Doctorate in Nursing Practice

Program Objectives

The Doctorate of Nursing Practice (DNP) is the degree designated for advanced practice

nurses (APNs) seeking a terminal degree in nursing practice.  Currently, nurse practitioners,

The second track will be a Post-Bachelor of Science in Nursing (BSN) DNP program with two concentrations, Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP) and Family Nurse Practitioner (FNP).  These two concentrations are similar to Stockton's current MSN and Post-Master's certificate programs and will eventually replace the soon-to-be obsolete MSN and Post-Master's certificate tracks currently offered by Stockton's Nursing program. Currently, there are 33 students enrolled in the MSN and Post-Master's NP programs at Stockton.  Based on a review of academic plans for the currently enrolled students, the final three MSN students will graduate in the spring of 2020.  All but one of the course offerings in the current MSN and Post-Master's NP programs are in the proposed DNP program.  During the transition to the DNP, the Nursing faculty will offer NURS5334 Nursing Research Methods for any current students while they are enrolled in order to allow them to complete their program (see teach out plan in appendix A). MSN and Post-Master's programs are aligned with the DNP courses to facilitate a seamless transition to the new program without needing extra course sections to be offered.

Conceptual Framework

The conceptual framework for the proposed DNP program remains in alignment with the philosophy of Stockton's Nursing Program (see appendix B).  This philosophy is derived from the nursing theorist, Sister Callista Roy's Adaptation Model (Roy, 2009).  According to Roy, nurses "promote adaptation for individuals and groups in the four adaptive modes, thus contributing to health, quality of life, and dying with dignity by assessing behavior and factors that influence adaptive abilities and to enhance environmental interactions" (Roy, 2009, p. 12). Roy's Adaptation Model believes humans, families, and communities are adaptive systems. Nursing nurtures an environment for humans, families, and communities to maintain adaptation

by promoting four adaptive modes in a system:  physiologic-physical, self-concept, role function, and interdependence." (Roy, 2009, p. 12).

Cooperative Arrangements and Programmatic Mission

The proposed program does not exceed the programmatic mission of the institution as listed in Appendix C of the Academic Issues Committee Manual (2016 – 2017)).  Stockton

Relationship of the Program to the Institutional Strategic Plan

   Stockton 2020. The proposed DNP program supports Stockton's 2020 mission of
Learning (S1), Engagement (S3, S4, S5, ER3, ER4) Global Perspectives (S7), and Sustainability
(S9).  APRNs complete the DNP as a terminal, clinical degree in nursing.  Expanding from the
Master's to the Doctorate level provides education in organizational and systems leadership
knowledge and skills necessary to critically develop and evaluate new models of care delivery
and to create and sustain change in all levels of healthcare (AACN, 2015).  Principles of APRN
practice and nursing scholarship are linked to the *DNP Essentials* in order to improve health
outcomes for clients, families and diverse communities.  The practitioner-scholar role of the
DNP prepared APN develops new knowledge in the practice environment that makes an impact
on health outcomes and quality of care.

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medical care that aligns with evidence-based practice, and customization of care to the individual, family, or population (Kohn, Corrigan, & Donaldson, 2000). Recommendations based on these results concentrated on a comprehensive approach to health care across agencies; improved communication between the health care team and clients; and leadership in the assessment, response, and prevention of medical errors.  A health care practitioner, regardless of his or her role, could no longer practice skills from one client to the next in isolation from other health care practitioners.  The scope of practice of APRNs needed to expand to include adept navigation through a complex health care system, bridging relationships with a diverse client populations and health care stakeholders, and research to improve health care outcomes for clients and communities.  With this expansion of the scope of practice to ensure quality care, nursing was challenged with providing a monumental response to the IOM's recommendations.

In October 2004, American Association of Colleges of Nursing (AACN) members and nursing leaders voted to accept the Position Statement on the Practice Doctorate in Nursing. This position statement called for entry-level APRN education to move from the master level to the doctorate level.  The members endorsed a target goal of implementation of the DNP by 2015. This position was a bold response to the IOM's To Err is Human report in that it restructured nursing education for APRNs in order to increase leadership roles in the practice and research arenas.  The practice doctorate was a necessary step for nursing to meet the nation's increasing health care demands.  These demands included the expansion of informatics, the increase in complexities of care related to ethical and legal issues, the increase in cultural diversity and its impact of disease management, and the growing aging population.  In the face of these health care demands, increasing the number of nurses educated at the doctoral level would expand practice scholarship and advance nursing as a discipline (AACN, 2004).  This position statement

was voted on and endorsed by AACN member institutions again in 2010.  Nursing education was

on the road to transformation in the preparation of APRNs.

The response from colleges and universities was overwhelming.  AACN (2012) surveyed

its members to assess progress.  In just seven years, the number of schools offering the DNP

ballooned from 20 programs in 2006 to 251 programs in 2013, with 105 programs in the

planning stage (Auerbach et al., 2014).  Fortunately, nursing education was swift with a response

as another landmark call to action was revealed in 2010.  This particular report was directed at

the nursing profession.

The Committee of Robert Wood Johnson at the Institute of Medicine's report Future of

Nursing: Leading Change Advancing Health (2011) was an imperative call to action.  Four key

messages were directed at nursing:

1.  Practice to the full extent of their education and scope.
2.  Education that is seamless that promotes academic progression and training.
3.  Parity with other health professionals to play a pertinent role in redesigning this nation's healthcare system.
4.  Create effective workforce planning and policy changes to streamline data collection and infrastructure.  (pp. 29-31)

The Doctorate of Nursing practice degree served to answer these key messages.  It

established the AACN's level of doctoral education as a terminal degree in advanced nursing

practice.  It expanded the scope of APRNs beyond the practice role to clinical scholars.  In the

practice role at the master's level, the nurse was not academically prepared to sit in the hierarchy

to demand funding or position to lead nursing practice research (Edwards, Webber, Mill, Kahwa,

& Roelofs, 2009).  These skills could, by chance, be developed in APRNs based on experiences

in a practice setting or research doctorate education.  The DNP allowed a collective parity with

other health professions that held a terminal degree at the doctoral level.  Finally, the report made

a recommendation that nursing double the number of doctorate-prepared nurses by the year

There are a small number of competing programs in the region. Rutgers University/Camden offers Post – BSN and Post – MSN DNP programs. These programs are offered face-to-face and online. Wilmington University offers a Post – MSN DNP program delivered online and hybrid. A majority of prospective DNP students queried preferred a hybrid teaching model for DNP education (Stockton MSN students 55%, regional nurse practitioners 46% - see appendix G). Commuting to Camden or Wilmington, DE may be a prohibitive option for prospective students from Cape May, Ocean, and Atlantic counties. These are the closest programs in direct competition with Stockton's proposed Post – BSN and Post – MSN DNP. See appendix E for a summary of local DNP program offerings.

A qualitative and quantitative needs assessment conducted in the academic year 2015-2016 by Dr. Lori Prol, Assistant Professor of Nursing, supports Stockton's development of a DNP program. Nursing leaders in the region were interviewed in the qualitative needs assessment (see appendix F). Individuals were identified from the Nursing Program's Advisory Board database. These leaders support the DNP as they recognize the scope of the APN expanding due to the complexities of care, organizational leadership, and program development to innovate and streamline care. A quantitative needs assessment queried employers and clinical partners in the region (see appendix G). The appreciation for the DNP in the health care organizations and for the nursing profession received extraordinary support. Employers and clinical partners also indicated their ability to provide clinical sites when Stockton develops a DNP program.

Students

In the first year of implementation, it is estimated that the DNP program will enroll 6 Post-MSN DNP students and 4 Post-BSN DNP students. Students currently enrolled in the MSN

and Post-Master's AGPCNP tracks will be permitted to transition into the Post-BSN DNP tracks if they choose to do so or they will be able to continue in their enrolled program until completion. Enrollment for the Post-BSN DNP tracks will be capped at 12 per academic year and enrollment in the Post-MSN DNP will be capped at 12 per academic year for a total enrollment of 24. The enrollment cap for the Post-BSN DNP tracks will be reviewed by the Nursing program once the current MSN and Post-Master's certificate programs are put under review and no new offers of admissions are made.

Current MSN students and regional APNs were surveyed as prospective DNP students regarding program delivery preference. Regional APNs were identified from Stockton's nurse practitioner preceptor database and the Nursing Advisory Board database. The needs assessment of current MSN students ($N$=31) and regional APNs ($N$=13) indicated a preference for the hybrid learning environment for a DNP program (see appendix G). Stockton's Nursing program will maintain a hybrid course delivery in all tracks of the DNP program.

Program Resources

Faculty. The MSN and Post-Master's programs are comprised of a total of 15 courses. The Post-BSN and MSN DNP tracks will yield an additional 11 courses and 1 course from the MSN will be retired. These courses increase the number of teaching credits in the nursing program by 35. Stockton's Nursing program is fortunate to have a diverse group of full time faculty and experienced adjuncts who are qualified to teach all of the courses in the DNP. In the first year of program implementation, 12 credits of the program will be covered with adjuncts. The nursing program will utilize adjunct faculty or FTE faculty in nursing or other disciplines across the university who elect to teach on overload. Specifically, Dr. Kerrin Wolf has experience teaching Health Policy in LaSalle University's DNP program. He has graciously

agreed to teach a similar course in the first year of Stockton's DNP program.  He has also

attained a letter of support from the Dean of the School of Business to for his involvement in the

DNP program.  These faculty members will teach the new Post-MSN DNP courses.  The courses

are Statistical Methods (fall), Clin

degrees.  Two research courses, NURSXXXX DNP Research I and NURSXXXX DNP Research II, will replace the master's level research courses NURS5334 Nursing Research Methods.

Clinical sites.  The Nursing Program anticipates the need for 10-15 additional clinical sites to support the new DNP program.  DNP faculty and students will collaborate to establish the practice immersion sites.  Feedback from the DNP student to establish the practice site is needed as the selection of the site is based on the project topic the student selects to explore.  This is customary practice during the DNP practice immersion clinical courses.  These sites can be at the student's place of employment or other appropriate sites however their role as a DNP student cannot overlap with their role as an employee.  Faculty in DNP practice immersion courses will have oversight of the clinical placements and assess the adequacy of the site to meet the course and project objectives.  The Graduate Nursing program will continue to establish clinical sites for students in the Adult Nursing and Pediatric practicum courses.  Current clerical staff in the School of Health Sciences will assist in attaining and maintaining clinical contracts.

Accreditation.  Stockton's BSN and MSN programs are accredited by the American Association of Colleges of Nursing (AACN) Commission on Collegiate Nursing Education (CCNE).  The Nursing Program will be required to seek and attain accreditation from CCNE for graduating students to qualify to sit for NP certification exams.  The request for accreditation with CCNE will be submitted prior to enrolling students in the program.  If the DNP program is considered accreditation eligible by CCNE it will receive new applicant status for accreditation.  This new applicant status signifies an affiliation with CCNE.  A self-study and on site accreditation visit will take place after 2 years of the initiation of the program.  If the DNP program receives accreditation after the site visit, that accreditation status is retroactive to the new program application date.

References

American Association of Colleges of Nursing (AACN). (2004, October). AACN position

    statement on the practice doctorate in nursing. Retrieved from http://www.aacn.nche.edu/

    publications/position/DNPpositionstatement.pdf

American Association of Colleges of Nursing (AACN). (2006, October). The essentials of

    doctoral education for advanced practice nurses. Retrieved from http://www.aacn.nche.

    edu/publications/position/DNPEssentials.pdf

American Association of Colleges of Nursing (AACN). (2012, March). Media relations: New

    AACN data show an enrollment surge in baccalaureate and graduate programs amid calls

    for more highly educated nurses. Retrieved from http://www.aacn.nche.edu/news/

    articles/2012/enrollment-data

American Association of Colleges of Nursing (AACN). (2015, August). *The Doctor of Nursing*

    *Practice: Current issues and clarifying recommendations. A report from the task force on*

    *the implementation of the DNP.* Washington DC: AACN.

Auerbach, D., Martsolf, G., Pearson, M., Taylor, E. A., Zaydman, M., Muchow, A., Spetz, J.,

    & Dower, C. (2014). *The DNP by 2015: A study of the institutional, political and*

    *professional issues that facilitate or impede establishing a post-baccalaureate Doctor of*

    *Nursing Practice Program.* Washington, DC: American Association of Colleges of

    Nursing.

Committee on Quality of Health Care in America and Institute of Medicine (IOM). (2001).

Crossing the quality chasm: A New health system for the 21st century. Washington, DC:

National Academies Press.

Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011).

Future of nursing: Leading change, advancing health. Washington, DC: National

Academies Press.

Edwards, N., Webber, J., Mill, J., Kahwa, E., & Roelofs, S. (2009). Building capacity for

nurse-led research. International Nursing Review, 56(1), 88-94. doi:10.1111/j.1466-

7657.2008.00683.x

Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (2000). *To err is human: Building a safer*

*health system.* Washington, DC: National Academies Press.

National Organization of Nurse Practitioner Faculties (2014). Nurse practitioner core

competencies content. Retrieved from: http://www.nonpf.org/?page=14

Robert Wood Johnson Foundation at the Institute of Medicine. (2010, October). *Report brief:*

*The Future of nursing, focus on education.* Washington, DC: National Academy of

Sciences.

## Appendix A:  Teach out plan for current MSN and Post-Master's students

MSN & Post-Master's Nurse Practitioner – Part Time Plan

| Fall Semester | | | Spring Semester | | |
|---|---|---|---|---|---|
| Year One | | Credits | Year One | | Credits |
| NURS5331 | Nursing Theory | 3 | NURS5336 | Health Care Systems | 3 |
| | | | | | |
| Year Two | | Credits | Year Two | | Credits |
| NURS5421 | Advanced Pathophysiology | 3 | NURS5332 | Pharmacology | 3 |

Humans are viewed as rational and goal directed with both the freedom and responsibility to determine a particular level of optimal health for themselves and the pathway to achieve it, as long as it does not infringe on the rights of others.

Beliefs about the Nature of Environment

"All conditions, circumstances, and influences surrounding and affecting the development and behavior of persons and groups, with particular consideration of mutuality of person and earth resources" (Roy, 2009, p. 12) define environment and the person's relation to it.

The environment consists of a dynamic interrelationship between internal and external conditions and stressors that impact the person. Internal environment is composed of the physiological, psychological, developmental and spiritual selves. The external environment includes the family, community, nation and universe.

Society, as a segment of the environment, should provide an equal opportunity for persons to reach their maximum potential, regardless of gender, race, age, sexual orientation, class or ethnicity.

Beliefs about the Nature of Health

Health is "a state and a process of being and becoming integrated and whole that reflects person and environment mutually" (Roy, 2009, p. 12).

We further believe in the eudaemononistic model of health which includes the non-disease states of achievement, self-control, se

roles. Nurses must be thoroughly committed to clients and active politically and socially in seeking solutions to the profound human health problems and social injustices of our time.

Roy, C. (2009). *The Roy adaptation model*. (3d Ed). Upper Saddle River, NJ. Pearson

Appendix C:  Curriculum Map fo r Student Learning Outcomes

| Program Goals | Student Learning Goals | Student Learning Outcomes | Outcomes Assessment | Assessment Methods and Tools |
|---|---|---|---|---|
| Program Goal 1. Develop advanced practice nurses that demonstrate professional, ethical, skilled, and evidence-based practice competencies in their roles. | SLG 1.1. Professional practice emanating from a personal examination of the complex interaction among personal values, professional standards, and cultural context.<br><br>SLG 1.2. Professional practice aimed at maximizing quality of life and preventing disease of individuals, families and communities through primary, secondary, and tertiary health measures.<br><br>SLG 1.3. Professional practice employing interventions for which empirical findings demonstrate efficacy in optimizing health outcomes. | SLO 1.1.1.Students will engage in ethical and professional practice behaviors 100% of the time in all clinical courses and in NP practice.<br><br>SLO 1.2.1Eighty percent of matriculated students will complete the program within 5 years.<br><br>SLO 1.2.2 One-hundred percent of graduates with attain or maintain an APN certification in their specialty within 6 months of graduation.<br><br>SLO 1.3.1. Employers of advanced practice nurses will express satisfaction with performance in the role 90% of the time.<br><br>SLO 1.3.2. Students will leverage knowledge to improve health outcomes for clients and communities 100% of the time in all clinical courses. | NURS5421 Advanced Pathophysiology<br><br>NURS5332 | |

| Program Goal 2. Prepare graduates that influence health and health outcomes of individuals, families, and communities through clinical analysis and discovery. | SLG 2.1 Synthesize theoretical and empirical knowledge from the physical and behavioral sciences and humanities with nursing theory including the Roy Adaptation Model and advanced nursing practice.<br><br>SLG 2.2 Professional practice maximizing collaboration among and between health care providers, clients, families, and community members to maximize health and improve health outcomes.<br><br>SLG 2.3 Contributes to the evidence-based literature that derived from practice initiatives. | SLO 2.1.1 Students will utilize the Roy Adaption Model and other theoretical approaches in developing a plan of care for individuals and families in all clinical notes and case studies.<br><br>SLO 2.2.1 Students will assume responsibility for developing collaborative approaches of care to benefit clients and communities 100% of the time in all courses.<br><br>SLO 2.2.2 Eighty percent (80%) of program graduates will report competence in patient care technologies and information literacy to influence health outcomes within one year of graduation.<br><br><br>SLG 2.3.1 Students will prepare a DNP project for dissemination at the program and university level. | NURS5335 Professional Role Development<br><br>NURS5331 Nursing Theory<br><br>NURSXXXX Statistical Methods<br><br>NURSXXXX Improving Health Outcomes<br><br>NURSXXXX DNP Research I<br>NURSXXXX DNP Research II<br><br>NURS XXXX DNP Proposal<br>NURSXXXX DNP Implementation courses | Indirect – Student reports on self-evaluations in clinical courses<br><br>Exit and alumni surveys<br><br>Direct –<br>Project proposals in research courses<br><br>DNP final project<br><br>Presentation of DNP project proposal and/or findings at the program and university level<br><br>Clinical evaluations<br><br>Clinical notes<br><br>Case studies |
| Program Goal 3. Prepare graduates to represent the nursing profession in health organizations and health policy at the local, state, national, and international levels. | SLG 3.1 Exercise leadership skills through interaction with consumers and providers in meeting health needs and advance the nursing profession.<br><br>SLG 3.2 | SLO 3.1.1 Eighty percent (80%) of program graduates will report opportunities to influence improvements in the practice setting within one year of graduation. | NURS 5335 Professional Role Development<br><br>NURS5336 Health Care Systems<br><br>NURSXXXX Leadership and Healthcare Policy<br>NURSXXXX | Indirect –<br>Student reports on self-evaluation in clinical courses<br><br>Student reports on exit and alumni surveys.<br><br>Direct – |

| | | | |
|---|---|---|---|
| | Professional practice based on the determinants of health that affects the health of societies at the local, state, national, and international level. | SLO 3.1.2 Students will execute a leadership role 100% of the time during the proposal and implementation of the DNP final project.<br><br>SLO 3.2.1Students will incorporate determinants of health in primary care and population health 100% of the time in the clinical setting. | Improving Health Outcomes<br><br>NURSXXXX Clinical Prevention and Population Health<br><br>All courses with a clinical component NURS5922, 5923, 5924, NURSXXXX DNP Practice Immersion I, NURSXXXX DNP Practice Immersion II<br><br>NURSXXXX DNP Project Proposal<br><br>NURSXXXX DNP Project Implementation | Clinical practice evaluations<br><br>Site visitor evaluations<br><br>DNP Final project<br><br>Clinical notes |

## Appendix D:  Assessment plan for the DNP program

| Assessment Tool | Target Audience | Purpose | Timetable |
|---|---|---|---|
| Clinical notes, Case studies | Students enrolled in clinical courses | To evaluate APN role proficiency | |

| School | MSN DNP (yes/no) | BSN DNP (yes/no) | Specialty* (BSN DNP only) | # Credits | Program Delivery* | Cost per Credit |
|---|---|---|---|---|---|---|
| **Rutgers University – Camden X** | Yes | Yes | Adult Gerontology NP<br><br>Family NP<br><br>Nurse Anesthesia<br><br>Nurse Midwife<br><br>Pediatric NP<br><br>Psych mental health NP<br><br>Women's Health NP | Post BSN DNP Adult Gero track – 68 credits<br><br>Post BSN DNP Family NP track – 74 credits | Traditional and Hybrid<br><br>ALL IN PERSON CLASSES ARE HELD ON NEWARK CAMPUS FOR POST BSN DNP | Part Time per Credit in State $806 + fees<br><br>Part Time per Credit out of State $1,196 + fees |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | Systems Administration, Family/Individual Across the Lifespan, Neonatal Nurse Practitioner Track, Nursing Informatics, Pediatric Primary Care Nurse Practitioner Track, Women's Health Gender Related | either a BS degree in a different field or prelicensure) 55 r 64 credits | | |
| **Chatham University** | Yes | No | None | RN BSN r120 credits MSN r36 credits | Online | Tuition per Credit r$903 |

Appendix F:  Qualitative Needs Assessment

DNP Program

Interviewee name:                Leslie Shaw, MSN, APN-C

Company name:               CVS Minute Clinic

Title/Position:                 Senior Practice Manager Region 27, New Jersey and Pennsylvania

Phone interview completed on April 1, 2016 by Lori Prol

1. Is there a demand for advanced practice nurses with a Doctorate of Nursing Practice?

   Currently, we don't require it of our practitioners the clinics. The company prefers leadership to have the DNP but it is not required.

   When I was at the level of a clinic practice manager, the company was pushing the managers to get the DNP. For now it is on hold because of changes in management structure. They are not currently pushing but I can anticipate the company would return to that goal next year.

   CVS/Minute Clinics value the DNP for the NP senior leaders. They encouraged a number of DNP projects by current managers and providers. The company encourages projects that explore how to improve retail health.

2. How can DNP prepared advanced practice nurses impact your healthcare organization?

   CVS/Minute Clinic has DNP prepared nurse practitioners scattered throughout the organization. Some of our providers and senior leaders are DNP prepared. This degree can only benefit the practice. It helps leaders in a leadership role and the clinicians in direct patient care role.

3. Do you have any ideas you would like to share related to the development or implementation of a DNP program?

   In my role now I would want leadership, nursing executive track. I need a business model but there are so many roles the nurse practitioner executes. We have preceptors that prefer a focus on education and of course the direct care NP that wants a practice focus.

DNP Program

Qualitative Needs Assessment

Interviewee name:     Sonja Morrow RN-C, BSN, MHA

Company name:     BAYADA Home Health Care Inc.

Title/Position:     Area Director HMS

Phone interview completed on August 2, 2016 by Lori Prol

1.

Interviewee name:     Christine Filippone DNP, MSN, ANP., C., CIC

Company name:         Community Medical Center and the Ocean County Health Department

Title/Position:         Director, Epidemiology/Infection Prevention and Adult Nurse Practitioner

Emailed survey completed by participant on July 30, 2016

1.  Is there a demand for advanced practice nurses with a Doctorate of Nursing Practice?
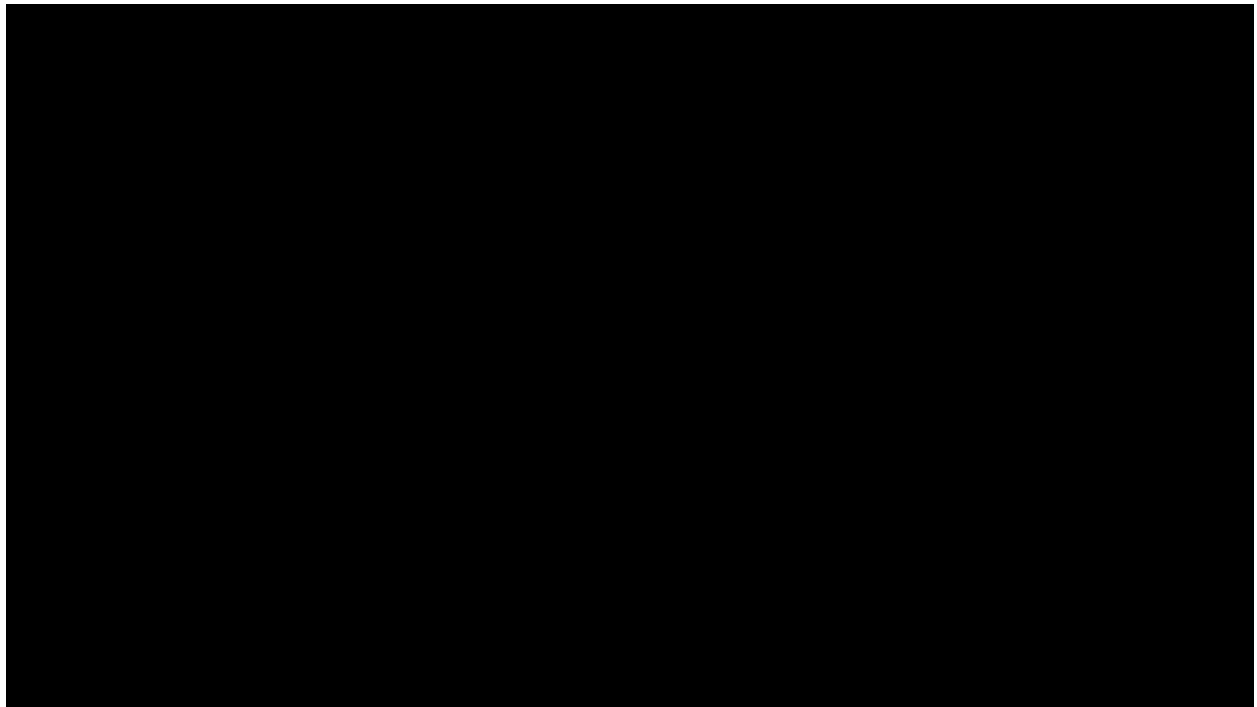
    Yes

2.  How can DNP prepared advanced practice nurses impact your healthcare organization?

    Coordinate, lead, facilitate evidence based practice protocols and evaluate the
    effectiveness of the protocols implemented.

3.  Do you have any ideas you would like to share related to the development or
    implementation of a DNP program?

    Yes, if time allows (which is always so restrictive).

Appendix G:  Quantitative Needs Assessments Current Students, Prospective Employers
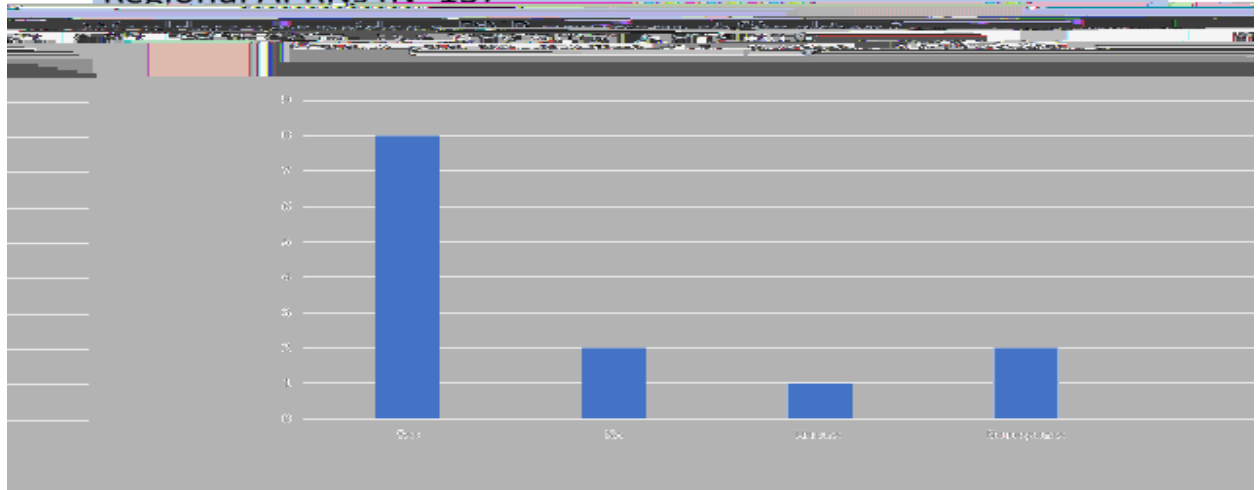and Prospective DNP students (Regional Advanced Practice Nurses)

## DNP Needs Assessment: Employers
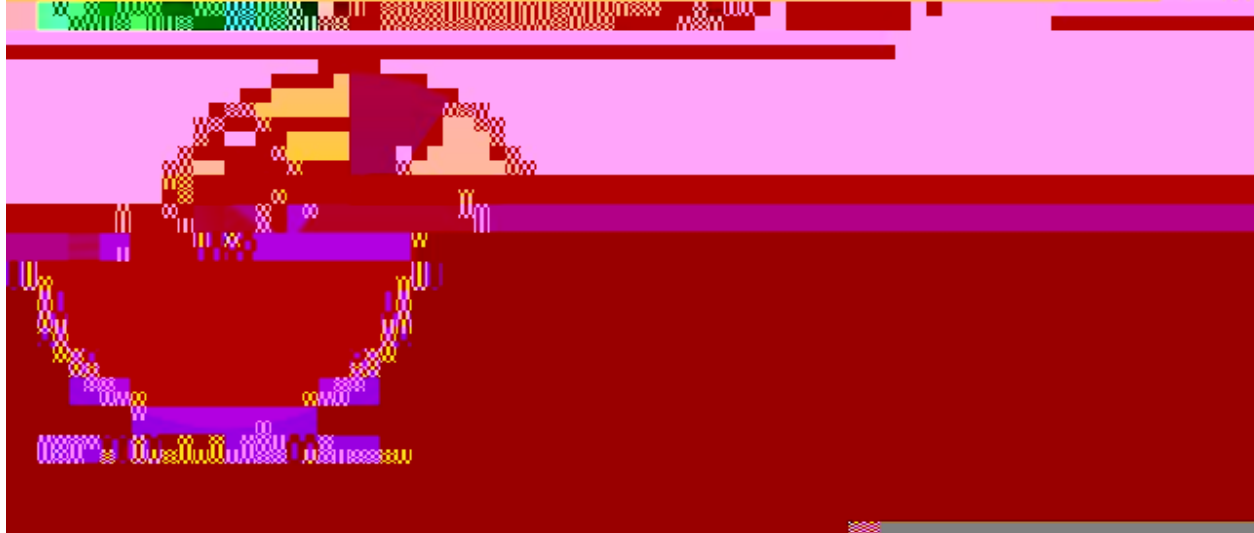
- Needs assessment of employers and regional APS

Prospective Employer Survey (N=13)

In the next 3 years • 41.67% (5)

In the next 10 years

Never • 8.33% (1)

• 12 • Total

## Regional APRNs (N=13)

Type of Instructional Methods Preferred for Stockton DNP...
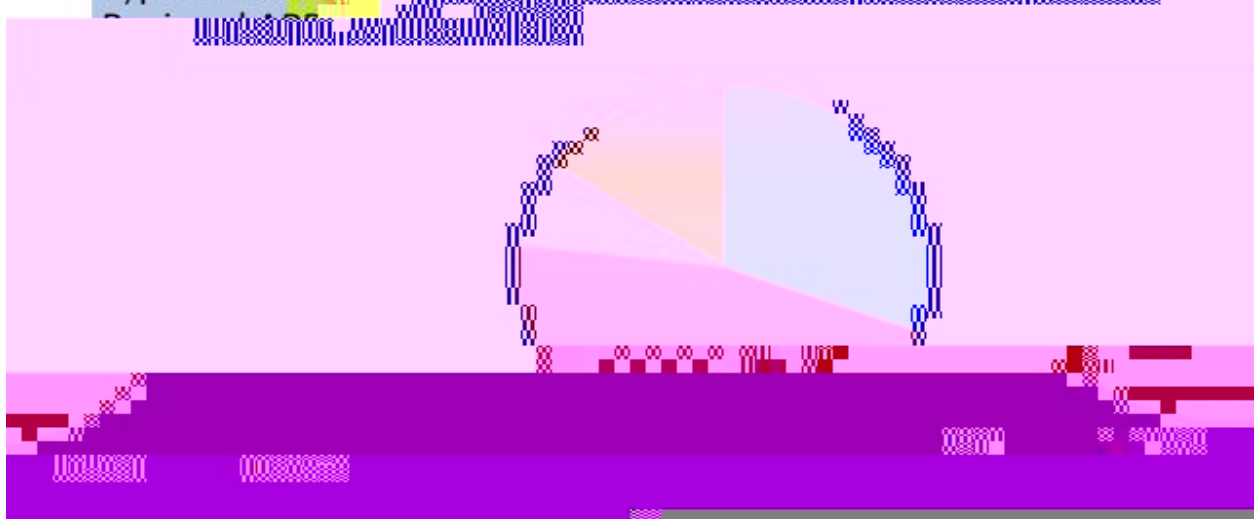
# APPENDIX H:  ACCREDITATION CRITERIA

DNP Courses Aligned with Accreditation Criteria

| AACN DNP Essentials | NONPF NP Competencies | DNP Courses | Student Learning Outcomes |
|---|---|---|---|
| Scientific Underpinnings for Practice<br><br>Clinical Prevention and Population Health for Improving the Nation's Health | Scientific Foundations | NURS5331 Nursing Theory<br>NURS5421 Advanced Pathophysiology<br>NURS5332 Pharmacology<br>NURS5333 Advanced Health Assessment<br><br>NURSXXXX Statistical Methods<br>NURSXXXX Nursing Role in Clinical Prevention and Population Health | SLO 2.1.1<br>Students will utilize the Roy Adaption Model and other theoretical approaches in developing a plan of care for individuals and families in all clinical notes and case studies.<br><br>SLO 3.2.1Students will 96ill |

| | | Clinical Prevention and Population Health<br>NURSXXXX Improving Health Outcomes<br>NURSXXXX DNP Project Proposal<br>NURSXXXX DNP Project Implementation | |
|---|---|---|---|
| Information Systems/ Technology and Patient Care Technology for the Improvement and Transformation of Health Care | Technology and information literacy | NURS5336 Health Care Systems (Informatics)<br>NURS5922 Adult I Practicum<br>NURS5923 Adult II Practicum<br>NURS5924 Adult III Practicum<br>NURS5941 Pediatric Practicum<br><br>NURSXXXX DNP Practice Immersion I<br>NURSXXXX DNP Practice Immersion II<br>NURSXXXX Improving Health Outcomes | SLO 2.2.2Eighty percent (80%) of program graduates will report competence in patient care technologies and information literacy to influence health outcomes within one year of graduation. |
| | Ethics | NURS5331 Nursing Theory<br>NURS5422 Adult Nursing I<br>NURS5423 Adult Nursing II<br>NURS5424 Adult Nursing III<br>NURS5541 Assessment of Families with Young Children<br><br>NURSXXXX DNP Research Methods I<br>NURSXXXX DNP Research Methods II | SLO 1.1.1.Students will engage in ethical and professional practice behaviors 100% of the time in all clinical courses and in NP practice. |
| Advanced Nursing Practice | Independent Practice | NURS5422 Adult Nursing I<br>NURS5922 Adult I Practicum<br>NURS5423 Adult Nursing II<br>NURS5923 Adult II Practicum<br>NURS5424 Adult Nursing III<br>NURS5924 Adult III Practicum<br>NURS5541 Assessment of Families with Young Children<br>NURS5941 Pediatric Practicum<br><br>NURS59XX Transition to the AGPCNP Role<br>NURSXXXX DNP Final Project Proposal<br>NURSXXXX DNP Final Project Implementation<br>NURSXXXX DNP Practice Immersion I<br>NURSXXXX DNP Practice Immersion II | SLO 1.2.1Eighty percent of matriculated students will complete the program within 5 years.<br><br>SLO 1.2.2<br>One-hundred percent of graduates with attain or maintain an APN certification in their specialty within 6 months of graduation.<br><br>SLO 1.3.1. Employers of advanced practice nurses will express satisfaction with performance in the role 90% of the time.<br><br>SLO 2.2.1Students will assume responsibility for developing collaborative approaches of care to benefit clients and |

| | | | communities 100% of the time in all courses. |
|---|---|---|---|
| | | | |

# APPENDIX I:  COURSE PROGRESSION TO DEGREE

Course Progression to degree for part-time Post – MSN DNP track

| Year One | Year Two | Year Three |
|---|---|---|

Fall

3 credits

Clinical Prevention
and Population
Health
3 credits

**Summer**
NURS5333
Advanced Health
Assessment
3 credits

Leadership and
Healthcare Policy
3 credits

Families with
Young Children
3 credits
NURS5941
Pediatric Practicum
4 credits

*AGPCNP track:*
NURS59XX