the applicant satisfies the requirements of each of the following numbered subdivisions:

- (1) The applicant holds an acceptable master's degree earned at an institution accredited by a regional accrediting association and the national professional accrediting association, as applicable. The applicant has completed equivalent academic preparation as determined by the appropriate campus authority.
- (2) The applicant has attained a cumulative grade point average of at least 3.0 in an acceptable master's degree program.
- (3) The applicant maintains active licensure to practice as a registered nurse in the state in which practicum experiences will be completed.
- (4) The applicant meets all requirements for credentialing or certification eligibility as appropriate to the nursing specialty area.
- (5) The applicant has demonstrated sufficient preparation and experience pertinent to advanced nursing practice.
- (6) Evidence considered in the admission process shall include but not be limited to:

1. Three letters of recommendation from professional persons knowledgeable about the applicant's advanced nursing practice experience, as well as the potential for scholarship and leadership.

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2. A written statement of purpose reflecting what the applicant expects to accomplish in the DNP program and how the DNP program will advance the applicant's nursing career and practice.

(7) The applicant has met any additional requirements established by the Chancellor in consultation with the faculty and any additional requirements prescribed by the appropriate campus authority.

Note: Authority cited: Sections, Education Code --. Reference: Sections, Education Code.

k. Criteria for student continuation in the program

Students must maintain a 3.0 grade point average and demonstrate professional behavior in order to remain in the program. Students shall be required to pass a qualifying assessment within two attempts in order to continue in the program and prior to advancing to candidacy. The qualifying examination will be administered at the end of the first year when the student's mastery of essential elements of the core advanced nursing concepts can be fairly evaluated and when the student is considered ready to begin the doctoral project.

l. Articulation with community college programs

Not applicable

m. Lower division transfer pattern

Not applicable

n. Advising roadmaps

Upon admission to the DNP program, each student shall be assigned an advisor based on clinical expertise and research interest. At the beginning of the second year, students shall select a doctoral project committee composed of three members, all of whom have appropriate expertise in advanced nursing or the content of the doctoral project. The membership shall include two tenured or tenure-track nursing faculty members from the CSU. Other members may be recruited from other disciplines or from the community. This committee will advise the student on issues related to the doctoral project.

o. Provisions for meeting accreditation requirements, anticipated date of accreditation request, including WASC Substantive Change process

See Appendix I ~ DNP and DPT Proposal and Review Milestones Timeline for Planned Fall 2012 Implementations.

The DNP program will pursue accreditation by the Commission on Collegiate Nursing Education (CCNE) which is officially recognized by the U.S. Secretary of Education as a national accreditation agency for nursing. This is the agency that currently accredits the

Fresno State undergraduate and graduate nursing programs. As per CCNE protocol, the Chair of the Department of Nursing, Dr. Mike Russler, has notified CCNE that we are developing a DNP program. Upon implementation of the DNP program, the CCNE will be informed of this change no later than 90 days after implementation. DNP programs must have had students enrolled for at least one year before a CCNE on-site visit can occur. The effective date of accreditation of a program is considered to be the first day of the program's on-site CCNE evaluation. This site-visit will be scheduled with CCNE at least 12 months in advance of the visit itself.

Other Information About California State University, Fresno & San Jose State University

1. *A description of the relationship of doctoral degree programs to the missions of the participating institutions*

San José State is located in downtown San José. Like Fresno State, San Jose State University started as a normal school that trained teachers for the developing frontier. Currently, it offers more than 134 bachelors and master's degrees with 110 concentrations. The mission of the institution is to be a responsive institution and to enrich the lives of its students, to transmit knowledge to its students along with the necessary skills for applying it in the service of our society, and to expand the base of knowledge through research and scholarship. The development of a DNP program fits its mission nicely.

California State University, Fresno ~ Practice doctorate programs, although not research-focused, strengthen the research capacity and mission of the university. The presence of DNPs will strengthen the linkages between practice and research, with the DNP serving as a practice-focused member of the research team, identifying practice issues needing investigation, and translating bench research into reality. In addition, DNP graduates are desperately needed to alleviate the faculty shortage in clinical education at both the baccalaureate and master's levels. In addition, the additional education provided to the DNP students will enhance their clinical expertise and ability to improve healthcare in the San Joaquin Valley.

2. *The number, variety, and longevity of the doctoral programs currently being offered and the degree completion rates for previous or current joint doctoral programs*

San Jose State University ~ There are currently no doctoral programs at SJSU.

California State University, Fresno has a free-standing EdD program which has been in operation since 2005 and a joint doctoral program in Physical Therapy. In addition, an independent Doctorate in Physical Therapy program is currently moving through the approval process.

3. *A brief review of the historical development of the field and departmental strength in the field, including the experience of the participating academic units with graduate education (degrees offered, number of degrees awarded, and year in which each graduate degree program was authorized)*

San Jose State University provides baccalaureate education in nursing and also has a RN to BSN program. If enrollment is adequate, MSN coursework is available in the following options: Nurse Administrator, Clinical Nurse Specialist / School Nurse, and Nurse Educator. The School of Nursing website lists 9 full professors, including the Chair, Jayne Cohen; 7 associate professors; and 3 assistant professors. The School of Nursing at San Jose State University has a strong history of hiring doctorally-prepared nursing faculty from the University of California, San Francisco (10) and the University of San Francisco (3 EdD, 1 DNP), among its 20 Tenured and Tenure-Track faculty. San Jose State University has 3 faculty with DNPs in progress. The nursing program has been in operation for 50 years.

California State University, Fresno's nursing program is also celebrating its 50th anniversary. Fresno State currently has the fourth largest undergraduate baccalaureate nursing program in the CSU system, graduating approximately 200 pre-licensure nurses, 40 RN to BSN candidates, and 60 Masters of Science in Nursing students annually. California State University, Fresno offers a generic BSN program, an Entry Level Masters program for students wanting to become nurses who already have a degree in another field, a School Nurse Credential Program through Continuing and Global Education (CGE), a RN to BSN program which is offered both stateside and through CGE, and master's options in Clinical Nurse Specialist / Nurse Educator and Primary Care Nurse Practitioner, with both pediatric and family tracks. Fresno State developed the first graduate program in nursing in the CSU system and has been offering MSN education since 1968, graduating more than 1,000 advanced practice nurses.

4. *A description of how the proposed program is expected to draw support from existing programs, departments, and faculty*

According to Title 5, the DNP program shall not supplant nursing programs offered by the CSU at the master's level as of January 1, 2010. California State University, Fresno and San Jose State University have experience in collaboration with community partners and success on significant grants that have supported a consistent and enhanced enrollment pattern over the last 8-10 years. Additionally, California State University, Fresno has just finished construction of a new 87-seat dedicated nursing distance learning lecture hall, and the expectation is to utilize this expanded classroom capacity to meet the increased demand. In view of this, California State University, Fresno would expect to not only maintain, but actually expand pre-licensure enrollment in the foreseeable future. The demand for the major remains high on both campuses. Another factor supporting pre-licensure enrollment is California State University, Fresno's new Knorr simulation center and San Jose State University's "state of the art" clinical

simulation center, currently being expanded. The application of simulation teaching methodology should increase capacity while enhancing quality of baccalaureate clinical preparation. Finally, both schools are poised to dramatically increase access to undergraduate education for associate degree nurses. San Jose State University intends to double its admission of ADN to BS students in Academic Year 11-12. They have established a seamless collaboration with the only NLN-accredited ADN program in their county. At the same time, California State University, Fresno is initiating a creative multisite off campus RN to BSN program. Strong support of the Presidents, Provosts, and Deans exists at both campuses for the continued growth of the baccalaureate programs, reflecting the need for professional registered nurses in the Central and Silicon Valleys.

Information About Participating Faculty Members

1. *A description of the relationship of the program to the research and professional interests of the faculty.*

Faculty from both programs have varied research and professional interests. Faculty at both campuses have either educational or research doctorates. Clinical faculty also provide a large range of interests and experiences.

2. *A description of how the faculty expertise and resources at one participating institution complement the faculty expertise and resources at the other participating institution and create synergies*

California State University, Fresno brings a strong Nurse Practitioner faculty to the program with extensive clinical backgrounds, while San Jose State University provides faculty in nursing administration.

3. *The criteria for choosing faculty members for participation in the program*

Faculty will be selected based both on area of expertise and on expressed interest. Faculty throughout the northern California CSU system have expressed interest in participating in the program and will provide depth and breadth to the curriculum.

4. *Copies of faculty vitae, including rank, appointment status, highest degree earned, date and field of highest degree, professional experience, publications, and other information demonstrating faculty commitment to research and ability to chair dissertation committees*

See Appendix K

Information About Resources

1. *A brief review of existing financial, physical and information resources supporting the program, including research support within the institution, library support appropriate for doctoral degree work, physical facilities, and stability and sufficiency of financial resources*

Research Support

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The Central California Center for Excellence in Nursing was successful in securing a five-year Extramural Associates Research Development Award (EARDA) from the National Institutes of Health to develop interdisciplinary health research in collaboration with three other colleges in the university. Currently, a number of nursing faculty are collaborating with faculty from other departments within the college and other colleges on pilot projects to be funded by the EARDA funds. In addition, the President's Capital Campaign has identified the establishment of a Research Chair in nursing as one of its primary goals.

Library Support

The Henry Madden Library is the largest academic library in the San Joaquin Valley. Its collection reflects the diverse interests of the academic community. In March 2005, Trustees of the California State University system approved the design of the new Fresno State's Henry Madden Library. The new library opened in spring 2009. The \$95 million project was financed with funds from the Proposition 55 education bond measure approved by voters in March 2004. The expansion provided space to serve a campus community of 25,000 FTES. It includes state-of-the-art information technology systems, nearly 3,500 reader stations, and a variety of study configurations. The Library has over 8 acres of floor space and holds 1,025,691 catalogued volumes, subscriptions to over 3,000 technical and scholarly journals, magazines, and newspapers, and 1,211,141 microfilms and microfiches. The Library has 3,500 reader stations, more than 90 databases on the 54 computers, 111 public computer workstations, 4 CD-ROM stations, 17 video stations, and 14 photocopiers. The Library has 25 full-time faculty, 45 support staff, and 132 student assistants. A reference librarian is available every hour the library is open. Library orientation classes are offered every week. Two electronic classrooms are available to students and are staffed with tutors to help students conduct research, write papers, and assist with computer skills. The Henry Madden Library's online search tool is available to everyone at www.csufresno.edu/library. This website lists library books, media, and periodical holdings and also links to other library catalogues in the region, state, and beyond. Off-campus students have access to all the electronic databases. They also have access to interlibrary loans to borrow books and journals.

Faculty members are encouraged to annually review the list of holdings in the Library. Recommendations for additional purchases or deletions of journals and books are forwarded to the acquisition department. In 2003-04, the library subscribed to 155 journals in nursing and the health sciences for a total of \$28,044.31. The library has 28,197 catalogued books related to the fields of nursing and health sciences totaling \$24,000. The library has 361 videos related to all aspects of medicine and the health sciences. Of those, 56 are specific to nursing.

The library health liaison, Jane Magee, participates in student orientations and classroom presentations. She has collaborated with four nursing faculty to enhance

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Student Information Literacy” (ESIL). This project is designed to increase student success with a variety of library services.

The library offers two main databases specifically for the nursing profession: CINAHL and PubMed. CINAHL (Cumulative Index to Nursing & Allied Health Literature) provides access to abstracts and bibliographic data for over 1,700 current nursing and allied health journals and publications from 1982 to the present. PubMed is a service of the U.S. National Library of Medicine that includes over 17 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. In addition to these two databases, the Library offers a number of other electronic resources that are used regularly by nursing students and faculty. Each of these databases is accessible anywhere on campus that has Internet access. They are also available remotely for any student or faculty with an on-campus e-mail account. Specific periodical databases of interest to nursing include: *Academic Search Premier* (EBSCO), a multi-disciplinary database, which includes nursing and allied health; *PsycINFO*, which covers the world's literature regarding psychology, counseling, and mental health; *Social Work Abstracts*, an index to information on the fields of social work and human services; *ERIC*, providing journal articles and reports in nursing education; and *Expanded Academic Index ASAP*, which indexes and provides full text of selected scholarly journals, news magazines, and newspapers.

The library has added several electronic journal packages: Elsevier's *ScienceDirect*, Wiley's *InterScience*, *Emerald*, and *SpringerLink* (former *Kluwer Online*). These packages have greatly increased the number of journals that Fresno State students and faculty have access to. For instance, *ScienceDirect* alone has over 300 electronic journals related to nursing, medicine, and other health related fields. Last year the California State University system purchased linking software, *SFX*, which enables linking from a citation in one database to the full text located in another or to a record in the library's on-line catalogue. This, too, has improved access to relevant literature.

To supplement the library's collection, the Inter-Library Loan service will borrow books and obtain journal articles at no cost to students and faculty. In addition to these databases, the library offers access to a variety of Internet sites related to nursing. Through the library's subject resources web page, maintained by reference librarian Jane Magee, students and faculty are able to reach selected journal article databases and other Web sites in the field (<http://libguides.csufresno.edu/nursing>). By going through the LibGuides Subjects search page, researchers have access to a variety of Internet search engines and directories that retrieve web pages related to nursing. All of these Internet services are available to students, faculty or staff through the Henry Madden Library home page at <http://www.csufresno.edu/library>.

Students and faculty also have access to local medical libraries that house some journals and books not available at the Henry Madden Library. Fresno Community Hospital, Veterans Administration Medical Center, St. Agnes Medical Center, the

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University of California, San Francisco Fresno Medical Residency Program, and Children's Hospital Central California allow full access to their facilities and resources. Catalog listings of the journal subscriptions by these libraries are available in the Henry Madden Library.

The Chancellor's Office has stated that library cards that may be used at all CSU system libraries will be issued to the DNP students. This will not only enhance the educational experience of the students and broaden the resources available to them, but will also decrease the burden placed on the individual libraries related to both staff and other library resources.

Physical Resources

The Department of Nursing is located in McLane Hall, which also houses the office of the College of Health and Human Services. It is centrally located and in close proximity to the Henry Madden Library, Kennel Bookstore, and the Student Union. The department's physical facilities include the chair's office, an adjacent office for the Administrative Support Coordinator, a central departmental office, and a room which serves as work station for the student assistants, filing, and copying. All support staff have a computer work station as well as a copy machine. The Nursing Resource Center, Media Center, and Admission Advisor Office are located adjacent to the department office.

As part of the university's overall infrastructure planning, the department faculty offices were relocated in January 2005 so that faculty are near the administrative offices. Every full-time faculty member has an office equipped with a computer and printer. All full-time faculty have their own campus phone line, voicemail, and e-mail address, which makes them more accessible to students. One large part-time faculty office is available to all part-time faculty upon request.

A conference room adjacent to the department office is available for use by all faculty in the College of Health and Human Services. The department has used the room for meetings, student orientation sessions, and other non-instructional functions such as receptions. Use of the room is scheduled through the dean's office.

All classrooms assigned to nursing are "smart classrooms." Each of these rooms is equipped with video and audio equipment, Microsoft XP (i.e., Word, PowerPoint, Excel), and Internet access. There is also a storage area located near the department office.

Renovation has just been completed on an 87-seat dedicated nursing lecture hall as well as the Knorr Simulation Laboratory which houses a state of the art simulation laboratory with four beds, a control station, a debriefing room, and faculty offices. The Knorr Simulation Center, the Nursing Resource Center, and the nursing lecture hall have camera infrastructure to enable delivery of content throughout the system. The nursing

lecture hall has state-of-the-art distance delivery capability, including an automatic lecture capture system.

Fiscal Resources

This program is designed as self-support.

2. A description of the ability of the institutions to provide graduate student support, including teaching or research assistantships, fellowship eligibility, and financial aid

Each year, through the efforts of the Central California Center for Excellence in Nursing, the Department of Nursing receives between \$200,000 and \$400,000 in funds to be used for nursing scholarships. Financial aid is also available through the University and there is a set-aside of 20% of student fees each semester for financial aid.

3. A summary of resource requirements for each participating institution by year for the first five years, including:
 - a. FTE faculty

The initial discussions between California State University, Fresno and San Jose State University have been very productive. The potential for collaboration and sharing of faculty resources between the two campuses is a clear asset. Faculty within the supporting campuses could serve as an additional resource that suggests a collaborative effort will be successful. There are several program characteristics that indicate the potential for successful partnerships, such as California State University, Fresno's history of success with distance learning in the School Nursing Program, Psychiatric Mental Health Nurse Practitioner Program, and Family Nurse Practitioner Program using both synchronous and asynchronous modalities. California State University, Fresno also has a history of successful collaboration with other universities to bring doctoral education to the Central Valley, faculty who have successfully served on dissertation committees, extensive library resources, the Central California Center for Excellence in Nursing to facilitate development and grant writing. Finally, both the Department of Nursing at California State University, Fresno and the School of Nursing at San Jose State have excellent reputations throughout the state for accomplishing their goals. They both know their strengths and seek to build on them. Both Drs. Russler and Cohen, as Program Directors, know their School's capabilities and would only accept this challenge knowing they can produce exemplary graduates.

In order to achieve a stellar California State-supported DNP program, we expect to use a faculty assignment model similar to the Doctoral Program in Educational Leadership at Fresno State (DPELFS). Designated faculty from both campuses will teach a limited set of courses in the DNP and will continue to teach in both the graduate and BSN programs at their respective campuses. This will provide a large pool of faculty to serve on doctoral project committees, as well as tap into the expertise of a large pool of

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instructors. In order to teach the program, a total of 2 FTEF will be necessary the first year and 5 FTEF in the second and subsequent years.

During the 2011-2012 Academic Year, the California State University, Fresno Department of Nursing intends to establish both a DNP Director and a DNP Coordinator position from our current graduate faculty to continue course development, facilitate WASC approval, and supervise recruitment and admission. Both faculty will be given 3 units of release time. Regular classes of faculty assigned to teach the DNP program will be taught by part-time lecturers.

In addition, there are rich interdisciplinary resources on both campuses, within the EdD program at California State University, Fresno, as well as within both Colleges. The instruction of other interdisciplinary content will be facilitated by other departments and faculty at the other partner campuses.

b. equipment & facilities

No large expenditures for equipment are anticipated. However, funds have been budgeted for upgrading hardware and software and for furnishing and refurbishing a graduate lounge meeting area.

e. space and other capital facilities (including rented facilities, where applicable)

This program is primarily delivered online; therefore, no classroom space is needed. There is a large new nursing theater classroom, if such is needed. There is adequate space at the Central California Center for Excellence in Nursing to meet other DNP student needs. This space includes four work areas with computers and current software, a 28-seat conference room with work tables and a polycom unit, copy machines and other office equipment. If a larger space is required, there is a 50-seat space available upon request at SWERT in the same office complex. In addition, plans are underway to refurbish an area in McLane Hall as a graduate lounge and meeting area.

f. other operating costs

No other large expenditures are anticipated; see budget for other operating costs

4. A description of the intended method of funding the additional costs (including fee structures, internal reallocation, and external resources) and effects of the method of funding on existing programs

Our program will model the successful fee structure of the Doctoral Program in Educational Leadership at Fresno State (DPELFS). It is projected that an enrollment of 45-47 students will fund the day-to-day operation of the DNP program. In addition, the Central California Center for Excellence in Nursing has been very successful in leveraging grant funding for various projects. Approximately \$1.4 million in external funds were generated in 2009-2010. However, applications for funding for the DNP

cannot be submitted until the program is approved at the Chancellor's level. Once this approval is obtained, aggressive efforts to obtain funding will ensue.

Need for the Proposed Degree Major Program

- a. Other California State University campuses currently offering or projecting the proposed degree major program; list of neighboring institutions, public and private, currently offering the proposed degree major program.

In September, 2010, legislation was passed authorizing the California State University system to establish a DNP pilot program at three campuses. The Board of Trustees selected Fullerton, San Diego and Fresno as the base campuses for the DNP programs. All programs have identified Fall 2012 as the start date.

Currently, there are only four DNP programs in California:

- Samuel Merritt University in Oakland
- University of San Diego
- University of San Francisco
- Western University of Health Sciences in Pomona.

All of these programs are at private institutions, are located in either the Bay Area or in Southern California, and are only offered face-to-face.

- b. Differences between the proposed program and programs listed in Section 5a above.

The primary difference between the programs listed above and the Doctor of Nursing Practice program to be offered by California State University, Fresno and San Jose State University will be that our program will be accessible, geographically and economically. Since this program is designed for professionals who are working full-time, it will be delivered using videoconferencing, Skype, Elluminate, and other synchronous and asynchronous curriculum delivery methods. Students will be required to come on campus not more than once or twice a semester. This will also be the only program between the Bay Area and Los Angeles. Not only does this enhance accessibility, but it also allows tailoring of the curriculum to reflect the needs and issues of the San Joaquin Valley. Private DNP programs usually cost in excess of \$30,000 a year. The tuition rate has finally been finalized, and it is anticipated that students will be able to complete the CSU DNP program for \$32,760.

- c. List of other curricula currently offered by the campus that are closely related to the proposed program.

The only doctoral courses offered by the campus that are related at all to those in the proposed DNP program are EDL206 Conceptual Curriculum Perspectives for Educational Leadership and EDL 211 Educational Evaluation, Assessment, and Planning. However, these courses lack the specific focus on content related to advance practice nursing. In addition, the need to support the cohort model and make this program financially viable makes it imperative that these courses be offered separately

by the Department of Nursing. The Director of the Educational Leadership program concurs and has signed off on the syllabi.

d. Community participation, if any, in the planning process. This may include prospective employers of graduates.

The healthcare community of the Central San Joaquin Valley has played an active role in the planning process for the DNP program at California State University, Fresno. The Academic / Service Partnership, a group of nursing leaders from academia and healthcare organizations, has played an integral part in the planning and support of DNP education. In addition, the Dean of the College of Health and Human Services and the Chair of the Department of Nursing met with the Chief Nursing Officers of all the major healthcare organizations in the region to discuss the DNP and elicit their input and support. Finally, the California Institute for Nursing & Health Care, a statewide non-profit organization established to develop solutions to California's nurse shortage, has provided valuable advice and support.

e. Applicable workforce demand projections and other relevant data.

In 2004, the American Association of Colleges of Nursing announced its decision to require that all specialization in nursing should occur at the doctoral level by 2015 (AACN, 2004). The National Research Council (2005) has also identified the need for nursing to develop a “non-research practice doctorate” to prepare expert practitioners who can serve as clinical faculty as well as expert clinicians. During the same period, the Institute of Medicine has called repeatedly for a restructuring of nursing education due to increased practice demands caused by the complexity of the current healthcare system (IOM, 1999, 2001, 2003).

Concurrently, the need for nurses continues to grow in the San Joaquin Valley and the nation. In 2005, it was estimated that there were approximately 126,000 unfilled nursing positions available nationwide (Rothberg, 2005), and although the Health Resources and Services Administration (HRSA) has predicted that nursing will experience more growth than any other health related occupation, the number of vacancies nationally is expected to increase to about 350,000 by 2012 (Hecker & Frank, 2004). By 2020, it is estimated that 29% of nursing jobs will remain unfilled, resulting in a shortage of more than 800,000 nurses (HRSA, 2002).

If allowed to continue unchecked, this shortage will result in a decrease in nursing care, delays in medication administration and procedures, diversion of patients from emergency departments, delayed elective surgery, and closed beds. Without adequate nurses, patients will have longer hospital stays, more hospital-acquired infections, increased incidence of cardiac arrest, and a greater chance of dying (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

The San Joaquin Valley has been more severely affected by the nursing shortage than other parts of the nation and the state. Nationally, the number of nurses per 100,000

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population was 825 in 2004, while California ranked 50th in the nation with only 590 employed RNs per 100,000 population (HRSA, 2004).

All counties in the San Joaquin Valley fell well below the national average, with Merced County having only 257 nurses per 100,000 and Kern County, 345 (Bureau of Labor Statistics, United States Department of Labor, 2004).

Increasing the number of nurses in the San Joaquin Valley and in the nation depends on an adequate number of nursing programs with an adequate number of admission spaces. However, without faculty it is impossible to expand nursing programs. Programs must meet requirements of both the California Board of Registered Nursing and the national accrediting bodies related to faculty preparation and faculty-student ratios. In 2006, there were an estimated 1,390 unfilled, budgeted, full-time nursing program education positions nationwide, with a vacancy rate of 7.9% in baccalaureate and higher-degree programs and a 5.6% vacancy rate in associate degree programs (National League of Nursing, 2006).

California programs also continue to struggle to fill faculty positions. In Fall of 2010, only 38% of faculty were full-time, and there were still 196 vacant faculty positions (Bates, Keane, & Spetz, 2011). Schools continue to try to run programs with a transitory and uncommitted faculty of part-timers. In addition, the number of faculty vacancies is projected to increase as current nursing faculty age and retire. In 2009, sixteen percent of nursing faculty was over the age of 60, with 76% of full-time educators over age 45. Additionally, only 25% of full-time nurse educators are doctorally-prepared (NLN, 2010). Doctor of Nursing Practice-prepared nurses will play a major role as nursing faculty in the San Joaquin Valley and the nation.

The Association of American Medical Colleges predicts a shortage of up to 125,000 physicians by 2025; while the American Academy of Family Physicians estimates the shortage at almost 149,000 by 2020. As the shortage of primary care physicians worsens, DNP-prepared advanced practice nurses are necessary to provide care as the population increases. In addition, the number of patients over 65 is expected to double between 2000 and 2030, and the amount of medical services this age group requires is about triple that of other adults (Worth, 2010). As an estimated 32 million newly insured Americans enter the healthcare system due to federal healthcare reform legislation, it is predicted that the number and importance of Nurse Practitioners (NPs) will increase exponentially. Currently there are about 140,000 practicing in the United States. NPs are cheaper than and as safe as physicians, handling about 80% of the cases of a typical family practice physician (Martin, 2010). Due to ANCC recommendations, many of these NPs will be anxious to obtain a DNP degree.

If the program was proposed to meet society's need for the advancement of knowledge, please specify the need and explain how the program meets that need.

For the past twelve years, the Institute of Medicine has attempted to address a number of shortcomings in healthcare, including errors, fragmentation of care, and the need for

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restructuring of health professional education due to increased practice demands caused by the complexity of the current healthcare system (IOM, 1999, 2001, 2003). Healthcare reform has also focused attention on the important role advanced practice nurses such as nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists will play in the future. At the same time, the exponential increase in knowledge and technology has extended the length of programs in all the healthcare professions, including pharmacy, physical therapy, audiology, and occupational therapy. All of these professions have adopted practice or professional doctorates as the degree necessary for entry to practice.

This is also true for nursing. When the Association of Colleges of Nursing (AACN) reviewed Masters of Science in Nursing (MSN) programs nationwide, they found that, in order to adequately prepare advanced practice nurses, most programs had been forced to increase the number of credits and the length of the programs well beyond what is typical for a master's degree (AACN, 2004). Based on these findings, the AACN determined that many programs were actually offering programs closer to a professional doctorate, than master's level study.

Student Demand (CPEC “Student Demand”)

- a. Compelling evidence of student interest in enrolling in the proposed program. Types of evidence vary and may include national, statewide, and professional employment forecasts and surveys; petitions; lists of related associate degree programs at feeder community colleges; reports from community college transfer centers; and enrollments from feeder baccalaureate programs, for example.

In Fall 2010, a survey was administered to determine student and alumni interest in enrolling in a DNP program (See Appendix L ~ Doctorate in Nursing Practice Interest Survey. Seventy-eight surveys were returned. Of these, 68% were interested in attending a DNP program if one were available in the Central San Joaquin Valley, while 4% were undecided. Twelve percent wished to enroll in such a program immediately, while 49% planned to enroll in such a program within 5 years, and 10% were interested in returning to school in 5 years or more.

- b. Issues of access considered when planning this program.

Since the catchment area of this program has been designated by the Chancellor's Office as extending from the southern border of Kern County to the southern Oregon border, this program has been designed as an online program. In the interest survey, 35% of the respondents preferred that courses be offered via distance modalities, 22% preferred a week-end face-to-face format, 4% had no preference between the two, and 8% felt a combination of the two would best meet their needs.

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- c. For master's degree proposals, the number of declared undergraduate majors and the degree production over the preceding three years for the corresponding baccalaureate program, if there is one.

This is currently designed as a post-master's doctoral program. Each year there are approximately 60 MSN graduates from Fresno State alone.

- d. Professional uses of the proposed degree program.

This program is designed for working professionals. The ANCC has designated that the DNP be the degree required for entry to practice for advanced practice registered nurses.

- e. The expected number of majors in the year of initiation and three years and five years thereafter. The expected number of graduates in the year of initiation, and three years and five years thereafter.

There will be only one track in the DNP program at this point. It is estimated that there will be approximately 45 students enrolled each year in the 2 year program. Therefore, starting in summer of 2014, it is estimated that there will be 45 graduates annually.

Nursing Doctoral Program Budget and Expense Projections Revised 7/14/11 Scenario 5		
	F=47,SP=47,SU=47	F=94,SP=94, SU=47
	Year 1 47 students	Year 2 94 students
DNP Student Revenue		
Student Fees \$6552/ per semester (47 students)	\$ 923,832.00	\$ 1,539,720.00
Minus: Financial Aid fee (20%)	\$ 184,766.40	\$ 307,944.00
**State Appropriation (\$7,305) (27/67)	\$ 200,303.10	\$ 486,366.90
DNP Student Revenues Less campus overhead:	\$ 939,368.70	\$ 1,718,142.90
	Total	Total
PERSONNEL:		
2 Full Time Equivalent Faculty (full-buy-out)	\$ 200,800.00	\$ 200,800.00
3 Full Time Equivalent Faculty (full buy-out)		\$ 301,200.00
DNP Director / Coordinator (Fresno State)	\$ 100,400.00	\$ 100,400.00
DNP Site Director / Coordinator Release Time (6wtus) (San Jose)	\$ 50,200.00	\$ 50,200.00
Faculty instructional support (TA/GA)	\$ 60,000.00	\$ 60,000.00
ASC 1 (1.5)	\$ 85,800.00	\$ 85,800.00
Program Technician & Website Support (2)	\$ 107,250.00	\$ 107,250.00
Statistician (.5)		\$ 60,000.00
TOTAL PERSONNEL:	\$ 604,450.00	\$ 965,650.00
OPERATING COST:		
Meeting and Program Space	\$ 30,000.00	\$ 60,000.00
Software and Software Upgrade	\$ 30,000.00	\$ 40,000.00
Meeting/ Conferences/Guest Speakers	\$ 30,000.00	\$ 80,000.00
Promotional Items	\$ 10,000.00	\$ 40,000.00
Supplies /Operating	\$ 16,946.00	\$ 61,613.00
Telephone (\$600/mo.) + Cell/DSL (\$580/mo.)	\$ 14,160.00	\$ 15,360.00
Travel	\$ 15,000.00	\$ 40,000.00
Printing (Annual Copier)	\$ 12,500.00	\$ 20,000.00
Equipment & facilities	\$ 30,000.00	\$ 80,000.00
Student Support	\$ 35,000.00	\$ 60,000.00
Student Recruitment & outreach	\$ 10,000.00	\$ 10,000.00
Faculty Development	\$ 52,000.00	\$ 70,000.00
University Support	\$ 10,000.00	\$ 90,000.00
Tuition Waiver (2)/(4)	\$ 39,312.00	\$ 65,520.00

DNP Proposal 9.13.11

TOTAL OPERATING	\$ 334,918.00	\$ 752,493.00
TOTAL EXPENDITURES	\$ 939,368.00	\$ 1,718,143.00
BUDGET BALANCE	\$ 0.70	\$ (0.10)

Seminar of 47 students (2 sections) with K factor of 1
 Supervision with K factor of .48 per student

****NOTE:** The summer semester state appropriation funding will be received beginning in year 2. The state appropriation cycle is Summer, Fall, Spring.

Budget Analysis with Narrative

1. Projected changes in enrollment (FTES)

- *What is the recent enrollment history of the program and what effect will the proposed changes have on enrollment?*
This is a new doctoral program.
- *If FTES is expected to increase, what proportion represents new FTES and what proportion represents shifts from existing programs?*
The increase in FTES will be new positions. According to Title 5, the DNP is not to supplant any other nursing programs.
- *How did you estimate your expected changes in enrollment?*
Expected enrollment is a cohort of 47 students annually, starting in Fall of 2012. The program is 21 months in length. Enrollment is estimated based on legislation which mandates that 90 FTES in total be admitted annually at the three CSU campuses.

2. Projected changes in existing curriculum.

- *Will there be changes in the cost of delivering the curriculum? What will those costs be and what is their basis?*
Changes in costs will primarily be due to faculty salaries for instruction of the new courses.
- *For new courses, what is the estimated class size, frequency, and level/classification of course delivery?*
Projected class size for each cohort is 47 doctoral students. Courses will be offered annually. The didactic coursework is classified at C5, whereas the practicum courses are at level C17, and the Doctoral Project is classified at S25.
- *For courses currently being offered, will there be changes in class size, frequency, level or classification of course delivery?*
None of the courses included in the DNP program are currently offered.
- *Will courses be dropped from the existing curriculum?*
This is a new doctoral program, and no courses will be dropped from the existing curriculum.

3. Projected changes in faculty

- *Will there be a shift in faculty assignments? If so, what will be the difference between current and proposed assignments?*
During the 2011-2012 Academic Year, the Department intends to establish DNP director and coordinator positions from our current graduate faculty to continue course development, facilitate WASC approval, and supervise recruitment and admission. Each will receive 3 units of release time. A part-time faculty will be needed to assume those teaching responsibilities in the program in the interim.

We expect to use a faculty assignment model similar to the Doctoral Program in Educational Leadership at Fresno State (DPELFS).

Designated faculty from both campuses will teach a limited set of courses in the DNP and will continue to teach in both the graduate and BSN programs.

Faculty in the DNP will be expected to maintain scholarly and professional activity which reflects the requirements of the accrediting organization, Commission on Collegiate Nursing Education (CCNE). Therefore, release time for both activities will be integrated into the teaching assignment in a similar fashion to the DPELFS. In this model, the faculty release time is covered under the current doctoral course fees.

Additionally, the entire DNP curriculum will be in an on-line, distance facilitated delivery method and all DNP faculty will need appropriate preparation in the TILT Teaching Online Program (TOP). This training will commence on September 24th, 2011.

• Will there be shifts in faculty numbers or distribution? If so, what will they be? Will new positions be added/required and what resources will be used to acquire them?

No new tenure or tenure track faculty will be hired for the DNP program. The first year of the program will require 2 FTEF and the second 5 FTEF. Faculty will only teach one course in the “DNP program and will continue to teach in the graduate and/or undergraduate nursing programs. Lecturers will be hired to teach courses previously taught by faculty who are active in the DNP program. Again, using the DPELFS fee structure and the anticipated funds generated by the first two cohorts (92 total students) the Department expects to be effective in generating sufficient resources to support the educational program and promote a significant doctoral culture.

4. Projected changes in budget

- What is your current operating budget?
The operating budget for the Department of Nursing for 2009-2010 was \$1,846,195 of which \$1,710,032 was allocated for salaries.
- What are your current positions?
We have 9 tenure/tenure track faculty, 7 full-time lecturers and approximately 34 part-time lecturers. There are 3 staff plus 3 student assistants and 6 graduate assistants.
- Do you anticipate outside revenue to support your program?
The Department has been successful in grant development. Also, there are several development efforts involving healthcare agencies, individuals, and corporations to support the program.
- Will budget requirements change and what will those changes be?
The initial starts up costs primarily involve hiring lectures to release

the DNP Director and Coordinator at .25 FTE each, curriculum development, WASC approval, development of infrastructure for course delivery, and student recruitment and admission. Faculty salaries will be covered through start up funds from the College and by student fees. Ongoing costs which will need to be covered are the administrative roles of admission, program support, and evaluation.

- Will there be any increase in administrative roles/responsibilities that require buy-back or release time?
It is anticipated that the DNP Director and Coordinator will play a significant role in program development and initial implementation. These functions include WASC approval, curriculum development, faculty recruitment, program oversight, and student recruitment/advising. All of these responsibilities fall within the role of the positions. These positions will be developed to mirror those at SJSU, with the Director providing oversight and the Coordinator handling the day-to-day operation of the program. This release time will need to be covered by a PT lecturer. Administrative support will be provided initially through the Central California Center for Excellence in Nursing.
- How will the expected changes in budget requirements be met?
The initial support will come from the College of Health and Human Services. The budget projections indicate that the doctoral fees will be sufficient to cover the costs of the program.
- Has the budgetary impact of the proposal been reviewed by the College/School Budget Committee and the Office of the Dean?
The budgetary impact of this proposal has been reviewed by the Nursing Department, the College, and the Deans from both San Jose and Fresno State.

4. Effect on Support Services and programs in other Colleges/Schools

- *Are support services required for program implementation and function?*
This will be a distance facilitated program, so initial support from the college IT personnel and university TILT is anticipated. However, a part-time staff instructional technician will be hired after the development phase to support the distance component of this curriculum.
- *Are programs in other Colleges/Schools directly affected by the proposal and in what way?*
This is a new doctoral level program focused on advanced practice nursing. No effect on other departments or colleges is anticipated. However, the potential for collaboration with other faculty is clear and these possibilities will be pursued.

Who are the representatives in the affected service areas and/or Schools/Colleges that have been contacted?

Department of Public Health

Dr. Miguel Perez

DNP Proposal 9.13.11

Doctorate in Educational Leadership
Management Department
Finance/Business Law

Dr. Sharon Brown-Welty
Dr. Julie Olson-Buchanan
Dr. KC Chen

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APPENDIX A

Statement from the appropriate campus administrative authority that the addition of this program supports the campus mission and will not impede the successful operation and growth of existing academic programs



February 28, 2011

MEMORANDUM

CALIFORNIA
STATE
UNIVERSITY,
FRESNO

To: Dr. Mary Barakzai, Director
Central California Center for Excellence in Nursing
College of Health and Human Services

From: Dr. Andrew Hoi, Dean
College of Health and Human Services

Subject: Proposal to Establish Doctorate of Nursing Practice Program

I am writing to express my support for the Fresno State Department of Nursing's proposal to offer a Doctorate of Nursing Practice (DNP) program, in conjunction with San Jose State University's Valley Foundation School of Nursing. This will be a 24-month program culminating in a Doctorate of Nursing Practice degree. This is a formally constructed program of 37 semester units with a projected class size of 30 students annually.

The DNP program is designed to provide current content online and via other distance learning modalities such as Skype and video-streaming with occasional meetings on campus. The program will not affect the current undergraduate or master's level curricula, and no courses will be dropped from existing programs.

Changes in costs will primarily be due to faculty salaries for instruction of the new courses, creating and maintaining a doctoral culture via support for faculty and student research, library support, and faculty and student travel. This program will model itself on the successful fee structure of the Doctoral Program in Educational Leadership at Fresno State (DPELFS). During the 2011-2012 Academic Year, the Department intends to establish a 1/2 time DNP coordinator from their current graduate NP faculty to continue course development, facilitate WASC approval, and supervise recruitment and admission. A part-time faculty will be needed to assume those teaching responsibilities in the NP program in the interim. The Department has requested hiring of two (2) new full-time, tenure track faculty during 2011-2012. The faculty assignment at both campuses will be similar to that of the Doctoral Program in Educational Leadership at Fresno State (DPELFS). Designated faculty from both Fresno State and SJSU will teach a limited set of courses in the DNP program and will continue to teach in both the graduate and BSN programs.

The letters of support and recent recommendations from accrediting agencies and other experts clearly demonstrate the need for a DNP program. This program further supports the campus mission of community engagement, exemplary teaching, and applied research. Delivery of this content via Blackboard and other distance modalities will enhance access and provide a convenient learning format. I fully endorse this proposal and hope that it will be given full consideration and support.

College of Health
and Human Services
Office of the Dean AH:mb\chhsDNPcurriculumssupport.doc
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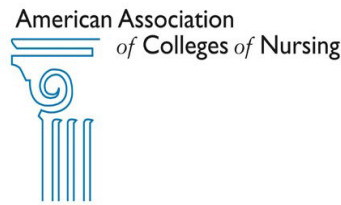
THE CALIFORNIA STATE UNIVERSITY

APPENDIX B

Other campus approvals

APPENDIX C

American Association of Colleges of Nursing's *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006)



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.

AACN Task Force on the Practice Doctorate in Nursing

The AACN Task Force to Revise Quality Indicators for Doctoral Education found that the Indicators of Quality in Research-Focused Doctoral Programs in Nursing are applicable to doctoral programs leading to a PhD or a DNS degree (AACN, 2001b, p. 1). Therefore, practice-focused doctoral programs will need to be examined separately from research-focused programs. This finding coupled with the growing interest in practice doctorates prompted the establishment of the AACN Task Force on the Practice Doctorate in Nursing in 2002. This task force was convened to examine trends in practice-focused doctoral education and make recommendations about the need for and nature of such programs in nursing. Task force members included representatives from universities that already offered or were planning to offer the practice doctorate, from universities that offered only the research doctorate in nursing, from a specialty professional organization, and from nursing service administration. The task force was charged to describe patterns in existing practice-focused doctoral programs; clarify the purpose of the practice doctorate, particularly as differentiated from the research doctorate; identify preferred goals, titles, and

tracks; and identify and make recommendations about key issues. Over a two-year period, this task force adopted an inclusive approach that included:

- 1) securing information from multiple sources about existing programs, trends and potential benefits of a practice doctorate;
- 2) providing multiple opportunities for open discussion of related issues at AACN and other professional meetings; and
- 3) subjecting draft recommendations to discussion and input from multiple stakeholder groups. The final position statement was approved by the AACN Board of Directors in March 2004 and subsequently adopted by the membership.

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

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

any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. (p. 2)

Furthermore, the DNP position statement (AACN, 2004, p. 4) identifies the benefits of practice focused doctoral programs as:

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

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

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

Context of Graduate Education in Nursing

Graduate education in nursing occurs within the context of societal demands and needs as well as the interprofessional work environment. The Institute of Medicine (IOM, 2003) and the National Research Council of the National Academies (2005, p. 74) have called for nursing education that prepares individuals for practice with interdisciplinary, information systems, quality improvement, and patient safety expertise. In hallmark reports, the IOM (1999, 2001, 2003) has focused attention on the state of health care delivery, patient safety issues, health professions education, and leadership for nursing practice.

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

Since AACN published *The Essentials of Master's Education for Advanced Practice Nursing* in 1996 and the first set of indicators for quality doctoral nursing education in 1986, several trends in health professional education and health care delivery have emerged. Over the past two decades, graduate programs in nursing have expanded from 220 institutions offering 39 doctoral programs and 180 master's programs in 1986 to 518 institutions offering 101 doctoral programs and 417 master's programs in 2006.

Increasing numbers of these programs offer preparation for certification in advanced practice specialty roles such as nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists. Specialization is also a trend in other health professional education. During this same time period, the explosion in information, technology, and new scientific evidence to guide practice has extended the length of educational programs in nursing and the other health professions. In response to these trends, several other health professions such as pharmacy, physical therapy, occupational therapy, and audiology have moved to the professional or practice doctorate for entry into these respective professions.

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

Relationships of Master's, Practice Doctorate, and Research Doctorate Programs

The master's degree (MSN) historically has been the degree for specialized advanced nursing practice. With development of DNP programs, this new degree will become the preferred preparation for specialty nursing practice. As educational institutions transition from the master's to DNP degree for advanced practice specialty preparation, a variety of program articulations and pathways are planned. One constant is true for all of these models. The DNP is a graduate degree and is built upon the generalist foundation acquired through a baccalaureate or advanced generalist master's in nursing. The

Essentials of Baccalaureate Education (AACN, 1998) summarizes the core knowledge and competencies of the baccalaureate prepared nurse. Building on this foundation, the DNP core competencies establish a base for advanced nursing practice in an area of specialization. Ultimately, the terminal degree options in nursing will fall into two primary education pathways: professional entry degree (baccalaureate or master's) to DNP degree or professional entry degree (baccalaureate or master's) to PhD degree. As in other disciplines with practice doctorates, some individuals may choose to combine a DNP with a PhD. Regardless of the entry point, DNP curricula are designed so that all students attain DNP end-of-program competencies. Because different entry points exist, the curricula must be individualized for candidates based on their prior education and experience. For example, early in the transition period, many students entering DNP programs will have a master's degree that has been built on

AACN's *Master's Essentials*. Graduates of such programs would already have attained many of the competencies defined in the *DNP Essentials*. Therefore, their program will be designed to provide those DNP competencies not previously attained. If a candidate is entering the program with a non-nursing baccalaureate degree, his/her program of study likely will be longer than a candidate entering the program with a baccalaureate or master's in nursing. While specialty advanced nursing education will be provided at the doctoral level in DNP programs, new options for advanced generalist master's education are being developed.

DNP Graduates and Academic Roles

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

In some instances, individuals who acquire the DNP will seek to fill roles as educators and will use their considerable practice expertise to educate the next generation of nurses. As in other disciplines (e.g., engineering, business, law), the major focus of the educational program must be on the area of practice specialization within the discipline, not the process of teaching. However, individuals who desire a role as an educator, whether that role is operationalized in a practice environment or the academy, should have additional preparation in the science of pedagogy to augment their ability to transmit the science of the profession they practice and teach. This additional preparation may occur in formal course work during the DNP program. Some teaching strategies and learning principles will be incorporated into the DNP curriculum as it relates to patient education. However, the basic DNP curriculum does not prepare the graduate for a faculty teaching role any more than the PhD curriculum does. Graduates of either program planning a faculty career will need preparation in teaching methodologies, curriculum design and development, and program evaluation. This preparation is in addition to that required for their area of specialized nursing practice or research in the case of the PhD graduate.

The Essentials of Doctoral Education for Advanced Nursing Practice

The following *DNP Essentials* outline the curricular elements and competencies that must be present in programs conferring the Doctor of Nursing Practice degree. The DNP is a degree title, like the PhD or MSN, and does not designate in what specialty a graduate is prepared. DNP graduates will be prepared for a variety of nursing practice roles. The *DNP Essentials* delineated here address the foundational competencies that are core to all advanced nursing practice roles. However, the depth and focus of the core competencies will vary based on the particular role for which the student is preparing.

For example, students preparing for organizational leadership or administrative roles will have increased depth in organizational and systems' leadership; those preparing for policy roles will have increased depth in health care policy; and those preparing for APN roles (nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives) will have more specialized content in an area of advanced practice nursing. Additionally, it is important to understand that the delineation of these competencies should not be interpreted to mean that a separate course for each of the *DNP Essentials* should be offered. Curricula will differ in emphases based on the particular specialties for which students are being prepared.

The DNP curriculum is conceptualized as having two components:

1. DNP Essentials 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus.
2. Specialty competencies/content prepare the DNP graduate for those practice and didactic learning experiences for a particular specialty.

Competencies, content, and 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 Outcomes¹

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

¹ The use of the term "collaboration" is not meant to imply any legal or regulatory requirements or implications.

The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.

2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

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

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

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

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

The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.

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

Essential VIII: Advanced Nursing Practice

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

Essential VIII specifies the foundational practice competencies that cut across specialties and are seen as requisite for DNP practice. All DNP graduates are expected to demonstrate refined assessment skills and base practice on the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science as appropriate in their area of specialization. DNP programs provide learning experiences that are based in a variety of patient care settings, such as hospitals, long-term care settings, home health, and/or community settings. These learning experiences should be integrated throughout the DNP program of study, to provide additional practice experiences beyond those acquired in a baccalaureate nursing program. These experiential opportunities should be sufficient to inform practice decisions and understand the patient care consequences of decisions. Because a variety of differentiated roles and positions may be held by the DNP graduate, role preparation for specialty nursing practice, including legal and regulatory issues, is part of every DNP program's curricula.

The DNP program prepares the graduate to:

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

accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

Incorporation of Specialty-Focused Competencies into DNP Curricula

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

It is noteworthy that specialties evolve over time, and new specialties may emerge. It is further recognized that APN and aggregate/systems/organizational foci are not rigid demarcations. For example, the specialty of community health may have DNP graduates who practice in APN roles providing direct care to individuals in communities; or, community health DNP graduates may focus solely on programmatic development with roles fitting more clearly into the aggregate focus. The specialized competencies, defined by the specialty organizations, are a required and major component of the DNP curriculum. Specialty organizations develop competency expectations that build upon and complement *DNP Essentials* 1 through 8.

All DNP graduates, prepared as APNs, must be prepared to sit for national specialty APN certification. However, all advanced nursing practice graduates of a DNP program should be prepared and eligible for national, advanced specialty certification, when available.

Advanced Practice Nursing Focus

The DNP graduate prepared for an APN role must demonstrate practice expertise, specialized knowledge, and expanded responsibility and accountability in the care and management of individuals and families. By virtue of this direct care focus, APNs develop additional competencies in direct practice and in the guidance and coaching of individuals and families through developmental, health-illness, and situational transitions (Spross, 2005). The direct practice of APNs is characterized by the use of a holistic perspective; the formation of

therapeutic partnerships to facilitate informed decision-making, positive lifestyle change, and appropriate self-care; advanced practice thinking, judgment, and skillful performance; and use of diverse, evidence-based interventions in health and illness management (Brown, 2005). APNs assess, manage, and evaluate patients at the most independent level of clinical nursing practice. They are expected to use advanced, highly refined assessment skills and employ a thorough understanding of pathophysiology and pharmacotherapeutics in making diagnostic and practice management decisions.

To ensure sufficient depth and focus, it is mandatory that a separate course be required for each of these three content areas: advanced health/physical assessment, advanced physiology/pathophysiology, and advanced pharmacology (see Appendix A).

In addition to direct care, DNP graduates emphasizing care of individuals should be able to use their understanding of the practice context to document practice trends, identify potential systemic changes, and make improvements in the care of their particular patient populations in the systems within which they practice.

Aggregate/Systems/Organizational Focus

DNP graduates in administrative, healthcare policy, informatics, and population-based specialties focus their practice on aggregates: populations, systems (including information systems), organizations, and state or national policies. These specialties generally do not have direct patient care responsibilities. However, DNP graduates practicing at the aggregate/systems/organization level are still called upon to define actual and emerging problems and design aggregate level health interventions. These activities require that DNP graduates be competent in advanced organizational, systems, or community assessment techniques, in combination with expert level understanding of nursing and related biological and behavioral sciences. The DNP graduate preparing for advanced specialty practice at the population/organizational/policy level demonstrates competencies in conducting comprehensive organizational, systems, and/or community assessments to identify aggregate health or system needs; working with diverse stakeholders for inter- or intra-organizational achievement of health-related organizational or public policy goals; and, designing patient-centered care delivery systems or policy level delivery models.

Curricular Elements and Structure

Program Length

Institutional, state, and various accrediting bodies often have policies that dictate minimum or maximum length and/or credit hours that accompany the awarding of specific academic degrees. Recognizing these constraints, it is recommended that programs, designed for individuals who have already acquired the competencies in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998), be three calendar years, or 36 months of full-time study including summers or four years on a traditional academic calendar.

Post-master's programs should be designed based on the DNP candidate's prior education, experience, and choice of specialization. Even though competencies for the DNP build and expand upon those attained through master's study, post-master's and post-baccalaureate students must achieve the same end-of-program competencies. Therefore, it is anticipated that a minimum of 12 months of full-time, post-master's study will be necessary to acquire the additional doctoral level competencies. The task force recommends that accrediting bodies should ensure that post-master's DNP programs have mechanisms in place to validate that students acquire all DNP end-of-program competencies. DNP programs, particularly post-master's options, should be efficient and manageable with regard to the number of credit hours required, and avoid the development of unnecessarily long, duplicative, and/or protracted programs of study.

Practice Experiences in the Curriculum

DNP programs provide rich and varied opportunities for practice experiences aimed at helping graduates achieve the essential and specialty competencies upon completion of the program. In order to achieve the DNP competencies, programs should provide a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Practice experiences should be designed to help students achieve specific learning objectives related to the *DNP Essentials* and specialty competencies. These experiences should be designed to provide systematic opportunities for feedback and reflection. Experiences include in-depth work with experts from nursing as well as other disciplines and provide opportunities for meaningful student engagement within practice environments. Given the intense practice focus of DNP programs, practice experiences are designed to help students build and assimilate knowledge for advanced specialty practice at a high level of complexity. Therefore, end-of-program practice immersion experiences should be required to provide an opportunity for further synthesis and expansion of the learning developed to that point. These experiences also provide the context within which the final DNP product is completed. Practice immersion experiences afford the opportunity to integrate and synthesize the essentials and specialty requirements necessary to demonstrate competency in an area of specialized nursing practice. Proficiency may be acquired through a variety of methods, such as, attaining case requirements, patient or practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements. Many specialty groups already extensively define various minimal experiences and requirements.

Final DNP Project

Doctoral education, whether practice or research, is distinguished by the completion of a specific project that demonstrates synthesis of the student's work and lays the groundwork for future scholarship. For practice doctorates, requiring a dissertation or other original research is contrary to the intent of the DNP. The DNP primarily involves mastery of an advanced specialty within nursing practice.

Therefore, other methods must be used to distinguish the achievement of that mastery. Unlike a dissertation, the work may take a number of forms. One example of the final DNP product might be a practice portfolio that includes the impact or outcomes due to practice and documents the final practice synthesis and scholarship. Another example of a final DNP product is a practice change initiative. This may be represented by a pilot study, a program evaluation, a quality improvement project, an evaluation of a new practice model, a consulting project, or an integrated critical literature review. Additional examples of a DNP final product could include manuscripts submitted for publication, systematic review, research utilization project, practice topic dissemination, substantive involvement in a larger endeavor, or other practice project. The theme that links these forms of scholarly experiences is the use of evidence to improve either practice or patient outcomes.

The final DNP project produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee. The final DNP product documents outcomes of the student's educational experiences, provides a measurable medium for evaluating the immersion experience, and summarizes the student's growth in knowledge and expertise. The final DNP product should be defined by the academic unit and utilize a form that best incorporates the requirements of the specialty and the institution that is awarding the degree. Whatever form the final DNP product takes, it will serve as a foundation for future scholarly practice.

DNP Programs in the Academic Environment:

Indicators of Quality in Doctor of Nursing Practice Programs

Practice-focused doctorates are designed to prepare experts in nursing practice. The academic environments in which these programs operate must provide substantial access to nursing practice expertise and opportunities for students to work with and learn from a variety of practice experts including advanced clinicians, nurse executives, informaticists, or health policy makers. Thus, schools offering the DNP should have faculty members, practice resources, and an academic infrastructure that support a high quality educational program and provide students with the opportunities to develop expertise in nursing practice. Similar to the need for PhD students to have access to strong research environments, DNP students must have access to strong practice environments, including faculty members who practice, environments characterized by continuous improvement, and a culture of inquiry and practice scholarship.

Faculty Characteristics

Faculty members teaching in DNP programs should represent diverse backgrounds and intellectual perspectives in the specialty areas for which their graduates are being prepared. Faculty expertise needed in these programs is broad and includes a mix of doctorally prepared research-focused and practice-focused faculty whose expertise will support the educational program required for the DNP. In addition to faculty members who are nurses, faculty members in a DNP program may be from other disciplines.

Initially, during the transition, some master's-prepared faculty members may teach content and provide practice supervision, particularly in early phases of postbaccalaureate 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 reconceptualization 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

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APPENDIX D

Office of the Chancellor Executive Order (Draft)

DRAFT DRAFT DRAFT

THE CALIFORNIA STATE UNIVERSITY

Office of the Chancellor

401 Golden Shore

Long Beach, California 90802-4210

(562) 951-4672

This executive order is issued in conformity with Sections 66040 [Master Plan] through 66040.7

[mandated reporting of new doc degrees] of the California Education Code and Sections [DNP after 40050.1], [DNP section--after 40511], and [EdD after 40512] of Title 5 of the *California*

Code of Regulations. This executive order establishes minimum requirements, policies, and procedures that shall apply to all Doctor of Nursing Practice degree programs offered solely by the California State University (CSU). This executive order does not address requirements of Doctor of Nursing Practice programs offered jointly with institutions outside of the California State University. Campuses may establish policies in addition to those stated herein.

Article 1. Authorization

In accordance with Education Code Section [insert DNP Ed Code 89280-89282] and Title 5 of the *California Code of Regulations* Section 40050.1, the California State University is authorized to award the Doctor of Nursing Practice (DNP) degree.

Article 2. Admission

2.1 In accordance with Title 5 of the *California Code of Regulations*, Section 41020, each campus offering a program leading to a Doctor of Nursing Practice degree shall establish requirements for admission to the program. Admission shall be granted on a competitive basis; meeting the minimum requirements qualifies an individual for but does not guarantee admission to the program. Requirements for admission shall apply to all DNP applicants and shall include, at minimum, the following:

- a. The applicant holds an acceptable master's degree earned at an institution accredited by a regional accrediting association and a national professional accrediting association, as applicable. The applicant has completed equivalent academic preparation as determined by the appropriate campus authority.
- b. The applicant has attained a cumulative grade point average of at least 3.0 in an acceptable master's degree program.
- c. The applicant maintains active licensure to practice as a registered nurse in the state in which practicum experiences will be completed.
- d. The applicant meets all requirements for credentialing or certification eligibility as appropriate to the nursing specialty area.

e. The applicant has demonstrated sufficient preparation and experience pertinent to advanced nursing practice to be successful in doctoral education.
f. Evidence considered in the admission process shall include but not be limited to:

1. Three letters of recommendation from professional persons knowledgeable about the applicant's advanced nursing practice experience, as well as the potential for scholarship and leadership.

C. A written statement of purpose reflecting what the applicant expects to accomplish in the DNP program and how the DNP program will advance the applicant's nursing career and practice.

g. A personal interview may be required prior to admission.

h. The applicant shall meet any additional requirements established by the Chancellor in consultation with faculty and any additional requirements prescribed by the appropriate campus authority.

C.3 Classified Standing

Applicants who have met all admission criteria and who have been recommended by the program for admission shall be placed in classified graduate standing.

C.3 Admission by Special Action

Per Title 5 Section XXXXX, an applicant who does not qualify for admission under the provisions of Article 2.1 may be admitted by special action if on the basis of acceptable evidence the applicant is judged by the appropriate campus authority to possess sufficient academic and professional potential.

C.3 Admission with Conditionally Classified Graduate Standing

Per Title 5 Section XXXXX, an applicant who is ineligible under the provisions in Article 4.1 because of deficiencies in prerequisite preparation that in the opinion of the program faculty can be rectified by specified additional preparation, including examinations, may be admitted with conditionally classified graduate standing. The student shall be granted classified graduate standing upon rectification of the deficiencies and other requirements as specified by the appropriate campus authority.

Article 3. Curricula

C.3 CSU DNP degree programs shall enable professionals working full time to earn the degree within three calendar years (including fall through spring terms and summer study).

C.3 Programs shall be consistent with the requirements of a professional nursing accrediting body.

- C.3** Doctor of Nursing Practice curricula shall be organized as cohort-based programs and shall include learning experiences that balance research, theory, and practice.
- C.3** Student work in support of the doctoral project shall be embedded throughout the DNP program curriculum.
- C.3** The core curriculum for each DNP program shall provide professional preparation in advanced nursing practice, including but not be limited to theory and research methods and evaluation, curriculum development, professional practice, management and leadership, and essential curricular concepts for advanced nursing at the doctoral level, as identified in Attachment A.

Article 4. Degree Requirements

C.3 Program of Study

To be eligible for the Doctor of Nursing Practice degree, the candidate shall have completed a program of study, including a qualifying assessment and a doctoral project that is both consistent with Title 5 Subdivision € of Section 405..., this executive order policies approved by the appropriate campus authority. The qualifying assessment and doctoral project requirements are specified in Article 7. Each campus shall establish policies and procedures for creating and amending a student's doctoral study planplan of study and shall disseminate them in its DNP program student handbook or manual, pursuant to subdivision j of Article 11.3.

C.3.2 Grade Point Average

A grade point average of 3.0 (grade of B) or better shall have been earned in the courses taken to satisfy the requirements for the degree, except that a course for which no letter grade is assigned shall not be used in computing the grade point average.

C.3.2 Unit Requirements

The pattern of study for the post-master's Doctor of Nursing Practice degree program shall be composed of at least 36 semester units (54 quarter units) earned in graduate standing. At least 27 semester units (40.5 quarter units) required for the degree shall be in courses organized primarily for doctoral students, and the remaining units required for the degree shall be in courses organized primarily for doctoral students or courses organized primarily for master's and doctoral students. Not more than 12semester doctoral project units shall be applied toward the degree program requirements.

C.3 Academic Residence

At least 24 semester units (36 quarter units) shall be completed in residence at the campus awarding the degree or campuses jointly awarding the degree. The appropriate campus authority may authorize the substitution of credit earned by alternate means for part of this residence requirement. The campus may establish a policy allowing the transfer of relevant courses and credits completed as a matriculated student in another graduate program, on the condition that the other program is appropriately accredited

C.3 Transfer of Units

The DNP program shall establish a policy allowing transfer of units earned in relevant graduate courses. At a minimum the policy shall require that the student completed courses in an accredited post baccalaureate program.

C.3 Petitions for Variance in Academic Requirements

Each DNP degree program shall establish and implement policies regarding student petitions for variance in academic requirements. Student handbooks or manuals shall specify policies and procedures by which a student may petition for a variance in academic requirements.

Article 5. DNP Qualifying Assessment

5.1 DNP degree programs shall require that students successfully complete a rigorous qualifying assessment of the student's knowledge. The qualifying assessment may be written, oral, or both.

5.2 Requirements of the DNP Qualifying Assessment

5.2.1 Students shall be required to pass the qualifying assessment within two attempts. In order to continue in the program.

5.2.2 Content

The content of the qualifying assessment shall be determined by the members of the DNP program faculty.

5.2.3 Timing

5.2.3.1 The student shall be required to pass the qualifying assessment prior to advancement to candidacy.

5.2.3.2 The qualifying assessment shall be administered at a time in the program sequence when the student's mastery of essential elements of the core advanced nursing practice concepts can be fairly evaluated and when the student is considered ready to begin the doctoral project.

5.2.4 Function of the Qualifying Assessment Committee

A qualifying assessment committee shall evaluate student performance in the

assessment process. Agreement of the qualifying assessment committee is required for the candidate to pass the qualifying assessment.

5.2.5 Membership of the Qualifying Assessment Committee

The qualifying assessment committee shall have a minimum of three members, including the chair. The qualifying assessment committee chair shall be a tenured or tenure-track nursing program faculty. The committee may include a member who holds an appropriate professional position.

Article 6. Doctoral Project Proposal

A student shall submit a doctoral project proposal to the doctoral project committee for approval, following the procedures and format established by the DNP program faculty and the campus.

6.1 Doctoral Project Proposal Requirements

The doctoral project proposal shall contain, at a minimum, a description of the problem, a review of the relevant literature, a statement of the research question, and a description of the research methodology, and Institutional Review Board documentation.

6.2 Institutional Review Board Approval Requirements

Appropriate Institutional Review Board (IRB) approval shall be obtained to conduct any research involving human subjects. Failure to obtain required IRB approval prior to collection of data on human subjects may disqualify a student from further use of those data. The doctoral project committee chair shall advise the student regarding human subjects review requirements and compliance with IRB regulations. The proposal shall contain either:

- C.** human subjects research documents that have been submitted to the Institutional

Review Board regarding the proposed doctoral project research, if applicable or
b. required materials pertaining to human subjects research that have been completed but not yet submitted to the Institutional Review Board, if applicable.

6.3 Doctoral Project Proposal Committee

The doctoral proposal presentation shall be conducted by a three-member doctoral project proposal committee, all of whom shall have appropriate expertise in advanced nursing practice or the content of the doctoral project. The membership shall include two tenured or tenure-track nursing faculty members from the CSU. The doctoral proposal committee shall review the doctoral project. The committee may require that the student present the proposal orally to the committee and respond to committee members' questions about the proposal. Exception may be approved by the appropriate campus authority.

6.4 Decision Regarding the Doctoral Project Proposal

The doctoral project proposal committee shall communicate formally its decision in writing to the student, indicating approval, approval with modifications, or lack

of approval. In order for the student to proceed with the formal conduct of the doctoral project research, the student shall have received written approval of the proposal by the doctoral project proposal committee and, if applicable, written Institutional Review Board notification that human subjects review requirements have been met.

6.5 Resubmission of a Doctoral Project Proposal

If the doctoral project proposal committee decision is “approval with modifications” or “lack of approval,” the committee shall communicate to the student in writing the process and expectations for resubmission. The committee shall review the revised and resubmitted proposal and communicate to the student in writing the committee’s decision.

Article 7. Advancement to Candidacy

For advancement to candidacy for the Doctor of Nursing Practice degree, the student shall have achieved classified graduate standing and met such particular requirements as the Chancellor and the appropriate campus authority may prescribe. The requirements shall include a qualifying assessment.

Article 8 Doctoral Project and Oral Defense

8.1 Doctoral Project Committee

The doctoral project committee shall provide guidance and supervision for development, completion, and approval of the project.

8.2 Membership of the Doctoral Project Committee

The doctoral project committee shall have a minimum of three voting members, including the chair, and all committee members shall have appropriate expertise. The committee shall include at least two tenured or tenure-track nursing faculty members and may include one member who holds an appropriate professional position. The campus program director may approve an exception to the membership criteria stated above, pursuant to Article 12.2.2 or Article 12.2.3, if the individual nominated has expertise particularly relevant to the candidate’s doctoral project.

8.2.1 Doctoral Project Committee Chair

The doctoral project committee chair shall provide primary supervision for doctoral project. The chair shall be a tenured or tenure-track CSU nursing faculty member approved by the appropriate campus authority.

8.2.2 Appointment of Doctoral Project Committee

The student and advisor together shall propose the membership of the student’s doctoral project committee. The proposed membership shall be forwarded to and determined by the campus official authorized to approve composition of the committee. The DNP program director may allow the replacement of a

committee member, based on the evaluation of a rationale provided by the student or committee member making the request.

8.3 Doctoral Project Requirements

8.3.1 The doctoral project shall be the written product of systematic, rigorous research on a significant advanced nursing practice issue. Focused on the use of evidence to improve practice and or patient outcomes, the doctoral project format shall be approved by the Doctoral Project Committee.

8.3.2 In accordance with Section 405XX of Title 5 of the *California Code of Regulations*, CSU DNP programs shall require the completion of a doctoral project conforming to the following minimum criteria:
The doctoral project shall identify the research problem and question(s), state the major theoretical perspectives, explain the significance of the undertaking, relate it to the relevant scholarly and professional literature, set forth the appropriate sources for and methods of gathering and analyzing the data, and offer a conclusion or recommendation. It shall include a written abstract that summarizes the significance of the work, objectives, methodology, and a conclusion or recommendation.

8.3.3 A successful oral defense of the doctoral project shall be the final process for the acceptance of the candidate's doctoral project.

8.4 Final Examination: Oral Defense of Doctoral Project

The final examination shall be an oral defense of the doctoral project, administered by the doctoral project committee. Approval of the doctoral project and recommendation that the DNP degree be conferred shall require agreement of the doctoral project committee. In the event that the committee requires substantive changes to the doctoral project, the final vote of the committee will be postponed until the changes are completed.

8.5 Submission of the Approved Doctoral Project

The student shall be required, after successful completion of the oral defense and approval of the doctoral project, to submit the approved doctoral project to the appropriate campus entity in conformity with campus policy and formatting requirements. For the degree to be conferred in a particular term, the doctoral project shall be submitted by the deadline specified by the program and campus.

Article 9. Satisfactory Progress, Probation, and Disqualification

9.1 Requirement for Satisfactory Progress

Each DNP student shall be required to maintain satisfactory progress toward degree conferral. The student shall be expected to complete satisfactorily all

courses and examinations and shall be expected to advance to candidacy within the time frame specified by the DNP program faculty.

9.2 Criteria for Satisfactory Progress

In accordance with campus policy, the DNP program faculty and the campus shall establish criteria for satisfactory progress in the program. The criteria shall include, at a minimum, the following:

- a. the student shall maintain at least a 3.0 cumulative grade point average in courses taken to satisfy the requirements for the degree;
- c. a course in which no letter grade is assigned shall not be used in computing grade point average.

9.3 Time to Degree

9.3.1 While the DNP program shall be designed to allow completion of all requirements within three years, the student shall have completed all requirements for the degree within five years of matriculation in the doctoral program. The appropriate campus authority, consistent with campus policy, may extend by up to two years the time allowed for completion of the requirements under the following circumstances:

- a. the student is in good standing,
- b. the extension is warranted by compelling individual circumstances, and
- c. the student demonstrates current knowledge of research and practice in advanced nursing practice, as required by the campus.

9.3.2 The DNP program faculty shall establish, in conformity with campus policy, criteria for granting further extension that may be granted under special circumstances. The criteria shall include, at a minimum

- a. the student is in good standing,
- b. the extension is warranted by compelling individual circumstances, and
- c. the student demonstrates current knowledge of research and practice in advanced nursing practice, as required by the campus.

9.3.3 At the conclusion of each term of enrollment during an extension exception, the DNP program faculty shall determine whether the student has made satisfactory progress.

9.4 Credit/No Credit

The DNP program shall establish a policy regarding credit/no credit in graduate work conducted toward satisfaction of degree requirements.

9.5 Probation

A student who falls below a 3.0 grade point average in any one term shall be placed on academic probation and notified of this placement in writing.

9.6. Disqualification

A student who fails to make satisfactory progress may be officially disqualified from the program based on the recommendation of the DNP program faculty, in accordance with policies and procedures established by the campus.

9.6.1 A student may be disqualified only after a thorough review of the case, including appropriate consultation and submission of a written recommendation by the DNP program faculty. The student shall be notified in writing of the disqualification. The student shall have the opportunity to appeal the decision.

9.6.2 A student who has been disqualified from the DNP program shall not be allowed to enroll in doctoral-level courses in the program or otherwise continue in the DNP program without formal re-application and re-admission.

Article 10. Doctoral Advising and Mentoring

C.3 Definitions

Academic advising and professional mentoring shall be arranged by the DNP program and conducted by campus faculty members to address:

- C.** promoting a well-planned and efficient DNP course of study that can be completed within three years by a working professional;
- b. guidance and information that foster academic and professional development;
- c. assisting students as they apply what is learned in coursework toward improving nursing practice and client outcomes;
- d. advocacy on behalf of students and their academic needs
- e. creating a doctoral culture typified by:
 1. scholarly discussion and dialogue that foster critical inquiry and clinical reasoning;
 2. expert supervision of DNP candidates in the conduct of a doctoral project; and

C. fostering informal assessment and feedback designed to enhance student reflection on their doctoral role in advanced nursing practice.

C.3 Advising and Mentoring Policies

Each campus offering a Doctor of Nursing Practice degree program shall establish and implement advising policies and mentoring policies designed to enhance the academic and professional development of students in the program. Policies shall address but are not limited to:

- C.** objectives of advising, roles of faculty advisors, assignment of faculty advisors
(including the student role in assigning faculty advisors), and advising responsibilities of doctoral project committee chairs; and
- b

C.3 DNP Student Handbook

Each campus offering an DNP program shall create and provide to all students enrolled in

that program a student manual or handbook detailing, at a minimum, the following:

- (1) requirements for admission with classified standing;
- (2) policies on the transfer of credit earned at other institutions;
- (3) policies on professional ethics and academic integrity;
- (4) policies on student fees;
- (5) provisions for advising and mentoring;
- (6) policies and procedures for petitioning for a variance in academic requirements;
- (7) policies and procedures for obtaining a leave of absence or for withdrawing from the university;
- (8) policies and procedures regarding student grievances;
- (9) policies on harassment and discrimination;
- (10) policies and procedures for establishing and amending a plan of study;
- (11) requirements for satisfactory progress in the program;
- (12) policies on academic probation;
- (13) policies and procedures for requesting accommodation for disability;
- (14) requirements for clinical practicum embedded in the program;
- (15) requirements for advancement to candidacy;
- (16) policies and procedures for the formation of a committee for administering a qualifying assessment;
- (17) doctoral project requirements;
- (18) policies and procedures for the formation of a committee for supervising the culminating doctoral project;
- (19) forms to be completed by students in the course of the degree program;
- (20) the names and areas of expertise of faculty members affiliated with the degree program.

CHECK Title 5 wording distribution

ATTACHMENT A

CSU Doctor of Nursing Practice Essential Curricular Concepts

All DNP programs shall include a core curriculum providing professional preparation for advanced practice nursing, including but not limited to scientific underpinnings for practice, clinical scholarship, advanced nursing practice, theory and research methods, and improving outcomes. Campuses developing DNP programs shall be expected to integrate DNP essential curricular concepts when designing the curriculum.

The model below lists key concepts that campuses are expected to address in DNP programs. In cases where core concepts are not included in a program proposal, the campus should indicate why the concepts are not addressed. This two-part organization of concepts is an example of how DNP program components might be organized, but campus proposals may organize the core concepts differently than they appear here. DNP essential concepts are derived

directly from the AACN *Essentials of Doctoral Education for Nursing Practice* (2006).

C. DNP Core Concepts – Essentials of Doctoral Education for Advanced Nursing

Practice

1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
5. Health Care Policy for Advocacy in Care
6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and population health for Improving the Nation's Health
8. Advanced Nursing Practice

B DNP Core Concepts: Science of Pedagogy

1. Curriculum development
2. Teaching Learning
3. Pedagogy for distinct audiences

C. Nursing Specialization Core Concepts

APPENDIX E

Matrix of Student Learning Outcomes & Required DNP Courses

Matrix of Student Learning Outcomes & Required DNP Courses

Student Learning Outcome	Courses
ESSENTIAL I	
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.	NURS 275 NURS 276 NURS 285 NURS 287 NURS 295 NURS 296 NURS 297
2. Use science-based theories and concepts to: <ul style="list-style-type: none"> • 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. 	NURS 276 NURS 285 NURS 287 NURS 295 NURS 296 NURS 297
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines	NURS 275 NURS 285 NURS 295 NURS 296 NURS 297
ESSENTIAL II	
4. 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.	NURS 274 NURS 276 NURS 286 NURS 293
5. Ensure accountability for quality of health care and patient safety for populations with whom they work. <ul style="list-style-type: none"> 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. 	NURS 274 NURS 283 NURS 286 NURS 293
6. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization,	NURS 274 NURS 275

and research.	NURS 286
ESSENTIAL III	
7. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.	NURS 285 NURS 295 NURS 296
8. 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.	NURS 276 NURS 283 NURS 287 NURS 295 NURS 296 NURS 297
9. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.	NURS 283 NURS 295 NURS 296 NURS 297
10. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.	NURS 275 NURS 283 NURS 285 NURS 287
11. Use information technology and research methods appropriately to: <ul style="list-style-type: none"> • 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 	NURS 284 NURS 285 NURS 287
12. Function as a practice specialist/consultant in collaborative knowledge-generating research.	NURS 295 NURS 296 NURS 297
13. Disseminate findings from evidence-based practice and research to improve healthcare outcomes	NURS 295 NURS 296 NURS 297
ESSENTIAL IV	
14. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.	NURS 295 NURS 296 NURS 297
15. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.	NURS 284 NURS 295
16. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.	NURS 284

17. 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.	NURS 284
18. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.	NURS 284
ESSENTIAL V	
19. 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.	NURS 286
20. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.	NURS 286
21. 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.	NURS 286
22. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.	NURS 286
23. Advocate for the nursing profession within the policy and healthcare communities.	NURS 286
24. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.	NURS 286 NURS 293
25. Advocate for social justice, equity, and ethical policies within all healthcare arenas.	NURS 274 NURS 286
ESSENTIAL VI	
26. 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.	NURS 283 NURS 295 NURS 296 NURS 297
27. Lead interprofessional teams in the analysis of complex practice and organizational issues.	NURS 283 NURS 284 NURS 286
28. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.	NURS 283 NURS 284 NURS 286
ESSENTIAL VII	

<p>29. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.</p>	<p>NURS 284 NURS 285 NURS 287 NURS 295 NURS 296</p>
<p>30. 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.</p>	<p>NURS 274 NURS 275 NURS 284 NURS 285 NURS 286 NURS 287 NURS 295 NURS 296 NURS 297</p>
<p>31. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.</p>	<p>NURS 274 NURS 275 NURS 284 NURS 285 NURS 286 NURS 287 NURS 295 NURS 296 NURS 297</p>
<p>ESSENTIAL VIII</p>	
<p>32. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.</p>	<p>NURS 275 NURS 287 NURS 295 NURS 296 NURS 297</p>
<p>33. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.</p>	<p>NURS 275 NURS 287 NURS 295 NURS 296 NURS 297</p>
<p>34. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.</p>	<p>NURS 283 NURS 286 NURS 295 NURS 296 NURS 297</p>
<p>35. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</p>	<p>NURS 283 NURS 287 NURS 295 NURS 296 NURS 297</p>
<p>36. Guide, mentor, and support other nurses to achieve excellence in nursing practice.</p>	<p>NURS 283 NURS 291 NURS 292 NURS 294 NURS 295 NURS 296</p>

37. Educate and guide individuals and groups through complex health and situational transitions.	NURS 297 NURS 283 NURS 286
38. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.	NURS 283 NURS 286 NURS 287 NURS 293 NURS 295 NURS 296 NURS 297

- All course numbers have been changed to the 500 series.

APPENDIX F

Proposed Course Offering Plan for First Three Years of the Program

3 Year Course-offering Plan

Cohort 1 AY 2012-2013

Year 1		
Fall 2012	Spring 2013	Summer 2013
NURS 574 ~ The Role of Diversity and Social Issues in Healthcare	NURS 583 ~ Leadership and Professional Responsibility in complex Healthcare Systems	NURS 586 ~ Transformation of Health Care Systems: Health policy and economics
NURS 575 ~ Application of Theories to Advanced Nursing Practice	NURS 584 ~ Technology, Informatics, and Data Management in the Transformation of Healthcare	NURS 587 ~ Principles of Epidemiology
NURS 576 ~ Application of Biostatistics to Populations	NURS 585 ~ Foundations of Evidence Based Practice	NURS 595 ~ Translating Evidence into Reflective Practice I

AY 2013-2014

Year 2	
Fall 2013	Spring 2014
NURS 591 ~ Curriculum Development	NURS 592 ~ Evaluation in Nursing Education
NURS 593 ~ Financial Aspects of Projects & Practice	NURS 597 ~ Doctoral Project
NURS 596 ~ Translating Evidence into Reflective Practice II	

**Cohort 2
AY 2013-2014**

Year 1		
Fall 2013	Spring 2014	Summer 2014
NURS 574 ~ The Role of Diversity and Social Issues in Healthcare	NURS 583 ~ Leadership and Professional Responsibility in complex Healthcare Systems	NURS 586 ~ Transformation of Health Care Systems: Health policy and economics
NURS 575 ~ Application of Theories to Advanced Nursing Practice	NURS 584 ~ Technology, Informatics, and Data Management in the Transformation of Healthcare	NURS 587 ~ Principles of Epidemiology
NURS 576 ~ Application of Biostatistics to Populations	NURS 585 ~ Foundations of Evidence Based Practice	NURS 595 ~ Translating Evidence into Reflective Practice I

Year 2	
Fall 2014	Spring 2015
NURS 591 ~ Curriculum Development	NURS 592 ~ Evaluation in Nursing Education
NURS 593 ~ Financial Aspects of Projects & Practice	NURS 597 ~ Doctoral Project
NURS 596 ~ Translating Evidence into Reflective Practice II	

APPENDIX G

21210.0. Working Draft ~ Recommended Suggested Wording Changes for Title 5

CSU Campuses Bakersfield Channel Islands Chico Dominguez Hills East Bay Fresno Fullerton Humboldt Long Beach
Los Angeles Maritime Academy Monterey Bay Northridge Pomona Sacramento San Bernardino San Diego San Francisco
San José San Luis Obispo San Marcos Sonoma Stanislaus **Academic Programs and Policy** 401 Golden Shore,
6th Floor Long Beach, CA 90802-4210 www.calstate.edu Christine Mallon State University Dean 562-
951-4672 Fax 562-951-4982 E-mail chanson@calstate.edu

MEMORANDUM

Date: July 29, 2011

To: Provosts/Vice Presidents of Academic Affairs

From: Christine Mallon, State University Dean, Academic Programs and Policy

Subject: Newly Approved Title 5 Changes

At the July 12, 2011 meeting, the CSU Board of Trustees adopted changes to Title 5 of the California Code of Regulations. The amendments to administrative law governing the CSU address:

- Doctor of Nursing Practice (DNP) degree programs
- Doctor of Physical Therapy (DPT) degree programs
- US History, Constitution, and American Ideals (“American Institutions”)
- Bachelor’s degrees earned in postbaccalaureate standing (“2nd bacs”)
- General Education-Breadth requirements for 2nd bacs

This memorandum is provided to allow you to prepare for local implementation. Executive orders will be issued for American Institutions (superseding EO 405), General-Education Breadth (superseding EO 1033), DPT, DNP, and second baccalaureates. Campuses are expected to follow established procedures for curriculum approval. Your distribution of this information across campus units is appreciated.

Enclosure

c: Dr. Ephraim Smith, Executive Vice Chancellor and Chief Academic Officer, CSU

Dr. Ron Vogel, Associate Vice Chancellor, Academic Affairs

Dr. James Postma, Chair, Academic Senate CSU

Associate Provosts/Associate Vice Presidents of Academic Affairs

Chairs, Campus Academic Senates

Deans of Graduate Studies

Deans of Undergraduate Studies Directors of Admission and Records July 29, 2011

Title 5 Changes Adopted by the Board of Trustees on July 12, 2011

- Doctor of Nursing Practice (DNP) degree programs
- Doctor of Physical Therapy (DPT) degree programs
- US History, Constitution, and American Ideals (added provisions for exceptions)
- Bachelor's degrees earned in postbaccalaureate standing ("2nd bacs")
- General Education-Breadth requirements (new language added for 2nd bacs)

Note: New Title 5 sections do not feature yellow highlighting. Additions to existing Title 5 sections are highlighted in yellow. Campuses are expected to follow established procedures for curriculum approval.

DOCTOR OF NURSING PRACTICE

Title 5, California Code of Regulations

Division 5 - Board of Trustees of the California State Universities

Chapter 1 -- California State University

Subchapter 2 – Educational Programs

Article 1 – General Function

§ 40050.2. Function: Instruction Leading to the Doctor of Nursing Practice Degree.

Notwithstanding Section 40050, the Doctor of Nursing Practice degree may be awarded independently of any other institution of higher education, provided that the program leading to the degree is one of the three pilot programs authorized by the Board of Trustees and satisfies the criteria of Section 40514. NOTE: Authority cited: Sections 66600, 66040, 89030, 89035, and 89280-89284, Education Code.

Reference: Sections 89280-89284. July 29, 2011

**Title 5, California Code of Regulations
Division 5 - Board of Trustees of the California State Universities
Chapter 1 -- California State University
Subchapter 2 – Educational Programs
Article 2 – Curricula**

§ 40100.1. Cooperative Curricula.

Curricula leading to the bachelor's, master's, or doctoral degree may be established cooperatively by two or more campuses. The Chancellor is authorized to establish and from time to time revise such procedures as may be appropriate for the administration of this section.

NOTE: Authority cited: Sections 66600, 89030, and 89035, Education Code.

Reference: Sections 66040, 66042, and 89280-89284, Education Code.

**Title 5, California Code of Regulations
Division 5 - Board of Trustees of the California State Universities
Chapter 1 -- California State University
Subchapter 2 – Educational Programs
Article 7 – Graduate Degrees**

§ 40513. The Doctor of Nursing Practice Degree.

(a) California State University programs leading to a Doctor of Nursing Practice degree shall be operated as pilot degree programs, with student enrollment permitted prior to July 1, 2018 and student course work allowed to be completed on or after July 1, 2018.

(b) The programs shall not supplant nursing programs offered by the CSU at the master's level as of January 1, 2010.

(c) California State University Doctor of Nursing Practice degree programs shall conform to the following criteria:

(1) The clinical degree programs in advanced nursing practice shall prepare graduates for leadership and clinical roles and to engage in evidence-based inquiry; and programs may also prepare graduates to serve as faculty in postsecondary nursing education programs.

(2) Programs shall enable professionals to earn the degree while working full time.

(3) Programs shall be consistent with the requirements of a professional nursing accrediting body and the regional accrediting association.

(d) Each campus offering a program leading to a Doctor of Nursing Practice degree shall establish requirements for admission to the program. The requirements for admission shall include, at a minimum, the requirements stated in Section 41021.

(e) Programs leading to the Doctor of Nursing Practice.

(1) The curriculum may be organized as a cohort-based program and shall include learning experiences that balance research, theory, and practice. The core curriculum for each DNP program shall provide professional preparation in advanced nursing practice, including but not be limited to theory and research methods and evaluation, curriculum development, professional practice, management and leadership, and essential curricular concepts for advanced nursing at the doctoral level.

(2) The pattern of study for the post-master's Doctor of Nursing Practice degree program shall be composed of at least 36 semester units (54 quarter units) earned in graduate standing. At least 27 semester units (40.5 quarter units) required for the degree shall be in courses organized primarily for doctoral students, and the remaining units required for the degree shall be in courses organized primarily for doctoral students or courses organized primarily for master's and doctoral students.

(3) At least 24 semester units (36 quarter units) shall be completed in residence at the campus awarding the degree or campuses jointly awarding the degree. The appropriate campus authority may authorize the substitution of credit earned by alternate means for part of this residence requirement. The campus may establish a policy allowing the transfer of relevant coursework and credits completed as a matriculated student in another graduate program, on the condition that the other program is appropriately accredited.

(4) A doctoral qualifying examination or assessment shall be required.

(5) The pattern of study shall include completion of a doctoral project.

(A) The doctoral project shall be the written product of systematic, rigorous research on a significant advanced nursing practice issue. The doctoral project is expected to contribute to an improvement in professional practices or policy. It shall evidence originality, critical and independent thinking, appropriate form and organization, and a rationale.

(B) The doctoral project shall reflect a command of the research literature and shall demonstrate the student's mastery of evidence-based practice at the doctoral level.

(C) The written component of the doctoral project shall be organized in an appropriate form and shall identify the research problem and question(s), state the major theoretical perspectives, explain the significance of the undertaking, relate it to the relevant scholarly and professional literature, identify the methods of gathering and analyzing the data, and offer a conclusion or recommendation.

(D) No more than 12 semester units (18 quarter units) shall be allowed for the doctoral project.

(E) An oral defense of the doctoral project shall be required.

NOTE: Authority cited: Sections 66600, 89030, 89035, 89280, 89281, 89283, and 89284, Education Code. Reference: Sections: 66600, 89280, 89281, 89283, and 89284, Education Code. July 29, 2011

**Title 5, California Code of Regulations
Division 5 - Board of Trustees of the California State Universities
Chapter 1 -- California State University
Subchapter 2 – Educational Programs
Article 7 – Graduate Degrees**

§ 40514. The Doctor of Nursing Practice Degree: Requirements.

(a) To be eligible for the Doctor of Nursing Practice degree, the candidate shall have completed a program of study that includes a qualifying assessment and a doctoral project and that is consistent with the specifications in subdivision (e) of Section 40513 and that is approved by the appropriate campus authority. A grade point average of 3.0 (grade of B) or better shall have been earned in courses taken to satisfy the requirements for the degree, except that a course in which no letter grade is assigned shall not be used in computing the grade point average.

(b) Advancement to Candidacy. For advancement to candidacy for the Doctor of Nursing Practice degree, the student shall have achieved classified graduate standing and met such particular requirements as the Chancellor and the appropriate campus authority may prescribe. The requirements shall include a qualifying assessment.

(c) The student shall have completed all requirements for the degree within five years of matriculation into the doctoral program. The appropriate campus authority may extend by up to two years the time for completion of the requirements under the following circumstances;

- (1) the student is in good standing,
- (2) the extension is warranted by compelling individual circumstances, and
- (3) the student demonstrates current knowledge of research and practice in advanced nursing practice, as required by the campus.

NOTE: Authority cited: Sections 66600, 89030, 89035, 89280, 89281, 89283, and 89284, Education Code. Reference Sections: 66600, 89030, 89280, 89281, 89283, and 89284, Education Code.

**Title 5, California Code of Regulations
Division 5 - Board of Trustees of the California State Universities
Chapter 1 -- California State University
Subchapter 3 – Admission Requirements
Article 8 – Admission of Post-Baccalaureate and Graduate Students**

§ 41021. Admission to Doctor of Nursing Practice Programs.

An applicant may be admitted with classified graduate standing to a program leading to a Doctor of Nursing Practice degree established pursuant to Section 40513 if the applicant satisfies the requirements of each of the following numbered subdivisions:

- (1) The applicant holds an acceptable master's degree earned at an institution accredited by a regional accrediting association and a national professional accrediting association, as July 29, 2011

applicable; or the applicant has completed equivalent academic preparation as determined by the appropriate campus authority.

(2) The applicant has attained a cumulative grade point average of at least 3.0 in an acceptable master's degree program as determined by the appropriate campus authority.

(3) The applicant maintains active licensure to practice as a registered nurse in the state in which practicum experiences will be completed.

(4) The applicant meets all requirements for credentialing or certification eligibility as appropriate to the nursing specialty area.

(5) The applicant has demonstrated sufficient preparation and experience pertinent to advanced nursing practice to be successful in doctoral education.

(6) The applicant has met any additional requirements established by the chancellor and any additional requirements prescribed by the appropriate campus authority.

NOTE: Authority cited: Sections 66600, 89030, 89035, 89280, 89281, 89283, and 89284, Education Code. Reference: Sections 66600, 89030, 89280, 89281, 89283, and 89284, Education Code.

RECOMMENDED SUGGESTED WORDING CHANGES FOR TITLE 5 DNP

405-- The Doctor of Nursing Practice Degree DRAFT 2/15/2011

§ 405--. The Doctor of Nursing Practice Degree.

(a) California State University programs leading to a Doctor of Nursing Practice degree shall be

operated as pilot degree programs, with student enrollment permitted prior to July 1, 2018 and student course work allowed to be completed on or after July 1, 2018.

(b) The programs shall not supplant nursing programs offered by the CSU at the master's level as of January 1, 2010.

(c) California State University programs leading to a Doctor of Nursing Practice degree shall be distinguished from the doctor of philosophy degree programs offered at or in conjunction with the University of California. California State University Doctor of Nursing Practice degree programs shall conform to the following criteria:

(1) The clinical degree programs in advanced nursing practice shall prepare graduates for leadership and clinical roles and to engage in evidence-based inquiry; and programs may also prepare graduates to serve as faculty in postsecondary nursing education programs.

(2) Programs shall enable professionals to earn the degree while working full time.

(3) Programs shall be consistent with the requirements of the professional nursing accrediting body

(d) Each campus offering a program leading to a Doctor of Nursing Practice degree shall establish requirements for admission to the program. The requirements for admission shall include, at a minimum, the requirements stated in Section [410--].

(e) Programs leading to the Doctor of Nursing Practice degree shall conform to the following specifications:

(1) The curriculum shall be organized as a cohort-based program and shall include learning experiences that balance research, theory, and practice. The core curriculum shall provide professional preparation in advanced nursing practice, including but not limited to theory and research methods and evaluation, the structure and culture of nursing, curriculum development, and professional practice and practice management.

(2) The pattern of study for the post-master's Doctor of Nursing Practice degree program shall be composed of at least 36 semester units (54 quarter units) earned in graduate standing. At least 27 semester units (40.5 quarter units) required for the degree shall be in courses organized primarily for doctoral students, and the remaining units required for the degree shall be in courses organized primarily for doctoral students or courses organized primarily for master's and doctoral students.

(3) At least 24 semester units (36 quarter units) shall be completed in residence at the campus

awarding the degree or campuses jointly awarding the degree. The appropriate campus authority may authorize the substitution of credit earned by alternate means for part of this residence requirement. The campus may establish a transfer policy allowing the transfer of relevant courses and credits completed as a matriculated student in another graduate program, on the condition that the other program is appropriately accredited.

[1] Deleted coursework – now courses..

(4) A qualifying assessment shall be required.

(5) The pattern of study shall include completion of a doctoral project.

(A) The doctoral project shall be the written product of systematic, rigorous research on a significant professional issue. The doctoral project is expected to contribute to an improvement in professional practices or policy. It shall evidence originality, critical and independent thinking, appropriate form and organization, and a rationale.

(B) The doctoral project shall reflect a command of the research literature and shall demonstrate the student's doctoral level mastery of evidence-based practice at the doctoral level.

(C) The written component of the doctoral project shall be organized in an appropriate form and shall identify the research problem and question(s), state the major theoretical perspectives, explain the significance of the undertaking, relate it to the relevant scholarly and professional literature, identify the methods of gathering and analyzing the data, and offer a conclusion or recommendation.

(D) No more than 12 semester units (18 quarter units) shall be allowed for the doctoral project.

(E) An oral defense of the doctoral project shall be required.

(f) Each campus shall create and make available to all students enrolled in a Doctor of Nursing

Practice degree program a student manual or handbook detailing, at a minimum, the following:

(1) requirements for admission with classified and conditional standing;

(2) policies on the transfer of credit earned at other institutions;

- (3) policies on professional ethics and academic integrity;
- (4) policies on student fees;
- (5) provisions for advising and mentoring;
- (6) policies and procedures for petitioning for a variance in academic requirements;
- (7) policies and procedures for obtaining a leave of absence or for withdrawing from the university;
- (8) policies and procedures regarding student grievances;
- (9) policies on harassment and discrimination;
- (10) policies and procedures for establishing and amending a plan of study;
- (11) requirements for satisfactory progress in the program;
- (12) policies on academic probation;
- (13) policies and procedures for requesting accommodation for disability;
- (14) requirements for clinical practica embedded in the program;
- (15) requirements for advancement to candidacy;
- (16) policies and procedures for the formation of a committee for administering a qualifying assessment;
- (17) doctoral project requirements;
- (18) policies and procedures for the formation of a committee for supervising the doctoral project;
- (19) forms to be completed by students in the course of the degree program;
- (20) the names and areas of expertise of faculty members affiliated with the degree program.
- (21) policies and procedures related to Institutional Review Board requirements
- (22) policies on administrative and academic probation and disqualification as applicable

Note: Authority cited: Sections, Education Code --. Reference: Sections, Education Code.

§ 405--. The Doctor of Nursing Practice Degree: Requirements.

(b) To be eligible for the Doctor of Nursing Practice degree, the candidate shall have completed a pattern of study that includes a doctoral project and that is consistent with the specifications in subdivision (e) of Section 405-- and that is approved by the appropriate campus authority. A grade point average of 3.0 (grade of B) or better shall have been earned in coursework taken to satisfy the requirements for the degree, except that a course in which no letter grade is assigned shall not be used in computing the grade point average.

a) Advancement to Candidacy. For advancement to candidacy for the Doctor of Nursing Practice degree, the student shall have achieved classified graduate standing and met such particular requirements as the Chancellor and the appropriate campus authority may prescribe. The requirements shall include a qualifying assessment.

(c) The student shall have completed all requirements for the degree within five years of achieving classified standing in the doctoral program. The appropriate

campus authority may extend the time for completion of the requirements if:{change order above}

- (1) the extension is warranted by individual circumstances, and
- (2) the student demonstrates current knowledge of research and practice in advanced nursing practice, as required by the campus.

Note: Authority cited: Sections, Education Code --. Reference: Sections, Education Code.

§ 410--. Admission to Doctor of Nursing Practice Programs.

An applicant may be admitted with classified graduate standing to a program leading to a Doctor of Nursing Practice degree established pursuant to Section 405-- if the applicant satisfies the requirements of each of the following numbered subdivisions:

- (1) The applicant holds an acceptable master's degree earned at an institution accredited by a regional accrediting association and the national professional accrediting association, as applicable. The applicant has completed equivalent academic preparation as determined by the appropriate campus authority.
- (2) The applicant has attained a cumulative grade point average of at least 3.0 in an acceptable master's degree program as determined by the appropriate campus authority.
- (3) The applicant maintains active licensure to practice as a registered nurse in the state in which practicum experiences will be completed.
- (4) The applicant meets all requirements for credentialing or certification eligibility as appropriate to the nursing specialty area.
- (5) The applicant has demonstrated sufficient preparation and experience pertinent to advanced nursing practice.
- (6) The applicant has met any additional requirements established by the Chancellor in consultation with the faculty and any additional requirements prescribed by the appropriate campus authority.

Note: Authority cited: Sections, Education Code --. Reference: Sections, Education Code.

APPENDIX H

Selected Letters of Community Support

APPENDIX I

DNP and DPT Proposal and Review Milestones Timeline for Planned Fall 2012
Implementations

DRAFT
**DNP and DPT Proposal and Review Milestones Timeline
for Planned Fall 2012 Implementations**

Please note that these dates are deadlines, and campuses may meet milestones earlier
(Professional accreditation milestones and professional association approval dates will be added soon)

November 2010 through February 2011

Campus submits a WASC Substantive Change application, which will reserve a space on the Substantive Change Committee's review docket.

January 2011

Campus seeks Board authorization to propose DNP and/or DPT program(s) within a specific time frame. This is achieved by adding program projection to campus Academic Plan, which is proposed in January. Planned program discontinuations are also reported in annual academic update to the Board. The Board votes in March 2011.

April 2011

Discontinuing joint DPT campus submits for the Chancellor's approval a proposal to discontinue their participation in an existing joint program. Campuses must receive Chancellor's approval of the discontinuation plan before a formal discontinuation process may begin.

September 1, 2011

Campus-approved program proposals submitted to the Chancellor's Office Academic Programs and Policy Department for system-level external and internal reviews. Campuses may submit using WASC Sub Change proposal format or CSU degree proposal format. All proposals will meet systemwide requirements and policies established for DNP and DPT programs.

November 2011 (Only for campuses that do not have WASC-approved independent EdD)

Campus submits WASC Structural Change Proposal.

December 1, 2011

Chancellor's Office forwards preliminarily reviewed proposals to CPEC for review and comment.

February 1, 2012

CPEC submits responses to proposals, either "concurring" that the proposed program should be implemented or asking for clarification or revision. CPEC is given 60 days from time of resubmission to provide its comments.

March 2012

Campus submits Substantive Change Proposal to WASC.

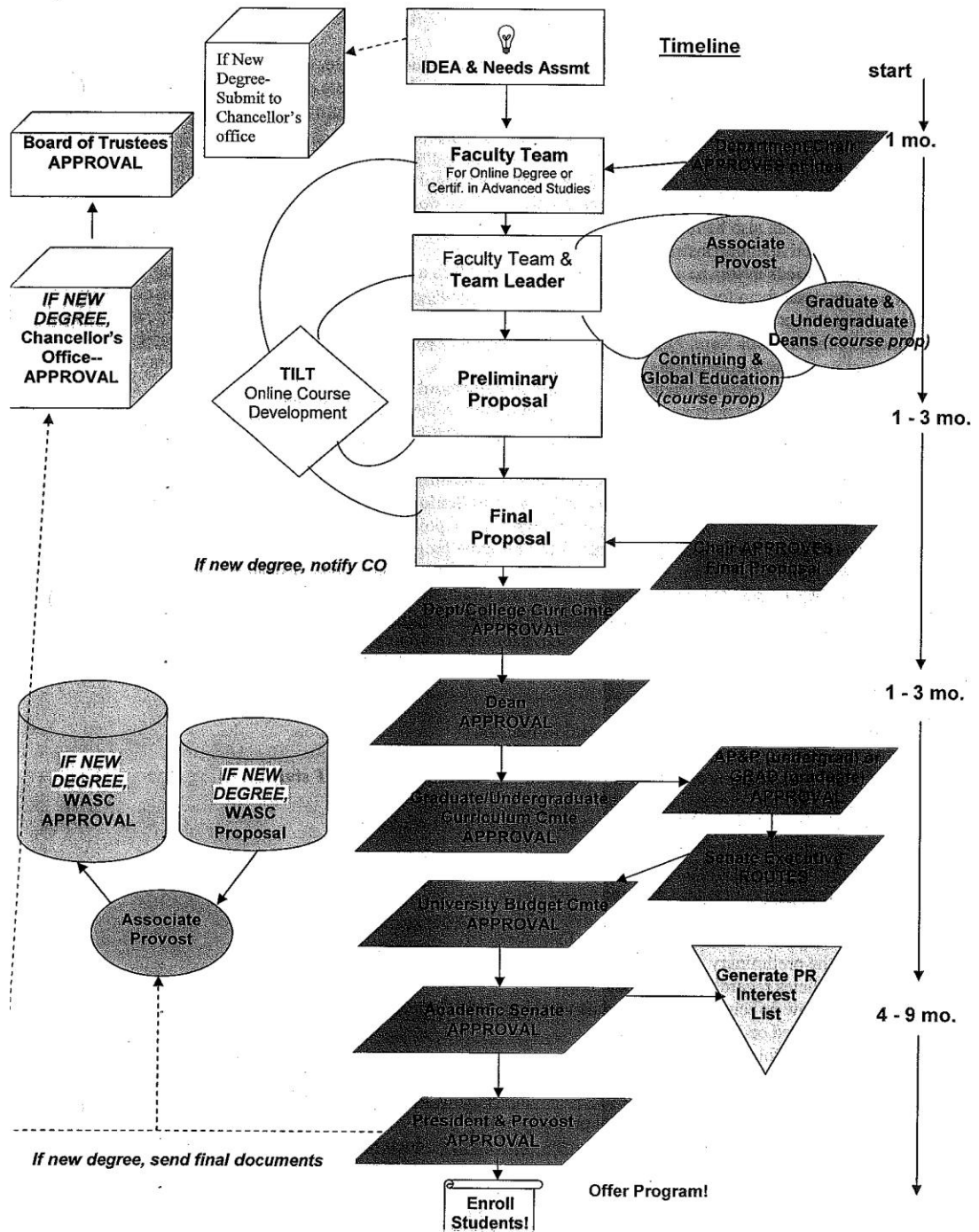
May 2012

WASC Substantive Change Committee phone call.
CO approves campus proposals.

June 2012

1. WASC gives campus approval of Substantive Change and Structural Change.
2. Campus submits WASC Program Start-up Notification form.

Online DEGREE PROGRAMS Flowchart



Online Degree Program Process Steps

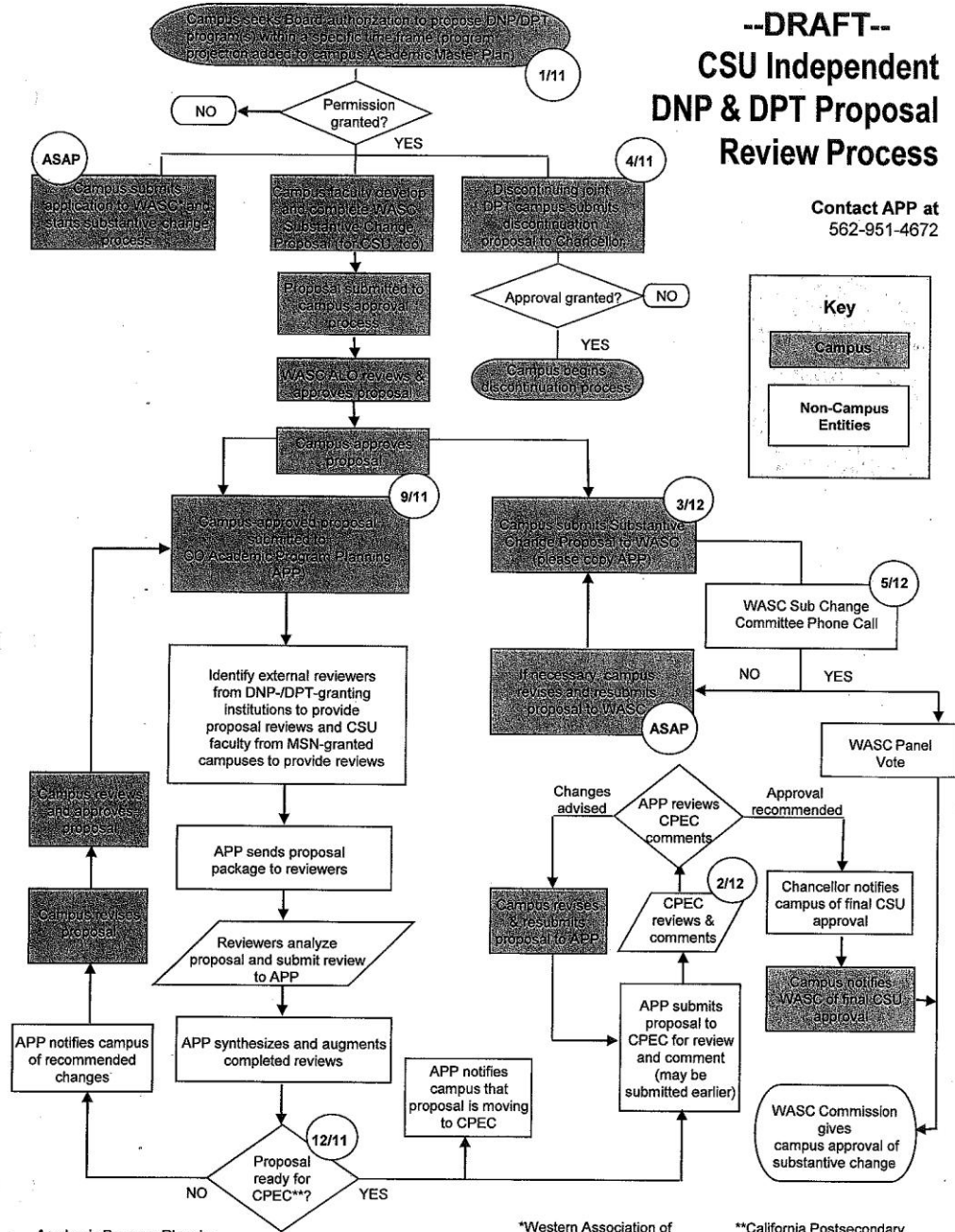
1. Secure **Department Chair and Dean's approval** for the Undergraduate, Graduate or Certificate of Advanced Studies online degree concept. If this is a new degree, notify the graduate or undergraduate dean, as appropriate, so that he or she can notify the Chancellor's Office—The program needs to be placed on the master plan and/or developed as a fasttrack program:
http://www.calstate.edu/app/documents/Fast_Track_Pilot_Programs.pdf
2. Identify the courses for the online degree and identify a faculty team. Faculty teaching in the program should ideally be Fresno State faculty. However, highly qualified non-Fresno State instructors who meet academic qualifications can also be hired by the Division of Continuing and Global Education (CGE). These faculty must be effective online instructors.
3. **Conduct a needs assessment** to show the demand for such a degree. Begin preliminary completion of the course proposal form for CGE (<http://www.csufresno.edu/cge/forms/index.shtml>). That form contains questions that can help with conducting the needs assessment. If this is considered "research", then you may need to complete this form, http://www.csufresno.edu/humansubjects/resources/form_templates.shtml. To conduct your needs assessment, you could also:
 - a. Survey potential students to see what number/percent would enroll
 - b. Survey other target audiences in the community or beyond
 - c. Survey potential employers to see if they see a need for the degree among their employees
 - d. Survey industry experts to see if they see that the field needs the degree
 - e. Survey to see what other online degree programs already exist and what are their enrollments
4. After completing the above steps, then **notify Interim Senior Academic Technology Officer/Associate Provost** to get the process started with the relevant TILT point person-point of contact (POC) (Scott Sailor=certificate point person; Ida Jones=MS or degree program point person). That meeting will include all members of the faculty team, CGE, POC and the Undergraduate or Graduate dean.
5. Complete the Masters course proposal form for the Graduate Committee:
http://www.csufresno.edu/gradstudies/faculty/frm/newCSU_Proposal_Template.doc
6. Complete the course proposal form for the Division of Continuing and Global Ed:
(<http://www.csufresno.edu/cge/forms/index.shtml>). Meet with CGE to discuss
 - a. The degree further
 - b. Clarify budget breakdown
 - c. Begin work on the degree proposal forms, and
 - d. Sign faculty contracts.
7. TILT POC will arrange for **online faculty training** as needed with **TILT staff**.
 - a. Identify and create the courses
 - b. Request a Blackboard course development shell for each course
 - c. Create the course syllabi
(http://www.csufresno.edu/academics/documents/syllabus_template_Fall2010.doc)
 - d. Create the course assignments
 - e. Create course assessments
 - f. Complete course evaluation (TILT)
8. Develop the preliminary proposal
9. Review Policies regarding online teaching
 - a. Review policies regarding online teaching-APM 206 – Interim Policy and Procedures on Technology-mediated courses and programs
 - i. Policy -
http://www.csufresno.edu/academics/documents/web_based_interim_pol_procedures.pdf
 - ii. Form - http://www.csufresno.edu/academics/documents/web_based_APM206Form_003.rtf
 - b. APM 540 - Interim intellectual property policy
(http://www.csufresno.edu/aps/forms_policies/apm/documents/540.rev10_08_000.pdf)
10. Develop the final proposal
11. Obtain Department Chair approval of final proposal

12. Obtain School Curriculum Committee approval of final proposal (TILT POC can attend)
13. Obtain Dean approval of final proposal
14. Obtain Dean of Undergraduate/Graduate Studies preliminary approval of final proposal
15. Obtain University Curriculum Committee approval of final proposal
16. Develop marketing/PR for program
 1. Obtain Graduate Committee or A P & P approval of final proposal
18. Obtain University Budget Committee approval of final proposal; budget form:
(<http://www.csufresno.edu/gradstudies/faculty/fm/newUBCBudgetAnalysis.doc>)
19. Obtain WASC approval of final proposal
20. Obtain Academic Senate approval of final proposal
21. Obtain President/Provost approval of final proposal
22. Send final documents to the Chancellor's Office
23. Launch marketing/PR for program
24. Work with CGE to select and enroll students; for masters program, select cohorts
25. Annually assess program outcomes
 - a. Collect and analyze surveys
 - b. Measure learner satisfaction

APPENDIX J

CSU Independent DNP & DPT Proposal Review Process

--DRAFT--
CSU Independent
DNP & DPT Proposal
Review Process



Academic Program Planning
11/10/10

*Western Association of
Schools and Colleges

**California Postsecondary
Education Commission

APPENDIX K

Faculty Vitae

APPENDIX L

Doctorate in Nursing Practice Interest Survey and Results

**Doctorate in Nursing Practice Interest Survey
California State University, Fresno
Department of Nursing**

Please circle one: FNP PNP CNS Projected Graduation Date _____

Would you be interested in attending a DNP program if one were available in the Central San Joaquin Valley? Yes No

If so when? Now____ Within 5 years____ More than 5 years in the future____

Preferred course delivery format: Distance_____ Weekend face to face _____

If you are interested in more information about the DNP program, please provide contact information below. Thank you.

Name _____ Address _____

Cell phone _____ Email address _____

(12/09/10)

**Doctorate in Nursing Practice Interest Survey
California State University, Fresno
Department of Nursing**

Please circle one: FNP PNP CNS Projected Graduation Date _____

Would you be interested in attending a DNP program if one were available in the Central San Joaquin Valley? Yes No

If so when? Now____ Within 5 years____ More than 5 years in the future____

Preferred course delivery format: Distance_____ Weekend face to face _____

If you are interested in more information about the DNP program, please provide contact information below. Thank you.

Name _____ Address _____

Cell phone _____ Email address _____

(12/09/10)

Doctorate in Nursing Practice Interest Survey

209 surveys returned

1. Degree

FNP	90	43%
PNP	14	7%
CNS	30	14%
BSN	58	28%
MSN in clinical trials research	1	
Psych NP	7	

Would you be interested in attending a DNP Program if one were available in the Central

2. San Joaquin Valley?

Yes	130	62%
No	61	29%
Maybe	11	5%

3. If so, when?

Now	23	11%
within 5 years	97	46%
More than 5 years in the future	21	10%

4. Preferred course delivery format:

Distance	61	29%
Weekend Face to Face	38	18%
Either	16	8%
Both	10	5%