

Approved by the Regents  
June 17, 2010

**THE UNIVERSITY OF MICHIGAN  
REGENTS' COMMUNICATION**

**SUBJECT:** New Doctor of Nursing Practice program

**ACTION REQUEST:** Approval to offer a new Doctor of Nursing Practice (DNP) graduate program, School of Nursing, University of Michigan-Ann Arbor campus

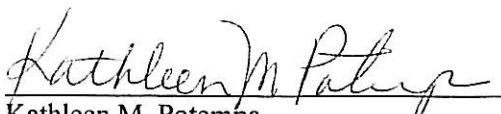
The School of Nursing, proposes the establishment of a new graduate program, the "Doctor of Nursing Practice (DNP)."

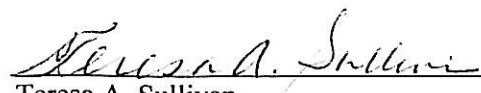
The program has been designed in accordance with national standards and criteria established by the American Association of Colleges of Nursing (AACN). Dialogue regarding the Doctor of Nursing Practice as the terminal degree for advanced nursing practice has been ongoing for ten years. In 2004, the AACN and its membership adopted a position statement to transform nursing education and require doctoral level preparation for all advanced practice nurses by the year 2015. The degree for this preparation is the Doctor of Nursing Practice.

The Doctor of Nursing Practice Program has been structured to award a professional degree. In keeping with University of Michigan policy, this will be a non-Rackham degree and will be ran, managed and awarded by the School of Nursing. The Doctor of Nursing Practice Program is a practice focused doctoral program designed to prepare expert nurse clinicians and executive leaders for the highest level of practice to improve health and health care outcomes. The curriculum is 37-40 credits and is designed for advanced nursing practice nurses who already hold a master's degree in nursing.

The proposed graduate program and the curriculum have received approval by the governing faculty in the School of Nursing. We request that the Board of Regent's approve the offering of the new Doctor of Nursing Practice Program. Pending approval, the target date for enrollment would be Fall 2011.

RECOMMENDED BY:

  
Kathleen M. Potempa  
Professor of Nursing and  
Dean, School of Nursing

  
Teresa A. Sullivan  
Provost and Executive Vice President  
for Academic Affairs

June 2010  
Attachment



***DOCTOR OF NURSING (DPN)***  
***PRACTICE PROGRAM***

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A NEW ACADEMIC PROGRAM SUBMITTED BY

The University of Michigan

Ann Arbor Campus



## **Executive Summary**

The purpose of this proposal is to establish a Doctor of Nursing Practice (DNP) graduate program in the University of Michigan School of Nursing. The graduate program and the curriculum have received approval from the governing faculty in the School of Nursing. The curriculum is 37-40 credits and is designed for advanced practice nurses who already hold a master's degree in nursing. It has been designed in accordance with national standards and criteria established by the American Association of Colleges of Nursing (AACN). Demand for DNP programs has been very strong nationally and there is a high level of interest for a program at the University of Michigan as well. This proposal outlines the need for the proposed program, the curriculum, and the plan for implementation after full approval is granted.

## **Need for DNP Program**

### National Need

The proposed Doctor of Nursing Practice (DNP) program has been developed in accordance with multiple sets of professional standards and position statements. The national dialogue around the DNP as the terminal degree for advanced nursing practice has been ongoing over the past 10 years. In 2004, a position statement was adopted by the American Association of Colleges of Nursing and its membership to transform nursing education and require doctoral level preparation for all advanced practice nurses by the year 2015. The degree for this preparation is the DNP.

The rationale for the DNP as the terminal degree for advanced practice is based on the challenges and complexities faced in advanced nursing practice today. One way this is reflected is by the ongoing expansion of credit requirements for master's degrees which prepare nurses for advanced practice. This has resulted in creating many master's in nursing programs that exceed the usual credit load and duration for a typical master's degree in any discipline. In addition, several other health professions, such as pharmacy, audiology, physical therapy, and occupational therapy, have moved to professional doctoral programs rather than master's level study. The Institute of Medicine (IOM, 2003) and the National Research Council of the National Academies (2005) have called for the preparation of nurses in advanced practice to provide additional content on information systems, interdisciplinary practice, quality improvement, and patient safety expertise. Both of these groups have recommended preparation at the practice doctorate level as one possible way to acquire the additional content.

All of the reports and national groups have distinguished the practice doctorate from the research doctorate or PhD. The DNP program is seen as offering a clinically focused curriculum to prepare expert practitioners. The PhD program is seen as offering a research-intensive curriculum to prepare nurse investigators to conduct independent research. It is intended that nurses with both types of preparation will collaborate and complement each other, not compete. It is also envisioned that nurses may choose to combine a DNP with a PhD as is seen in other disciplines with practice doctorates, such as medicine. The DNP Program proposed here is distinct and separate from the long-standing and distinguished research-focused PhD that the School of Nursing has offered since 1975.

In 2006, The American Association of Colleges of Nursing approved the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). These DNP Essentials outline the curricular elements and competencies for programs conferring the DNP degree. The DNP Essentials address the foundational competencies that are core to all advanced nursing practice roles. There are eight essentials that are foundational outcomes competencies deemed essential for all graduates of a DNP program regardless of specialty focus. The DNP Program proposed for the University of Michigan has been designed around these eight essential and outcome competencies.

AACN clearly states that specialty competencies/content that prepare the DNP graduate for those practice and learning experiences for a particular specialty including competencies and practice experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations. That assessment will continue to come from certifying bodies.

One final set of national standards that has implications for the proposed DNP program is the Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation developed by a consensus working group of more than 30 nursing specialty boards and associations and the National Council of State Boards of Nursing (NCSBN, 2008). This APRN model outlines four roles for advanced practice (certified nurse-midwives, clinical nurse specialists, certified nurse practitioners, and certified registered nurse anesthetists). This model describes the educational pathways, certification, and licensure requirements for APRN roles. Education in and graduation from accredited graduate programs in nursing is an essential component in this adopted model, including preparation at the DNP level over time. This educational preparation, along with licensure and certification, will be necessary for all advanced practice nurses whose roles fall under this APRN model.

#### Need for DNP Program at Michigan

A variety of approaches have been used to assess both need and interest for the proposed program. These include market assessment of available DNP programs in the region, a survey of current students in nursing master's programs here at the University of Michigan, and tracking of inquiries about the availability of a DNP program at the University of Michigan.

In terms of current DNP Programs, the most recent data from AACN indicates that as of Fall, 2009, there are 100 DNP programs in 34 states which are currently enrolling students. In addition, there are 100 more colleges and universities considering or planning a DNP program. National accreditation of DNP programs began in 2008 and, as of Summer 2009, 62 programs have initiated the accreditation process (AACN, 2009). To date there have been 361 graduates from DNP programs nationally.

In the University of Michigan's immediate region for potential students, there are 6 programs currently enrolling students: Grand Valley State University (Grand Rapids), Madonna University (Detroit), Oakland University (Pontiac), University of Michigan - Flint, Wayne State University (Detroit), and the University of Toledo (Ohio). Additionally, University of Detroit-Mercy is in the planning stages for a collaborative program with Madonna. Michigan State University (East Lansing), Eastern Michigan University (Ypsilanti), Western Michigan University (Kalamazoo), and Saginaw Valley State University are not planning for a DNP at the present time. This rapid change in the local market is reflective of the changes occurring at the national level.

Given the national need and projections for advanced practice nurses, it does not appear that the numbers of established programs are adequate to meet either immediate or long term needs. Few, if any, of the established programs offer the curricular emphasis on translational science and evidence-based practice preparation or the themes of quality and safety that will be hallmarks of the program proposed here.

#### Potential Student Interest

A survey of currently enrolled students in our master's degree programs provides evidence of considerable interest in a DNP program. In early 2010, a web-based survey was mailed to all currently enrolled MS students. A total of 97 students responded for a response rate of 65%. Of those 97 respondents, 65, or 67%, state that they are interested in pursuing a doctoral degree upon completion of their master's program. An additional 25% are uncertain at this time. Of the 97 respondents, 78% are interested in seeking a DNP as opposed to a PhD degree. When asked if they would be interested in applying directly to a DNP upon completion of their master's, 67% responded positively or with uncertainty while 44% stated they would be

more interested in practicing at an advanced practice level for a couple of years before applying to a DNP program. Regardless of timeframe, 75% of respondents were interested in applying to a DNP program at the

University of Michigan when it is available. Finally, 91% of respondents stated that offering flexible class schedules, such as web-based or intensive course offerings, would be important to them when making a decision to apply to our DNP program.

Our admissions office has been maintaining a log for 18 months of inquiries about the possibility of a DNP Program at the University of Michigan. During that time we have received approximately 150 inquiries along with requests to receive information on a DNP program when we begin to offer one. Many of those inquiries came from graduates of our programs, either BSN or MS, who stated that they would only be interested in a DNP Program at the University of Michigan.

The data from prospective students indicate a high level of interest for a DNP Program at Michigan when it is available. These data also suggest a pipeline over time since some of our current students are interested in practicing for a while before returning for a DNP. These data have been used to develop conservative projections for initial and continuing program size over the first 3 years.

### **Program Description**

The DNP has been designed with a focus on advanced practice and leadership roles, with a particular emphasis on translational techniques for evidence-based practice. It has been designed as unique and distinguished from the PhD Program in the School of Nursing in terms of program objectives as well as curriculum. The proposed DNP Program will articulate with the existing master's degree options in the School of Nursing. The current master's program options provide a foundation for the DNP content. Exhibit 1 presents the distinguishing features of the current MS and PhD programs and the proposed DNP Program.

The DNP program has been structured to award a professional degree. In keeping with University of Michigan policy this will be a non-Rackham degree and the School of Nursing will award the degree. It will be run and managed by the School of Nursing. As part of the implementation process, an infrastructure will be developed to manage: receipt, processing, and evaluation of applications along with fees associated with application procedures; record-keeping and data management for student progress, degree audits for graduation.

### **Program Objectives**

Graduates of the program will meet outcome competencies and upon completion of the program will be able to:

1. Design and evaluate new models of care based on integration of theoretical and empirical knowledge from nursing and related disciplines.
2. Translate evidence to guide practice and improve outcomes of care.
3. Analyze data which predicts and explains variations in practice.
4. Provide inter-professional leadership within an increasing complex health care delivery system
5. Prepare leaders to use information systems and technology to support and improve patient care and health care systems.
6. Prepare leaders to direct and delivery high quality cost-effective care.



7. Shape health policy and systems of health care in the local, regional, state, national, and international forums.
8. Perform independently at the most advanced level of ethical specialty nursing practice.

### **Curriculum Description**

The Doctor of Nursing Practice Program is a practice focused doctoral program designed to prepare expert nurse clinicians and executive leaders for the highest level of practice to improve health and health care outcomes. The emphasis is on innovative and evidence-based nursing practice, applying research processes to decision-making, and translating research findings to increase the effectiveness of both direct and indirect care. New courses have been designed to provide content necessary for the highest level of advanced practice and to prepare graduates with a strong emphasis on translational research methods. The nine new School of Nursing courses are:

- N810 Scientific Foundations (3 credits)
- N900 Research Synthesis (3 credits)
- N910 Translation, Implementation Science, and Comparative Effectiveness (3 credits)
- N811 Health Informatics (3 credits) (Note: this course will be cross-listed with the School of Public Health and the School of Information as HMP668/SI 542;
- N812 Clinical Leadership in Complex Systems (4 credits)
- N816 Policy Analysis and Transformation in Healthcare (3 credits)
- N815 Quality and Safety (3 credits)
- N955 DNP Scholarly Project (6 credits)
- N950 DNP Residency (3 – 6 credits)

In addition, all students will complete a graduate level statistics course and a graduate course in epidemiology.

The emphasis on translational research methods is seen as a distinguishing feature of the Michigan DNP. The clinical internship will provide the student with an opportunity to apply the additional advanced practice skills acquired in the DNP coursework. In addition, it will ensure that all graduates exceed the minimum required 1000 hours of advanced clinical experience at the post-baccalaureate level which is required by accrediting agencies. The additional practice hours will help the students to build and assimilate knowledge for advanced specialty practice at a high level of complexity.

A proposed plan of study is presented in Exhibit 2. This model consists of a minimum of 37 credits. Previous master's degree coursework in nursing would be reviewed for equivalency and, if not met, may result in additional coursework. Students who need additional clinical experience will complete a 6 credit residency.

The DNP Scholarly Project will demonstrate a synthesis of the students' abilities, lay the groundwork for future practice scholarship, and demonstrate mastery of an advanced practice specialty. The scholarly project will be conducted under the supervision of an academic committee.

Currently the School of Nursing has 46 tenure track and 25 clinical track faculty. The School has been building its clinical track faculty over the last 2 years in preparation for implementation of the DNP Program. Sufficient faculty resources are available to meet the increased teaching and advising requirements for the program (see Exhibit 4).



## Evaluation Plan

A variety of formative and summative evaluation activities will be used to monitor quality of the proposed DNP program. These include standing evaluation mechanisms in the School of Nursing, special evaluation mechanisms for the first five years of the program, and external evaluations as well.

The DNP will be placed in the Curriculum Committee's evaluation cycle as well as the School of Nursing Evaluation Plan. All established evaluation mechanisms that apply to other SON courses and curricula will also apply to the DNP. An example would be the routine course and teaching evaluations that are used in all SON courses.

In addition, several specific evaluation processes will be designed and utilized to monitor the implementation of the DNP program. Each term, and each academic year, the course evaluations for all DNP program courses will be reviewed with an emphasis on identifying opportunities for improvement. A meeting will be held each semester with faculty teaching DNP courses to assess implementation success. A focus group will be held each Spring with currently enrolled DNP students to identify strengths and areas for improvement from their perspective. An annual report will be prepared on implementation progress and submitted to the Curriculum Committee and the DNP Steering Committee. The assistant dean for graduate programs, or a designee, will coordinate these activities. It is anticipated that these specific evaluation activities will be conducted for approximately 5 years, until the Curriculum Committee program evaluation occurs or accreditation is received.

An accreditation process for DNP programs is available through CCNE. The Standards for Accreditation of Baccalaureate and Graduate Degree Programs were updated in 2008 and address all three levels of nursing education (BSN, MS, DNP). It is not entirely clear when that eligibility will occur although current information suggests that one cohort needs to be graduated from a program before a program is eligible for accreditation. The School of Nursing will apply for accreditation of the DNP program when eligible. This will provide an important evaluation opportunity after the program has been operational for at least a couple of years.

Educational Benchmarking (EBI), an assessment and benchmarking system that currently is used by the School of Nursing for BSN and MS graduates, is expanding its services to include DNP graduates, beginning in Spring 2009. This exit assessment will be used annually once the DNP program has graduates. This survey to graduating students is a service available through AACN. The AACN/EBI Doctor of Nursing Practice Exit Assessment is based on *The Essentials of Doctoral Education for Advanced Nursing Practice* to ensure the focus of a DNP Program is on the essentials outlined by AACN. The AACN/EBI Doctor of Nursing Practice Exit Assessment includes powerful comparative analysis with three levels of benchmarking: a comparison to six self-selected peers, to all participants and to schools in your Carnegie classification.

A final evaluation component will be the need to consider the long term future of the MS options as defined in the APRN Model (i.e., CNM, NP, CNS, and CRNA). This model does not cover nursing systems and community health so no change is envisioned for those specialties. However, if specialty certification boards eventually move to DNP preparation as minimum preparation for certification eligibility, it may call the question about long term viability of offering the MS degree for those specialties.

## **Faculty Input and Review**

Faculty have been involved extensively in the consideration and development of the DNP proposal. Since 2005, two faculty task forces have been commissioned and reports have been presented to the faculty. In 2005-2006, the first faculty task force examined the developing DNP movement nationally and identified advantages and disadvantages of this movement for the UM School of Nursing. A second faculty task force worked in 2006 - 2008 to carry out the activities recommended by the first group. In discussions in faculty and administrative groups in 2008, there was support for moving forward with the development of a proposal for a DNP program. In 2009 the governing faculty reviewed and approved the DNP program proposal and curriculum plan.

## **Plan for Implementation**

Once the proposal to implement a DNP program is approved at all levels, the target date for enrollment would be Fall 2011. Several key activities will need to be accomplished before that date. These include:

- Notification of regulatory and accreditation authorities (Michigan Board of Nursing; AACN; CCNE)
- Appointment of a faculty steering committee to provide oversight for DNP program refinement and implementation and issues as they arise
- Development of marketing materials and marketing plan
- Integration of DNP program information into School of Nursing materials, e.g., bulletin, website, evaluation plan
- Appointment of faculty groups to finalize new courses
- Review of By-Laws for potential revision to assess if standing committee revisions may be needed (e.g., Curriculum Committee, CAASS)
- Development of application, admission, progression procedures with CAASS
- Development of administrative structure for academic records, transcript maintenance, and degree audit procedures
- Appointment of an admissions committee
- Orientation of faculty and staff to the DNP program and requirements
- Apply for initial accreditation

The Office of Academic Affairs and the Office of Student Services and Multicultural Services would work closely with the DNP steering committee. Coordination and primary oversight would be with the Assistant Dean for Graduate Programs or designee.

At a future date, after the DNP program has been implemented and several cohorts have been graduated, the MS degree for current APRN specialties will be evaluated to determine whether it will need to be continued.

## References

- American Association of Colleges of Nursing (2004). *AACN position statement on the practice doctorate in nursing*. AACN Position Statement. Washington, DC: Author.
- American Association of Colleges of Nursing (2006). *The essentials of doctoral education for advanced nursing practice*. AACN Position Statement. Washington, DC: Author.
- American Association of Colleges of Nursing (2009). *Doctoral Programs in Nursing*. AACN Research and Data Center. Washington, DC: Author.
- Institute of Medicine (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- National Council of State Boards of Nursing. (2008). Consensus model for APRN Regulation: Licensure, accreditation, certification and education. APRN Consensus work Group. Chicago: Author.
- National Research Council of the National Academies (2005). *Advancing the nation's health needs: NIH research training programs*. Washington, DC: National Academies Press.

**Exhibit 1. Comparison of MS, PhD and DNP Programs**

<b>Program</b>	<b>MS</b>	<b>PhD</b>	<b>DNP</b>
<p><b>Focus</b></p> <p><i>Advanced Practice in a Specialty</i></p> <p>Direct (or indirect) care in a nursing specialty</p> <p>Practice based on best evidence</p>	<p><i>Independent Research</i></p> <p>Theory development and testing</p> <p>Independent Research</p> <p>Preparation for leadership roles in nursing in:</p> <ul style="list-style-type: none"> <li>• Biobehavior</li> <li>• Health promotion and risk reduction</li> <li>• Women's health</li> <li>• Nursing Systems</li> </ul>	<p><i>Translation of Evidence for Practice</i></p> <p>Population focus</p> <p>Translation of evidence to support quality care</p> <p>Management of care</p> <p>Senior leadership roles in health care organizations</p> <p>Development and implementation of health policy</p>	
<p><b>Purpose</b></p>	<p>Prepare nurses for advanced practice roles in both primary and acute care settings. The focus is in a specialty area of nursing and emphasizes theory-guided, evidence-based practice.</p>	<p>Prepare graduates who will develop the empirical and theoretical base of nursing practice through research, assume leadership roles in education, professional nursing organizations, health service systems, and other health-related enterprises and provide direction for empirical-based health policy change</p>	<p>Prepare the clinician in independent as well as collaborative practice models to address health care needs of clinically complex and diverse clients and populations nationally and globally. It emphasizes senior leadership roles across the continuum of care and translation of scientific knowledge into practice.</p>
<p><b>Students</b></p>	<p>Post BS in nursing</p>	<p>Post BS or post-MS in nursing</p>	<p>Post MS in nursing</p>
<p><b>Focus of course work</b></p>	<p>Theory-guided practice based on evidence in a nursing specialty</p> <p>Ethical framework for practice</p>	<p>Philosophy of science</p> <p>Development of nursing knowledge</p> <p>Research methods</p> <p>Substantive research focal area</p> <p>Ethical conduct of research</p>	<p>Senior leadership in a nursing practice specialty</p> <p>Health policy</p> <p>Practice management</p> <p>Evaluation, evidence based and translational methods</p> <p>Ethical framework for practice, evaluation of evidence, and program design</p>

<b>Unique learning opportunities</b>	<p>Theory and evidence based practice</p> <p>Advanced clinical practica in a nursing specialty</p>	<p>Research experiences in focus areas (above)</p> <p>Health policy</p> <p>International experiences</p> <p>Teaching experience</p>	<p>Advanced practice</p> <p>Leadership roles in collaborative practice</p> <p>Health policy</p> <p>Leading evidence-based practice work to guide care delivery</p> <p>Quality and safety</p> <p>Clinical informatics</p>
<b>Project</b>	MS Project	Dissertation	Capstone/Scholarly project
<b>Duration</b>	2 years post BSN	3-5 years post MS 4-6 years post BSN	1-2 years post MS

**Exhibit 2. Doctor of Nursing Practice Full Time Plan of Study**

Year 1		
Fall Term	Winter Term	S/S Term
Introduction to Epidemiology 3 cr.	N900 Research Synthesis 3 cr.	N950 Residency (optional for partial credit) <sup>2</sup>
Graduate Statistics <sup>1</sup> 3 cr.	N811 Health Informatics <sup>1</sup> 3 cr.	N955 Scholarly Project (optional for partial credit) <sup>3</sup>
N810 Scientific Foundations 3 cr.	N812 Clinical Leadership in Complex Systems <sup>1</sup> 4 cr.	
Year 2		
Fall Term	Winter Term	S/S Term
N910 Translation, Implementation, Effectiveness 3 cr.	N950 Residency (full or partial credit) <sup>2</sup>	N950 Residency (optional for partial credit) <sup>2</sup>
N815 Quality and Safety <sup>1</sup> 3 cr.	N955 Scholarly Project (full or partial credit) <sup>3</sup>	N955 Scholarly Project (optional for partial credit) <sup>3</sup>
N816 Policy Analysis, Transformation <sup>1</sup> 3 cr.		

Total credits: 37 – 40 credits

<sup>1</sup> These courses do not have prerequisites; students could be admitted on a part-time basis (Fall or Winter) and commence with part-time study.

<sup>2</sup> All students complete a residency for either 3 or 6 credits, dependent on previous experience and roles. Part-time students may complete credits over 2-3 terms if desired.

<sup>3</sup> All students complete a scholarly project for 6 credits. Students may complete credits over 2 – 3 terms if desired.

### **Exhibit 3. DNP Program Course Descriptions**

#### **N810 Scientific Foundations for the Practice Doctorate**

##### **Course Description:**

The purpose of this course is to provide students with the opportunity to conceptualize a nursing problem in their area of interest and frame it within a theoretical model. The student will identify and critique published research as the foundation to address their clinical problem. This course will familiarize students with research design and enable students to evaluate studies for their utility as a foundation for practice. The course will focus on the merits and limitations of quantitative and qualitative research design to address nursing phenomena. Non-experimental, quasi-experimental, and experimental research designs will be evaluated regarding threats to internal and external validity, with particular consideration to levels of evidence and the generalizability and applicability of the data. The course will focus on examining the congruence of research question/hypothesis with research design, data collection techniques, and appropriateness of the data analysis to study hypothesis and design. Critical analysis of published research utilizing principles of design, instrumentation, and data analysis will serve as a forum for applying knowledge. The course will conclude with students identifying a clinical problem and formulating a clinical question in an area of interest.

#### **N900 Seminar on Research Synthesis**

##### **Course Description:**

Utilizing the clinical problem identified in Scientific Foundations, this course will familiarize students with scientific methods for evaluating levels of evidence and conducting systematic and integrative literature reviews. These techniques will be utilized to synthesize available evidence related to a clinical problem of choice. Course content will include an overview of the methodology for searching existing databases, documenting the search process, and select appropriate inclusion/exclusion criteria for selecting studies. The course will conclude with an integrative review in the student's clinical problem area.

#### **N910 Translation, Implementation Science and Comparative Effectiveness**

##### **Course Description:**

This interdisciplinary seminar focuses on using findings from translation science, comparative effectiveness studies, and other knowledge sources to improve quality of care and patient outcomes. Students will apply concepts to patient populations and systems of care delivery. Terms and models used in this field of inquiry will be compared, contrasted, and analyzed. Students will develop, select or modify a model of inquiry to guide their residency and scholarly projects. Factors that influence adoption of healthcare innovations will be examined through critique and synthesis of research in the field. Infrastructure requirements for building a practice program to promote adoption of evidence-based practices and healthcare innovations will be discussed.



## **N812 Clinical Leadership in Complex Systems**

### Course Description:

This course examines theories and strategies from various disciplines (e.g., nursing, organizational sciences and economics) for the management and allocation of resources for patient care delivery. The goal is to prepare senior leaders who can design, implement, and evaluate models and programs of care to meet population or system needs. The context ranges from small practices to large integrated delivery systems. Key themes throughout the course include management of quality, work processes, ethical decision-making, and assessment of clinical resources from managerial and economic perspectives. Resource allocation for patient populations and systems will be evaluated within an interprofessional context from both financial and leadership perspectives.

## **N811 Health Informatics**

### Course Description:

This course will familiarize students with the understanding of health informatics used across settings as well as in operations and evaluation of clinical outcomes. The course uses examples from current clinical informatics challenges, such as optimizing workflow through information technology, streamlining clinical documentation practices, embedding evidence-based practice standards in the frontline, and improving patient safety through point-of-care decision support. Critical analysis of published research utilizing principles of design, instrumentation, and data analysis will serve as a forum for applying knowledge. Students will identify a clinical problem and determine the utilization and implementation of health informatics for optimum patient and operational outcomes.

## **N816 Policy Analysis and Transformation in Healthcare**

### Course Description:

This seminar examines the role of clinical leaders in the development, analysis and transformation of institutional and public policy for healthcare and clinical practice. The role of leader is examined from the perspective of optimizing care delivery under existing policy and, when that is inadequate, influencing and shaping the redesign or development of new policy. The professional responsibility of the leader as advocate to address health disparities and social injustices are stressed. Key themes include quality, cost, access, equity, culture, and ethical decision-making related to health policy analysis.

## **N950 DNP Residency**

### Course Description:

This residency provides a mentored practice experience in a clinical setting. The student will have an opportunity to apply knowledge and skills learned in the program. Students will become actively involved in senior leadership roles and, where possible, carry out part of their scholarly project. Placement will be individualized based on the students' learning objectives, previous clinical and leadership experiences, and career goals. Students will participate in a seminar when enrolled for residency credits. Course may be repeated to accommodate part-time students or students who need additional clinical and leadership experiences to complete 6 credits. All DNP students must complete a minimum of 3 credits in a residency as a capstone experience.

## **N955 DNP Scholarly Project**

### **Course Description:**

This scholarly project is a culminating, independent experience which demonstrates the student's synthesis of coursework and lays the foundation for future scholarship. The student will propose and lead a quality improvement or practice change initiative using evaluation data. The project will be embedded in a healthcare organization and address an organizational need. The project will be supervised by a faculty committee. The final project will be defended in an oral examination and the supervising committee will approve the final written report. It is intended that the report will be a publishable paper if feasible and results will also be disseminated through clinical and scientific meetings. Students will participate in a seminar when enrolled in project credits. Credits can be repeated to facilitate effort on the project with 6 credits required for the degree.

**Exhibit 4. Faculty Summary Table**

<b>Name &amp; Degrees</b>	<b>Academic Rank</b>	<b>Specialization</b>	<b>Teaching Area in DNP Program</b>
Michelle Aebersold, PhD, RN	Clinical Assist. Professor	Nursing Systems Simulation & safety	Quality/safety; residency; project
Christine Anderson, PhD, RN	Clinical Assist. Professor	Nursing Systems; policy Clinical Informatics	Informatics; health policy; project
April Bigelow, PhD, RN	Clinical Assist. Professor	Primary care: FNP	Residency; project
Barbara Brush, PhD, RN	Associate Prof.	Primary care: ANP	Scientific Foundations; residency; project
Cynthia Darling-Fisher, PhD, RN	Clinical Assist. Professor	Primary care: ANP	Residency; project
Sonia Duffy, PhD, RN	Associate Prof.	Health Promotion; Oncology; Community	Policy; Effectiveness; residency; project
Christopher Friese, PhD, RN	Assistant Prof.	Systems; Oncology	Quality/Safety; Effectiveness; project
Kimberlee Gretebeck, PhD, RN	Assistant Prof.	Health Promotion; Exercise; Nutrition	Residency; project
Bonnie Hagerty, PhD, RN	Associate Prof.	Psych/Mental Health	Residency; project
Karen Harlow-Rosentraub, PhD	Associate Prof.	Policy; Evaluation; Administration	Policy; Residency; project
Janean Holden, PhD, RN	Associate Prof.	Medical/Surgical; pain management; methods	Scientific Foundations; Synthesis; project
Beatrice Kalisch, PhD, RN	Professor	Nursing Systems; policy	Health policy; leadership; project
Philip Kalisch, PhD	Professor	Policy; Leadership	Health policy; leadership; project
Lisa Low, PhD, RN, CNM	Assistant Prof.	Women's Health	Residency; project
Tsui-Sui Kao, PhD, RN	Assistant Prof.	Primary Care: FNP; Research methods	Scientific Foundations; Research Synthesis; residency; project
Maria Katapodi, PhD, RN	Assistant Prof.	Oncology; decision - making	Research Synthesis; residency; project
Janet Larson, PhD, RN	Professor	Respiratory; Exercise and COPD	Scientific Foundations; project
Judith Lynch-Sauer, PhD, RN	Clinical Assist. Prof.	Psych/Mental Health	Residency; project
Milisa Manojlovich, PhD, RN	Assist. Prof.	Nursing Systems	Residency; project
Kristy Martyn, PhD, RN	Associate Prof.	Primary Care: FNP/PNP, Adolescence	Residency; project
Donna Marvicsin, PhD, RN	Clinical Assist. Prof.	Primary Care: PNP, adolescent diabetes	Residency; project
Marjorie McCullagh, PhD, RN	Assist. Prof.	Occupational Health	Residency; project
Janis Miller, PhD, RN	Assist. Prof.	Women's Health/Gero	Scientific Foundations; residency; project
Kathleen Moriarity, PhD, CNM	Assist. Prof.	Women's Health	Residency; project
Laurel Northouse, PhD, RN	Professor	Oncology; Methods	Scientific Foundations; Research Synthesis; residency; project
Iris Padilla, PhD, RN	Clinical Assist. Prof.	Primary Care: FNP	Residency; project

<b>Name &amp; Degrees</b>	<b>Academic Rank</b>	<b>Specialization</b>	<b>Teaching Area in DNP Program</b>
Joanne Pohl, PhD, RN	Professor	Primary Care: ANP; policy, informatics	Policy; Informatics; Research Synthesis; residency; project
Susan Pressler, PhD, RN	Professor	Cardiovascular	Residency; project
Richard W. Redman, PhD, RN	Professor	Nursing Systems	Leadership; quality and safety; scholarly project
Carolyn Sampsele, PhD, RN	Professor	Women's Health	Research Synthesis; Policy; project
Deborah Sampson, PhD, RN	Assistant Prof.	Primary Care: ANP	Policy; residency; project
Margaret Scisney-Matlock, PhD, RN	Professor	Cardiovascular; health disparities	Scientific Foundations; residency; project
Julia Seng, PhD, RN	Associate Prof.	Women's Health	Scientific Foundations; Synthesis; project
Ellen Lavoie Smith, PhD, RN	Assistant Prof.	Oncology; Methods	Scientific Foundations; Synthesis; project
Lynda Stallwood, PhD, RN	Assistant Prof.	Primary Care: PNP; Diabetes	Residency; project
Karen Stein, PhD, RN	Professor	Psych/Mental Health; Methods	Scientific Foundations; Synthesis; project
Laura Struble, PhD, RN	Clin. Asst. Prof.	Gerontology	Residency; project
AkkeNeel Talsma, PhD, RN	Assistant Prof.	Systems; Patient Safety	Quality/Safety; residency; project
Marita Titler, PhD, RN	Professor	Systems; Translational Science; Effectiveness	Synthesis; Translation & Effectiveness; project
Dana Tschannen, PhD, RN	Clin. Asst. Prof.	Systems; Informatics	Informatics; leadership; residency; project
Huey-Ming Tzeng, PhD, RN	Associate Prof.	Systems; Quality/Safety	Quality/Safety; Effectiveness; project
Antonia Villarruel, PhD, RN	Professor	Health Promotion; Methods	Policy; residency; project
Kai Zheng, PhD	Assistant prof.	Computer Science	Informatics; project

