The University of North Carolina at Charlotte
and
Western Carolina University

Doctor of Nursing Practice

Request for Authorization
to Plan

The University of North Carolina
Request for Authorization to Plan a New Doctoral Degree Program

Date: ____October 29, 2010_____

Constituent Institutions: University of North Carolina at Charlotte and Western Carolina University

CIP Discipline Specialty Title: Nursing_____

CIP Discipline Specialty Number: _51.3818*___ Level: D ☒ 1st Prof. ☒

Exact Title of the Proposed Program: Doctor of Nursing Practice_____

Exact Degree Abbreviation (e.g. Ph.D., Ed.D.): DNP_____

Does the proposed program constitute a substantive change as defined by SACS? Yes ☒ No ☐

    a. Is it at a more advanced level than those previously authorized? Yes ☐ No ☒
    b. Is the proposed program in a new discipline division? Yes ☐ No ☒

Approximate date for submitting the Request to Establish the proposed program (must be within two years of date of authorization to plan): _January, 2011_____

Proposed date to establish degree: *month* _August___ *year* _2012___ (Date should allow at least three months for review of the request to establish, once submitted.)

    1. **Describe the proposed new degree program.**
        a. **a brief description of the program and a statement of educational objectives**

Proposal Summary:
The School of Nursing (SON) in the College of Health and Human Services (CHHS) at the University of North Carolina at Charlotte (UNC Charlotte) and the School of Nursing (SON), College of Health and Human Sciences (CHHS) at Western Carolina University (WCU) propose to establish a Consortium to offer a Doctor of Nursing Practice (DNP) as a hybrid on-

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campus/online program. This DNP degree will prepare graduates to analyze systems of care and provide transformational leadership that will improve patient safety, quality of care, and implement evidence-based culturally competent care practices. Graduates from this program will be able to interpret and apply research findings to practice settings, determine and measure system and population outcomes, manage information systems and use appropriate technology for health and risk communication.

The proposed DNP will begin as a Post-Master's program only. Students entering the proposed program will hold a Master of Science in Nursing (MSN) degree. In 2016 the consortium proposes to offer Post Baccalaureate admission to the DNP program that will include advanced clinical and systems/population education. MSN programs (with the exception of nursing education) will begin a transition to only Post-Baccalaureate admission at that time, thus replacing the MSN degree for nurse anesthetists, nurse practitioners, nurse administrators and community/public health nursing.

The choices of learning methodology will include mediating technology between the faculty and students that may be asynchronous or real time with geographic separation. This program will require visits to campus but will include online coursework. Such a design will expose students to a wider array of faculty, span urban and rural health care perspectives, and expand access for nurses in North Carolina and the southeastern region of the United States. The use of online coursework builds on faculty expertise in online teaching and learning methodologies.

Background:
In two groundbreaking reports, *To Err is Human* (Kohn, Corrigan, & Donaldson, 2000) and *To Do No Harm* (Morath & Turnbull, 2005), the Institute of Medicine (IOM) brought national attention to the critical problems of errors in health care, and the multiple negative consequences of the fragmentation of the health care system. *Unequal Treatment* (Smedley, Stith & Nelson, 2002) further emphasized the critical lack of health literacy and cultural competence in patient care. A fourth report, *Health Professions Education: A Bridge to Quality* (Greiner & Knebel, 2002), emphasized the need for health care professional education to prepare graduates with the knowledge and skills to improve the quality of health care at system and community levels. It went on to recommend that professional education prepare graduates to provide evidence-based care to individuals, families and communities in interdisciplinary teams. For graduates to function at this level, an ability to interpret and use research findings (translational care), determine and measure outcomes, and manage information systems in a culturally competent manner is required.

In 2001, the IOM report *Crossing the Quality Chasm* (Committee on Quality of Health Care in America, 2001) identified six major dimensions of quality that were insufficient in the current health care system: safety, effectiveness (care that was based on scientific evidence), patient-centered care, timeliness of interventions, efficiency, and equity. The authors concluded that "Health care has safety and quality problems because it relies on outmoded systems of work" (p.4). They continued, "The current system cannot do the job.... changing systems will" (p. 4). Other voices have added weight to this call for change. The National Priorities Partnership (2008), convened by the National Quality Forum, has identified six national priorities for improving health: 1) patient and family engagement to provide patient-centered, effective care; 2) a healthy population with a greater focus on wellness and prevention; 3) safety breakthroughs

to eliminate errors wherever and whenever possible; 4) care coordination to provide patient-centered, high value care; 5) palliative care to guarantee appropriate and compassionate care for patients with advanced illness; and 6) reduction of overuse and waste to achieve effective, affordable care. The American Academy of Nursing (AAN) announced in November 2008 that they were joining the National Priorities Partnership initiative to achieve these goals (AAN, 2008).

The National Academy of Sciences stated in their recent report, *Advancing the Nation's Health Needs* NIH Research Training Program (CNM, NRC, 2005), that the "need for doctorally prepared practitioners and clinical faculty would be met if nursing could develop a new non-research clinical doctorate similar to the M.D. and Pharm.D. in medicine and pharmacy, respectively" (p.74). They recommended that the practice doctorate and research doctorate in nursing begin at the post-baccalaureate level, with early identification of potential clinical scholars and scientists in undergraduate programs.

The abilities and competencies of nurses with a practice doctorate (DNP) are different than those of a master's prepared nurse, although both are viewed as experts in practice. The DNP prepared nurse is an expert in analyzing research evidence, translating research findings into clinical practice, measuring clinical outcomes, and leading interdisciplinary teams. The DNP leader is prepared to bring about transformational change in health care systems that will ensure patient safety and high quality care for the public. (For comparison, see Attachment 1.)

The American Association for Colleges of Nursing (AACN, 2006a) published essential content that all DNP programs must include in curricula. Table 1 compares the essential components of the DNP and master's programs as defined by AACN (1996). Master's prepared nurses continue to function well within their scope of practice, but they are not prepared to provide the leadership or clinical scholarship as described in the DNP Essentials. Both the National Organization of Nurse Practitioner Faculties (NONPF, 2006) and the American Association of Nurse Anesthetists (AANA, 2007) recognize the need for clinical scholars in their specialties and have published specialty competencies that incorporate all the listed DNP essentials into expected curricula for programs offering a DNP. The nurse with a DNP doctorate also differs from the PhD prepared nurse who is an expert in research design, conduct, and dissemination (Attachment 2).

By 2015, entry into practice for advanced practice nursing (APRN) will shift nationally from requiring an MSN for initial certification to recommending a Doctor of Nursing Practice (DNP). It is anticipated that requirements will evolve into requiring a DNP for entry into practice for advanced practice nurses (APRN) (American Association of Colleges of Nursing [AACN] 2004, 2006a, 2006b). This change to DNP entry into APRN nursing and other areas of advanced nursing practice is supported by many professional specialty organizations (American Association of Nurse Practitioners [AANP], 2008; American Association of Nurse Anesthetists [AANA] 2007; Association of Community Health Nursing Educators [ACHNE], 2007; American Organization of Nurse Executives [AONE], 2007). The American Association of Nurse Anesthetists (AANA) has set 2025 as the date for requiring a DNP for all new graduates (AANA, 2007).

Nationally, 98 DNP programs are currently admitting students (AACN, 2009a). An additional 50 schools of nursing have notified AACN that they are considering beginning a DNP program, and 102 more are in the process of developing a DNP (AACN, 2009b). Of the 98 DNP programs that are currently admitting students, only two are located in North Carolina and are offered at private institutions (AACN, 2009a).

Educational Goals and Objectives:
The focus of the Doctor of Nursing Practice (DNP) degree will be nursing practice and leadership. Students will be able to specialize in one of two areas: **advanced clinical practice or systems/population practice**. Translational research will be emphasized throughout the program. Broad goals of the program will include the ability to interpret, analyze, and apply research findings to clinical and systems/population level practice settings, determine and measure system and population outcomes, manage information systems and use appropriate technology for health and risk management and communication. DNP candidates will collaborate with PhD prepared researchers to translate the findings of their research into clinical settings including direct care and public health.

Upon completion of the DNP, the student will be able to:
- Analyze and integrate evidence from nursing science with evidence from other relevant scientific disciplines to form a scientific foundation for advanced practice in nursing.
- Apply clinical scholarship, scientific evidence, and analytical methods to improve health care outcomes.
- Develop and evaluate systems to enhance safety and quality of health care.
- Advocate and participate in collaborative interdisciplinary efforts to improve health outcomes at the practice/organization, community, state and national levels.
- Engage in culturally competent and ethically sound advanced nursing practice.
- Demonstrate leadership in the improvement of patient outcomes and transformation of health care delivery.
- Directly manage complex health problems of clients or develop and implement organizational systems to facilitate access and navigation of the health care system.

The graduate will demonstrate doctoral level practice by identifying needed areas for research; then analyzing and translating research findings into effective, timely, and safe patient centered approaches to diagnosis, intervention and evaluation of outcomes. Planning and implementation of evidence based practices requires leadership and extensive interdisciplinary collaboration and the program will provide immersion experiences in leading interdisciplinary teams. Immersion experiences will target leadership experiences through opportunities to examine the interplay between research and practice for evidence based practice and continual improvement of health care outcomes. Essential components of the DNP program are shown in Figure 1 below.

Figure 1: Elements of Analysis, Leadership and Practice in the Consortium DNP Program

Analysis	Leadership
Evaluation of complex health problems Diagnosis of problem Evidence-based practice Global health indicators Social determinants of health	Knowledge of health care delivery system Advocacy for health policy Communication skills Cultural competence and humility Ethics

Practice

Advanced practice specialty knowledge

Mastery of advanced practice specialty skills

Cognate knowledge relative to specialty

Design and coordination of services

System of care factors affecting patient outcomes

The following admission criteria have been identified by the DNP committees as essential requirements for **post-master's** applicants. By admitting only individuals who already hold a master's degree, faculty will ensure that students enter with competence in their area of advanced practice. These requirements meet the Graduate School criteria for doctoral programs at both universities.

- An overall GPA of at least 3.5 (on a 4.0 scale) in the MSN program as documented by official transcripts.
- MSN degree or post-master's certificate from a program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC) and a specialty including but not limited to Nurse Practitioner, Nurse Anesthetist, Nurse Administrator, or Community/Public Health Nursing.
- Current Registered Nurse (RN) licensure in their state of residence.
- GRE – minimum scores will be determined by faculty in future discussions.
- APRNS must have current certification and be licensed to practice as a Nurse Practitioner or Nurse Anesthetist in their state of residence and are currently employed in an advanced practice role.
- A statement of purpose and Goal Statement that should address career goals and how the DNP will foster achievement of these goals.
- Resume or curriculum vitae.

- A portfolio should address advanced practice and clinical scholarship expertise.
- Three recommendations that should address the practice capabilities of the candidate.
- For international students, submission of TOEFL scores with a minimum score of 557 for the paper test and 220 for the computer test.
- Applicants who do not meet the above criteria can meet with the Program Coordinator to discuss other factors that may have a bearing on admission.

Specific requirements for the statement of purpose, portfolio, recommendations, GRE scores, and format of the resume/curriculum vitae as well as whether an interview or specific time of experience will be required are to be clarified as faculty in the consortium continue discussions.

> b. **the relationship of the proposed new program to the institutional mission and how the program fits into the institution's strategic plan and its response to UNC Tomorrow.**

The proposed DNP is congruent with the mission and vision for excellence in values, evidence-based education, research, and practice at both institutions. It also aligns with the goals of both Colleges and the overall strategic plans for each University.

University of North Carolina at Charlotte
At UNC Charlotte, the DNP is congruent with the School of Nursing vision for excellence in values and evidence-based education, research, and practice. Establishment of a DNP is an integral component of the School of Nursing's future and is listed as Goal #8 in the Strategic Plan: "Plan, develop and implement doctoral programs that meet regional and national needs". Offering a DNP is consistent with the goals of the College of Health and Human Services (CHHS) as well as the overall strategic plan for UNC Charlotte. The combined online and face-to-face interaction infused throughout the program will contribute to achieving the institutional goals established in the Strategic Plan. Goal #1 of the Plan states: To improve educational opportunities that respond to the intellectual and professional needs of the region, and Goal #8 states: To prepare graduates with the breadth and depth of knowledge and intellectual and professional skills to prepare them for a productive life in an ever changing world.

The DNP has the potential to articulate with existing doctoral programs including the Health Services Research PhD and the Health Psychology PhD, providing opportunities for greater collaboration, and student flexibility. For example, a DNP student enrolled in this consortium may choose to study Applied Biostatistics on campus at UNC Charlotte with the HSR doctoral students or online through the DNP. Similarly, a Health Psychology PhD student may enroll in the DNP online course in Program Evaluation and Quality. Discussions regarding potential shared courses will be pursued as indicated and will support the UNC system initiative UNC Online.

UNC Charlotte was recognized with the Community Engagement Classification from the Carnegie Foundation for the Advancement of Teaching in 2008. This classification recognizes mutually beneficial partnerships and reciprocity between the university and its community, which certainly characterizes the SON's engagement with our community. The addition of the practice doctorate (DNP) by the School of Nursing will further this engagement with the region's

health care providers, health care agencies, and community health agencies and with the people residing in this region. Doctoral students will need community participant co-mentors for immersion projects. In return for the opportunity to complete an immersion project with community mentors in leadership specialty positions, DNP students will contribute knowledge and skill that will strengthen the evidence base for practice, provide system-of-care analyses and strengthen interventions. Such work has long been a hallmark of the SON's campus-community partnerships (Foss, Bonaiuto, Johnson & Moreland, 2003). Examples of potential organizations with suitable mentors for students to conduct immersion projects near UNC Charlotte are Carolinas HealthCare System, Novant Health/Presbyterian Healthcare, and the Veterans Administration. State agencies with potential mentors for students from either UNC Charlotte or Western Carolina University are Cecil G. Sheps Center at UNC Chapel Hill, North Carolina Board of Nursing, and state public health projects such as Baby Love and the North Carolina Center for Hospital Quality and Safety. More than 300 area nurse anesthetists, physicians, advanced practice nurse practitioners, advanced practice public health nurses, and executives volunteer their time as community-based preceptors for graduate students in the SON. The SON Advisory Board includes chief nurse executives, alumni, and community members interested in expanding health knowledge, services, and collaboration in the larger Charlotte region. These partners are committed to collaboration with the SON, and examples of collaboration are listed in Attachment 3.

The presence of advanced DNP students to collaborate with faculty on clinical research or clinical scholarly projects will aid in developing and solidifying faculty research or clinical scholarship agendas and provide critical research skills for graduates to use in advancing evidence-based practice. The program will contribute to easing the nursing shortage through invigorating nurses to consider advanced practice to transform health care. A DNP program will offer a doctoral level practice-education, increased opportunity for community partnerships, alignment with institutional priorities, and a degree unique in the UNC System.

Western Carolina University
The DNP is congruent with the WCU School of Nursing's pursuit of excellence in graduate education. The DNP has been an integral part of the SON's Strategic Plan since 2004. The DNP is also congruent with the College of Health and Human Science's mission for a dynamic learning community that prepares individuals for professional life by providing quality educational experiences that promote scholarship. The use of adult and online education theories and practices in the program will provide students educational flexibility and is congruent with the WCU Mission to provide learning opportunities through residential and online education.

The WCU School of Nursing was recently awarded two Health Resources Service Administration (HRSA) grants and a VA Nursing Academy Grant. These grants have expanded both the graduate and undergraduate programs. The addition of the practice doctorate (DNP) by the School of Nursing will further the engagement with the region's health care providers, health care agencies, community health agencies and individuals. The two major health systems for potential mentors for immersion projects near WCU are Mission Health System and the Veterans Administration.

Over 250 area nurse anesthetists, physicians, advanced practice nurse practitioners, and nurse administrators volunteer their time as community-based preceptors for graduate students in the

WCU SON. The SON Advisory Board includes chief nurse executives, community leaders, alumni, and community members interested in expanding health knowledge, services, and collaboration in western North Carolina, and examples of collaboration are listed in Attachment 3.

Students in the DNP program will actively collaborate with graduate faculty in clinical scholarly endeavors, aiding in the development and strengthening of faculty research agendas. This collaboration will provide critical research skills for graduates to use in advancing evidence-based practice as well as contribute to easing the nursing shortage through invigorating nurses to consider advanced practice to transform health care. The DNP program will offer a hybrid online/on campus learning environment, practice-education, community partnerships, and a degree unique to the UNC System.

The consortium DNP will contribute to achieving the goals of UNC Tomorrow, the plan for the University of North Carolina System to respond to changing needs of the state for higher education. The proposed DNP specifically addresses recommendations from section 4.5, Findings Related to Our Health: 1) lead in improving health and wellness in North Carolina, 2) educate more health professionals, and 3) lead in utilizing health information to improve health and wellness in North Carolina (Final Report and Recommendations, UNC Tomorrow Commission, 2008). In addition, by proposing a consortium approach this proposal responds directly to the UNC Tomorrow finding that changes should be made (5.7) to encourage and facilitate inter-institutional collaboration among UNC institutions.

      c.   **the relationship of the proposed new program to other existing programs at the institution**

The DNP program will be the first professional clinical doctorate at the University of North Carolina at Charlotte . Western Carolina University is already positioned to support a first professional clinical doctorate—the Doctor of Physical Therapy has been approved and will be offered beginning fall 2011. The DNP offers a unique degree program for students while also providing opportunities for collaboration among existing degree programs. The College of Health and Human Services at UNC Charlotte consists of four academic units: the School of Nursing, and the Departments of Public Health Sciences, Social Work, and Kinesiology. All units offer master's degrees. The College offers one doctoral program, an interdisciplinary PhD program that enrolls students from nursing, public health, and social work. The Department of Public Health Sciences has requested Permission to Plan for a PhD in Public Health Sciences. In addition, the Interdisciplinary Health Psychology and Interdisciplinary Public Policy PhD programs could also provide coursework to support the DNP curriculum.

The School of Nursing at Western Carolina University resides within the College of Health and Human Sciences. Other departments in the college include the Departments of Social Work, Physical Therapy, Criminal Justice, Communication Sciences and Disorders, and Health Sciences. All units with the exception of Criminal Justice and Physical Therapy offer master's degrees. The DPT will be offered beginning fall, 2011. The College of Education also offers a doctoral degree in Educational Leadership.

The BSN and MSN programs of both institutions are expected to function as feeders for the DNP program in much the same manner as now occurs for the MSN programs. The UNC Charlotte SON undergraduate enrollment is approximately 900 pre-nursing students, 200 pre-licensure students, and 90 RN/BSN students. Graduate enrollment exceeds 200 students for the 2009-2010 academic year. Of those 200 students, 69 are nurse anesthetists, 46 are nurse practitioners, 24 are nurse administrators, and 23 are community/public health nurses; the remaining students are enrolled in the nurse educator program. The WCU SON undergraduate enrollment is approximately 400 pre-nursing students, 120 pre-licensure students, and 100 RN/BSN students. Graduate enrollment is approximately 115 students. Of those 115 students, 40 are nurse anesthetists, 45 are nurse practitioners, and 15 are nurse administrators; the remaining students are enrolled in the nurse educator program.

d. special features or conditions that make the institution a desirable, unique, or appropriate place to initiate such a degree program.

Offering this DNP degree jointly by the two institutions will build on existing successful partnerships. Both engineering programs participate in an Engineering Technology Consortium based at Appalachian State University, and UNC Charlotte and WCU offer a joint undergraduate Electrical Engineering Degree. UNC Charlotte and WCU are currently collaborating through a sub-contract with the Duke University School of Nursing on a three-year HRSA federal grant to implement cutting edge technology in online nursing education courses.

Another advantage of this consortium program is that it combines urban and rural resources to offer a western North Carolina DNP. Western Carolina University and UNC Charlotte are public universities serving both urban and rural communities in western North Carolina and this proposed DNP offers broad experiences to potential students. Because each school now primarily serves a specific population in part of western North Carolina, offering the DNP degree jointly is a critical strategy to meet future healthcare workforce needs of the citizens of North Carolina in the piedmont and mountain areas.

Faculty from each school who will teach in the DNP program are doctorally prepared, and many maintain a practice in a clinical specialty. All currently teach in MSN programs and some have taught in PhD or DNP programs. Some maintain individual certification in clinical practice. See Attachment 4, Faculty Resource Table that contains a list of faculty, their credentials and practice areas.

2. List all other public and private institutions of higher education in North Carolina currently operating programs similar to the proposed new degree program.

There are only two other DNP programs in North Carolina, both at private institutions. Duke University offers a post-master's entry program; the first students were admitted in 2008. The second DNP program is at Gardner Webb University and it is also a post-master's program. Gardner Webb will admit their first students in 2010. No public institutions in North Carolina yet offer a DNP, as leaders waited until it became clear that professional organizations and accrediting bodies fully endorsed this degree as they have done in recent years.

3. **Estimate the number of students that would be enrolled in the program during the first year of operation:**

Full-Time: Post-MSN = 4 (total UNC Charlotte and WCU)
Part-Time: Post-MSN = 6 (total UNC Charlotte and WCU)

Number of students that would be enrolled in the program when it is fully operational (Fall 2015):

Full-Time: Post-MSN = 8 (total UNC Charlotte and WCU)
Part-Time: Post-MSN = 24 (total UNC Charlotte and WCU)

It is hoped that the Consortium will begin offering the Post-MSN DNP in 2012. Initially, five students will be admitted annually to each campus. Two students will be full-time and three will be part-time, for a total of four full-time students and six part-time students for a total of 10 students in the first class. The Consortium will share faculty and courses.

To allow continued compliance with the requirements of national accrediting agencies for schools of nursing and anesthesia programs, the Consortium plans to transition to a primarily post-BSN entry beginning in 2017. Table 1 shows admissions, projected enrollment, and graduations for post-MSN DNP students from 2012 through 2020.

Table 1: Post-MSN Admissions, Enrollment, and Graduations; UNC Charlotte & Western Carolina University

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Post-MSN Admissions	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT
Total Post MSN Enrollment		8 FT 12 PT	8 FT 18 PT	8 FT 24 PT	8 FT 24 PT	8 FT 24 PT	8 FT 24 PT	8 FT 24 PT	8 FT 24 PT
Post BSN Admissions					Begin BSN Adm	End MSN Adm			
Graduation MSN -DNP		4	4	10	10	10	10	10	10
Graduation BSN - DNP									First Cohort

Workforce needs for APRNs for primarily Western North Carolina hospital systems and physician practices are met by UNC Charlotte and Western Carolina through providing a steady stream of nurse anesthetist and nurse practitioner (NP) graduates that meet staffing needs. All graduates from the 2009 WCU nurse anesthetist program were hired in the Asheville region before graduation, and all 2009 graduates from the UNC Charlotte nurse anesthetist program were hired before graduation (nine by the Carolinas HealthCare System and one in Greenville, SC). Physician practices in the area routinely request that both schools advertise openings for NP

graduates and send nurses to the program to become NPs. Graduates from both NP programs are typically hired immediately after graduation. Community Health and Nursing Administration graduate students are typically working in related positions and are seeking further education for higher performance or promotion. In order for the Consortium DNP to meet the social commitment to provide advanced practice APRN and advanced specialty nurses needed in the western North Carolina workforce, the Consortium will need to admit BSN-DNP applicants in numbers similar to the current MSN programs.

The Consortium plans to admit applicants to the current MSN programs until 2016. At that time fewer and fewer MSN applicants will be admitted to allow Post-BSN applicants to be admitted to the four-year Post-BSN DNP program in increasing numbers. Projected MSN enrollments from 2012 through 2020 are outlined in Attachment 5 and projected post BSN DNP enrollments from 2012 through 2020 are outlined in Attachment 6. For the first two years the BSN-DNP students are expected to primarily take specialty coursework from the existing Master's program, postponing enrollment in the Immersion Projects until their 3rd and 4th years of study. The Immersion Inquiry Project is one of the most critical components of the DNP degree. This project is clinically based and requires the same rigor and intense study as the dissertation. The Immersion Inquiry Project begins in the first semester of study and continues throughout the program, culminating in a scholarly public defense and article prepared for publication in a peer-reviewed practice oriented journal. The Immersion Inquiry Project requires students to demonstrate expert practice, the use of evidence based practice, translational research, and use of skills necessary to lead interdisciplinary teams to improve patient/client outcomes and health status individually, organizationally, or within a community. The composition of the DNP Immersion Inquiry Project committee is expected to include a minimum of one program faculty from either UNC Charlotte or WCU and a community mentor.

The Consortium anticipates that when the BSN to DNP students are ready to enroll in the Immersion Inquiry Project courses, additional faculty will be needed for multiple sections. Table Two and Three outline expected enrollment in Immersion Inquiry Project courses for years 2012 through 2020 for UNC Charlotte and Western Carolina University. Table Four provides the Total Expected Enrollment in Immersion Inquiry Projects for both universities.

Table Two: Expected Enrollment in Immersion Inquiry Projects by year

UNC Charlotte

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Post-MSN Admissions	2 FT	2 FT	2 FT	2 FT	2 FT	2 FT	2 FT	2 FT	2 FT
	3 PT	3 PT	3 PT	3 PT	3 PT	3 PT	3 PT	3 PT	3 PT
Post-MSN in Immersion Projects	2 FT	4 FT	4 FT	4 FT	4 FT	4 FT	4 FT	4 FT	4 FT
			3 PT	6 PT	6 PT	6 PT	6 PT	6 PT	6 PT
Post-MSN Graduating		2 FT	2 FT	2 FT	2 FT	2 FT	2 FT	2 FT	2 FT
				3 PT	3 PT	3 PT	3 PT	3 PT	3 PT

					26 FT	38 FT	48 FT	60 FT	60 FT
BSN to DNP Admissions					26 FT	38 FT	48 FT	60 FT	60 FT
BSN to DNP Immersion Projects							26 FT	64 FT	102 FT
BSN to DNP Graduating								26 FT	38 FT
TOTAL (BSN & Post-MSN Immersion Projects	2	4	7	10	10	10	36	74	112

Table Three: Expected Enrollment in Immersion Inquiry Projects by Year

Western Carolina University

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Post-MSN Admissions	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT
Post-MSN in Immersion Projects	2 FT	4 FT	4 FT 3 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT	4 FT 6 PT
Post-MSN Graduating		2 FT	2 FT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT	2 FT 3 PT
BSN to DNP Admissions					24 FT	37 FT	37 FT	37 FT	37 FT
BSN to DNP Immersion Projects							24 FT	61 FT	74 FT
BSN to DNP Graduating								24 FT	37 FT
TOTAL (BSN & Post-MSN Immersion Projects	2	4	7	10	10	10	34	71	84

Table Four: Expected Enrollment in Immersion Inquiry Projects by Year for UNC

Charlotte and Western Carolina University

	2012	2013	2014	2015	2016	2017	2018	2019	2020
UNC Charlotte BSN plus Post-MSN	2	4	7	10	10	10	36	74	112

Western Carolina U. BSN plus Post-MSN	2	4	7	10	10	10	34	71	84
TOTAL Enrollment	**4**	**8**	**14**	**20**	**20**	**20**	**70**	**145**	**196**

In 2018 the 50 BSN students admitted to the Consortium DNP program in 2016 and the first cohort (26 students at UNC Charlotte and 24 students at WCU) would join the 20 post-MSN DNP students who need to complete Immersion Inquiry Projects. Chairing a total of 70 DNP Immersion Inquiry Projects will be especially demanding for UNC Charlotte and Western Carolina University. In 2019, a total of 145 students are expected to be enrolled in the Immersion Projects (74 at UNC Charlotte and 71 at WCU) and in 2020, enrollment in the Immersion Project is expected to total 196 (112 at UNC Charlotte and 84 at WCU). Additional faculty resources to meet this need will be required.

4. **Estimate the current and projected demand for graduates of the proposed new degree program. Provide documentation about the sources of data used to estimate demand.**

The demand for graduates is expected to mirror and possibly exceed current demand. Because all nurse anesthetists programs are required by their accrediting agency to transition to the DNP by 2022, the demand for graduates is expected to match or exceed current demand. Although there is not yet a date by which Nurse Practitioner, Nurse Administrator, and Community/Public Health Nursing must transition to a DNP, 2015 has been set as the target date for all other programs to substitute the DNP for the MSN.

A survey was distributed to 540 UNC Charlotte School of Nursing MSN alumni over the summer of 2009 in an effort to determine the local market for DNP prepared nurses. The survey was sent using a confidential electronic survey tool. Questionnaires were sent directly to alumni emails that were on file at the University. No effort was made to verify that emails were valid. Of the 46 complete responses, 41% (19) were nurse practitioners, 20% (9) were nurse anesthetists, 22% (10) were nurse administrators and the remaining 18% (8) were from a variety of specialties; 95% of the respondents were certified. Ninety-three percent stated that their employing agency would hire a DNP, and 74% said that their DNP role would be in direct clinical care as either a family nurse practitioner or nurse anesthetist. Other roles included nurse executive, project or program director, clinical research nurse, leader in applying evidence-based research, and staff development. Many respondents identified more than one role that would be appropriate for a DNP in their organization.

Another source of employment for DNP graduates will be for instruction in university Schools of Nursing at all levels of nursing practice. As the practice requirements shift to require DNPs, so will the qualifications to prepare advanced practice nurses. In anticipation of this career path, the consortium DNP students will be offered the option to add the nine credits required by the North Carolina Board of Nursing (NCBON) to be faculty in North Carolina to their program of study.

In November 2009, over 100 jobs for DNPs were offered on the web for the mid-Atlantic and southeast region with approximately 60% of these in practice settings; the academic positions were primarily for clinical instruction in advanced practice (job-search-engine.com, 2009).

5. **If there are plans to offer the program away from campus during the first year of operation:**
   a. **briefly describe these plans, including potential sites and possible method(s) of delivering instruction.**

This program will be offered as a Consortium degree between UNC Charlotte and Western Carolina University. Courses will be shared by students in both institutions.

   b. **indicate any similar programs being offered off-campus in North Carolina by other institutions (public or private)**

None

   c. **estimate the number of students that would be enrolled in the program during the first year of operation:** *Full-Time* ___4___ *Part-Time* ___6___

6. **Describe the procedures to be used to plan the proposed program. List the names, titles, e-mail addresses and telephone numbers of the person(s) responsible for planning the proposed program.**

SON faculty from both WCU and UNC Charlotte discussed the development of a practice doctorate (DNP) for more than two years. There have been regular, frequent, and formal large and small group meetings to discuss the role of the DNP graduate, admission criteria, recruitment of students, faculty and administrative commitment, job opportunities, and community support. Faculty have carefully reviewed curricula and considered the experiences of other universities in the Southeast in adopting the DNP. As national professional nursing organizations have articulated standards of education and practice, the delineation between a research and practice doctorate is clear. A consensus in strong support of the DNP has emerged among the SON faculty in both schools, and is especially evident among the faculty who are expected to teach in the DNP program.

The process at WCU began in AY 2007-2008 when Dr. Vincent Hall, Director of the School of Nursing, convened a committee to study the feasibility of a DNP program at WCU. This committee polled faculty and began to explore a feasibility study for a DNP program.
The process at UNC Charlotte began in AY 2007-2008 when an initial DNP committee was appointed by Dr. Travis, Professor and then Associate Dean/Director of the School of Nursing. At that time there was a doctoral education in nursing needs assessment conducted by Dr. Foss, Associate Director of the Graduate Division. The DNP committee discussed philosophical differences between the PhD and DNP, potential support, and potential resources for a practice doctorate at UNC Charlotte; their discussions resulted in a position paper. In AY 2008-2009, Dr. Jane Neese, Associate Professor and then Interim Director of the School of Nursing and

Associate Dean for Academic Affairs of the CHHS, appointed a second committee, which drafted a concept paper. The concept paper was supported by faculty and SON administration and submitted to the Dean of the College. After approval of the concept paper, a third committee was appointed to develop a "white paper" and feasibility study. This committee reviewed all previous documents, professional accrediting and credentialing documents, and other resources. The DNP was discussed by faculty regularly at five Faculty Organization meetings and at three specially called faculty meetings. Dr. Patricia Howard from the University of Kentucky provided onsite and written consultation to the faculty, University community, and external professional communities of interest. A first draft of a feasibility study was written.

During AY 2008-2009 the possibility of a consortium became increasingly attractive to conserve resources as it became known that both schools were planning to develop a DNP program with similar foci. After each school of nursing administrator indicated support for such an approach, representatives from WCU and UNC Charlotte met three times by teleconference and once in person to plan the curriculum for a consortium program. Two representatives from each school (Ms. Judy Neubrander EdD, MSN, Associate Professor, Associate Director, Graduate Division, WCU; Shawn Collins, DNP, Director Anesthesia Program, WCU, Mary Nies, PhD, Fellow of the American Academy of Nursing [FAAN], Fellow of the American Academy of Health Behavior [FAAHB], Carol Grotnes Belk Endowed Chair in Nursing & Professor, UNC Charlotte, and Gwen Foss, DNSc. Associate Professor, Associate Director, Graduate Division, UNC Charlotte) met four times over the summer of 2009 to produce a feasibility study for a consortium DNP program. This document was presented to faculty in both schools of nursing in August and September of 2009.

At the beginning of the 2009-2010 year, Dr. Dee Baldwin joined UNC Charlotte as Professor and Associate Dean/Director of the SON and brought her expertise and previous experience in developing doctoral education. Under her leadership, planning for the DNP has continued with further refinement made by the committee based on input from Editor Elizabeth Tornquist and our consultant Dr. Pat Howard. The feasibility study document was presented to the SON faculty again at the November meeting and formally approved by faculty. It was sent to the Director of the SON who approved and sent it to the Dean of the CHHS for review. The Dean of CHHS then sent it to the Dean of the Graduate School for consideration.

Faculty at WCU followed a similar process. After conducting a needs assessment and jointly writing several drafts of the feasibility study with UNC Charlotte faculty, a draft was presented to the faculty in September 2009. It was approved at that time and subsequent drafts were forwarded to the Dean of the WCU CHHS and WCU Graduate School for consideration.

The individual with primary responsibility for the program at UNC Charlotte:

> Dee M. Baldwin, PhD, RN, FAAN, Professor
> Associate Dean/Director, School of Nursing
> dbaldwi5@uncc.edu
> 704-687-7952

The individual with primary responsibility for the program at Western Carolina University

Vincent Hall, PhD, RN, CNE, Professor
Director, School of Nursing
hallv@email.wcu.edu
828-227-7467 (Cullowhee office);
828-670-8810 (Enka campus)

7. **Describe the method of financing the proposed new program (e.g., potential sources of funding) and indicate the extent to which additional state funding may be required.**

Faculty Resources:

Anticipated start-up funds needed for this DNP program are modest. It will be necessary to fill two vacant positions at UNC Charlotte currently approved for recruitment in 2009-2010 and for the senior faculty positions that become available by retirements to be filled with faculty qualified to teach in the DNP program. It is essential that DNP students have DNP prepared faculty as role models and mentors. PhD faculty can teach selected theory courses, but the professional development and project courses must be taught by doctorally prepared DNP and advanced specialty nurses with practice experiences in translational research and leadership. The first requirement is for a DNP prepared nurse to be Coordinator. This Coordinator position will come from one of the two DNP faculty positions filled in 2009-2010. Moreover, one existing faculty member at UNC Charlotte will also assist in the development of the curriculum beginning summer 2010. See Table 5 for illustration of faculty resources needed; the courses in bold print require DNP faculty positions.

Table 5: Years, DNP courses, Faculty Resources Needed

Academic Year	Courses	DNP Positions Needed
AY 2012 - 2013	Leadership and Project Planning Immersion Inquiry Project I Scientific Foundations of Evidence Based Practice Translational Research for Complex Systems Applied Biostatistics	2 (one at each school)

	Economic and Financial Aspects of HealthCare Systems Healthcare Program Evaluation and Quality	
AY 2013 - 2014	Immersion Inquiry II Immersion Inquiry III Immersion Inquiry IV Organizational Leadership Analysis & Communication Technology for Transforming Nursing and Health Care Epidemiology Policy, Power, Politics and Ethics Global Health and Social Justice	2 (one at each school)
AY 2014 - 2015	Same courses	
AY 2015 - 2016	Same courses – full enrollment with 10 graduating a year; new faculty will be needed in 2016 to plan and implement BSN to DNP.	

In order for the Consortium DNP to meet the need for advanced practice APRN and advanced specialty nurses needed in the western North Carolina workforce, the Consortium will need to admit similar numbers of students to the BSN-DNP as the current MSN programs. These cohorts begin in 2016 and their numbers become similar to the MSN admissions by 2020. Additional faculty will be needed by 2018 for multiple sections when the BSN-DNP cohorts of students admitted in 2015 progress to join the Post-Master's students (Tables Two, Three and Four). For the first two years the BSN-DNP students will be primarily taking coursework in the existing Master's program. Attachments 5 and 6 provide information about projected student enrollment and graduation in each of the specialty areas the Consortium proposes to include in the DNP. The total number of additional full-time faculty needed at each school is less for this joint program than would otherwise be needed if a unique DNP were proposed for each school.

Both schools have faculty that are qualified to teach in the Post MSN DNP. Many qualified faculty are interested in teaching the courses and have had experience teaching online. Some courses may also be taught by experts outside the schools of nursing. Below is a list of possible faculty who have taught relevant courses. In providing this list we realize that in teaching these courses the faculty would not be available to teach other courses in the schools.

- Global Health and Social Justice (3 cr.): Judy Neubrander, EdD, FNP (WCU); Mary Nies, PhD (UNCC)
- Policy Power, Politics, and Ethics (3 cr.): Shawn Collins, DNP (WCU); Peggy Wilmoth, PhD (UNCC)
- Epidemiology (3 cr.): TBD (either new faculty or collaborate with other disciplines at UNC Charlotte or WCU to offer an existing course online)
- Technology for Transforming Nursing and Healthcare (3 cr.): David Langford, DNSc (UNCC).; Sonya Hardin PhD, ANP (UNCC); Claire DeCristofaro MD (WCU)
- Scientific Foundations of Evidence Based Practice (3 cr.): Shawn Collins, DNP (WCU); Sonya Hardin, PhD(UNCC).
- Applied Biostatistics (3 cr.): TBD (either new faculty or collaborate with other disciplines at UNC Charlotte or WCU to offer an existing course online)
- Economic & Financial Aspects of Healthcare System (3 cr.) Lucille Travis, PhD(UNCC); Peggy Wilmoth, PhD(UNCC).
- Organizational Leadership, Analysis, and Communication (3 cr.): Lucille Travis, PhD(UNCC); Sharon Metcalfe, EdD(WCU).
- Healthcare Program Evaluation and Quality (3 cr.): Mary Nies, PhD(UNCC); David Langford, DNSc(UNCC); Jean Hill, EdD(WCU).
- Leadership and Project Planning (3 cr.): Shawn Collins, DNP(WCU); Julia Wetmore, PhD(WCU); New DNP to be hired 2009-2010
- Translational Research for Complex Systems (3 cr.): Leslie Norris, DNP(WCU); Dianna Inman, DNP(UNCC).
- Immersion Inquiry Project (6 cr.): Leslie Norris, DNP(WCU); .;Judy Neubrander, EdD(WCU), Diane Caruso, DNP(UNCC); Dianna Inman, DNP(UNCC).

Note: In 2018 additional sections will be needed for all courses for BSN-DNP students.

For success of the program at UNC Charlotte, it will be necessary for SON faculty to complete work on the development of the proposal for a clinical track to attract DNP faculty. It would recognize clinical scholarship and require ongoing advanced practice. A clinical appointment track would be implemented to reward grants and publications focused on the application of research to clinical practice. Such a track exists in schools of nursing at UNC Chapel Hill, UNC Greensboro, and East Carolina University. At UNC Charlotte the College of Business has a clinical track and the College of Education has some Clinical Assistant Professor appointments. Presently, the NP faculty are primarily MSN prepared Instructors and their continuing APRN practice is supported.

WCU is a teaching focused institution and already recognizes both clinical and traditional research scholarship and supports continuing practice by APRN faculty.

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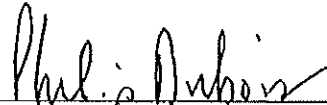
APPENDIX B

DOCTOR OF NURSING PRACTICE

The University of North Carolina at Charlotte and Western Carolina University

This intent to plan a new program has been reviewed and approved by the appropriate campus committees and authorities.

Chancellor _____

Dr. Philip L. Dubois, UNC Charlotte

Additional Signature on following page

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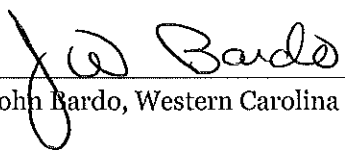
APPENDIX B

DOCTOR OF NURSING PRACTICE

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This intent to plan a new program has been reviewed and approved by the appropriate campus committees and authorities.

Chancellor _____

Dr. John Bardo, Western Carolina University

Attachment 1: Comparison of MSN and DNP Essentials of Core Curricula

DNP Essentials (AACN, 2006a)	MSN Essentials (AACN, 1996)
1) Scientific Underpinnings of Practice	1) Research
2) Organizational and Systems Leadership for Quality Improvement and Systems Thinking	2) Policy, Organization and Financing of Health Care
3) Clinical Scholarship and Analytical Methods for Evidence-Based Practice	3) Ethics
4) Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	4) Professional Role Development
5) Health Care Policy for Advocacy in Health Care	5) Theoretical Foundations of Nursing
6) Inter-professional Collaboration for Improving Patient and Population Health Outcomes	6) Human Diversity and Social issues
7) Clinical Prevention and Population Health for Improving the Nations' Health	7) Health Promotion and Disease Prevention
8) Advanced Nursing Practice	8) Advanced Practice Core Curriculum: a) Advanced Health/Physical Assessment b) Advanced physiology and Pathophysiology, c) Advanced Pharmacology d) Four Specialty Advanced Practice Curricula: Nurse Anesthesia, Nurse Midwives, Nurse Practitioner, or Clinical Nurse Specialist

Attachment 2: Contrast Between Key Differences in DNP and PhD/DNSc/DNS Doctoral Programs in Nursing (AACN, 2006b)

	DNP	PhD/DNSc/DNS
Program of Study	Objectives Prepare nurses in specialties at the highest level of practice Competencies See AACN Essentials Document (2006a)	Objectives Prepare nurse researchers Competencies See Indicators of Quality in Research-focused Doctoral Programs in Nursing (AACN, 2001)
Students	Committed to a practice career Oriented toward improving outcomes of care	Commitment to a research career Oriented toward developing new knowledge
Program Faculty	Practice doctorate or other doctorate with expertise in area of teaching High level of expertise in specialty practice congruent with focus of academic program	Research doctorate in Nursing or related field High level of expertise in research congruent with focus of academic program
Resources	Mentors and/or preceptors in leadership positions in a variety of practice settings. Access to financial aid Access to information and patient care technology resources congruent with areas of study	Mentors and/or preceptors in research settings Access to financial aid Access to information and research technology resources congruent with programs of research.
Program Assessment and Evaluation	Program Outcomes Health care improvements and contributions via practice, policy change, and clinical scholarship Oversight by institution's authorized bodies and regional accreditors (SACS) Accreditation by national nursing authorized agencies (CCNE) DNP graduates eligible for national certification where applicable	Program Outcomes Contributes to new knowledge and other scholarly products that provide the foundation for the advancement of nursing science and practice. Oversight by institution's authorized bodies and regional accreditors (SACS)

Attachment 3: Sample Community Engagements

University of North Carolina at Charlotte	Western Carolina University
Carolinas HealthCare System (CHS) is the largest healthcare system in the Carolinas, and one of the largest publicly owned systems in the nation. CHS nurses mentor graduate students in their synthesis capstone projects. The Chief Nursing Officer consistently serves on the SON Advisory Board and advanced practice nurses and nurse executives frequently provide guest lectures in graduate courses. Dr. Jane Neese, Associate Dean for Academic Affairs, is a member of the system IRB and Dr. Lucille Travis is a member of the Nursing Research Committee at CMC Main. Dr. David Langford is a consultant in evidence-based practice at CMC-NorthEast and Dr. Jackie Dienemann is a consultant in evidence-based practice at CMC-University.	*MedWest Health System* MedWest Health System includes Haywood Regional Medical Center(*see below*) in Waynesville, Harris Regional Hospital(*see below*) in Sylva and Swain County Hospital in Bryson City, with a systemwide total of 323 licensed beds. MedWest serves 160,000 people in Haywood, Jackson, Swain, Macon and Graham counties with a medical staff of more than 230 physicians, many of whom are part of an employed physician network. MedWest is affiliated with **Carolinas Healthcare System(CHS)**. WCU has nursing students at all of the MedWest Health System hospitals each semester.
Presbyterian Healthcare/Novant Health nurses collaborate closely with the School for graduate student clinical placements. They also mentor graduate students with synthesis capstone projects. The Chief Nursing Officer consistently serves on the SON Advisory Board and on other committees within CHHS. Presbyterian Hospital's recent designation as a Magnet facility exemplifies the quality of care provided and opportunities for graduate student learning. Dr. Sonya Hardin collaborated with Presbyterian Healthcare for access to heart failure participants in her Pfizer funded research.	*Asheville Anesthesia Associates (AAA)* is a growing private practice, which has been delivering anesthesia services for more than 30 years. At AAA, anesthesia is delivered using the Anesthesia Care Team approach. As the primary clinical site for WCU's nurse anesthesia program, AAA works closely with the WCU SON to provide anesthesia clinical experiences at Mission Hospitals and Haywood Regional Medical Center. AAA employs approximately 100 CRNAs and has helped financially support WCU's anesthesia program from its inception.
William "Bill" Hefner Veterans Affairs Medical Center (VMAC) in Salisbury, NC is located 40 miles from UNC Charlotte. VMAC has a large Out Patient clinic less than five minutes from UNC Charlotte. Faculty have worked with the VAMC on several projects, and the VAMC has provided educational experiences for students in the nurse practitioner specialty of the master's program. Drs. Sonya Hardin, Jackie Dienemann, and Lucille Travis were invited to speak at the VAMC as part of their research series. Dr. Sonya Hardin is appointed as an unpaid staff to collaborate with VA researchers. Dr. Laura Talbot is a veteran and currently is conducting	*Mission Hospitals* is the leader in advanced medical care for the Western Piedmont region. Their mission, vision, and core values support professional development. They have a long history of working closely with undergraduate and graduate students at the WCU SON. Mission employees serve as preceptors for senior nursing students, family nurse practitioner and nurse anesthetist students and are guest lecturers for the SON.

a multi-site study funded by a Tri-services Research Grant at two other VAMCs in Maryland and Texas. Dr. David Langford and Dr. Ann Newman were funded to offer on-site nurse educator certificate courses at VAMC in 2007-2008. The VAMC has a history of providing unpaid internships for MSN students and provided a paid internship for a nurse administrator student in the summer of 2009.	
Mecklenburg County Health Department (administratively a part of the Charlotte Mecklenburg Hospital authority, which includes Carolinas HealthCare System) provides preceptors for graduate internships for community/public health students and nurse practitioner students. They mentor students in synthesis capstone projects annually. Nutritionists and the epidemiologist also have collaborated on research, including Dr. Maren Coffman's study of nutritional literacy of Latinos. They were a major collaborator in a HRSA-funded education program grant in community health/school nursing in 2000-2004, and a representative serves on the SON Advisory Board. Maria Bonaiuto, the Director of School Nursing in Mecklenburg County, has worked closely on research projects and publications with faculty in the SON.	***The Charles George VAMC (CGVAMC)*** in Asheville has been providing health care to the men and women who have served the nation since 1922. Their mission is to serve veterans through the delivery of timely quality care by staff who demonstrate outstanding customer service, advancement of health care through research, and education of tomorrow's health care providers. In April 2009 the WCU SON, in partnership with the CGVAMC received a VA Nursing Academy Grant to increase the number of nurses regionally through WCU's Accelerated BSN program.
CaroMont Health Care System and Lake Norman Regional Medical Center participate in Community University Student Partnerships (CUSP) with the SON. Each center provides clinical teaching for a cohort of ten undergraduate nursing students, and the SON in return provides expert consultation in research and evidence-based practice to these magnet-designated hospitals. Drs. Sonya Hardin and Jackie Dienemann are the faculty liaisons to these agencies. Dr. Dienemann serves on Lake Norman's Board of Trustees. Both hospital systems have participated in AHEC and HRSA grant applications and consistently have representatives serving on the SON Advisory Board. Ms. Pamela Rudisill, an alumna and previous Chief Nurse Officer at Lake Norman holds the corporate nursing position for Health Management Associates, the owner of Lake Norman Regional Medical Center. She is the President-elect of the Association of Nurse Executives, a national nursing organization for nurse executives, and	***Park Ridge Hospital*** is located in Fletcher, NC. It has been providing state-of-the-art medical care to the community since 1910. The anesthesia department of Park Ridge Hospital is active in the daily clinical instruction of WCU's nurse anesthetist' students.

a strong supporter of the SON and its programs.	
The School of Nursing works closely with the regional **Sigma Theta Tau Nursing Honor Society chapters** as a co-sponsor of their annual research meeting which supports a major national speaker and peer reviewed posters of student research and evidence based projects. Over 100 nurses from the mid-Atlantic and southern region typically attend this conference. SON graduate students also regularly participate in the CMC-NorthEast Research Day and faculty have been invited for the last two years to be speakers on topics related to evidence-based practice. These opportunities allow UNC Charlotte to showcase its growing expertise in the region and to gain invaluable input from the community.	*Haywood Regional Medical Center* (HRMC) is located in Waynesville, NC. HRMC's vision is to excel as a reliable organization, with consistently high levels of quality and patient safety. HRMC provides educational opportunities for both undergraduate and graduate WCU students.
Regional County Health Departments provide preceptors for students in Nurse Administration, Community/Public Health Nursing, and Family Nurse Practitioner programs. Many supervisors and MSN prepared staff mentor students in synthesis capstone projects, preceptored clinical experiences, and internships.	*Harris Regional Medical Center* is an 86-bed hospital located in Sylva, NC. Harris is dedicated to the health and wellness of the residents of western North Carolina and surrounding communities. Harris Regional provides educational opportunities for both undergraduate and graduate WCU students.
Regional County Health Departments provide preceptors for graduate internships for Nurse Administration and Nurse Practitioner students. They mentor students in synthesis capstone projects yearly. Dr. Jean Hill has worked closely with the Henderson County Health Department on her public health and public school research. Several representatives from the local Health Departments serve on the SON Advisory Board.	*Asheville-Buncombe Technical Community College*, a two-year regional community college nursing program, has worked closely with WCU SON for several years. The two schools currently implement joint Partners in Nursing grant to offer a BSN completion program. Students take their first two years at the community college, but they finish their bachelor's degree at WCU. Dr. Vincent Hall has been significantly involved in facilitating the agreement and collaboration.
The Duke School of Nursing has been a healthcare leader, first awarding baccalaureate degrees in 1938, establishing the bachelor of science in nursing degree in 1953 and beginning one of the first nursing graduate programs in 1958. Today, offering the accelerated bachelor of science in nursing degree, the master of science degree, the post-master's certificate, the DNP, and the PhD degree, the School of Nursing remains a national leader in nursing education. Through	

innovative teaching strategies, the incorporation of advanced technology, and collegial faculty-to-student relationships, the school is dedicated to improving access to care, providing high quality cost-effective care, and preparing healthcare leaders for today and tomorrow. Both UNC Charlotte and WCU Schools of Nursing have partnered with The Duke University School of Nursing on Health Resources Service Administration (HRSA) federal grants to implement technology in nursing education.	

Attachment 4:   Faculty Resource Table

UNC Charlotte

Faculty Name	Doc. Degree	Degree date	Certifi- cation	Practice Site/Focus	Grad Faculty	Experience with Doctoral Education**	Additional Expertise
Coffman, Maren	PhD	2005	None	None	Yes	None	Hispanics and diabetes research
Cornelius, Judith	PhD	2000	None	None	Yes	None	HIV prevention in at-risk women and adolescents
Dienemann, Jacqueline*	PhD	1983	NEA-C	CMC-University EBP	Yes	Yes/PhD	Domestic violence research
Troutman, Meredith	PhD	2004	PMH CNS	None	Yes	None	Gerontological research
Hardin, Sonya	PhD	1990	CCRN, ACNS-BC, NP-C	Private Practice, CaroMont EBP	Yes	Yes/PhD	Cardiovascular research; innovative teaching strategies, critical care nursing
Kazemi, Donna	PhD	2008	None	None	Yes	None	Substance abuse research
Langford, David	DNSc	1994	None	Carolina Medical Center-NorthEast EBP	Yes	Yes/PhD	Community health nursing
Montgomery, Kristen	PhD	2004	None	None	Yes	None	Maternal child health research
Morris, Tama	PhD	2008	NEduc.	None	Yes	None	Education research
Newman, Ann*	DNS	1991	NEduc, PMHCNS	None	Yes	None	Arthritis research
Nies, Mary	PhD	1988	None	None	Yes	Yes/DNP & PhD	Health promotion & health behavior research
Talbot, Laura	PhD, EdD	PhD 1991 EdD 1996	GCNS-BC CNS in Gerontology	CHHS lab; Physical Function lab	Yes	Yes/PhD	Muscle and cardiovascular fitness; aging; physical activity; rehabilitation

Faculty Name	Doc. Degree	Degree date	Certifi-cation	Practice Site/Focus	Grad Faculty	Experience with Doctoral Education**	Additional Expertise
Travis, Lucille	PhD	1988	NE-BC	None	Yes	Yes/PhD	Heart failure research; informatics research; administration; curriculum & instruction
Wilmoth, Peggy	PhD	1993	None	None	Yes	Yes/PhD	Cancer symptoms; health policy

*Began Phased Retirement 2009
** Experience with Doctoral Education = participate/chair dissertation committee or has taught doctoral level classes.

The following faculty members hold primarily administrative positions but available for Immersion Inquiry mentorships and other roles in DNP program

Faculty Name	Doc. Degree	Degree date	Certifi-cation	Practice Site/Focus	Grad Faculty	Experience with Doctoral Education**	Additional Expertise
Baldwin, Dee	PhD	1987	None	Community Settings	Yes	Yes/PhD	Women's health; minority populations; breast cancer awareness in AAW
Edwards, Lienne	PhD	1990	None	Nursing Education	Yes	None	Professional nursing continuing education; Father-infant interaction
Foss, Gwendolyn	DNSc.	1998	PHN	None	Yes	Yes/PhD	Maternal child health in immigrant & refugee families.
Neese, Jane	PhD	1994	None	None	Yes	Yes/PhD	Older adults mental health research, instrument development

** Experience with Doctoral Education = participate/chair dissertation committee or has taught doctoral level classes.

Western Carolina University

Faculty Name	Doc. Degree	Degree date	Certifi-cation	Practice Site/Focus	Grad Faculty Status	Experience with Doctoral Education**	Additional Expertise
Chapman, Sheila	EdD	2008	None	Nursing education	Yes	None	Medical-surgical nursing; critical care
Collins, Shawn	DNP	2008	CRNA	Anesthesia	Yes	None	International nursing; education; leadership
Colon, Eileen	PhD	2006	None	Pediatrics	Yes	None	International studies
Comer, Linda	PhD	2004	LPC	Critical care	Yes	None	Addictions; mental health
DeCristofaro, Claire	MD	1979	Family Practice	Clinical medicine	Yes	None	Online teaching
Hall, Vincent***	PhD	2000	CNE	None	Yes	None	HIV/AIDS; Psychosocial & Spiritual Issues r/t chronic disease
Hill, Jean	EdD	1997	None	Public health	Yes	None	Public health
Jacques, Sharon	PhD	1995	None	Maternal/newborn	Yes	None	Women's health
Neubrander, Judy***	EdD	2001	CNE, FNP-BC	Hospice, palliative care	Yes	None	Death and dying
Metcalfe, Sharon	EdD	1997	None	Neonatal	Yes	None	Nursing leadership
Norris, Leslie	DNP	2010	FNP-BC	Adult health,	Yes	None	Pediatrics
Repede, Elizabeth	PhD	2009	FNP-BC	Psychiatry	Yes	None	Child Abuse
St John, Barbara	PhD	2002	None	Clinical education	Yes	None	Community health
Wetmore, Julia	PhD	1991	None	Pediatrics	Yes	None	EBP

EBP = Evidence Based Practice
** Experience with Doctoral Education = participate/chair dissertation committee or has taught doctoral level classes.
*** Holds combination administrative and teaching position and available to teach selected courses.

Attachment 5: Projected Admissions, Enrollment, and Graduation for MSN Programs
2012-2020

UNC Charlotte

MSN Admission	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	24	24	24	24	12	0	0	0	0
FNP	20	20	20	20	6	0	0	0	0
Admin.	0	21	0	15	0	0	0	0	0
C/PHN	0	15	0	10	0	0	0	0	0
Continuing MSN Enrollment	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia (3 years)	48	48	48	48	48	36	12	0	0
FNP (2 years)	20	20	20	20	20	6	0	0	0
Admin. (3 years)	36	14	21	21	15	15	0	0	0
C/PHN (3 years)	26	15	15	15	10	10	0	0	0
Admission plus Continuing Enrollment	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia (3 years)	72	72	72	72	60	36	12	0	0
FNP (2 years)	40	40	40	40	26	6	0	0	0
Admin. (3 years)	36	35	21	36	15	15	0	0	0
C/PHN (3 years)	26	30	15	25	10	10	0	0	0
Graduating MSN	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	24	24	24	24	24	24	12	0	0
FNP	20	20	20	20	20	6	0	0	0
Admin.	22	14	0	21	0	15	0	0	0
C/PHN	11	15	0	15	0	10	0	0	0
EnrollmentTotal	**178**	**181**	**148**	**174**	**111**	**67**	**12**	**0**	**0**

Note: MSN programs are 2 or 3 years from admission to graduation

Western Carolina University

MSN Admission	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	14	14	14	14	10	0	0	0	0
FNP	15	15	15	15	10	0	0	0	0
Admin.	8	8	8	8	4	0	0	0	0
Continuing Enrollment	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Anesthesia (3 year)	28	28	28	28	28	24	10	0	0
FNP (3 year)	30	30	30	30	30	25	10	0	0
Admin. (2 year)	8	8	8	8	8	4	0	0	0
Admission plus Continuing Enrollment	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Anesthesia (3 year)	42	42	42	42	38	24	10	0	0
FNP (3 year)	45	45	45	45	25	15	10	0	0
Admin. (2 year)	16	16	16	16	12	4	0	0	0
Graduating	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Anesthesia	14	14	14	14	14	14	10	0	0
FNP	15	15	15	15	15	15	10	0	0
Admin.	8	8	8	8	8	8	4	0	0
Total Enrollment	**103**	**103**	**103**	**103**	**75**	**43**	**20**	**0**	**0**

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Enrollment Total for UNC Charlotte	178	181	148	174	111	67	12	0	0
Enrollment Total for WCU	103	103	103	103	75	43	20	0	0
Enrollment Total for Consortium	281	284	351	277	186	110	32	0	0

Attachment 6: Projected Admissions, Enrollment, and Graduation for DNP with Post-BSN Admission, including current MSN specialty content.

UNC Charlotte

Admission	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	12	18	18	24	24
FNP	0	0	0	0	6	14	14	20	20
Admin.	0	0	0	0	4	8	8	8	8
C/PHN	0	0	0	0	4	8	8	8	8
Continuing Enrollment	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	0	12	30	48	60
FNP	0	0	0	0	0	6	20	34	48
Admin.	0	0	0	0	0	4	12	20	24
C/PHN	0	0	0	0	0	4	12	20	24
Admission plus Continuing Enrollment	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	12	30	48	72	84
FNP	0	0	0	0	6	20	34	54	68
Admin.	0	0	0	0	4	12	20	28	32
C/PHN	0	0	0	0	4	12	20	28	32
Graduating	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	0	0	0	12	18
FNP	0	0	0	0	0	0	0	6	18
Admin.	0	0	0	0	0	0	0	4	8
C/PHN	0	0	0	0	0	0	0	4	8
Enrollment Total	**0**	**0**	**0**	**0**	**26**	**74**	**120**	**182**	**216**

Western Carolina University

Admission	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	10	14	14	14	14
FNP	0	0	0	0	10	15	15	15	15
Admin.	0	0	0	0	4	8	8	8	8
Continuing Enrollment	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	0	10	24	38	42
FNP	0	0	0	0	0	10	25	40	45
Admin.	0	0	0	0	0	4	12	20	24
Admission plus Continuing Enrollment	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	10	24	38	52	56
FNP	0	0	0	0	10	25	40	55	60
Admin.	0	0	0	0	4	12	20	28	32
Graduating	2012	2013	2014	2015	2016	2017	2018	2019	2020
Anesthesia	0	0	0	0	0	0	0	10	14
FNP	0	0	0	0	0	0	0	10	15
Admin.	0	0	0	0	0	0	0	4	8
Enrollment Total	**0**	**0**	**0**	**0**	**24**	**61**	**98**	**135**	**148**
Enrollment Total UNC Charlotte	**0**	**0**	**0**	**0**	**26**	**74**	**120**	**182**	**216**
Enrollment Total for WCU	**0**	**0**	**0**	**0**	**24**	**61**	**98**	**135**	**148**
Total for Consortium	**0**	**0**	**0**	**0**	**50**	**135**	**218**	**317**	**364**

Note: Earning the DNP takes 4 years from admission to graduation