Doctorate of Nursing Practice (DNP)

Feasibility Study

Francis Marion University

Department of Nursing

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INTRODUCTION

Overview

In 2004, the American Academy of Colleges of Nursing (AACN) published a position statement recommending Advanced Practice Registered Nurses (APRNs) to be educated at a doctoral level. The rationale for this change and the momentum for a doctoral entry into practice for APRNs included:

- 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 credentials earned
- Provision of an advanced educational credentials for those who require advanced practiced knowledge but do not need or want a strong research focus
- Enhanced ability to attract individuals to nursing form non-nursing backgrounds; and
- Increased supply of faculty for practice instruction (AACN, 2004, p. 4).

Since 2004, AACN has established curriculum criteria for the Doctorate of Nursing Practice (DNP) degree, *The Essentials of Doctorate of Nursing Practice*. In addition AACN voted to approve that all APRN master's programs advance to the DNP educational level by 2015 (Auerbach et al., 2014). To that end, there are now 271 DNP programs in the US and another 100 in development (AACN, 2015, p. 1.).

South Carolina currently has two (2) DNP programs, Medical University of South Carolina (MUSC) and University of South Carolina (USC), Columbia. In contrast, there are six (6) APRN programs preparing students at a master's level (MUSC, USC, Charleston Southern University, Clemson University, Francis Marion University (FMU), and South University). An additional DNP program is needed to advance the APRN students in SC be incompliance with the future practice standard. FMU is in the unique position to serve the Pee Dee Region, a 12 county area, which is not served by either of the existing two (2) DNP programs.

FMU has launched a successful APRN program which started in January of 2013. FMU's MSN/APRN program was developed in a hybrid format to service the students of the Pee Dee region. To date, the fully accredited program has successfully graduated 40 APRN, 90% of who are employed in the Pee Dee region. Adding a DNP program to the existing FMU successful nursing program is a natural progression to ensure our healthcare providers meet the current national criteria.

Justification and Need

Francis Marion University (FMU) is one of South Carolina's 13 public, coeducational universities and one of the six comprehensive institutions in the state. A four-year institution, it is located in the northeastern part of the state (known as the Pee Dee) near the City of Florence and has 3,695 students (FMU, 2014). The University's purpose is threefold: to provide students with an excellent education; stimulate inquiry and research; and serve the Pee Dee region of

South Carolina.

FMU offers professional bachelor's degrees in health sciences, education, and business as well as a wide range of liberal arts disciplines. The University also offers master's degrees in business, education, nursing, and psychology, as well as a specialist degree in school psychology. FMU has been a successful and sustainable grantor of graduate degrees for the past two (2) decades with the capability of granting a practice doctoral degree.

Characterized by exceptionally high levels of poverty, unemployment, health problems, illiteracy, and poor schools, students from the Pee Dee region comprise the vast majority of the students on the FMU campus, the only state institution in the heart of the Pee Dee. Ninety-five percent of FMU's students are drawn from South Carolina and of those 43% are the first in their families to go to college. All FMU faculty members have advanced degrees, and 83 percent of the full-time faculty hold doctoral or terminal degrees. The student-faculty ratio is 16 to 1, and the average class size is 21 (FMU, 2014) providing for the opportunity for close communication between students and faculty.

FMU is fully accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award bachelor's and master's level degrees. The Department of Nursing (DON) undergraduate program is fully accredited for the maximum eight years for their BSN option and five (5) years for their new MSN program options by the Accreditation Commission for Education in Nursing (ACEN).

Faculty at FMU believe that a student body diverse in age, racial and ethnic background, and country of origin enriches the education of our students. FMU provides traditional and, when appropriate, non-traditional instruction, access to an excellent library as well as electronic resources, and staff members committed to the success of the individual student. In addition, the University provides students with special learning opportunities, such as an honors program, internships, study abroad, and cooperative degree programs. FMU sponsors numerous cultural activities and athletic programs benefiting not only students, but also the community. To foster the economic development of the region, FMU offers consulting services to business, industry, healthcare organizations, and government. Academic and practical assistance to area schools is basic to our endeavors, including cooperative courses with area high schools. Faculty and staff members participate in and contribute to a great variety of community activities. The institution is exceptionally proud that we are able to accomplish our goals and maintain one of the lowest tuition rates in South Carolina (adapted 6/12/12 from http://www.fmarion.edu/about/mission).

Florence is the regional healthcare center for northeastern SC and the Department of Nursing (DON) grew out of identified regional needs recognizing that nurses tend to work where they are educated. A transition process allowed FMU to take full ownership of the nursing program from the Medical University of South Carolina (MUSC) in 2006. Since that time, the DON has been growing and developing programs to suit regional needs such as an online RN to BSN program option, a graduate Nurse Educator and Family Nurse Practitioner program option, a baccalaureate in Healthcare Administration program, and an MBA with a concentration in Healthcare program.

It is within this healthcare context that this degree is proposed. The purpose and the background of this degree is to develop the University and community resources for APRNs to obtain the credentials of DNP which is a national initiative for all APRNs.

FMU has the resources and capabilities to provide a DNP program, to provide appropriate education and clinical experiences, and to assist APRNs to obtain their DNP and service the diversified healthcare needs of the rural, underserved Pee Dee region and the state of SC.

The local and regional community is in need of an increased number of doctorally-prepared practice nurses due to high healthcare disparities, high healthcare indices, and low socioeconomic living conditions of the region. Florence is the regional healthcare center for northeastern SC, with two (2) full-service healthcare organizations, McLeod Regional Medical Center (MRMC) and Carolinas Hospital System (CHS). Both are practice partners to the FMU DON and provide excellent clinical opportunities for FMU's nursing students and graduates. Both institutions employ a large percentage of FMU graduates.

McLeod Regional Medical Center (MRMC): "McLeod Health, a regional presence and predominant healthcare organization, is dedicated to patients and their families. Founded in 1906, McLeod is a locally owned, not-for-profit institution which features the strength of more than 750 physicians and 4,700 employees, in addition to modern facilities; premier technology; and a dedication to improving the health of people of the community. The 15-county area McLeod Health serves has a population of more than one million.

McLeod Health offers 771 acute licensed beds and 88 licensed skilled nursing beds. In addition to McLeod Regional Medical Center (MRMC) with 453 licensed beds and 40 additional Neonatal Intensive Care beds, these McLeod Health respected acute-care facilities give McLeod greater flexibility in providing care to those outside of Florence County: McLeod Darlington with 49 licensed beds, McLeod Dillon with 79 licensed beds, McLeod Loris with 105 licensed beds, and McLeod Seacoast with 50 licensed beds.

McLeod Behavioral Heath Services, located on the McLeod Darlington campus, provides 23 inpatient psychiatric beds. McLeod Hospice serves the community with inpatient hospice beds for respite and end of life care with 24 beds. Loris Extended Care Center is a skilled nursing facility in Loris that includes 88 beds. McLeod also has a home health agency, a full-service cancer center, two Urgent Care facilities, and approximately 50 medical practices throughout the Northeast region of South Carolina and Southeastern region of North Carolina. The McLeod Center for Advanced Surgery, the region's first fully integrated surgical suites providing the most advanced operating rooms of the future, was completed in January of 2007. The Center includes 30 OR suites for minimally invasive, invasive, and outpatient surgery cases" (http://www.mcleodregional.org/about-mcleod/about-mcleod.html, p.1)

Carolinas Hospital System (CHS), Florence: "Carolinas Hospital System is a leading regional acute care facility, dedicated to serving the health care needs of the citizens of Northeastern South Carolina. The 420-bed facility has more than 1,800 employees and nearly 300 physicians representing all major specialties. The hospital's Chest Pain Center is the first in the region to be accredited." (http://www.carolinashospital.com/About/Pages/About%20Us.aspx, p. 1).

The healthcare needs of the Pee Dee region of SC community are vast. The Pee Dee is defined by the Office of Healthcare Workforce Analysis and Planning (2014) as a 12-county area in the northeast corner of SC comprised of the following counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg. The Pee Dee is largely rural with high unemployment, low educational attainment, high poverty, and a high minority population. Nine out of the twelve counties are classified as rural with the exception of Florence, Horry, and Sumter but large portions of those counties are also rural.

Pee Dee rural residents have the highest disparity in health with increased incidence of overall "poor" health, diabetes, obesity, limited activity, increased use of assistive devices, and asthma. Far more nurses with baccalaureate and advanced degrees are needed. Rural residents also have less health care insurance and access (Bennett, Olatosi, & Probst, 2008). Twenty-four percent of adults in the Pee Dee region report having no healthcare insurance compared to 17.6% in the state of SC. South Carolina healthcare indicators are below that of the national average. The healthcare statistics of the Pee Dee region reveal numerous areas needing improvement. Health issues are compounded by poverty and low levels of education. The data tables that follow document these assertions.

Table 1.   Pee Dee Health Outcomes

County	Teen Pregnancy Rate %age	Infant Mortality White/ Black %age	Heart Disease Rate %age	Hyper-tension Rate %age	Diabetes %age	Rate of Smokers %age	Obesity (BMI ≥ 25) %age
1. Chesterfield	30.6	8.9/19.2	5.5	44.1	14.4	21.8	65.4
2. Clarendon	21.8	6.8/9.6	5.5	44.1	14.4	21.8	65.4
3. Darlington	32	10.9/14	5.5	44.1	14.4	21.8	65.4
4. Dillon	39.4	3.7/10.9	5.5	44.1	14.4	21.8	65.4
5. Florence	27.3	8.0/19.5	5.2	40.6	13.6	25.8	68.5
6. Georgetown	23.4	3.2/16.6	6.3	45.1	16	16.9	66.3
7. Horry	23	5.8/15.8	5.3	39.5	10.8	23.1	61.8
8. Lee	33.2	6.8/15.0	5.5	44.1	14.4	21.8	65.4
9. Marion	31.5	10.3/20.5	5.5	44.1	14.4	21.8	65.4
10. Marlboro	37.9	5.9/15.6	5.5	44.1	14.4	21.8	65.4
11. Sumter	27.2	4.2/10.7	7.5	47.3	16	19.6	60
12. Williamsburg	25.6	12/16.4	4.7	51	16.6	15.2	72.7
Pee Dee Mean	*27.3*	*6.5/15.5*	*5.5*	*44.1*	*14.4*	*21.8*	*65.4*
South Carolina	**22.9**	**5.1/12.2**	**5.1**	**38.9**	**12.5**	**22.5**	**62.9**

(*South Carolina Health Professions Data Book*, 2014)

Low birth weight infants are a commonly used indicator of healthcare disparity and another negative healthcare outcome indicator. The Pee Dee region has a significantly higher percentage of low birth rate infants than the state of SC. See Table 2.

Table 2.   Low Birth Rates for the Pee Dee Region

County	Percent of births < 2500 grams	County	Percent of births < 2500 grams
1. Chesterfield	10.2	2. Horry	9.2
3. Clarendon	9.4	4. Lee	12.4
5. Darlington	13.5	6. Marion	12.9
7. Dillon	11.9	8. Marlboro	11.7
9. Florence	13.0	10. Sumter	10.1
11. Georgetown	10.4	12. Williamsburg	14.5
Pee Dee Mean	*11.00*	South Carolina	9.5

(*South Carolina Health Professions Data Book*, 2014)

Understanding the great healthcare needs of the Pee Dee area emphasizes the lack of primary care practitioners in the region. There are 331 family practice physicians in the 12-county Pee Dee region. Statistics verify that there are 7.8 primary care physicians per 10,000 population. The average number of primary care physicians per 10,000 population for the state of South Carolina is 9.6. Other Department of Health Education Consortium (DHEC) areas fair better with primary care physician providers per 10,000 population than the Pee Dee region (Lowcountry 11.1/10,000; Midlands 8.5/10,000; Upstate 10.7/10,000) (SC Health Professions Data Book, 2014).

The Pee Dee region has 222 Nurse Practitioners compared to 409 in the Lowcountry, 503 in the Midlands, and 540 in the Upstate DHEC regions. Therefore, 13.26% of all of SC Nurse Practitioners are caring for 18.65% of the state's total population. With less primary care physicians and nurse practitioners, the Pee Dee region is in the greatest need in SC for educational systems to promote primary care, and the future of advanced practice nursing is the DNP degree (SC Health Professions Data Book, 2014).

The program student learning outcomes will reflect the needs of the Pee Dee region. The Pee Dee is largely rural with high unemployment, low educational attainment, high poverty, and a high minority population. Nine out of the twelve counties are classified as rural with the exception of Florence, Horry, and Sumter but large portions of those counties are also rural. Rural populations have less access to healthcare and increase social determinants preventing health promotion. The FMU DNP program will specifically focus on the healthcare needs of rural populations. This will be reflected in the mission of the program and the program student learning outcomes.

Mission

The Francis Marion University (FMU) Doctorate of Nursing Practice (DNP) degree prepares nurses to work in leadership practice and executive roles that apply evidence-based practice to systems and populations with emphasis on rural populations.

Program Student Learning Outcomes

1. Applies nursing and Interprofessional scientific and theoretical knowledge to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
2. Uses leadership skills and competencies in healthcare systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
3. Synthesizes and disseminates evidence-based practices to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
4. Utilizes information systems and technology to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
5. Demonstrates leadership and advocacy in facilitating positive healthcare change to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
6. Employs effective Interprofessional communication and collaboration to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
7. Implement systems changes that advocate healthcare prevention to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
8. Deliver advanced practice care in complex situations and systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations (Adapted from the AACN *Essentials of Doctoral Education for Advanced Nursing Practice*, 2006).

ENROLLMENT

Estimated enrollment for the program, projected to begin in August of 2017, will be an initial twelve (12) students with an increase to twenty-four (24) students by year five (5). A survey of the current APRN students indicated that 25% (20) will pursue a DNP within the next five years. There are currently 79 active APRN students at FMU (9-22-15). Enrollment in the DNP program is anticipated to proceed in the following progression (Table 3.).

Table 3. Anticipated DNP Enrollment

	Fall Enrollment
Year 1 (2017-2018)	12
Year 2 (2018-2019)	15
Year 3 (2019-2020)	18
Year 4 (2012-2021)	20
Year 5 (2021-2022)	24

Admission Criteria

The DNP Program will consist of two entry options; a direct BSN to DNP and a MSN to DNP. The direct entry BSN to DNP will not have an embedded MSN option. The following section will outline both admission criteria.

BSN Graduates Program Admission Criteria will read as follows:

- Submit a Graduate Application
- Submit official Academic Transcripts from all colleges and universities attended
- Applicant must have completed Bachelors of Science (Nursing) degree - cumulative G.P.A. of 3.0 or greater
- Copy of Resume or Curriculum Vitae
- Copy of current RN license or final BS(N) transcript
- Three (3) letters of professional recommendation addressing the candidate's strengths, and ability to succeed in the program. Click here to download the recommendation form

- Admissions essay (approximately 500 words):

  Describe the following:
  - o An area of interest (Family Nurse Practitioner or Nurse Executive)
  - o Describe why you are interested in this area
  - o Discuss how this issue is relevant to the current healthcare environment
  - o Discuss how the issue can become an evidenced-based practice leadership project,
  - o Synthesize how the issue is relevant to the role of the DNP-prepared nurse and the implementation of evidence-based practice.

MSN Graduate Program Admission Criteria will read as follows:

- Submit a Graduate Application
- Submit official Academic Transcripts from all colleges and universities attended
- Applicant must have completed Master of Science in Nursing degree - cumulative G.P.A. of 3.0 or greater
- Copy of Resume or Curriculum Vitae
- Copy of current RN license
- An APRN certification or evidence of 500 hours of clinical practice for those seeking the Nurse Executive program option (NBCRNA certified nurses must provide transcripts also). Nurses who are not APRN certified must provide proof of 500 supervised clinical/practicum hours completed while enrolled in an MSN program by submitting official transcripts as well as transcripts demonstrating graduate learning in pharmacology, physical assessment, and pathophysiology. Students who have not completed 500 supervised clinical hours may apply to Francis Marion University and complete *DNP 805 Independent Study* which has 135 clinical hours and/ or *APRN 713 Executive Practicum* (3) which has 135 clinical hours. Students who have not completed graduate learning in pharmacology, physical assessment, and pathophysiology must complete DNP 809 Advanced Assessment and Pharmacological Effects on the Pathophysiology of Body Systems (3).

- Three (3) letters of professional recommendation addressing the candidate's strengths, and ability to succeed in the program with one coming from a current supervisor. [Click here to download the recommendation form](#)

- Admissions essay (approximately 500 words):

  Describe the following:
  - An area of interest (administrative or clinical)
  - Identify a potential clinical issue that warrants an interventional plan
  - Describe why you are interested in this area
  - Discuss how this issue is relevant to the current healthcare environment
  - Elaborate on why the issue is an evidenced-based practice subject,
  - Synthesize how the issue is relevant to the role of the DNP-prepared nurse and the implementation of evidence-based practice.

Marketing

The FMU DNP program will be marketed by direct mail from a State Board of Nursing listing. Ads will be secured in the Palmetto Nurse and local newspaper, *The Morning News.* The FMU website will contain a complete description of the program with a link to apply. The marketing plan for FMU Doctorate in Nursing Practice program includes:

- Digital media targeting — $8,000
- Social media boosting — $5,000
- Print media — $6,000
- Direct mail — $10,000
- Content creation — will be handled in house, or rolled into media costs noted above.

TOTAL: $29,000

Figures are annual, but campaign(s) will be limited in duration. Represents initial year expense as program is introduced.

Curriculum

The following tables will demonstrate the DNP curriculum options:

- Full-time option for APRNs and non-APRNs to DNP (Table 4.)
- Part time option for APRNs and non-APRNs to DNP (Table 5.)
- Full-time option for BS(N) to DNP - APRN program option (Table 6.)
- Full-time option for BS(N) to DNP - Nurse Executive program option (Table 7.)

Table 4. Full-time option for APRNs and non-APRNs to DNP.	Semester Hours	Total Semester Hours
Fall Semester		
DNP 800 Doctoral Knowledge Development	3	
DNP 801 Doctoral Research and Epidemiological Evidence-based Practice	3	
DNP 802 Doctoral Health Policy and Leadership *(45 hours)	3	
TOTAL SEMESTER HOURS		**9**
Spring Semester		
DNP 803 The Role of Technology and Interprofessional Collaboration	3	
DNP 804 Ethics and Quality Improvement *(90 hours)	3	
DNP 805 Project Development *(135 hours, 95 clinical hours & 40 project hours)	3	
TOTAL SEMESTER HOURS		**9**
Late Spring Semester		
DNP 806 Scholarly Writing and Grant Development	3	**3**
Summer 1 Semester		
DNP 807 Capstone 1 *(135 hours)	3	**3**
Summer 2 Semester		
DNP 808 Capstone 2 *(135 hours)	3	**3**
TOTAL PROGRAM SEMESTER HOURS		**27**

* The curriculum includes 500 documented, supervised clinical hours and 40 research hours.
**Non-APRNs will also need DNP 809 if they have not had a graduate course in physical assessment, pharmacology, and pathophysiology.

Table 5. Part time option for APRNs and non-APRNs to DNP.	Semester Hours	Total Semester Hours
Fall Semester		
DNP 800 Doctoral Knowledge Development	3	
DNP 801 Doctoral Research and Epidemiological Evidence-based Practice	3	
TOTAL SEMESTER HOURS		**6**
Spring Semester		
DNP 803 The Role of Technology and Interprofessional Collaboration	3	
DNP 804 Ethics and Quality Improvement *(90 hours)	3	
TOTAL SEMESTER HOURS		**6**
Late Spring Semester		
DNP 806 Scholarly Writing and Grant Development	3	
TOTAL SEMESTER HOURS		**3**
Fall Semester		
DNP 802 Doctoral Health Policy and Leadership *(45 hours)	3	
DNP 807 Capstone 1 *(135 hours)	3	

TOTAL SEMESTER HOURS		6
Spring Semester		
DNP 805 Project Development *(135 hours, 95 clinical hours and 40 project hours)	3	
DNP 808 Capstone 2 *(135 hours)	3	
TOTAL PROGRAM SEMESTER HOURS		**27**

* The curriculum includes 500 documented, supervised clinical hours and 40 research hours.
**Non-APRNs will also need DNP 809 if they have not had a graduate course in physical assessment, pharmacology, and pathophysiology.

Table 6. Full-time option for BS(N) to DNP - APRN program option.	*Semester Hours*	*Total Semester Hours*
Fall Semester Year 1		
DNP 800 Doctoral Knowledge Development	3	
DNP 802 Doctoral Health Policy and Leadership *(45 hours)	3	
APRN 602 Advanced Pharmacology	3	
TOTAL SEMESTER HOURS		**9**
Spring Semester Year 1		
APRN 502 Biostatistics	3	
APRN 601 Advanced Pathophysiology	3	
DNP 803 The Role of Technology and Interprofessional Collaboration	3	
TOTAL SEMESTER HOURS		**9**
Summer 1 Semester Year 1		
APRN 603 Advanced Physical Assessment and Health Promotion *(45 hours)	4	**4**
Summer 2 Semester Year 1		
DNP 801 Doctoral Research and Epidemiological Evidence-based Practice	3	**3**
Fall Semester Year 2		
APRN 507 Patient Education and Advocacy	3	
APRN 701 Primary Care of Adults *(135 hours)	5	
TOTAL SEMESTER HOURS		**8**
Spring Semester Year 2		
APRN 702 Primary Care of Infants, Children and Adolescents *(90 hours)	4	
APRN 703 Primary Care of Women *(45 hours)	2	
DNP 804 Ethics and Quality Improvement *(90 hours)	3	
TOTAL SEMESTER HOURS		**9**
Late Spring Semester Year 2		
DNP 806 Scholarly Writing and Grant Development	3	**3**
Summer 1 Semester Year 2		
APRN 704 Primary Care of Geriatric Patients *(45 hours)	2	**2**
Summer 2 Semester Year 2		
APRN 707 Clinical Decision-making and Ethics	3	**3**

Fall Semester Year 3		
APRN 705 Internship I *(135 hours)	4	
APRN 706 Internship II *(135 hours)	4	
TOTAL SEMESTER HOURS		**8**
Spring Semester Year 3		
DNP 805 Project Development *(135 hours, 95 clinical hours and 40 project hours)	3	
DNP 807 Capstone 1 *(135 hours)	3	3
Summer 2 Semester Year 3		
DNP 808 Capstone 2 *(135 hours)	3	3
TOTAL PROGRAM SEMESTER HOURS		**69**

*The curriculum includes *over 1,000* documented, supervised clinical hours and 40 project hours. *(Part time plans of student for BS(N) to DNP students are made on an individual Basis with the expectation that the program of study will be completed within six (6) years).*

Table 7. Full-time option for BS(N) to DNP - Nurse Executive program option.	*Semester Hours*	*Total Semester Hours*
Fall Semester Year 1		
DNP 800 Doctoral Knowledge Development	3	
DNP 802 Doctoral Health Policy and Leadership *(45 hours)	3	
MBA 700 Accounting Analysis	3	
TOTAL SEMESTER HOURS		**9**
Spring Semester Year 1		
APRN 502 Biostatistics	3	
MBA 710 Business Analytics	3	
DNP 803 The Role of Technology and Interprofessional Collaboration	3	
TOTAL SEMESTER HOURS		**9**
Summer Semester Year 1		
BUS 605 Business Tools for the MBA	3	
MBA 720 Contemporary Issues in Business	3	
TOTAL SEMESTER HOURS		**6**
Fall Semester Year 2		
APRN 507 Patient Education and Advocacy	3	
APRN 713 Executive Practicum (135 hours)	3	
DNP 801 Doctoral Research and Epidemiological Evidence-based Practice	3	
TOTAL SEMESTER HOURS		**9**
Spring Semester Year 2		
MBA 730 Leadership and Management	3	
DNP 804 Ethics and Quality Improvement *(90 hours)	3	
DNP 809 Advanced Assessment and Pharmacological Effects on the Pathophysiology of Body Systems	3	
TOTAL SEMESTER HOURS		**9**
Late Spring Semester		

DNP 806 Scholarly Writing and Grant Development	3	
Summer 2 Semester Year 2		
APRN 707 Clinical Decision-making and Ethics	3	
TOTAL SEMESTER HOURS		**6**
Fall Semester Year 3		
MBA 705 Economic Analysis	3	
DNP 805 Project Development *(135 hours, 95 clinical hours and 40 project hours)	3	
MBA 740 Applied Corporate Finance	3	
TOTAL SEMESTER HOURS		**9**
Spring Semester Year 3		
DNP 807 Capstone 1 *(135 hours)	3	
DNP 808 Capstone 2 *(135 hours)	3	
TOTAL SEMESTER HOURS		**6**
TOTAL PROGRAM SEMESTER HOURS		**63**

* The curriculum includes over 500 documented, supervised clinical hours and 40 project hours. *(Part time plans of student for BS(N) to DNP students are made on an individual Basis with the expectation that the program of study will be completed within six (6) years).*

List of New Courses to be Added

DNP 800 Doctoral Knowledge Development (3) This course introduces the graduate student to contemporary nursing knowledge, including theoretical models with particular attentions to middle range and practice theories. Discussions related to the application of the nursing metaparadigms, philosophies, and theories will concentrate on linking those discipline specific foundational concepts to advanced practice.

DNP 801 Doctoral Research and Epidemiological Evidence-based Practice (3) This course prepares graduate students to appraise all levels of nursing and healthcare research and apply evidence-based in an advanced practice role. Statistical analysis of evidence will be discussed to ascertain the applicability to specific populations. In addition, knowledge about human rights in research will be an expected graduate student outcome.

DNP 802 Doctoral Health Policy and Leadership (3:2-3) *(45 clinical hours) This course focuses on public policy in healthcare and the role of the doctorally-prepared nurses as a leader in policy development. Graduate students develop strategies to assume leadership roles and effect patient care outcomes.

DNP 803 The Role of Technology and Interprofessional Collaboration (3) This course focuses on using technology and interprofessional collaboration to arrive at quality patient outcomes. Documentation systems and standards will be discussed along with Interprofessional communication techniques.

DNP 804 Ethics and Quality Improvement (3:1-6) *(90 hours) This course focuses on quality patient outcomes and quality improvement. The course will emphasize ethical healthcare

practices that are value-based. This course includes 90 clinical hours to explore a healthcare project that would benefit from a well-designed quality improvement protocol.

DNP 805 Project Development (3:0-9) *(135 hours, 95 clinical hours and 40 project hours) This course assists the graduate student to focus their attention on a specific quality improvement project that can be fully investigated and developed into a capstone project. This course includes 135 clinical hours to fully understand the delivery of quality patient care in the advanced practice role.

DNP 806 Scholarly Writing and Grant Development (3) This course develop skills for clinical scholarship including manuscript development and grant writing. In addition, discussion and information about effective presentation and public speaking will be explored.

DNP 807 Capstone 1 (3:0-9) *(135 hours) This course focuses of the planning of an evidence-based practice, quality improvement project. This course assists the graduate student to develop a project that will make a significant improvement in patient care. In addition, the graduate students will begin to formalize a professional portfolio.

DNP 808 Capstone 2 (3:0-9) *(135 hours) (Pre-requisite DNP 807) This course focuses on the implementation and the evaluation of an evidence-based practice, quality improvement project. This culmination of this course will contain disseminated project results. In addition, the graduate students will complete a professional portfolio.

DNP 809 Advanced Assessment and Pharmacological Effects on the Pathophysiology of Body Systems (3). This course discusses advanced physical assessment, physiological, and the pharmacological effects on specific body systems. Competencies for advanced practice nurses will be discussed and patient manifestations linked to evidence-based interventions.

DNP 845 Independent Study (3:0-9) (135 hours) This elective course is an independent study which can be used to complete graduate projects, increase practice hours, or specialize in a clinical specialty. Graduate students will work closely with a faculty facilitator to develop learning objectives and evaluate progress. This course can be repeated twice.

Table 8. demonstrates the number of new courses that will be offered in year one. It includes all DNP program option courses.

| Table 8. Course offerings per semester for year 1 | | | | |
New courses for year one designated to calculate faculty need.				
Fall Semester Year 1	**Spring Semester Year 1**	**Late Spring Semester**	**Summer 1 Semester**	**Summer 2 Semester**
***DNP 800 Doctoral Knowledge Development (3)*	* *DNP 803 The Role of Technology and Interprofessional Collaboration (3)*	***DNP 806 Scholarly Writing and Grant Development (3)*	* *DNP 807 Capstone 1 (3:0-9) *(135 hours)*	***DNP 808 Capstone 2 (3:0-9) *(135 hours)*
***DNP 801 Doctoral Research and Evidence-based Practice (3)*	***DNP 804 Ethics and Quality Improvement (3:1-6) *(90 hours)*			
***DNP 802 Doctoral Health Policy and Leadership (3:2-3) *(45 hours)*	***DNP 805 Project Development (3:0-9) *(135 hours, 95 clinical hours and 40 project hours)*			
9 new semester hours offered	**9 new semester hours offered**	**3 new semester hours offered**	**3 new semester hours offered**	**3 new semester hours offered**

Table 9. demonstrates all new courses that will be offered in year two and beyond in addition to those in year one for all DNP program options.

| Table 9. Course offerings per semester for year 2 | | | | |
** New courses for year two (in addition to new course offerings in year 1) designated to calculate additional faculty need.				
Fall Semester Year 1	**Spring Semester Year 1**	**Late Spring Semester**	**Summer 1 Semester**	**Summer 2 Semester**
***DNP 805 Project Development (3:1-6) * (90 hours)*	* *DNP 807 Capstone 1 (3:0-9) *(135 hours)*			***DNP 801 Doctoral Research and Evidence-based Practice (3)*
* *DNP 807 Capstone 1 (3:0-9) *(135 hours)*	***DNP 808 Capstone 2 (3:0-9) *(135 hours)*			
	***DNP 809 Advanced Assessment and Pharmacological Effects on the*			

	Pathophysiology of Body Systems (3).					
6 new semester hours offered	**9 new semester hours offered**				**3 new semester hours offered**	

Faculty

Table 10 shows the current faculty eligible to teach in the DNP program option and the estimated percentage of time each will devote to the program.

Table 10. Faculty in the DON: Rank and Responsibility

Faculty	Rank	Start Date	Degree	Years & Type of Clinical Experience	Academic responsibilities	FT or PT
Mary Foster Cox	Associate Professor (Tenure track)	2014	PhD- UNC – Chapel Hill MSN – PNP – Emory University BSN - MUSC	Pediatric nurse practitioner and nursing faculty	Prelicensure RN to BSN MSN *25% to DNP Program two courses – one each semester*	FT
Gaye Douglas	Assistant Professor (Tenure track)	2013	DNP – MUSC MSN – USC MEd – USC BSN - mUSC	Community FNP Telehealth	Prelicensure RN to BSN Graduate (Nurse Educator Track)MSN *12.5% to DNP Program one course*	FT
Tracy George	Assistant Professor (Tenure track)	8/16/07	DNP - USC MSN/FNP Vanderbilt University BSN – University of South Carolina BA – University of South Carolina	10 Med-Surg, Critical Care	Prelicensure RN to BSN MSN *25% to DNP Program two courses – one each semester*	FT

			CMSRN			
Karen Gittings*	Assistant Professor (Tenure track) (Coordinator of the MSN Nurse Educator program option)	1/3/07	DNP – Duquesne University MSN – Duquesne University BSN – University of Maryland Baltimore County CCRN	25 Critical Care, Cardiac, Med/Surg,	Prelicensure RN to BSN Graduate (Nurse Educator Track)MSN *12.5% to DNP Program one course*	FT
Deborah Hopla*	Assistant Professor Assistant Professor (Tenure track) (Coordinator of the MSN FNP program option)	8/1/2012	DNP – USC MSN – USC BSN _ MUSC	Primary care 25 years Pain Management Critical Care	Prelicensure RN to BSN Graduate (Nurse Educator Track)MSN *12.5% to DNP Program one course*	FT
M. Annie Muller*	Assistant Professor (Tenured)	8/16/09	DNP – Rush University MSN, FNP – Fresno State University BSN – California State University	30 Med/Surg, OR, Post-Partum, CQI, ED	Prelicensure RN to BSN Graduate (Nurse Educator Track)MSN *12.5% to DNP Program one course*	FT
Ruth Wittmann-Price	Professor (Tenured) Chair of the Department of Nursing	7/1/2010	PhD – Widener University MS – Columbia University BSN – Felician College	34 OB	Prelicensure RN to BSN Graduate (Nurse Educator Track)MSN *12.5% to DNP Program one course*	FT

Administration of the DNP program will fall under the Dean of Health Sciences. A Coordinator for the DNP program option will be assigned by the Dean of Health Sciences and the coordinator will receive a three (3) credit down load per semester for administrative oversight. The first year of the DNP program, one (1) additional faculty member will be hired (please refer to course offerings in the first year, Table 8.). All qualified faculty members in the FMU Department of Nursing (DON) teach across the curriculum, therefore one (1) new faculty hire will assume a role in various program options but have the qualifications to teach in the DNP program option. The employment advertisement will solicit a faculty who is doctorally-prepared in nursing with clinical experience in either a practitioner or leadership role. In addition, a full-time staff person will be hired for nursing graduate programs. The qualifications of staff include having a college degree and administrative skills. Before the DNP program's second year a second full-time faculty member will be hired (please refer to course offerings in the second year, Table 9.).

Salaries and Benefits

Full-time salaries and benefits for year one of the DNP program are as follows (Table 11.):

Table 11. Full-time salaries year 1.					
Position	**Salary**	**Fringes (25.77%)**	**Health (Family)**	**Dental**	**Total**
Full-time Assistant professor	$66,000.	16,592.40	10,502.90	140.64	**93,235.94**
Full-time Administrative Assistant	$30,000.	7,542.00	10,502.90	140.64	**48,185.54**
TOTALS	**$96,000.**	**24,134.40**	**21,005.80**	**281.28**	**141,421.48**

A second full-time faculty member for year two of the DNP program (assuming a 3% cost of living increase) is shown in Table 12.

Table 12. Full-time salary year 2.					
Position	**Salary**	**Fringes (25.77%)**	**Health (Family)**	**Dental**	**Total**
Full-time Assistant Professor (1)	$67,980.00	$17,518.	10,502.90	140.64	96,141.54
Full-time Assistant Professor (2)	$67,980.00	$17,518.	10,502.90	140.64	96,141.54
Full-time Administrative Assistant	$30,900.00	7,768.26	10,502.90	140.64	**49,311.80**
TOTALS	**$166,860.00**	**$42,804.26**	**$31,508.70**	**$421.92**	**241,594.88**

Physical Plant

The DNP program option will be housed at (address of new building). This facility was built in 2016 and is a state-of-the-art health science building complete with an interdisciplinary simulation laboratory. The FMU health science building is a $15.5 million facility on the southwest corner of Irby and W. Evans streets in the newly revitalized downtown Florence. The three-story, 52,000 square foot building provides adequate classroom and office space for FMU's Nurse Practitioner Program, FMU's Physician Assistant Program, Clinical Psychology Program, and for the University of South Carolina's third-and fourth-year medical students and instructors assigned to Florence for their clinical rotations. Office space is adequate for DNP faculty and staff.

Equipment

The proposed DNP program will not require any additional equipment. Should graduate students require practice in health assessment skills, the interprofessional simulation laboratory is fully equipped with high and low fidelity equipment including SimMan and part-task trainers.

Library Resources

Books, periodicals, and online access to journals and databases are adequate to support program outcomes. Each year since the inception of the program, approximately $25,000 has been budgeted to support the nursing collection. Approximately $17,000 of that amount is dedicated to periodic nursing titles.

The Rogers Library houses a collection of 170 print periodicals and serials, including 62 current subscriptions to titles in the field of nursing. In addition, FMU provides access to an extensive collection of electronic resources, including CINAHL full text. Membership in the Partnership Among South Carolina Academic Libraries (PASCAL) has further enhanced FMU's ability to provide a wide variety of quality resources for the Department of Nursing (DON). For example, beginning January 2010, the ProQuest nursing titles and Ovid Lippincott online became accessible to faculty and students.

The library's web site lists selected print resources and electronic resources in its Nursing Subject Guide (http://www.fmarion.edu/rogerslibrary/subjectguidenursing.htm). Faculty and students have both campus-wide and remote access to an array of journal articles, databases and internet resources, as listed on the website.

A member of the DON faculty serves on the library committee and keeps DON faculty current on changes in the library. This faculty member also spearheads a periodic review of nursing's library holdings and oversees any discarding of out of date books. As the DON receives information from publishers regarding new books, faculty make requests to the Department Chair to have selected books purchased for the library. These book requests are sent from the DON to the library acquisitions department. When the books arrive, notification comes back to the DON for communication to the faculty. Library hours are listed on the FMU website (http://www.fmarion.edu/rogerslibrary) and databases can be accessed 24/7.

Internal and External Approvals, including CHE Approval, Accreditation, Licensure, or Certification

Internal Approvals:
This program has been approved by:
- The Department of Nursing – date
- The FMU Graduate Council – date
- The FMU Faculty Senate – date
- The FMU Full Faculty – date
- The FMU Board of Trustees - date

External Approval and Accreditation:

This program has been approved by the following regulatory agencies:
- South Carolina Commission on Higher Education
- Xxx
- xxx

Estimated Cost

The estimated annual total expenditures for the first five (5) years are demonstrated in Table 13.

Table 13. Estimated Cost by Year						
CATEGORY	**1st**	**2nd**	**3rd**	**4th**	**5th**	**TOTALS**
Program Administration 25% faculty time	35,000.	36,000.	37,000.	38,000.	39,000.	185,000
Faculty Salaries	93,236.	192,283.	198,052.	203,933.	210,054.	897,558.
Clerical/Support Personnel	48,186.	49,632.	51,121.	52,645.	54,224.	255,808.
Supplies and Materials	70,000.	70,000.	70,000.	70,000.	70,000.	350,000.
Library Resources	10,000.	10,000.	10,000.	10,000.	10,000.	50,000.
Equipment	10,000.	10,000.	10,000.	10,000.	10,000.	50,000.
Facilities	0	0	0	0	0	0
Other (Identify)	0	0	0	0	0	0

TOTALS	266,422.	367,915.	376,173.	384,578.	393,278.	1,788,366.

Estimated annual revenue and tuition for the expenses of the program for the first five (5) years are demonstrated in Table 14. Tuition will be calculated on $819. per doctoral credit ($819. X 28 credits = $22,932). Program specific fees include; a $40 application, $80 Typhon documentation system, and 120 for Certified Background system.

Table 14. Sources of Financing by Year						
Tuition Funding	275,184.	343,980.	412,776.	458,640.	550,368	1,229,957.
Program-Specific Fees	2,880.	3,600.	4,320.	4,800.	5,760.	17,360.
State Funding*						
Reallocation of Existing Funds**						
Federal Funding						
Other Funding (Specify)						
TOTALS						

Salaries, benefits, tuition, and fees are calculated at a 3% increase per year.
* Special legislative appropriations to support the program.
**Specify significant internal sources of reallocated funds. Add additional rows as necessary.

After year three (3) the DNP program option is expected to be self-supporting and sustainable.

Conclusions and Recommendations

The feasibility of a Doctorate of Nursing Practice program option at Francis Marion University (FNP) is explicit in this report. A DNP program is the future trend of advanced practice nursing and is needed for the Pee Dee region and the state of South Carolina. To date, there are only two options for South Carolinian nurses and both are a distance from the Pee Dee region. The Pee Dee's healthcare indicators and primary care practitioner numbers remain below the state average and substantiate the need for nurses educated with clinical doctorates that can lead and effect change on a healthcare system level.

The FMU DNP program has been developed using all the current educational standards of the American Association of Colleges in Nursing (AACN) and is eligible for accreditation by any of the three nationally recognized nursing accreditations bodies.

In sum, the FMU DNP program is an essential addition needed to improve the healthcare outcomes of the citizens of the Pee Dee and South Carolina. It is also a necessary option for advanced practice registered nurses who work and live in the Pee Dee region. *There is no doubt that it is not only feasible but necessary for FMU to move forward with this program option as a necessary effort to continue to make an impact of the health outcomes in the Pee Dee and SC.*

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