

PROPOSAL FOR A DOCTORATE PROGRAM IN NURSING PRACTICE

The Doctorate in Nursing Practice
Classification of Instructional Programs ([CIP User Site](#))
51.3818 – Nursing Practice

Prepared by

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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, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists are prepared in master's level programs. These master's level programs have been steadily increasing in required competencies and credit load to meet the complexities of the health care system and diverse populations. The Doctorate of Nursing Practice (DNP) is now the recommended entry level of practice for nurse practitioners by the accreditor that currently accredits Stockton University's programs, the American Association of Colleges of Nursing (AACN, 2004). A practice doctorate in nursing will expand the scope of practice for APNs and increase the number of doctorate prepared nurses in clinical practice.

Stockton's Nursing Program is proposing a new Doctorate of Nursing Practice degree program. This program will have two tracks, the **Post-Master of Science in Nursing (MSN) to DNP** and the **Post-Baccalaureate of Science in Nursing to DNP**. The first track discussed is the Post-MSN DNP track. This track will enroll advanced practice nurses (e.g., nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists) seeking to advance their education to the clinical doctorate level. The curriculum includes additional courses in population health, leadership, health policy, economics, informatics, and research that are not currently offered by the MSN program. The curriculum also includes new courses pertaining to the required practice immersion and the DNP final project. The DNP final project and clinical immersion are considered to be the synthesis of the clinical doctorate prepared advanced practice nurse role.

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 University is identified as a master’s level institution with authorization to exceed the mission in 2006 to offer another practice doctorate, the Doctorate of Physical Therapy and Doctorate of Education in Organizational Leadership in 2015.

Evaluation and Learning Outcomes Assessment Plan

The program goals reflect the overall objective to create advanced practice nurses with the ability to balance proficiencies practice, theory, and scientific inquiry in the APN role. Student learning goals and outcomes reflect the *DNP Essentials* (AACN, 2006), APN role competencies, and the Philosophy of Stockton University’s Nursing Program (see appendix B).

The curricular plan is designed to deliver the intended student learning outcomes. The assessment plan for the DNP incorporates indirect and direct methods and tools available to the Nursing Program or provided by outside agencies, such as certification pass rates. Oversight of the assessment plan is provided by the Nursing Program’s Assessment Committee, the Nursing Graduate Director, and the Nursing Program Coordinator. The accreditation organization for the Nursing Program also provides oversight of the program’s assessment plan and the program’s actions in response to assessment. Please see appendix C for the curriculum map and appendix D for the assessment plan for the DNP.

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.

School Strategic Plan. Despite AACN's support for the DNP, the MSN still remains the most common form of nurse practitioner education. An online survey sponsored by RAND/AACN reports that 70% of schools continue to offer only the MSN for APN education (Auerbach et al, 2014). The Nursing Program is achieving the School of Health Science's goal to provide dynamic programming by offering the DNP program as an early adopter. This is the rationale for offering both Post-MSN and Post-BSN tracks in the DNP program.

Justification of Need

The drive for the practice doctorate began after a critical assessment of the quality of health care. The overarching goal of the Institute of Medicine (IOM) is to improve decision making related to medical care, biomedical sciences, and human health. The IOM (2005) obtained the most authoritative, unbiased, and scientifically composed answers to difficult questions about the nation's health. The IOM's Committee on Quality of Health Care in America published a report *To Err is Human* which discussed the domains of quality: safety,

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

2020. Despite clear calls to action directed at nursing to advance the profession and the nation's health care, nursing education continued to face obstacles in the race towards widespread implementation of DNP degree programs.

As the deadline for the DNP as entry level of practice for all APRNs arrived, the AACN studied nursing programs' progress toward developing and implementing programs (Auerbach et al., 2014). Lack of qualified faculty to mentor the DNP final project, lack of support from faculty to develop curriculum for the DNP, lack of support intrinsic and extrinsic to nursing to develop DNP programs, and limited clinical resources to support an immersion experience for the final project were noted barriers impeding progress. The variables that impeded progress toward developing DNP programs were reflected in position statements presented by leaders in nursing education, as discussed in the next sections.

A recent study revealed the MSN is still the dominant degree as an entry level of practice for nurse practitioners despite the IOM's and AACN's recommendations (Auerbach et al., 2015). However, evidence demonstrates that DNP programs, both Post-MSN and Post-BSN, are steadily on the rise since the 2006. In the 2013 survey of 400 AACN accredited nursing programs, 25% established Post-BSN DNP program for nurse practitioners and 57% have a Post-MSN DNP program (Auerbach et al., 2014). Given the forward momentum of the DNP and strong support from accreditors of nurse practitioner education, the MSN and Post-Master's Certificate nurse practitioner programs at Stockton University will not be viable in another 5-10 years. The nursing program remains informed of accreditation and degree requirements for the entry to NP practice. The MSN and Post-Master's certificate programs will be phased out in the future when they are no longer viable in the preparation for the NP role.

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), Clinical Prevention and Population Health (spring), and Leadership and Healthcare Policy (summer).

It is projected the nursing program will need to hire an additional 1 FTE in the second year of program implementation. Twelve of the 35 additional credits are designated to the DNP project and practice immersion courses. The Graduate Nursing program has an existing complement of clinical adjunct faculty, most of whom are DNP prepared and practicing NP clinicians. The program recommends the addition of a part-time (50%), 10-month faculty in the third year of program implementation. A part-time (12 TCH) faculty role commitment allows for the NP faculty to maintain consistent clinical practice. Utilization of practicing NPs in the classroom is critical in the education of students in a practice focused doctorate program. According the American Association of Colleges of Nursing *DNP Essentials*, the final project is practice application oriented consisting of an integrative practice experience (AACN, 2006, pp. 3). Practicing NPs, in concert with nursing academicians, provide a comprehensive team in the education of the nurse practitioner – scholar role. In summary, the nursing program anticipates the need to hire a total of 1 additional FTE and 1 part-time (12 credits) 10-month faculty position by the third year of the program.

The current MSN and Post-Master's NP curricula align with much of the DNP curricular requirements for the Post-BSN DNP tracks. MSN faculty currently teaching in the program will be teaching in the same courses in the DNP. One course, NURS5334 Nursing Research Methods, will be phased out when all MSN students in the current program have completed their

degrees. Two research courses, NURSXXXXX DNP Research I and NURSXXXXX 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.

There is a \$2000.00 cost for the initial accreditation of a program by the AACN and approximately \$7000.00 cost for a site visit. The costs for these visits will come from the School of Health Sciences budget. The Post-MSN and Post-BSN DNP tracks will be considered together for the initial accreditation. The initial application for accreditation will be submitted prior to enrolling students into the DNP program. The proposed DNP courses align with the AACN *DNP Essentials* (2006) and the National Organization of Nurse Practitioner Faculties (NONPF) *NP competencies* (2014) are presented in appendix H.

Degree Requirements

The tracks in the new DNP program will all be offered at the post-professional level. There will be no need for students to take any pre- or co-requisite courses in any other schools. There will be no burden on NAMS for basic science courses. The Post-MSN DNP track will be appropriate for APNs (nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialist). This track consists of 40 credits for the degree, including completion of a minimum of 336 – 500 clinical hours based on a gap analysis of prior APN studies. The course progression to degree for the part-time Post-MSN DNP student is presented in appendix I.

The Post-BSN DNP track will prepare graduates for the Adult-Gerontology Primary Care NP and Family NP roles. These tracks will replace the current MSN and Post-Master's certificate tracks. The Adult-Gerontology Primary Care NP track consists of 74 credits and the Family NP track consists of 77 credits. Both Post – BSN DNP tracks include 1000 clinical hours as required by the certification bodies for entry level into practice as a DNP prepared NP. The current degree requirements to the expanded DNP NP tracks is presented in appendix I.

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
NURS5334	Nursing Research Methods	3	NURS5335	Professional Role Development	3
Summer Semester					
NURS5333	Advanced Health Assessment (prerequisite - NURS5332) 30 Clinical Hours – Simulation	3			
Year Three		Credits	Year Three		Credits
NURS5422	Adult Nursing I (prerequisite NURS5333)	3	NURS5423	Adult Nursing II (prerequisite NURS5422/5922)	3
NURS5922	Adult I Practicum (corequisite NURS5422) 168 Clinical Hours – Direct Patient Care	4	NURS5923	Adult II Practicum (corequisite NURS5923) 168 Clinical Hours Direct Patient Care	4
Year Four		Credits	Year Four (Post-Master's Family NP)		Credits
NURS5424	Adult Nursing III (prerequisite NURS5423/5924)	3	Assessment and Care of Families with Young Children (NURS5451)		3
NURS5924	Adult III Practicum (corequisite NURS5424) 168 Clinical Hours – Direct Patient Care	4	Pediatric Practicum (NURS5941 168 Clinical hours – Direct Patient care		4

Appendix B: Philosophy of Stockton University's Nursing Programs

Beliefs about Teaching and Learning

Teaching

- Effective teaching occurs in an open and collegial environment
- Education and teaching are rigorous and relevant
- A variety of teaching modalities are critical to address individual learning styles
- Teaching is both an art and a science
- Effective teaching occurs in an environment that fosters intellectual curiosity and critical thinking
- Technology is an important component of the education process
- Teaching is outcome driven
- Educators are responsible and accountable for effective teaching

Learning

- Learning is a dynamic process
- Learning is self-directed with faculty facilitation
- Learners possess varied learning styles and capabilities
- The psychomotor, cognitive and affective domains are critical to effective learning
- Learning is a life-long process
- Learners respond to a variety of educational strategies and settings
- Learning involves depth and breadth
- Learning is most effective when ideas are expressed in an open, non-threatening environment
- Students take responsibility and accountability for their own learning

Beliefs about the Nature of Humans

“Humans are adaptive systems with cognator and regulator subsystems acting to maintain adaptation in the four adaptive modes: physiologic-physical, self-concept, role function, and interdependence”, (Roy, 2009, p. 12).

We further believe humans are biopsychosocial spiritual beings, interacting with, and adapting to their internal and external environments. Humans are unified wholes, seeking balance and equilibrium among the elements of their environments.

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 eudaemonistic model of health which includes the non-disease states of achievement, self-control, self-fulfillment, growth opportunities, education, self-determination and well-being.

Beliefs about the Nature of Nursing

Nursing is “a health care profession that focuses on the life processes and patterns of people with a commitment to promote health and full life-potential for individuals, families, groups, and the global society” (Roy, 2009, p. 3).

The goal of nursing is to “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).

Nursing includes those activities that foster adaptation through the manipulation of focal and contextual stimuli. If wellness can no longer be maintained and the person’s state becomes one of illness, permanent disability, progressive debility or death, nurses must provide palliative care with all the skills, knowledge, and wisdom they possess. We believe clients have the right to make decisions regarding their own healthcare. The preservation of human dignity is an integral component of professional nursing.

We believe the major roles for nursing are client advocate, educator, activist and carer. Additional roles include change agent, leader, researcher, collaborator, problem solver and care provider. The concepts of altruism, critical thinking and ethical decision making permeate all

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 for Student Learning Outcomes

Program Goals	Student Learning Goals	Student Learning Outcomes	Outcomes Assessment	Assessment Methods and Tools
<p>Program Goal 1. Develop advanced practice nurses that demonstrate professional, ethical, skilled, and evidence-based practice competencies in their roles.</p>	<p>SLG 1.1. Professional practice emanating from a personal examination of the complex interaction among personal values, professional standards, and cultural context.</p> <p>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.</p> <p>SLG 1.3. Professional practice employing interventions for which empirical findings demonstrate efficacy in optimizing health outcomes.</p>	<p>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.</p> <p>SLO 1.2.1 Eighty percent of matriculated students will complete the program within 5 years.</p> <p>SLO 1.2.2 One-hundred percent of graduates with attain or maintain an APN certification in their specialty within 6 months of graduation.</p> <p>SLO 1.3.1. Employers of advanced practice nurses will express satisfaction with performance in the role 90% of the time.</p> <p>SLO 1.3.2. Students will leverage knowledge to improve health outcomes for clients and communities 100% of the time in all clinical courses.</p>	<p>NURS5421 Advanced Pathophysiology</p> <p>NURS5332 Pharmacology</p> <p>NURS5333 Advanced Health Assessment</p> <p>NURS5922, 5923, 5924, NURSXXXX DNP Practice Immersion I, NURSXXXX DNP Practice Immersion II</p> <p>All courses with a clinical component</p> <p>NURS5335 Professional Role Development</p>	<p>Indirect – Student reports on clinical self-evaluations</p> <p>Exit and alumni surveys</p> <p>Employer surveys</p> <p>Direct – Graduation rates</p> <p>ANCC/AANP certification exam pass rates</p> <p>Clinical practice evaluations</p> <p>Site visitor evaluations</p> <p>Clinical notes</p> <p>Case studies</p>

<p>Program Goal 2. Prepare graduates that influence health and health outcomes of individuals, families, and communities through clinical analysis and discovery.</p>	<p>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.</p> <p>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.</p> <p>SLG 2.3 Contributes to the evidence-based literature that derived from practice initiatives.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>SLG 2.3.1 Students will prepare a DNP project for dissemination at the program and university level.</p>	<p>NURS5335 Professional Role Development</p> <p>NURS5331 Nursing Theory</p> <p>NURSXXXX Statistical Methods</p> <p>NURSXXXX Improving Health Outcomes</p> <p>NURSXXXX DNP Research I</p> <p>NURSXXXX DNP Research II</p> <p>NURS XXXX DNP Proposal</p> <p>NURSXXXX DNP Implementation courses</p>	<p>Indirect – Student reports on self-evaluations in clinical courses</p> <p>Exit and alumni surveys</p> <p>Direct – Project proposals in research courses</p> <p>DNP final project</p> <p>Presentation of DNP project proposal and/or findings at the program and university level</p> <p>Clinical evaluations</p> <p>Clinical notes</p> <p>Case studies</p>
<p>Program Goal 3. Prepare graduates to represent the nursing profession in health organizations and health policy at the local, state, national, and international levels.</p>	<p>SLG 3.1 Exercise leadership skills through interaction with consumers and providers in meeting health needs and advance the nursing profession.</p> <p>SLG 3.2</p>	<p>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.</p>	<p>NURS 5335 Professional Role Development</p> <p>NURS5336 Health Care Systems</p> <p>NURSXXXX Leadership and Healthcare Policy</p> <p>NURSXXXX</p>	<p>Indirect – Student reports on self-evaluation in clinical courses</p> <p>Student reports on exit and alumni surveys.</p> <p>Direct –</p>

	<p>Professional practice based on the determinants of health that affects the health of societies at the local, state, national, and international level.</p>	<p>SLO 3.1.2 Students will execute a leadership role 100% of the time during the proposal and implementation of the DNP final project.</p> <p>SLO 3.2.1 Students will incorporate determinants of health in primary care and population health 100% of the time in the clinical setting.</p>	<p>Improving Health Outcomes</p> <p>NURSXXXX Clinical Prevention and Population Health</p> <p>All courses with a clinical component NURS5922, 5923, 5924, NURSXXXX DNP Practice Immersion I, NURSXXXX DNP Practice Immersion II</p> <p>NURSXXXX DNP Project Proposal</p> <p>NURSXXXX DNP Project Implementation</p>	<p>Clinical practice evaluations</p> <p>Site visitor evaluations</p> <p>DNP Final project</p> <p>Clinical notes</p>
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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	Throughout clinical courses
Clinical evaluations, site visitor evaluations, student clinical self-evaluations	Students enrolled in clinical courses	To evaluate APN clinical proficiency, role acquisition, student professional development and objectivity in reflection.	Throughout enrollment in clinical coursework
Research proposals DNP Final project	Students enrolled in DNP Research, DNP Final project and practice immersion courses	To evaluate clinical judgement, systems thinking, and accountability when designing and delivering care for clients and communities.	During enrollment in coursework
Exit surveys	Students in the final semester of the DNP program and eligible for graduation	To evaluate student perceptions of achieving the student learning outcomes.	Annually, during the DNP Final Project Implementation course
Alumni surveys	DNP program graduates	To evaluate student perceptions of APN role acquisition.	Annually, 6 months after graduation
Employer surveys	Employers of DNP graduates	To evaluate employer perceptions of APN role acquisition by Stockton DNP graduates.	Annually, during the Advisory Board meeting held in the fall semester
Graduation rates	Students enrolled in a cohort and completing the DNP program	To evaluate the efficacy of course offerings, academic advising, and academic services for student success.	Annually
NP certification pass rates	Student eligible for NP certification upon completion of the program	To evaluate the program's success in preparing graduates for the first milestone of NP practice.	Reported annually by the certification organizations in the early spring

Appendix E: Summary of Local DNP Programs

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 Family NP Nurse Anesthesia Nurse Midwife Pediatric NP Psych-mental health NP Women’s Health NP	Post-BSN DNP Adult-Gero track – 68 credits Post-BSN DNP Family NP track – 74 credits	Traditional and Hybrid ALL IN PERSON CLASSES ARE HELD ON NEWARK CAMPUS FOR POST-BSN DNP	Part-Time per Credit in State- \$806 + fees Part-Time per Credit out of State-\$1,196 + fees
Rowan University	No	No	None			
Wilmington University	Yes	No	None	Post-MSN DNP - 34 credits	Online and Hybrid	Total Tuition (reduced rate)= \$840 + fees
William Paterson University	Yes	No	None	Post – MSN DNP – 41 credits	Traditional	In-State cost per credit- \$754 + fees Out of State cost per credit- \$1021
University of Delaware (PhD in Nursing Science)	Yes	No	None		Traditional	Cost per credit hour- \$1625
Temple University	Yes	Yes	Adult-Gerontology Primary Care (58 credits) Family-Individual across Lifespan (62-credits)		Traditional	In-State cost per credit- \$881 Out of State cost per credit- \$1,212
Drexel University	Yes	No	None	MSN- 45-48 credits BSN- 180 credits	Online	Cost per credit- \$1,157 Full-time fees- \$280 Part-Time fees- \$140
Thomas Jefferson University	Yes	Yes	Nurse Anesthesia, Adult Gerontology, Community	MSN-36 credits BSN- (all BSN programs require	Online	Cost per Credit- \$1,102

			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) 55-64 credits		
Chatham University	Yes	No	None	RN-BSN- 120 credits MSN- 36 credits	Online	Tuition per Credit- \$903

Appendix F: Qualitative Needs Assessment

DNP Program

Qualitative Needs Assessment

Interviewee name: Robyn Begley, DNP, RN, NEA-BC

Company name: Atlanticare

Title/Position: Vice President of Nursing, Chief Nursing Officer

Paper survey completed on March 4, 2016 following the Nursing Advisory Board meeting.

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?

DNP prepared APNs possess not only the clinical skills required for health care delivery in the future but also the board based knowledge required for innovation and mentoring, evidence-based practice implementation, and program development.

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

Immersion of DNP students into new models of care, i.e.:

- Population based health care
- Patient centered medical home
- Integration of behavioral/medical care model
- Specialty care centers with chronic health management.

DNP Program

Qualitative Needs Assessment

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

Yes. There is huge push for APNs now in palliative care. Not just end of life care but with treatment options and coordination of care. Coordination of care between specialty physicians, therapies and other services. Of course we need them to lead the team of nurses and delegate interventions. Our organization needs them more than the physicians because they don't do the coordination. Also, the physician do not always tell the patient that it is the end. It is difficult for anyone to hear. The advanced practices nurses approach the end of life care with honesty and compassion with patients and families.

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

They can help from a post-acute care and utilizing the model of transitional care. DNPs are instrumental with end of life care, medical bundling and other programs we are developing. We are going to be using them if they are disease specific practice experts to help maintain people at home. Collaboration with health care team and oversight of the plan of care will be the main objectives of their role.

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

Don't forget the simple stuff. Medical reconciliation, pharmacotherapy management, transitional care. I really see the DNP as the life time care manager and advocate for the patient. The patient and the DNP can have a long relationship and they are attached at the hip so to speak. Partners in care.

DNP Program

Qualitative Needs Assessment

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?

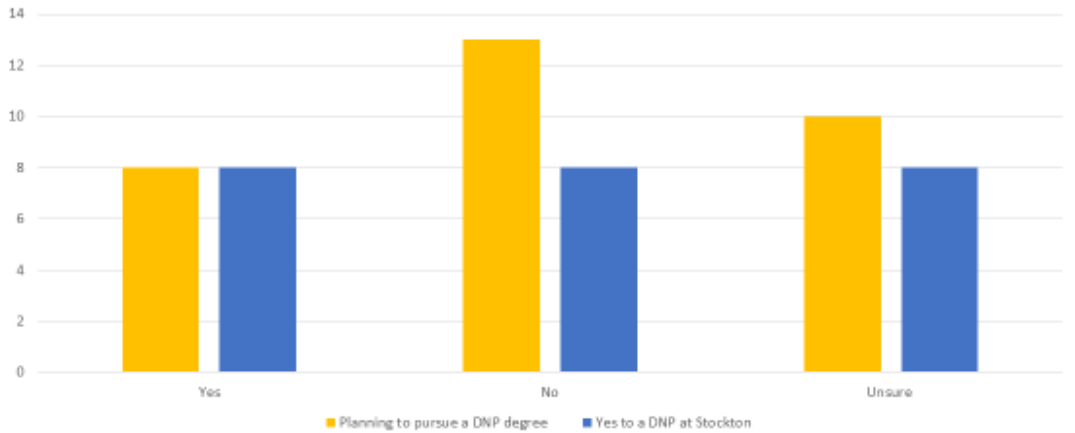
Coordinate, lead, facilitate evidence based practice protocols and evaluate the effectiveness of the protocols implemented.

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)

Current MSN Population (N=31)
Planning to pursue a DNP and responding affirmatively to a DNP at Stockton

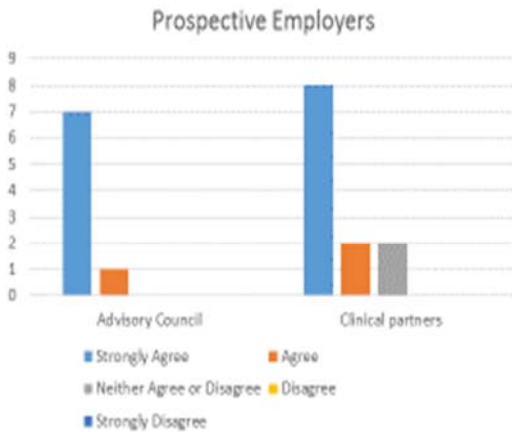


DNP Needs Assessment: Employers

- Needs assessment of employers and regional APRNs
 - Paper survey conducted at Advisory Council meeting September 2015
 - Electronic survey conducted via Survey Monkey from February 17, 2016 to April 4, 2016.
- Paper surveys
 - Eight respondents
- Email list formulated from clinical partner contact information
 - Forty-nine eligible participants identified
 - 13 respondents; all respondents were APRNs
 - Additional questions asked for program planning similar to questions asked in current MSN student capitation data

I appreciate the value that doctorate prepared, advanced practice nurses provide to the nursing profession.

I appreciate the value that doctorate prepared, advanced practice nurses provide to health care organizations.



Prospective Employer Survey (N=13)

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
I support clinical site/s needed for clinical immersion and DNP final projects.	76.19% 16	23.81% 5	0.00% 0	0.00% 0	0.00% 0
I support Stockton University developing a MSN-DNP program for practicing advanced practice nurses.	80.95% 17	14.2% 3	4.85% 1	0.00% 0	0.00% 0
I support Stockton University developing a BSN-DNP program for entry level NP students.	66.66% 14	19% 4	9.5% 2	4.84% 1	0.00% 0

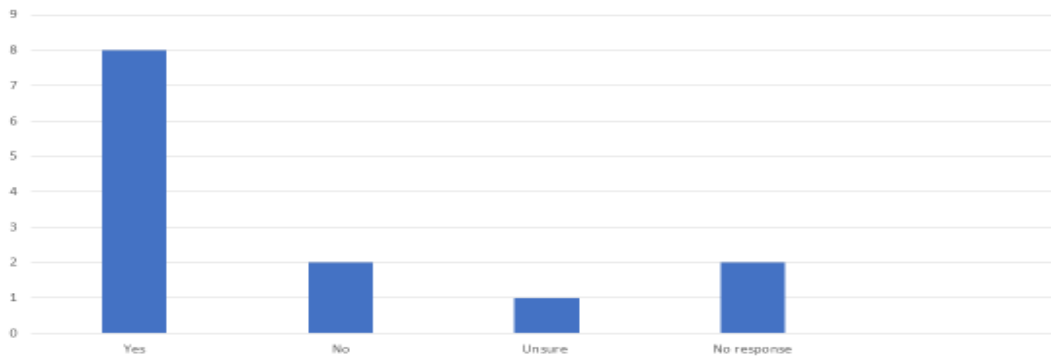
Regional Clinical Partner/APRN Survey (N=13)

I am interested in returning for a DNP degree... (Clinical Partner Survey N=13)

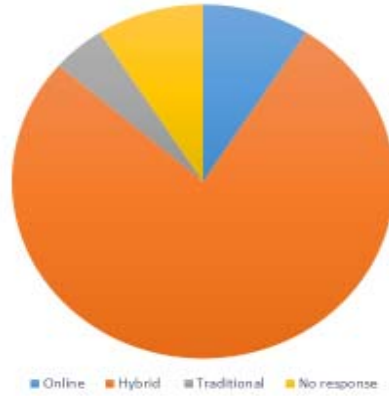
Answer Choices

- In the next 3 years
 - In the next 5 years
 - In the next 10 years
 - Never
 - I already have a DNP degree
 - Total
- 41.67% (5)
 - 8.33% (1)
 - 0.00%
 - 8.33% (1)
 - 41.67% (5)
 - 12

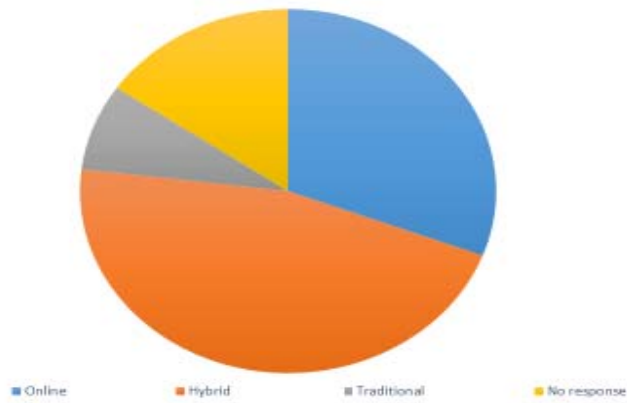
Regional APRNs (N=13)
Would you consider a DNP program at Stockton?



Type of Instructional Methods Preferred for Stockton DNP Current MSN Students (N=31)



Type of Instructional Methods Preferred for Stockton DNP Regional APRNs (N=13)



APPENDIX H: ACCREDITATION CRITERIA

DNP Courses Aligned with Accreditation Criteria

AACN DNP Essentials	NONPF NP Competencies	DNP Courses	Student Learning Outcomes
<p>Scientific Underpinnings for Practice</p> <p>Clinical Prevention and Population Health for Improving the Nation's Health</p>	Scientific Foundations	<p>NURS5331 Nursing Theory NURS5421 Advanced Pathophysiology NURS5332 Pharmacology NURS5333 Advanced Health Assessment</p> <p>NURSXXXXX Statistical Methods NURSXXXXX Nursing Role in Clinical Prevention and Population Health</p>	<p>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.</p> <p>SLO 3.2.1 Students will incorporate determinants of health in primary care and population health 100% of the time in the clinical setting.</p>
Clinical Scholarship and Analytical Methods for Evidence-Based Practice	Practice Inquiry	<p>NURS5335 Professional Role Development</p> <p>NURSXXXXX Statistical Methods NURSXXXXX DNP Research Methods I NURSXXXXX DNP Research Methods II</p>	SLG 2.3.1 Students will prepare a DNP project for dissemination at the program and university level.
<p>Health Care Policy for Advocacy in Health Care</p> <p>Organizational and Systems Leadership for Quality Improvement and Systems Thinking</p>	Leadership, Policy	<p>NURS5335 Professional Role Development</p> <p>NURSXXXXX Leadership and Healthcare Policy</p>	SLO 3.1.2 Students will execute a leadership role 100% of the time during the proposal and implementation of the DNP final project.
<p>Organizational and Systems Leadership for Quality Improvement and Systems Thinking</p> <p>Interprofessional Collaboration for Improving Health Outcomes</p>	Quality	<p>NURS5336 Health Care Systems (Economic) NURS5335 Professional Role Development</p> <p>NURSXXXXX Improving Health Outcomes NURSXXXXX DNP Project Proposal NURSXXXXX DNP Project Implementation</p>	SLO 1.3.2. Students will leverage knowledge to improve health outcomes for clients and communities 100% of the time in all clinical courses.
Organizational and Systems Leadership for Quality Improvement and Systems Thinking	Health Delivery Systems	<p>NURS5335 Professional Role Development NURS5336 Health Care Systems NURS5331 Nursing Theory</p> <p>NURSXXXXX Leadership and Health Policy NURSXXXXX Nursing Role in</p>	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.

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

			communities 100% of the time in all courses.
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APPENDIX I: COURSE PROGRESSION TO DEGREE

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

Year One	Year Two	Year Three
<p>Fall NURSXXXX Statistical Methods 3 credits</p> <p>Spring NURS5336 Health Care Systems 3 credits NURSXXXX Nursing Role in Clinical Prevention and Population Health 3 credits</p> <p>Summer NURSXXXX Leadership and Healthcare Policy 3 credits</p>	<p>Fall NURS5331 Nursing Theory 3 credits NURSXXXX Improving Health Outcomes 3 credits</p> <p>Spring NURS5335 Professional Role Development 3 credits DNP Research Methods I 3 credits</p> <p>Summer DNP Research Methods II 3 credits</p>	<p>Fall NURSXXXX DNP Project Proposal 4 credits NURSXXXX DNP Practice Immersion 4 credits</p> <p>Spring NURSXXXX DNP Project Implementation 2 credits NURSXXXX DNP Practice Immersion 4 credits</p> <p>Total Credits – 40</p>

Course progression to degree for part time Post- BSN DNP tracks

Year one	Year two	Year three	Year four	Year five
<p>Fall NURS5421 Advanced Pathophysiology 3 credits NURSXXXX Statistical Methods 3 credits</p> <p>Spring NURS5336 Health Care Systems 3 credits NURS5335 Professional Role Development</p>	<p>Fall NURSXXXX Improving Health Outcomes 3 credits NURS5331 Nursing Theory 3 credits</p> <p>Spring NURS5332 Pharmacology 3 credits NURSXXXX Nursing Role in</p>	<p>Fall NURS5422 Adult Nursing I 3 credits NURS5922 Adult I practicum 4 credits</p> <p>Spring NURS5423 Adult Nursing II 3 credits NURS 5923 Adult II Practicum 4 credits</p> <p>Summer NURSXXXX</p>	<p>Fall NURS5424 Adult Nursing III 3 credits NURS5924 Adult III Practicum 4 credits</p> <p>Spring DNP Research Methods I 3 credits <i>FNP track:</i> NURS5541 Assessment of</p>	<p>Fall NURSXXXX DNP Project Proposal 3 credits NURSXXXX DNP Practice Immersion 4 credits</p> <p>Spring NURSXXXX DNP Project Implementation 2 credits NURSXXXX</p>

3 credits	<p>Clinical Prevention and Population Health 3 credits</p> <p>Summer NURS5333 Advanced Health Assessment 3 credits</p>	Leadership and Healthcare Policy 3 credits	<p>Families with Young Children 3 credits NURS5941 Pediatric Practicum 4 credits</p> <p><i>AGPCNP track:</i> NURS59XX Transition to the AGPCNP Role 4 credits</p> <p>Summer DNP Research Methods II 3 credits</p>	<p>DNP Practice Immersion 4 credits</p> <p>Post – BSN DNP total credits FNP – 77 AGPCNP - 74</p>
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