



UNC CHARLOTTE

Office of the Chancellor

9201 University City Boulevard, Charlotte, NC 28223-0001

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September 28, 2012

Dr. Chris Brown
Vice President for Research and Graduate Education
General Administration
University of North Carolina
Post Office Box 2688
Chapel Hill, North Carolina 27515-2688

Dear Dr. Brown:

Enclosed is UNC Charlotte and Western Carolina University's request for authorization to establish a Doctor of Nursing Practice degree program. The proposed program is an exciting joint effort that responds directly to the educational needs of nursing professionals in our state and region. The enclosed request has been revised to meet the requirements of the newly established academic program review and approval process.

Thank you for your consideration of this request. Provost Joan Lorden or I would be pleased to respond to any questions that you may have.

Cordially,

A handwritten signature in black ink, appearing to read "Philip L. Dubois".

Philip L. Dubois
Chancellor

cc: Joan F. Lorden, Provost and Vice Chancellor for Academic Affairs, UNC Charlotte
Nancy Fey-Yensan, Dean, College of Health and Human Services, UNC Charlotte
Dee Baldwin, Associate Dean and Director of the School of Nursing, UNC Charlotte
Angela Brenton, Provost and Vice Chancellor for Academic Affairs, Western Carolina University
Marie Huff, Dean, Western Carolina University College of Health and Human Services
Judy Neubrander, Director, School of Nursing, Western Carolina University



UNC CHARLOTTE

Office of Academic Affairs

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November 2, 2012

Courtney H. Thornton, Ed.D.
Associate Vice President for Research and Graduate Education
General Administration
University of North Carolina
910 Raleigh Road
Post Office Box 2688
Chapel Hill, North Carolina 27515-2688

Dear Dr. Thornton:

Enclosed is UNC Charlotte's detailed budget for the Doctor of Nursing Practice program as requested. We have determined that start up and continuing costs can be funded by a combination of differential tuition and enrollment growth funds, and have indicated exact amounts to be taken from each source in the detailed budget. UNC Charlotte is committed to funding the expenses for the DNP as described by reallocating funds, if needed.

Thank you for your consideration of this request and please let me know if I can provide additional information.

Cordially,

Joan F. Lorden, Ph.D.
Provost and Vice Chancellor for Academic Affairs

cc: Nancy Fey-Yensan, Dean, College of Health and Human Services, UNC Charlotte
Dee Baldwin, Associate Dean and Director of the School of Nursing, UNC Charlotte
Marie Huff, Dean, Western Carolina University College of Health and Human Services
Judy Neubrandner, Director, School of Nursing, Western Carolina University



November 2, 2012

Courtney H. Thornton, Ed.D.
Associate Vice President for Research and Graduate Education
General Administration
University of North Carolina
910 Raleigh Road
Post Office Box 2688
Chapel Hill, North Carolina 27515-2688

Dr. Thornton:

Western Carolina University is committed to funding expenses for the DNP program as detailed in the attached budget. We have determined that start up and continuing costs can be funded by a combination of differential tuition and enrollment growth funds. We have indicated exact amounts to be taken from each source in the detailed budget.

Please let me know if I can provide additional information.

Cordially,



Angela Laird Brenton, Ph.D.

Provost, WCU

Executive Summary

Overview

The proposed Doctor of Nursing Practice (DNP) Consortium at the University of North Carolina at Charlotte (UNCC) and Western Carolina University (WCU) is a practice doctorate in nursing that will award the terminal degree DNP. The 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. The purpose of this post-master 42 credit program is to provide graduates who will practice nursing at the highest level of their specialty.

The proposed DNP is congruent with the mission and vision for excellence in values and evidence-based education, research, and practice at both institutions. The DNP degree also aligns with the goals of both Colleges and the overall strategic plans for each university. At UNC Charlotte, the DNP is congruent with the School of Nursing's vision and is listed as Goal #1 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. Furthermore, establishment of a DNP is an integral component of the School of nursing's future and is listed as goal number one in the strategic plan: "Plan, develop, and implement doctoral programs that meet regional and national needs. 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 is congruent with the WCU School of Nursing's pursuit of excellence in graduate education. The DNP has been an integral part of the School of Nursing's Strategic Plan since 2004, which stated in Strategic Direction One: "Obtain permission to plan the DNP in conjunction with UNC Charlotte". The DNP is also congruent with the College of Health and Human Science's (CHHS) mission for a dynamic learning community that prepares individuals for professional life by providing quality educational experiences that promote scholarship. Implementation of the DNP is aligned with the WCU 2020 Plan item 1.1.2.4 "Position WCU as the premier regional provider of baccalaureate and graduate education in the health professions with an emphasis on culturally sensitive, integrative, and intergenerational health care". 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 School of Nursing (SON) in the UNC Charlotte CHHS and the School of Nursing (SON) in the CHHS at WCU propose to establish a consortium to offer a Doctor of Nursing Practice (DNP) degree as a hybrid program taught on both campuses. 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-masters program only. Students entering the proposed program will hold an MSN degree. In 2016 the consortium proposes to offer a post-baccalaureate admission to the DNP program. MSN programs (with the exception of nursing education) will begin a transition to primarily post-baccalaureate admissions at that time. The Schools of Nursing will maintain the nurse educator masters degree programs since nationally the terminal degree for nurse educators is the PhD or EdD, not the DNP. The DNP will be the required entry level degree for nurse anesthetists starting in 2025 and also for family nurse practitioners at a yet to be determined date. Admission to the postmaster's DNP program will continue beyond 2016.

The learning methodology will include face-to-face and mediating technology between the faculty and students that may be asynchronous or real time with geographic separation. This program will require visits to each campus and include online coursework. Such a design will expose students to a wider array of faculty than available in one school, span urban and rural health care perspectives, and expand access to DNP education for nurses in North Carolina.

Curriculum 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 graduates 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 program, graduates will:

- 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.
- Manage directly the complex problems of clients/populations and systems to facilitate access and navigation of the health care system to improve health outcomes.

Need for the Program

DNP preparation is not meant to create new roles for advanced practice nurses. Rather DNP programs are designed to provide advanced practice nurses with the knowledge and skills necessary to make valuable contributions to patient care and population health in an increasingly complex healthcare arena. Nationally the DNP will replace the MSN degree for advanced practice nurses. With employment rates for MSN graduates in NC ranging from 82 to 100% at six to 12 months after degree completion, there is a robust job market for advanced practice nurses. The market for advanced practice nurses will only continue to rise due to: (a) the 32 million Americans soon to qualify for health care consequent to the Affordable Care Act, (b) increased restrictions placed on the hours medical residents are allowed to work, (c) Centers for Medicare and Medicaid Services tying hospital reimbursement rates to low readmissions, and (d) the ever-increasing nursing faculty shortage.

UNC Charlotte and Western Carolina meet workforce needs for Advanced Practice Registered Nurses (APRNs) in Western North Carolina hospital systems and physician practices by providing a steady stream of nurse anesthetist and nurse practitioner (NP) graduates. All graduates from the 2009-2011 classes of the WCU nurse anesthetist program were hired in the Asheville region and beyond before graduation, and all 2009-2011 graduates from the UNC Charlotte nurse anesthetist program were hired in the Charlotte area and beyond before graduation. 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 at an increasing level comparable with the healthcare needs of the region.

Intended Audience of Program

Currently there are no opportunities at WCU or UNC Charlotte for students to obtain

the DNP degree. The proposed DNP will begin as a post-masters program only. Students that hold an MSN degree will be eligible to apply for admission to the program. In 2016, the pool of students for the DNP will be the students who currently apply for the MSN degree.

Potential Program Duplication

The proposed program is one of five DNP proposals from the UNC System Schools of Nursing. Currently two DNP programs exist at private institutions (Duke University and Gardner Webb University). The program proposed by WCU and UNC Charlotte is the only consortium DNP currently proposed. Currently there are no opportunities at WCU or UNC Charlotte for students to obtain the DNP degree. Thus, nurses in the western part of the state are underserved. In 2016, the pool of students who apply to the DNP programs will be the students who would normally apply for the MSN degree which will be phased out.

APPENDIX C
UNIVERSITY OF NORTH CAROLINA
REQUEST FOR AUTHORIZATION TO ESTABLISH
A NEW DEGREE PROGRAM

***INSTRUCTIONS:** Each proposal should include a 2-3 page executive summary. The signature of the Chancellor is required. Please submit one hard copy and an electronic copy of the proposal to the Office of the Senior Vice President of Academic Affairs at UNC General Administration.*

Date: June 19, 2012

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

CIP Discipline Specialty Title: Nursing

CIP Discipline Specialty Number: 51.3818 Level: B _____ M _____ 1st Prof _____ D X

Exact Title of the Proposed Degree: Doctor of Nursing Practice

Exact Degree Abbreviation (e.g. B.S., B.A., M.A., M.S., Ed.D., Ph.D.): DNP

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

The current SACS Substantive Change Policy Statement may be viewed at:
<http://www.sacscoc.org/pdf/081705/Substantive%20Change%20policy.pdf>

If yes, please briefly explain.

Proposed date to establish degree program: *Month* August *Year* 2013

Are there plans to offer all or a portion of this program to students off-campus or online? Yes _____ No X

If yes, complete the form to be used to request establishment of a distance education program and submit it along with this request.

Note: If a degree program has not been approved by the Board of Governors, its approval for alternative, online, or distance delivery must wait until BOG program approval is received. (400.1.1[R], page 3)

¹This Appendix C supersedes the preceding Appendix C entitled, "Request for Authorization to Establish a New Degree Program," adopted May 6, 2009.

I. DESCRIPTION OF THE PROGRAM

A. Describe the proposed degree program (i.e., its nature, scope, and intended audience).

The proposed Doctor of Nursing Practice Consortium at the University of North Carolina at Charlotte and Western Carolina University is a practice doctorate in nursing that will award the terminal degree of Doctor of Nursing Practice (DNP). Graduates will be employed in primary care settings, hospitals, public health agencies, ambulatory surgical centers and schools of nursing. The purpose of the program is to prepare graduates who will practice nursing at the highest level of their specialty.

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) in the 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 program taught on both campuses. 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-masters program only. Students entering the proposed program will hold an MSN degree. In 2016 the consortium proposes to offer a post-baccalaureate admission to the DNP program. MSN programs (with the exception of nursing education) will begin a transition to primarily post-baccalaureate DNP admission at that time. The DNP will be the nationally required entry level degree for nurse anesthetists starting in 2025 and also for family nurse practitioners at a yet to be determined date. After 2016 both the post-masters and the post-baccalaureate DNP will be offered, as well as the MSN for all tracks except nurse anesthesia.

The choices of learning methodology will include face to face and mediating technology between the faculty and students that may be asynchronous or real time with geographic separation. This program will require visits to each campus and include web-enhanced and online coursework. Such a design will expose students to a wider array of faculty than in one school, span urban and rural health care perspectives, and expand access to DNP education for nurses in North Carolina.

B. List the educational objectives of the program.

Upon completion of the DNP program, graduates will:

- 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.
- Manage directly the complex problems of clients/populations and systems to facilitate access and navigation of the health care system to improve health outcomes.

C. Describe the relationship of the program to other programs currently offered at the proposing institution, including the common use of:

1. Courses

The DNP is a new degree at both institutions, and therefore there are few courses that could be included from other disciplines at either institution. The DNP curriculum does plan to include a masters or doctoral level Epidemiology course currently taught in the College of Health and Human Services at UNC Charlotte. Students will select an elective course to support their clinical project from existing masters or doctoral level courses at either institution.

2. Faculty

Formal agreements between UNC Charlotte and Western Carolina University have been made for faculty at each school to teach identified courses. All faculty will hold Graduate School appointments and will have the appropriate educational and experiential background for the courses assigned. Faculty from outside the discipline of nursing will be available to participate as members of doctoral project committees at each campus.

Didactic Courses taken by all students at UNC Charlotte during Academic Year (12):

- Foundations and Applications of Evidence Based Practice (3)
- Healthcare Program Evaluation and Quality (3)
- Leadership and Healthcare Systems (3)
- Communication for Technology and Transforming Healthcare (3)

Didactic Courses taken by all students at WCU during Academic Year (12):

- Leadership and Project Planning (3)
- Applied Biostatistics (3)
- Health Care Policy and Ethics (3)
- Economic & Financial Aspects of Healthcare System (3)

Didactic Courses taken by all students at UNC Charlotte during Summer (6):

- Community Epidemiology (3)
- Global Health & Social Justice (3)

Courses taken by only students at admitting campus (9)

- Clinical Residency and Project Development I, II, III, & IV (9)

Courses that can be taken at either university (3):

- Elective (3)

3. Facilities

Specific needs for the DNP consortium include securing a space for the Advisory Committee to interview students, administer the qualifying exam, hear the project defense, and for regular meetings of the Advisory Committee in a location that is mid-point between both schools. For example the Appalachian State University building in Hickory is convenient to both schools and would be a convenient place to meet. Travel expenses to Hickory for faculty would be minimal. In addition, videoconferencing would be a possibility for some joint meetings. Some of the courses will be taught at each school using resources of both UNC Charlotte and WCU.

4. Other resources

D. Identify opportunities for collaboration with institutions offering related degrees and discuss what steps have or will be taken to actively pursue those opportunities where appropriate and advantageous.

UNCC and WCU are collaborating to offer this DNP program as a consortium.

II. JUSTIFICATION FOR THE PROGRAM - NARRATIVE STATEMENT

A. Describe the proposed program as it relates to:

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.

1. Institutional mission

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 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. Implementation of the DNP is aligned with the WCU 2020 Plan item 1.1.2.4 "Position WCU as the premier regional provider of baccalaureate and graduate education in the health professions with an emphasis on culturally sensitive, integrative, and intergenerational health care."

2. Strategic plan

See above for combined statement.

3. Responsiveness to local, regional, or statewide needs

Both UNC Charlotte and WCU have been recognized with the Community Engagement Classification from the Carnegie Foundation for the Advancement of Teaching. This classification recognizes mutually beneficial partnerships and reciprocity between the university and its community, which certainly characterizes the SONs' engagement with our communities. The addition of the practice doctorate (DNP) by both Schools 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 the DNP scholarly 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.

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.

4. Student demand. Discuss the extent to which students will be drawn from a pool of students not previously served by the institution.

Currently there are no opportunities at WCU or UNC Charlotte for students to obtain the DNP, so these students have not been previously served by our institutions. In 2016, the pool of students will be the students who currently apply for the MSN degree. To reaffirm that student interest remains in the DNP degree, in spring of 2012, the SON at UNC Charlotte conducted a survey of BSN and MSN students enrolled at UNC-Charlotte. A total of 127 responses were obtained, 36.22 % (n=46) were MSN majors and 63.77% (n=81) were BSN majors. Results indicated that 67.72 % (n=86), plan to pursue a doctoral degree in nursing and 63.39 % (n=71) plan to pursue a DNP. Of those interested in pursuing a DNP 36.63 % (n=26) plan to return school within 1-2 years of graduating.

In spring of 2012, the SON at WCU conducted a survey of BSN and MSN students enrolled at WCU. A total of 64 BSN students and 32 MSN students responded. 70% of the BSN students and 75% of the MSN students indicated plans to pursue a doctoral degree. Of those desiring a doctoral degree, 75% of the BSN respondents and 94% of the MSN respondents identified a DNP as the degree preferred. Of those interested in a DNP, 44% of the BSN respondents and 8.3% of the MSN respondents indicated they would be ready to start the DNP in Fall 2013.

5. Employment opportunities. Document need for proposed degree recipients in the region, the state, or nationally.

DNP preparation was not meant to create new roles for advanced practice nurses. Rather DNP programs are designed to provide advanced practice nurses with the knowledge and skills necessary to make valuable contributions to patient care and population health in an increasingly complex healthcare arena. Nationally the DNP will replace the MSN degree for advanced practice nurses. With employment rates for MSN graduates in NC ranging from 82 to 100% at six to 12 months after degree completion, there is a robust job market for advanced practice nurses. The market for advanced practice nurses will only continue to rise due to: 32 million Americans soon to qualify for health care consequent to the Affordable Care Act, increased restrictions placed on the hours medical residents are allowed to work, Centers for Medicare and Medicaid Services tying hospital reimbursement rates to low readmissions, and the ever-increasing nursing faculty shortage.

Workforce needs for Advanced Practice Registered Nurses (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 2009-2011 classes of the WCU nurse anesthetist program were hired in the Asheville region and beyond before graduation, and all 2009-2011 graduates from the UNC Charlotte nurse anesthetist program were hired in the Charlotte area and beyond before graduation.

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.

- B. Discuss potential program duplication, program competitiveness, and opportunities for collaboration in the delivery of the program

Due to implementation of requirements by national accreditors, certification boards, and Boards of Nursing, duplication, program competitiveness, and opportunities for collaboration are expected to mirror current MSN profiles.

1. Identify similar programs offered by public and private universities elsewhere in North Carolina. Indicate how the proposed new degree program differs from

other programs like it within UNC. If the program duplicates other UNC programs, explain:

The proposed program is one of five DNP proposals from UNC system Schools of Nursing. There currently exist two DNP programs at private institutions (Duke University and Gardner Webb University). The program proposed by WCU and UNC Charlotte is the only consortium DNP currently proposed.

a. Why the proposed program is necessary or justified, and

As many DNP programs will be needed as there are currently schools preparing advanced practice nurses in NC (six) because this is the beginning of a transition to another degree. While the nurse practitioner groups have not mandated a DNP for entry into practice the nurse anesthesia professional organization has set 2025 as the year by which they will require the DNP for new graduates who will sit for the CRNA certification exam. North Carolina has six Nurse Anesthesia programs including UNC Charlotte, and Western Carolina University. Therefore, this DNP degree is essential to the future of advanced practice nursing in North Carolina.

b. How all or portions of the curriculum might be offered collaboratively with another UNC institution.

The entire curriculum is offered collaboratively between UNCC and WCU through a consortium.

2. If the program is a graduate or first professional degree, compare it with other similar programs in public and private universities in North Carolina, in the region, and in the nation. Where appropriate, describe how all licensure or professional accreditation standards will be met, including required practica, internships, and supervised clinical experiences.

The program is a unique consortium between UNC Charlotte and WCU. The health profession practice doctorate will not be unique in the university system of North Carolina. All post-MSN students will be licensed and certified as advanced practice nurses. The proposed DNP program will seek national accreditation to provide an unbiased assessment of the quality of the program. During the 2013-14 academic year, each School of Nursing will individually submit a letter of intent to request an accreditation review by the Commission on Collegiate Nursing Education (CCNE). Each School will complete an individual self-study in preparation for an onsite visit by CCNE during the 2014-15 academic year.

- C. Enrollment (baccalaureate programs should include only upper division majors, that is, juniors and seniors).

Headcount enrollment

Show a four-year history of enrollments and degrees awarded in similar programs offered at other UNC institutions (using the format below for each institution with a similar program); indicate which of these institutions you consulted regarding their experience with student demand and job placement. Indicate how their experiences influenced your enrollment projections.

There are no institutions in the UNC system that currently offer the DNP.

Institution:

N/A _____

Program Title:

N/A _____

	(year)	(year)	(year)	(year)
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Enrollment	N/A	N/A	N/A	N/A
Degrees-awarded	N/A	N/A	N/A	N/A

Please indicate the anticipated first year and fourth year steady-state enrollment (head count) for the proposed program.

Year 1: Full Time 12 Part-time 0 Total 12

Year 4: Full-time 134 Part-time 0 Total 134

SUMMARY OF STUDENT ENROLLMENT PROJECTIONS	Year 1 (2013-2014)	Year 2 (2014-2015)	Year 3 (2015-2016)	Year 4 (2016-2017)
Masters Programs and Concentrations (Existing) WCU				
MSN - Family Nurse Practitioner (FNP)	48	54	54	36
MSN - Certified Registered Nurse Anesthetist (CRNA)	30	30	28	14
MSN - Nursing Leadership/Admin	24	24	28	20
MSN - Nursing Education	28	28	28	28
WCU MSN Existing Subtotal	130	136	138	98
Masters Programs and Concentrations (Existing) UNCC				
MSN - Family Nurse Practitioner (FNP)	40	40	40	20
MSN - Certified Registered Nurse Anesthetist (CRNA)	72	72	72	48
MSN - Nursing Leadership/Admin	30	30	30	15
MSN - Public Health	30	30	30	15
MSN - Nursing Education	35	45	35	45
UNCC MSN Existing Subtotal	207	217	207	143
TOTAL EXISTING MASTERS PROGRAM (PROJECTED)	337	353	345	241
MSN-DNP (Proposed New) WCU				
MSN-DNP - Family Nurse Practitioner (FNP)	2	4	4	4
MSN-DNP - Certified Registered Nurse Anesthetist (CRNA)	2	4	4	4
MSN-DNP Nursing Leadership/Admin	2	4	4	4
WCU MSN-DNP Subtotal	6	12	12	12
MSN-DNP (Proposed New) UNCC				

MSN-DNP - Family Nurse Practitioner (FNP)	2	4	4	10
MSN-DNP - Certified Registered Nurse Anesthetist (CRNA)	2	4	4	2
MSN-DNP Nursing Leadership/Admin	1	2	2	10
MSN-DNP - Public Health	1	2	2	10
UNCC MSN-DNP subtotal	6	12	12	32
BSN-DNP (Proposed New) WCU				
BSN-DNP - Family Nurse Practitioner (FNP)	0	0	0	18
BSN-DNP - Certified Registered Nurse Anesthetist (CRNA)	0	0	0	14
BSN-DNP Leadership/Admin	0	0	0	4
WCU BSN-DNP subtotal	0	0	0	36
BSN-DNP (Proposed New) UNCC				
BSN-DNP - Family Nurse Practitioner (FNP)	0	0	0	10
BSN-DNP - Certified Registered Nurse Anesthetist (CRNA)	0	0	0	24
BSN-DNP Leadership/Admin	0	0	0	10
BSN-DNP Public Health	0	0	0	10
UNCC BSN-DNP subtotal	0	0	0	54
TOTAL DNP PROGRAM (PROJECTED)	12	24	24	134
TOTAL NEW STUDENTS (PROJECTED) = Existing Students + Projected Total DNP students	349	377	369	375

III. PROGRAM REQUIREMENTS AND CURRICULUM

A. Program Planning

1. List the names of institutions with similar offerings regarded as high quality programs by the developers of the proposed program.

University of Kentucky
 Arizona State University
 Rush University
 University of Alabama

2. List institutions visited or consulted in developing this proposal. Also discuss or append any consultants' reports or committee findings generated in planning the proposed program.

University of Kentucky, Pat Howard

See report Attachment 1.

B. Admission. List the following:

1. Admissions requirements for proposed program (indicate minimum requirements and general requirements).

Admission Requirements for Post-MSN DNP:

- An overall GPA of at least 3.5 (on a 4.0 scale) in the MSN program as documented by official transcripts.
- Earned master's in nursing in an advanced nursing practice specialty from a nationally accredited program.
- Current RN licensure in their state of residence.
- Evidence of a satisfactory national standardized test score. (e.g., GRE, MAT, GMAT).
- APRNS must provide evidence of current national certification and meet the requirements for practice in their state of residence.
- An essay that addresses 1) advanced practice expertise, 2) career goals, 3) how the DNP will foster achievement of these goals, and 4) plans for DNP project.
- Resume/curriculum vitae.
- 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.
- Additional evidence for consideration of the application can be uploaded (e.g., publications, posters, evidence-based practice projects).
- Evidence of 500 supervised clinical hours within the MSN program. Applicants who do not meet the clinical hours criteria can meet with the Program Coordinator to discuss a plan to meet the requirement.

Admission Requirements for Post-BSN DNP:

- An overall GPA of at least 3.0 (on a 4.0 scale) in the BSN program as documented by official transcripts. *
- BSN from a regionally accredited college or university and nationally accredited nursing program.
- Statistics course, undergraduate or graduate level within the last 5 years.
- Research course, undergraduate or graduate level within the last 5 years.
- Current unencumbered RN licensure in their state of residence.
- Minimum of one year of professional nursing practice as a registered nurse within the last five years. *
- Evidence of a satisfactory national standardized test score. (e.g., GRE, MAT, GMAT).
- An essay that addresses 1) career goals, and 2) how the DNP will foster achievement of these goals.
- Resume/curriculum vitae.
- Three professional recommendations: one from the most recent supervisor, one from a faculty member who has worked directly with the applicant during previous academic study, and one from an individual selected by the applicant.

- For international students, submission of TOEFL scores with a minimum score of 557 for the paper test and 220 for the computer test.
- Additional evidence for consideration of the application can be uploaded (e.g., publications, posters, evidence-based practice projects).

Completion of an interview.

2. Documents to be submitted for admission (listing or attach sample).

All official transcripts (BSN and MSN)
Evidence of license
Evidence of standardized test scores
Current national certification
Resume
TOEFL scores, if needed
Validation of supervised clinical hours

- C. Degree requirements. List the following:

1. Total hours required. State requirements for Major, Minor, General Education, etc.

SUMMARY OF CURRICULUM PATHWAYS AND REQUIREMENTS					
<i>Institution University of North Carolina Charlotte</i>					
Total number of credits for Post MSN-DNP = 42					
Total number of credits (or range) BSN-DNP = 74-103					
Course No. & Title (* = required)	Credits	BSN->DNP	MSN->DNP	Existing	
UNCC Post MSN-DNP					
NUND 8220/NSG 822 Healthcare Policy & Politics	3	*	*	N	
NUND 8147/NSG 817 Applied Biostatistics	3	*	*	N	
NUND 8140 /WCU NSG 814 Foundations/Application Evidence Based Practice	3	*	*	N	
NUND 8150/WCU NSG 815 Health Care Program Evaluation & Quality	3	*	*	N	
NUND 8145 / WCU NSG 818 Leadership & Project Planning	3	*	*	N	
NUND 8202 /WCU NSG 802 Community Epidemiology	3	*	*	Y	
NUND 8160/WCU NSG 816 Global Health & Social Justice	3	*	*	N	
NUND 8230/NSG 823 Economic & Financial Aspects of Healthcare System	3	*	*	N	
NUND 8260/NSG 826 Leadership & Healthcare Systems	3	*	*	N	
NUND 8270/NSG 827 Communication For Technology & Transforming Healthcare	3	*	*	N	
NUND 8441/ NSG 883 Clinical Residency & Project Development I	2	*	*	N	

NUND 8442/NSG 883 Clinical Residency & Project Development II	2	*	*	N
NUND 8443/ NSG 883 Clinical Residency & Project Development III	3	*	*	N
NUND 8444/883 Clinical Residency & Project Development IV	2	*	*	N
Elective	3	*	*	Y
Post MSN-DNP Program Total	42			

Course No. & Title (* = required)	Credits	BSN->DNP	MSN->DNP	Existing
UNCC BSN-DNP (Range of Total Credits (74-103 credits))				
BSN-DNP Core Courses for ALL Tracks (48 credits)				
NURS 6101 Theoretical Basis for Nursing Practice	3	*		Y
NURS 6160 Research in Nursing and Health Professions	3	*		Y
NUND 8220/NSG 822 Healthcare Policy & Politics	3	*	*	N
NUND 8147/NSG 817 Applied Biostatistics	3	*	*	N
NUDN 8140 /WCU NSG 814 Foundations/Application Evidence Based Practice	3	*	*	N
NUDN 8150/WCU NSG 815 Health Care Program Evaluation & Quality	3	*	*	N
NUND 8145 / WCU NSG 818 Leadership & Project Planning	3	*	*	N
NUND 8202 /WCU NSG 802 Community Epidemiology	3	*	*	Y
NUND 8160/WCU NSG 816 Global Health & Social Justice	3	*	*	N
NUND 8230/NSG 823 Economic & Financial Aspects of Healthcare System	3	*	*	N
NUND 8260/NSG 826 Leadership & Healthcare Systems	3	*	*	N
NUND 8270/NSG 827 Communication For Technology & Transforming Healthcare	3	*	*	N
NUND 8441/ NSG 883 Clinical Residency & Project Development I	2	*	*	N
NUND 8442/NSG 883 Clinical Residency & Project Development II	2	*	*	N
NUND 8443/ NSG 883 Clinical Residency & Project Development III	3	*	*	N
NUND 8444/883 Clinical Residency & Project Development IV	2	*	*	N
Elective	3	*	*	Y
BSN-DNP Core Course Subtotal for All Tracks	48			

Course No. & Title (* = required)	Credits	BSN- >DNP	MSN- >DNP	Existing
BSN-DNP Family Nurse Practitioner				
BSN-DNP Family Nurse Practitioner Specialty Courses (31 credits)				
BIOL 6273 Advanced Human Physiology	3	*		Y
NURS 6230 Health Assessment and Diagnostic Reasoning for Advance Practice	3	*		Y
NURS 6430 Health Assessment and Diagnostic Reasoning for Advanced Practice Practicum	1	*		Y
NUNP 6250 Primary Care Adults	3	*		Y
NURS 6220 Pharmacotherapeutics for Advanced Practice	3	*		Y
BIOL 6274 Pathophysiology	3	*		Y
NUNP 6240 Reproductive Health	3	*		Y
NURS 6210 Adv Family Health (Also C/PH)	2	*		Y
NUNP 6450 Primary Care Adults Practicum	2	*		Y
NUNP 6440 Primary Care Reproductive Health Practicum	2	*		Y
NUNP 6260 Primary Care for Child /Adolescent	3	*		Y
NUNP 6460 Adv Primary for Child /Adolescent Practicum	2	*		Y
NUNP 6400 Internship in Family Health	4	*		Y
BSN-DNP Core	48			
BSN-DNP FNP Program Total		79		
BSN-DNP Nurse Anesthesia				
BSN-DNP Nurse Anesthesia Specialty Courses (55 credits)				
BIOL 6273 Advanced Human Physiology	3	*		Y
NURS 6230 Health Assessment and Diagnostic Reasoning for Advance Practice	3	*		Y
NURS 6430 Health Assessment and Diagnostic Reasoning for Advanced Practice Practicum	1	*		Y
NUAN 6151 Principles of Anesthesia I	3	*		Y
NUAN 6152 Principles of Anesthesia II	3	*		Y
NUAN 6153 Principles of Anesthesia III	3	*		Y
NUAN 6154 Pharm of Non-Anesthetics	4	*		Y
NUAN 6155 Pharm of Anesthetics Agents	4	*		Y
NUAN 6156 Application of Physics & Chemistry in Nurse Anesthesia	3	*		Y
NUAN 6157 Applied Pathophysiology in Nurse Anesthesia I	3	*		Y
NUAN 6158 Applied Pathophysiology in Nurse Anesthesia II	3	*		Y
NUAN 6171 Professional Aspects of Nurse Anesthesia I	1	*		Y
NUAN 6172 Professional Aspects Nurse Anesthesia II	1	*		Y

Course No. & Title (* = required)		Credits	BSN- >DNP	MSN- >DNP	Existing
	NUAN 6485 Clinical Residency I	5	*		Y
	NUAN 6486 Clinical Residency II	5	*		Y
	NUAN 6487 Clinical Residency III	5	*		Y
	NUAN 6489 Clinical Residency IV	5	*		Y
BSN-DNP Core		48			
BSN-DNP Anesthesia Program Total		103			
BSN-DNP Systems Community Health Nursing					
BSN-DNP Systems Community Health Nursing Specialty Courses (26 credits)					
	NUND 8160/NSG 816 Global Health & Social Justice	3	*		N
	NUND 8150 Healthcare Program Evaluation & Quality	3	*		N
	HLTH 6202 Community Epidemiology	3	*		Y
	NUND 8147/NSG 817 Applied Biostatistics	3	*		N
	NURS 6180 Community/Public Health Theory & Practice	3	*		Y
	NURS 6480 Community/Public Internship I	3	*		Y
	NURS 6481 Community/Public Internship II	3	*		Y
	NURS 6210 Family Health in Advanced Practice	2	*		Y
	NUND 8147/NSG 817 Applied Biostatistics	3	*		Y
BSN-DNP Core		48			
BSN-DNP Community Health Nursing Program Total		74			
BSN-DNP Systems Nursing Administration					
Systems Nursing Administration (30 credits)					
	NUND 8160/NSG 816 Global Health & Social Justice	3	*		N
	NUND 8150 Healthcare Program Evaluation & Quality	3	*		N
	NURS 6185 Theory and Application in the Organizational Behavior to Nursing Systems	3	*		Y
	NURS 6187 Health Informatics and Financial Management for Nurses	3	*		Y
	NURS 6188 Strategic Planning and Decision Making in Nursing	3	*		Y
	NURS 6485 Advanced Practicum in Nursing Administration & Leadership	3	*		Y
	NURS 6301 Curriculum Planning & Instruction	3	*		Y
	NURS 6303 Instructional Technology Nursing Education	3	*		Y
	NURS 6601 Synthesis in Advanced Nursing Practice I	3	*		Y
	NURS 6602 Synthesis in Advanced Nursing Practice II	3	*		Y

Course No. & Title (* = required)	Credits	BSN- >DNP	MSN- >DNP	Existing
BSN-DNP Core	48			
BSN-DNP Nursing Administration Program Total	78			

<i>Institution Western Carolina University</i>					
	Total number (or range) MSN-DNP credit hours	42			
	Total number (or range) BSN-DNP credit hours	71-98			
	Course No. & Title (* = required)	Credits	BSN to DNP	MSN to DNP	
				Existing	
<i>All Students (42 credits)</i>					
	UNCC HLTH 6202/WCU NSG 802 Community Epidemiology	3	*	*	Y
	UNCC NUDN 8160/WCU NSG 816 Global Health and Social Justice	3	*	*	N
	UNCC NUDN 8220/WCU NSG 822 Healthcare Policy and Ethics	3	*	*	N
	UNCC NUDN 8230/WCU NSG 823 Economic and Financial Aspects of Healthcare System	3	*	*	N
	UNCC NUDN 8260/WCU NSG 826 Leadership and Healthcare Systems	3	*	*	N
	UNCC NUDN 8270/WCU NSG 827 Communication for Technology and Transforming healthcare	3	*	*	N
	UNCC NUDN 8150/WCU NSG 815 Healthcare Program Evaluation and Quality	3	*	*	N
	UNCC NUDN 8140/WCU NSG 814 Foundations and Applications of Evidence Based Practice	3	*	*	N
	UNCC NUDN 8145/WCU NSG 818 Leadership and Project Planning	3	*	*	N
	UNCC NUDN 8147/WCU NSG 817 Applied Biostatistics	3	*	*	N
	Elective Courses	3	*	*	Y
	UNCC NUDN 8441/WCU NSG 883 Clinical Residency and Project Development I	2	*	*	N
	UNCC NUDN 8441/WCU NSG 883 Clinical Residency and Project Development III	2	*	*	N
	UNCC NUDN 8441/WCU NSG 883 Clinical Residency and Project Development III	3	*	*	N
	UNCC NUDN 8441/WCU NSG 883 Clinical Residency and Project Development IV	2	*	*	N
<i>Family Nurse Practitioner (45 credits)</i>					
	NSG 501 Roles/Issues	2	*		Y
	NSG 510 Theory	2	*		Y

NSG 517 Pathophys	3	*		Y
NSG 622 Pharmacology	4	*		Y
NSG 511 Research	3	*		Y
NSG 627 Diagnostics	2	*		Y
NSG 624 Rural Health	2	*		Y
NSG 623 Physical Asses	3	*		Y
NSG 671 Behavior	2	*		Y
NSG 625 Phys. Assess. Clinical (60 hours)	1	*		Y
NSG 674 Pediatrics	3	*		Y
NSG 684 Peds. Clinical(180 hours)	3	*		Y
NSG 673 Repro./OB	3	*		Y
NSG 683 Repro. Clinical (120 hours)	2	*		Y
NSG 675 Adult	3	*		Y
NSG 685 Adult Clinical (180 Hours)	3	*		Y
NSG 686 Primary Care (180 hrs & 1 didactic hr.)	4	*		Y
Nurse Anesthesia (56 credits)				
NSG 661 Anesthesia Pharmacology I	3	*		Y
NSG 630 Advanced Physiology for Nurse Anesthetists	3	**		Y
NSG 640 Basic Principles of Anesthesia	3	*		Y
NSG 629 Foundational Science for Nurse Anesthesia	2	*		Y
NSG 688 Clinical Anesthesia Practicum I (1 day/week)	1	*		Y
NSG 641 Advanced Principles of Anesthesia I	2	*		Y
NSG 662 Anesthesia Pharmacology II	3	*		Y
NSG 688 Clinical Anesthesia Practicum II (2 days/week)	2	*		Y
Clinical and Literature Review		*		Y
NSG 642 Advanced Principles of Anesthesia II	2	*		Y
NSG 632 Pathophysiology for Nurse Anesthetists II	3	*		Y
NSG 511 Research (on-line)	3	*		Y
NSG 688 Clinical Anesthesia Practicum III (3 days/week)	3	*		Y
NSG 618 Survey of Pharmacotherapeutics (on-line)	3	*		Y
NSG 643 Advanced Principles of Anesthesia III	2	*		Y
NSG 688 Clinical Anesthesia Practicum IV (4 days/week)	4	*		Y
NSG 689 Clinical Anesthesia Practicum V (4 days/week)	4	*		Y
Clinical and Literature Review		*		Y
NSG 689 Clinical Anesthesia Practicum VI (4 days/week)	4	*		Y
Clinical and Literature Review		*		Y
NSG 672 NA Review	3	*		Y
NSG 501 Roles and Issues	2	*		Y
NSG 689 Clinical Anesthesia Practicum VII (4	4	*		Y

days/week)					
Nurse Administrator (29 credits)					
	NSG 501 (2) Roles/Issues	2	*		Y
	NSG 510 (2) Theory	2	*		Y
	NSG 511 (3) Research	3	*		Y
	NSG 648 (3) Nursing Administration in Health Care Organizations	3	*		Y
	NSG 647(2) Outcomes Measurement in Nursing Administration	2	*		Y
	NSG 644 (3) Health Systems Management in Nursing Administration	3	*		Y
	NSG 645 (2) Cultural Competence	2	*		Y
	NSG 649 (3) Financial Management for Nurse Administrators	3	*		Y
	NSG 646 (4) Nursing Leadership	4	*		Y
	NSG 783 (3) Clinical Practicum (180 hrs)	3	*		Y
	NSG 656 (2) Nursing Management of Human Resources	2	*		Y

2. Other requirements (e.g. residence, comprehensive exams, thesis, dissertation, clinical or field experience, "second major," etc.).

- Completion of 1000 Residency/Clinical Project hours (includes 500 from MSN program).
- The Clinical Residency and Project

Students will complete a DNP Project during their clinical residency courses. The DNP Scholarly Project is a project that brings together the practice and scholarship aspects of the Doctor of Nursing Practice degree. It is designed to address complex practice issues that affect groups of patients, health care organizations, or health care systems while utilizing informatics, technology, and in-depth knowledge of the clinical and behavioral sciences. The clinical scholarship required in the DNP Scholarly Project reflects mastery and competency in the student's area of expertise.

The DNP Scholarly Project begins in the first semester of study and continues throughout the program, culminating in a scholarly public defense and manuscript prepared for publication in a peer-reviewed journal. The DNP Scholarly 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. Students may choose to work in private practices, clinics, inpatient units, hospital systems, and other institutions and communities in the assessment, planning, implementation, and evaluation of outcomes of the DNP Scholarly project.

Project Approval

The DNP Scholarly Project is guided by the DNP Scholarly Project Committee. The composition of the DNP Scholarly Project committee is expected to include a chair that is a regular doctoral prepared faculty member with graduate status at the student's enrolling university, an expert clinical mentor (PhD, DNP, MD or any other doctoral prepared individual) and a faculty member that is appointed by the graduate school at the student's enrolling university. Selection of the chair will occur during the initial orientation to the program. Additional members will be selected by the end of the first semester. It is the responsibility of the DNP Scholarly Project Committee to guide the student through project planning, implementation, and evaluation process. The student is responsible for choosing the committee members with input from his/her advisor.

The student and committee will meet at least once during the respective semester, either at the on-campus immersions, via online or other distance formats as agreed upon by the Chair, committee members, and student. Upon approval of DNP Scholarly Project Topic, student begins to develop the project. Once the project development is complete, the student presents to the committee and DNP faculty the final proposal for the project. The student's DNP Scholarly Final Project proposal serves as the primary component of the qualifying examination for the DNP program. To be eligible to defend the DNP Scholarly Project proposal, a student must have completed the written proposal and orally presented the proposal to the committee and DNP faculty. This written and oral presentation is used to evaluate if the student is prepared and qualified to begin work on the project.

IRB Approval

The DNP Scholarly Project must be jointly agreed upon by the student, the practice setting, and the student's Advisory Committee. All DNP Scholarly Projects must be submitted to the UNC-Charlotte IRB and/or WCU IRB for review and approval prior to beginning the project. Any additional agency requirements must be completed prior to beginning implementation of the project.

Project Implementation

After successful completion of the Clinical Residency and Project Development III course, the student begins implementation and begins documenting outcomes of the project with oversight from the clinical mentor and advisory committee.

Project Defense

After completion of the DNP Scholarly project, the student will defend the project to the Advisory committee and faculty. Failure to successfully present/defend the DNP scholarly project more than twice will result in termination from the program. Further, the student will provide evidence of submission of a manuscript about their DNP Scholarly Project for submission to be considered for publication in a peer reviewed journal of their scholarly project prior to graduation.

For graduate programs only, please also list the following:

3. Proportion of courses open only to graduate students to be required in program

DNP courses are only open to doctoral students, except with written approval of the instructor and the director. Students from other university doctoral programs may enroll.

4. Grades required

Students must maintain a cumulative 3.0 GPA. A student who accumulates two grades of C or any grade of F or (U) will automatically be dismissed from the DNP Program. This standard supersedes the WCU Graduate School standard.

5. Amount of transfer credit accepted

DNP students may transfer in 6 credit hours (with a grade of B or better) with approval of the Program Director. No course may be older than 6 years at the time of graduation.

6. Language and/or research requirements

There are no language requirements.

Students will complete a DNP project during their clinical residency courses. The DNP Scholarly Project is a project that brings together the practice and scholarship aspects of the Doctor of Nursing Practice degree. It is designed to address complex practice issues that affect groups of patients, health care organizations, or health care systems utilizing informatics, technology, and in-depth knowledge of the clinical and

behavioral sciences. The clinical scholarship required in the DNP Scholarly Project reflects mastery and competency in the student's area of expertise.

The DNP Scholarly 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 journal. The DNP Scholarly 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. Students may choose to work in private practices, clinics, inpatient units, hospital systems, and other institutions and communities in the assessment, planning, implementation, and evaluation of outcomes of the DNP Scholarly project. The initiative must be jointly agreed upon by the student, the practice setting, and the student's Advisory Committee. The student must achieve required IRB approvals prior to implementing the project.

7. Any time limits for completion

All graduation requirements must be completed within 6 years after enrollment in the first course.

- C. For all programs, list existing courses by title and number and indicate (*) those that are required. Include an explanation of numbering system. List (under a heading marked "new") and describe new courses proposed.

The DNP program consists of new nursing courses with the exception of one course taught at UNC Charlotte in public health. All courses are required for degree completion. Course numbers are assigned for all courses at each institution in a manner that is sequential throughout the curriculum and congruent between institutions.

Existing Courses

UNCC HLTH 6202/WCU NSG 802 Community Epidemiology (3 Credit Hours)*

Course exists at UNC Charlotte: Epidemiology, a basic science of public health, is the study of the distribution and determinants of diseases in specified populations, and the application of this study to the control of health problems. This course introduces students to practice and applications of epidemiology methods and principles as they relate to occurrence of diseases and other health conditions in human population. This course will provide overview of basic concepts including study designs, implementation, analysis, and interpretation of epidemiological studies.

New Courses (except UNCC HLTH 6202)

Theoretical Base Courses 15 credits:

UNCC NUDN 8220/WCU NSG 822 Healthcare Policy and Ethics (3 Credit Hours)*

The course examines healthcare policy development strategies including the analysis of variables impacting policy implementation (e.g. politics and ethics).

UNCC NUDN 8260/WCU NSG 826 Leadership and Healthcare Systems (3 Credit Hours)*

This course will examine challenges, and political issues impacting strategies for organizational design to promote communication, collaboration, conflict management, power sharing and innovation.

UNCC NUDN 8160/WCU NSG 816 Global Health and Social Justice (3 Credit Hours)*

An interdisciplinary human rights and social justice perspective of contemporary issues, problems and controversies that effect social, economic, political and environmental global health.

UNCC NUDN 8230/WCU NSG 823 Economic and Financial Aspects of Healthcare System (3 Credit Hours)*

Study of financial and business factors related to health care delivery systems and advanced practice nursing.

UNCC NUDN 8270/WCU NSG 827 Communication for Technology and Transforming healthcare (3 Credit Hours)*

Provides opportunities to explore current theories/practices in information systems and health communication and develop innovative strategies for using emerging information and communication technologies to facilitate patient care and inter-professional collaboration.

Methodological Issues 15 credits:

UNCC NUDN 8150/WCU NSG 815 Healthcare Program Evaluation and Quality (3 Credit Hours)*

This is an evaluation research course in healthcare settings. Emphasis is on conceptual, methodological, organizational, political, and ethical considerations in evaluating programs.

UNCC NUDN 8140/WCU NSG 814 Foundations and Applications of Evidence Based Practice (3 Credit Hours)*

This course will overview models of Evidence Based Practice including theories and methods of translational research.

UNCC NUDN 8145/WCU NSG 818 Leadership and Project Planning (3 Credit Hours)*

An introduction to advanced leadership theories to facilitate management of clinical projects.

UNCC HLTH 6202/WCU NSG 802 Community Epidemiology (3 Credit Hours)*

Course exists at UNCC: Epidemiology, a basic science of public health, is the study of the distribution and determinants of diseases in specified populations, and the application of this study to the control of health problems. This course introduces students to practice and applications of epidemiology methods and principles as they relate to occurrence of diseases and other health conditions in human population. This course will provide overview of basic concepts including study designs, implementation, analysis, and interpretation of epidemiological studies.

UNCC NUDN 8147/WCU NSG 817 Applied Biostatistics (3 Credit Hours)*

This course emphasizes statistical literacy and develops critical statistical thinking. Students analyze data sets and communicate statistical results in a concise, cohesive and readable manner.

Elective Courses 3 credits*:

Students can take one elective in a chosen area of interest designed mutually with the advisor. These courses may be at the masters or doctoral level.

Clinical Residency and Project Courses 9 credits

UNCC NUDN 8441/WCU NSG 883 Clinical Residency and Project Development I (2 credit hours)*

The first of a four course series that results in a scholarly DNP project. Students negotiate learning objectives with the course instructor for the practicum.

UNCC NUDN 8442/WCU NSG 884 Clinical Residency and Project Development II (2 credit hours)*

This course builds on Clinical Residency and Project Development I with a focus on project planning and translation of new knowledge into practice.

UNCC NUDN 8443/WCU NSG 885 Clinical Residency and Project Development III (3 credit hours)*

This course builds upon knowledge gained in Clinical Residency and Project Development I and II. The student implements the clinical project in the practice setting.

UNCC NUDN 8444/WCU NSG 886 Clinical Residency and Project Development IV (2 credit hours)*

Culmination of Clinical Residency and Project Development I, II, and III. The DNP student evaluates the outcomes and impact of the project and disseminates the findings.

IV. FACULTY

- A. (For undergraduate and Master's programs) List the names, ranks and home department

of faculty members who will be directly involved in the proposed program. The official roster forms approved by SACS may be submitted. For Master's programs, state or attach the criteria that faculty must meet in order to be eligible to teach graduate level courses at your institution.

N/A

- B. (For doctoral programs) List the names, ranks, and home department of each faculty member who will be directly involved in the proposed program. The official roster forms approved by SACS may be submitted. Provide complete information on each faculty member's education, teaching and research experience, research funding, publications, and experience directing student research including the number of theses and dissertations directed.

See attachment 2.

- C. Estimate the need for new faculty for the proposed program over the first four years. If the teaching responsibilities for the proposed program will be absorbed in part or in whole by the present faculty, explain how this will be done without weakening existing programs.

The total need for new faculty over the first four years is six new DNP faculty (2 at WCU and 4 at UNC Charlotte). Two will be needed in 2014-15 and the rest in 2016-17. These positions will be supported by each university, including tuition differential or filling vacant faculty lines. For years three and four (2015-16 and 2016-17) the number of MSN students admitted will begin to decrease as post BSN DNP students are admitted, and teaching responsibilities of faculty will begin to shift from MSN to DNP.

- D. Explain how the program will affect faculty activity, including course load, public service activity, and scholarly research.

Faculty course load will be calculated using the existing formulas and will not increase based upon implementation of this program. Students in the DNP program will actively collaborate with graduate faculty at both institutions in clinical scholarly endeavors, aiding in the development and strengthening of faculty research agendas. Service activity will be enhanced as faculty mentor students in the clinical setting and strengthen clinical partnerships with the project community members.

V. LIBRARY

- A. Provide a statement as to the adequacy of present library holdings for the proposed program to support the instructional and research needs of this program.

Library holdings of both universities are presently sufficient to begin the program. See attached consultation reports.

- B. State how the library will be improved to meet new program requirements for the next four years. The explanation should discuss the need for books, periodicals, reference material, primary source material, etc. What additional library support must be added to areas supporting the proposed program?

The librarians at both UNC Charlotte and WCU document sufficient print and databases to support the DNP program.

- D. Discuss the use of other institutional libraries.

Both UNC Charlotte and WCU have agreements with the NC Area Health Education Collaborative to allow students access to their library collections.

VI. FACILITIES AND EQUIPMENT

- A. Describe facilities available for the proposed program.

Current physical space in the UNC Charlotte College of Health and Human Services building provides adequate research, laboratory, teaching, simulation laboratory and office space. Physical facilities in WCU's Biltmore Park Building are adequate to support the program; private faculty offices, same floor classrooms, nursing laboratories, computer laboratories, and student and faculty lounges all create a congenial learning environment. Both facilities have videoconference capabilities.

- B. Describe the effect of this new program on existing facilities and indicate whether they will be adequate, both at the commencement of the program and during the next decade.

Existing facilities are state of the art and new within the past six years, so no facilities needs are anticipated. The DNP program will not increase student load beyond the capacity of the buildings.

- C. Describe information technology and services available for the proposed program

University Computing Services at both campuses provide a wide range of computing services including access to campus mainframe systems and the North Carolina Supercomputing Center; computer equipment installation and repairs; and consultation services on hardware, software, and optical scanning; and a student and faculty help line. The facilities allow faculty, staff, and students to actively participate in courses, videoconferences, seminars, and research collaborations with their colleagues at both institutions.

- D. Describe the effect of this new program on existing information technology and services and indicate whether they will be adequate, both at the commencement of the program and during the next decade.

Existing information technology and computing services are current and continuously updated. The DNP program will not increase student load beyond the capacity of information technology and services.

VII. ADMINISTRATION

Describe how the proposed program will be administered, giving the responsibilities of each department, division, school, or college. Explain any inter-departmental or inter-unit administrative plans. Include an organizational chart showing the "location" of the proposed new program.

Both institutions have signed a Memorandum of Understanding (MOU) to support the DNP consortium. "The Parties agree to establish a DNP program whereby each Party admits students to the program and confers DNP degrees. Students will not be dually enrolled in the DNP program; however, they will receive instruction from both UNC Charlotte and WCU. Academic credit for courses taken in the DNP program will be issued to students by the institution in which they are enrolled." (Article I.1 of MOU)
Both Schools of Nursing have designed and agreed to the following administrative structure.

Each School will appoint a DNP Coordinator from the DNP faculty. The DNP Advisory/Oversight Committee is composed of the DNP Coordinators, two additional elected DNP program faculty members from each school who are involved in practice, and the Associate Directors of the Graduate Division from each school as Ex-officio members.

Responsibilities of the Advisory Committee include:

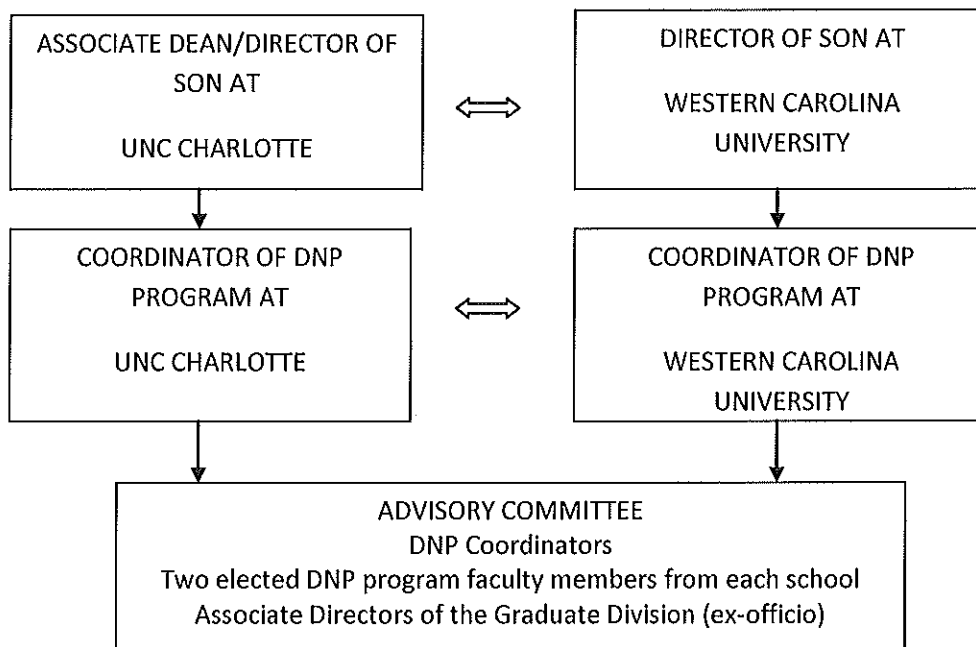
1. Approvals of admission recommendations from each school.
2. Recommendations for changes to courses and curriculum.
 - a. Advisory Committee makes recommendations to WCU and UNC Charlotte curricula committees.
 - b. Each school makes curricular changes per their internal approval processes.
3. Student progression through the program
 - a. Joint DNP handbook with differences for each program noted in handbook.
 - b. Qualifying exams conducted by advisory committee.
 - c. Approvals of completed Immersion Projects.

4. Recommendations for graduation.
5. Other Consortium issues that may arise.

Each appointed DNP Coordinator is directly responsible to the School of Nursing administration. The WCU Coordinator is directly responsible to the School of Nursing at WCU and the UNC Charlotte Coordinator is directly responsible to the School of Nursing at UNC Charlotte. The Coordinators communicate with each other and are the leaders of the Advisory Committee. The Director of the School of Nursing at WCU and the Associate Dean/Director of the School of Nursing at UNC Charlotte collaborate.

Curricular issues identified by the Advisory Committee are considered and changes approved through normal channels at each school. Students will be enrolled at the admitting university and will be subject to all policies at the admitting school.

Organization Chart for DNP Consortium



VIII. ACCREDITATION AND LICENSURE

- A. Indicate the names of all accrediting agencies normally concerned with programs similar to the one proposed. Describe plans to request professional accreditation.

Address	UNC Charlotte 9201 University City Blvd. Charlotte, NC 28223-001	Western Carolina University Cullowhee, NC 28723
Southern Association of Colleges and Schools (SACS)	Accredited through 2014	Accredited through 2018
Commission on Collegiate Nursing Education (CCNE)	Accredited through 2021	Accredited through 2016

Council on Accreditation of Nurse Anesthesia Education Programs (COA)	Accredited through 2014	Accredited through 2012 (reaccreditation pending for October 2012)
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The proposed DNP program will seek national accreditation to provide an unbiased assessment of the quality of the program. During the 2013-14 academic year, each School of Nursing will individually submit a letter of intent to request an accreditation review by the Commission on Collegiate Nursing Education (CCNE). Each School will complete an individual self-study in preparation for an onsite visit by CCNE during the 2014-15 academic year.

- B. If the new degree program meets the SACS definition for a substantive change, what campus actions need to be completed by what date in order to ensure that the substantive change is reported to SACS on time?

Both universities already offer doctoral programs, thus there is no substantive change.

- C. If recipients of the proposed degree will require licensure to practice, explain how program curricula and title are aligned with requirements to “sit” for the licensure exam.

A current Registered Nursing license is required for all applicants.

IX. SUPPORTING FIELDS

Are other subject-matter fields at the proposing institution necessary or valuable in support of the proposed program? Is there needed improvement or expansion of these fields? To what extent will such improvement or expansion be necessary for the proposed program?
 The DNP program will not require support from other fields at WCU or UNC Charlotte.

X. ADDITIONAL INFORMATION

Include any additional information deemed pertinent to the review of this new degree program proposal.

XI. BUDGET

Based upon your responses in previous sections, provide estimates of the incremental continuing and one-time costs required to implement the proposed program.

The anticipated start-up funds for the proposed DNP program are modest. Because this degree program is offered as a Consortium between UNC Charlotte and Western Carolina University (UNCC/WCU), we believe existing fiscal and physical resources and at both institutions are adequate to support the expected educational outcomes of the proposed degree program. Benefits from combining resources and cost sharing will result in financial savings related to a decreased need for the number of new DNP faculty, combined faculty expertise, joint marketing strategies, and resource savings through Library and technology use. Currently both institutions have existing DNP faculty (UNCC -2 faculty; WCU – 4 faculty). All DNP faculty maintain a practice in a clinical specialty and are qualified to teach at the graduate level in a DNP program. Students also will benefit from the Consortium agreement by having access to a wider array of faculty than in one school, exposure to urban and rural health care perspectives, access to a DNP program in the Western region of the state, access to online coursework which builds on faculty expertise in online teaching and learning methodologies and alternating campus locations, which allows for decrease travel time and cost.

UNC Charlotte’s current physical space in the College of Health and Human Services (CHHS) building provides over 138,000 square feet of research, laboratory, teaching and office space all outfitted with state-

of-the-art information technology. The CHHS building has the largest number of classrooms on campus. Classroom sizes range from small seminar-style rooms to large auditorium-lecture style halls. Office space is available for doctoral students. Physical space for faculty and students for this degree also is sufficient.

Western Carolina University and the College of Health and Human Sciences have committed the financial and organizational resources to manage the program. Organizational resources include sufficient faculty to teach specialty courses and adequate administrative support staff to provide for daily management of the program. The full-time program faculty are given office space, resources and time during normal business hours to work on lectures and other administrative responsibilities. The building is sufficient to promote effective teaching, promote student learning and to achieve the program's stated outcomes. The WCU School of Nursing moved in August 2012 to a brand new facility in Biltmore Park, which has ample classrooms, a simulation center space, and offices for all nursing faculty. Biltmore Park instructional site has state of the art audio-visual equipment for instructional enhancement; a human patient simulator lab for hands-on anesthesia simulator experience; a computer cart and classroom for student use. Office space has been secured considering current needs and anticipated faculty growth. Doctoral students will have designated quiet study spaces with internet access.

Initial Program Costs to Implement DNP Consortium

The UNC Charlotte/WCU Consortium proposes to admit students to the MSN-DNP program in AY 2013-2014. During this year, we will admit 12 students (six at each institution) who hold the MSN degree to the proposed program. We project that the numbers in the existing MSN programs will continue and remain essentially the same ranging from 337-353 students at both institutions during this time. We will continue to enroll students in our existing MSN programs at this rate until the AY 2016-2017.

In A 2016-2017, three strategies to transition the MSN program to the BSN-DNP program will occur:

- 1) The Consortium will begin to decrease the numbers in its existing MSN programs. At WCU, the total number of students will decrease from 138 in the previous year (AY 2015-2016) to 98 students. At UNC Charlotte, the total number of students will decrease from 207 to 143 students (see summary of student enrollment table). Recognizing that a market still exists for some students who might not want or be able to afford a DNP degree, both institutions will not close their MSN programs; simply we will decrease the number of enrolled students in these programs, over time we will discontinue the MSN program as numbers increase in the MSN-DNP and BSN-DNP.
- 2) Because of the existing market of MSN prepared nurses who may desire to return to school and obtain the DNP, both institutions agree that we will continue to provide access to graduates who hold the MSN. These students would need to enroll in the MSN-DNP. Therefore, both institutions agree that we will continue with the MSN-DNP at the same time we are admitting to the BSN-DNP. The student enrollment table shows a gradual decrease in numbers for the existing MSN program as increases occur for the MSN-DNP and BSN-DNP.

For example:

- At WCU, numbers in the MSN program for the Family Nurse Practitioner track will decrease to 36 in AY 2016-2017, and numbers in the BSN-DNP will increase to 18 while the MSN-DNP numbers remain at 4.
- At UNC Charlotte, numbers in the MSN program for the FNP track decrease to 20, while numbers in the BSN-DNP increase to 10 and numbers in the MSN-DNP increase to 10.

3) The Consortium will begin to admit to the BSN-DNP program. Both institutions will focus on increasing the number of students enrolled in this program, with the ultimate goal of increasing enrollment numbers that match existing enrollments in the existing MSN programs. See tables below for a summary of estimated additional costs for the proposed DNP program at both institutions.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM					
INSTITUTION	WCU		DATE	25-Oct-12	
Program (CIP, Name, Level)	51.3818, Nursing Practice, Doctoral				
Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 1 (2013-2014)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		6			
Projected annual differential tuition		\$28,800			
	ADDITIONAL FUNDS REQUIRED - BY SOURCE				
	Reallocation of Present Institutional Resources	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total
EPA/SPA Regular Salaries					
(Identify positions)	\$-	\$-	\$-	\$-	\$-
EPA Academic Salaries					
(Identify positions)	\$-	\$-	\$-	\$-	\$-
Benefits (Social security, Retirement, Medical Insurance)	\$-	\$-	\$-	\$-	\$-
Graduate Stipends					
(Identify number, amount)	\$-	\$-	\$-	\$-	\$-
Supplies and Materials					
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00
Current Services					
Student Services	\$-	\$14,100.00	\$-	\$-	\$14,100.00
Travel	\$-	\$5,500.00	\$-	\$-	\$5,500.00
Communications	\$-	\$-	\$-	\$-	\$-

Printing and Binding	\$-	\$-	\$-	\$-	\$-
Advertising	\$-	\$-	\$-	\$-	\$-
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					
(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$-	\$21,600.00	\$-	\$-	\$21,600.00

In year 01 the projected tuition differential will support office supplies, student services and travel.

Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 2 (2014-2015)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		12			
Projected annual differential tuition		\$57,600			
	ADDITIONAL FUNDS REQUIRED - BY SOURCE				
	Reallocation of Present Institutional Resources	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total
EPA/SPA Regular Salaries					
(Identify positions)	\$-	\$-	\$-	\$-	\$-
EPA Academic Salaries					
1 Faculty Line	\$-	\$27,839.00	\$42,161.00	\$-	\$70,000.00
Benefits (Social security, Retirement, Medical Insurance)	\$-	\$8,161.00	\$12,347.00	\$-	\$20,508.00
Graduate Stipends					
(Identify number, amount)	\$-	\$-	\$-	\$-	\$-

Supplies and Materials					
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00
Current Services					
Student Services	\$-	\$14,100.00	\$-	\$-	\$14,100.00
Travel	\$-	\$5,500.00	\$-	\$-	\$5,500.00
Communications	\$-	\$-	\$-	\$-	\$-
Printing and Binding	\$-	\$-	\$-	\$-	\$-
Advertising	\$-	\$-	\$-	\$-	\$-
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					
(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$-	\$57,600.00	\$54,508.00	\$-	\$112,108.00

In year 02 the projected tuition differential will partially support one faculty member, office supplies, student services and travel. Enrollment increase funds will also partially support the new faculty line.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM					
INSTITUTION	WCU		DATE	25-Oct-12	
Program (CIP, Name, Level)	51.3818, Nursing Practice, Doctoral				
Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 3 (2015-2016)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		12			
Projected annual differential tuition		\$57,600			
ADDITIONAL FUNDS REQUIRED - BY SOURCE					
	Reallocation of Present Institutional Resources	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total

EPA/SPA Regular Salaries					
(Identify positions)	\$-	\$-	\$-	\$-	\$-
EPA Academic Salaries					
1 Faculty Line	\$-	\$27,839.00	\$42,161.00	\$-	\$70,000.00
Benefits (Social security, Retirement, Medical Insurance)	\$-	\$8,161.00	\$12,347.00	\$-	\$20,508.00
Graduate Stipends					
(Identify number, amount)	\$-	\$-	\$-	\$-	\$-
Supplies and Materials					
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00
Current Services					
Student Services	\$-	\$14,100.00	\$-	\$-	\$14,100.00
Travel	\$-	\$5,500.00	\$-	\$-	\$5,500.00
Communications	\$-	\$-	\$-	\$-	\$-
Printing and Binding	\$-	\$-	\$-	\$-	\$-
Advertising	\$-	\$-	\$-	\$-	\$-
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					
(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$-	\$57,600.00	\$54,508.00	\$-	\$112,108.00

In year 03 the projected tuition differential will partially support one faculty member, office supplies, student services and travel. Enrollment increase funds will also partially support the new faculty line.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

INSTITUTION	WCU	DATE	25-Oct-12	
Program (CIP, Name, Level)	51.3818, Nursing Practice, Doctoral			

Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 4 (2016-2017)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		48			
Projected annual differential tuition		\$230,400			
ADDITIONAL FUNDS REQUIRED - BY SOURCE					
	Reallocation of Present Institutional Resources	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total
EPA/SPA Regular Salaries					
University Program Specialist	\$-	\$38,659.00	\$-	\$-	\$38,659.00
EPA Academic Salaries					
2 Faculty Lines @ \$70K each	\$-	\$120,722.00	\$19,278.00	\$-	\$140,000.00
Benefits (Social security, Retirement, Medical Insurance)	\$-	\$49,419.00	\$5,247.00	\$-	\$54,666.00
Graduate Stipends					
(Identify number, amount)	\$-	\$-	\$-	\$-	\$-
Supplies and Materials					
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00
Current Services					
Student Services	\$-	\$14,100.00	\$-	\$-	\$14,100.00
Travel	\$-	\$5,500.00	\$-	\$-	\$5,500.00
Communications	\$-	\$-	\$-	\$-	\$-
Printing and Binding	\$-	\$-	\$-	\$-	\$-
Advertising	\$-	\$-	\$-	\$-	\$-
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					

(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$-	\$230,400.00	\$24,525.00	\$-	\$254,925.00

The projected tuition differential funds in year 04 will partially support one university program specialist, two faculty lines, office supplies, student services and travel. Enrollment increase funds will partially support two faculty lines.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM					
INSTITUTION	UNC Charlotte		DATE	25-Oct-12	
Program (CIP, Name, Level)	51.3818, Nursing Practice, Doctoral				
Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 1 (2013-2014)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		6			
Projected annual differential tuition		\$28,800			
ADDITIONAL FUNDS REQUIRED - BY SOURCE					
	Reallocation of Present Institutional Resources	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total
EPA/SPA Regular Salaries					
PT Staff		\$-	\$17,500.00	\$-	\$17,500.00
EPA Academic Salaries					
#2578, 7633, 7676	\$34,532.00	\$4,100.00	\$-	\$-	\$38,632.00
Benefits (Social security, Retirement, Medical Insurance)	\$10,014.28	\$340.30	\$1,452.50	\$-	\$11,807.08
Graduate Stipends					
25% of Tuition Diff	\$340.00	\$6,860.00	\$-	\$-	\$7,200.00
Supplies and Materials					
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00

Current Services					
Student Services	\$-	\$10,000.00	\$-	\$-	\$10,000.00
Travel	\$-	\$5,500.00	\$-	\$-	\$5,500.00
Communications	\$-	\$-	\$-	\$-	\$-
Printing and Binding	\$-	\$-	\$-	\$-	\$-
Advertising	\$1,600.00	\$-	\$-	\$-	\$1,600.00
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					
(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$46,486.28	\$28,800.30	\$18,952.50	\$-	\$94,239.08

Narrative: We will use the projected differential tuition to defray the cost of hiring a part-time faculty, graduate student stipends, student services, travel and office supplies. We also will redistribute/reallocate our internal resources of existing faculty to support three DNP classes that need to be taught. Further, internal resources will support advertising for the new DNP program. Lastly, we propose enrollment increase funds to support the part-time staff person to help with the advising and administrative support of the program.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM					
INSTITUTION	UNC Charlotte		DATE	25-Oct-12	
Program (CIP, Name, Level)	51.3818, Nursing Practice, Doctoral				
Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 2 (2014-2015)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		12			
Projected annual differential tuition		\$57,600			
	ADDITIONAL FUNDS REQUIRED - BY SOURCE				
	Reallocation of Present Institutional	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total

	Resources				
EPA/SPA Regular Salaries					
PT position		\$-	\$17,500.00	\$-	\$17,500.00
EPA Academic Salaries					
#2578, 7633, 7676	\$12,875.00	\$16,975.00	\$22,878.02	\$-	\$52,728.02
Benefits (Social security, Retirement, Medical Insurance)	\$3,733.75	\$4,074.05	\$6,634.62	\$-	\$14,442.42
Graduate Stipends					
25% of Tuition Diff	\$-	\$14,400.00	\$-	\$-	\$14,400.00
Supplies and Materials					
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00
Current Services					
Student Services	\$-	\$10,000.00	\$-	\$-	\$10,000.00
Travel	\$-	\$5,500.00	\$-	\$-	\$5,500.00
Communications	\$-	\$1,000.00	\$-	\$-	\$1,000.00
Printing and Binding	\$-	\$1,650.00	\$-	\$-	\$1,650.00
Advertising	\$-	\$2,200.00	\$-	\$-	\$2,200.00
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					
(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$16,608.75	57,799.05	\$47,012.64	\$-	\$121,420.44

Narrative: In year 02, we propose that internal resources through reallocation support one faculty class buyout to teach/mentor students in the DNP program. In addition, the projected differential tuition will be used to pay for one faculty buyout, graduate stipends, student services, communications, travel between institutions, advertising and printing cost. Enrollment increases will support two existing faculty buyouts and one part-time staff member to support the DNP program.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM					
INSTITUTION	UNC Charlotte		DATE	25-Oct-12	
Program (CIP, Name, Level)	51.3818, Nursing Practice, Doctoral				
Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 3 (2015-2016)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		12			
Projected annual differential tuition		\$57,600			
	ADDITIONAL FUNDS REQUIRED - BY SOURCE				
	Reallocation of Present Institutional Resources	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total
EPA/SPA Regular Salaries					
(Identify positions)	\$-	\$-	\$17,500.00	\$-	\$17,500.00
EPA Academic Salaries					
1 Faculty Line	\$70,000.00	\$17,759.17			\$87,759.17
Benefits (Social security, Retirement, Medical Insurance)	\$20,300.00	\$4,301.30	\$1,452.50		\$26,053.80
Graduate Stipends					
25% of tuition Diff	\$-	\$14,400.00	\$-	\$-	\$14,400.00
Supplies and Materials					
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00
Current Services					
Student Services	\$-	\$10,000.00	\$-	\$-	\$10,000.00
Travel	\$-	\$5,500.00	\$-	\$-	\$5,500.00
Communications	\$-	\$1,210.00	\$-	\$-	\$1,210.00
Printing and Binding	\$-	\$825.00	\$-	\$-	\$825.00

Advertising	\$-	\$1,400.00	\$-	\$-	\$1,400.00
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					
(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$-	\$57,395.47	\$18,952.50	\$90,300.00	\$166,647.97

Narrative: In year 03, we propose one new faculty line to offset the use of existing SON faculty. The projected differential tuition will be used to support one part-time faculty to assist with teaching/project advising in the proposed new program, graduate stipend support, student services (advising, career counseling, etc), travel, communications and advertising cost. Enrollment increases will be used to continue to support a part-time staff support for the program and a phone line for the new faculty line.

SUMMARY OF ESTIMATED ADDITIONAL COSTS FOR PROPOSED PROGRAM

INSTITUTION	UNC Charlotte		DATE	25-Oct-12	
Program (CIP, Name, Level)	51.3818, Nursing Practice, Doctoral				
Degree(s) to be Granted	Doctor of Nursing Practice		Program Year	Year 4 (2016-2017)	
Differential tuition requested per student per academic year		\$4,800			
Projected annual FTE students		86			
Projected annual differential tuition		\$412,800			
	ADDITIONAL FUNDS REQUIRED - BY SOURCE				
	Reallocation of Present Institutional Resources	Projected Differential Tuition	Enrollment Increase Funds	Other New Allocations (Identify)	Total
EPA/SPA Regular Salaries					
1 FTE Advisor, 1FTE Staff Support	\$-	\$-	\$78,000.00	\$-	\$78,000.00
EPA Academic Salaries					
Faculty Lines @ \$70K each	\$70,000.00	\$199,000.00	\$35,000.00	\$-	\$304,000.00
Benefits (Social security,	\$20,300.00	\$57,710.00	\$32,770.00	\$-	\$110,780.00

Retirement, Medical Insurance)					
Graduate Stipends					
25% of tuition differential	\$-	\$103,200.00	\$-	\$-	\$103,200.00
Supplies and Materials		\$25,800.00			
Office Supplies	\$-	\$2,000.00	\$-	\$-	\$2,000.00
Current Services					
Student Services	\$-			\$-	\$-
Travel	\$-	\$10,000.00	\$-	\$-	\$10,000.00
Communications	\$-	\$2,880.00	\$-	\$-	\$2,880.00
Printing and Binding	\$-	\$4,200.00	\$-	\$-	\$4,200.00
Advertising	\$-	\$2,500.00	\$-	\$-	\$2,500.00
Space Rental/Building Lease	\$-	\$-	\$-	\$-	\$-
Fixed Charges					
(Identify)	\$-	\$-	\$-	\$-	\$-
Capital Outlay (Equipment)					
(Identify)	\$-	\$-	\$-	\$-	\$-
Libraries	\$-	\$-	\$-	\$-	\$-
TOTAL ADDITIONAL COSTS	\$90,300.00	\$407,290.00	\$145,770.00	\$-	\$617,560.00

In year 04, because of the substantial increase in numbers of students to the BSN-DNP, we propose to continue the support of one new faculty salary line from internal resources (new allocation request in year 03). The projected tuition differential funds will be used to support 2.5 faculty lines, graduate students stipend support, supplies and material to support 86 students, travel and advertising and printing cost. Enrollment increase funds will be used to support the other .5 faculty position, one FTE advisor and one FTE staff support staff.

Estimates should be provided for the first and fourth years of the program in the following broad categories and be inclusive of applicable employee fringe benefit costs:

1. New Faculty and Instructional Support Staff (including Library)
 - a. See Summary of Estimated Additional Costs for Proposed Programs for both institutions above.
2. New Non-Academic Administrative Support Positions.
 Three requested. The Schools of Nursing at both institutions require staff to support the DNP program along with the other programs in their respective units. Existing support staff at UNC Charlotte in the School of Nursing includes 3 full time Administrative

Associates to support the UG Division, Graduate Division and Director's office. The School also has an additional .5 administrative associate to handle specific academic projects for the unit such as course scheduling and processing of preceptor letters. An additional advisor (1 FTE) and a staff support person (1 FTE) will be requested.

Existing support staff from WCU includes a full-time Student Services Director, and four full-time Administrative Assistants. One of the assistants is dedicated to student services including admissions, clinical site placement, etc. A University Program Specialist is requested in year 04 of the WCU budget.

3. Recurring Operational Expenses (e.g., supplies, materials, telephone, travel, insurance, library or software subscriptions, equipment maintenance, etc.)

The Library holdings at UNC Charlotte and WCU are sufficient to meet the needs of the proposed DNP program (per letters from Librarians). Rental space for meetings in Hickory is free.

4. One-time expenses for facilities renovations or additions, equipment purchases (telecommunications subscriptions or support, library materials, etc).

No one-time expenses will be required.

B. Based on the campus' estimate of available existing resources or expected non-state financial resources that will support the proposed program (e.g., federal support, private sources, tuition revenue, etc), will the campus:

1. Seek enrollment increase funds or other additional state appropriations (both one-time and recurring) to implement and sustain the proposed program? If so, please elaborate.

Enrollment increase funds or other additional state appropriations will be used to implement and or sustain the proposed program initially. If enrollment increase funds are not forthcoming after the initiation of the BSN-DNP program, both institutions are committed to the reallocation of resources to support the DNP.

2. Require differential tuition supplements or program-specific fees? If so, please elaborate.
 - a. State the amount of tuition differential or program-specific fees that will be requested.

Both UNC Charlotte and WCU currently have a tuition differential for nurse anesthesia students. At UNC Charlotte, the clinical fee for anesthesia students is \$4000 annually (fee goes directly to CHS) and at WCU the tuition differential fee is \$4800 annually. Therefore, we propose a \$4800 tuition differential for DNP students at both universities. This request will apply equally to in-state and out-of-state students beginning with the initial DNP program offering.

Tuition at both universities will still be competitive with other state programs and a fraction of the cost at private institutions. The requested tuition differential increase should not overly burden NC residents. Each university follows the Board of Governors requirements related to tuition increments.

- b. Describe specifically how the campus will spend the revenues generated.

The UNCC/WCU will spend the revenues generated from the tuition differential in the following ways:

- Faculty salaries
- Part-time faculty used to assist with classroom teaching and clinical projects.
- Funds to support Graduate Assistants for the DNP Coordinators and for committee chairs.
- Salary support to enhance academic advising.
- Money for editorial assistance for DNP student manuscript preparation.
- Money for statistical assistance for DNP student project data analysis.
- Faculty/Student Development.
- Travel expenses for faculty to Hickory and for project supervision, and for travel between two schools for faculty meetings will be included as well.

- b. Does the campus request the tuition differential or program-specific fees be approved by the Board of Governors prior to the next Tuition and Fee cycle?
 Yes approval is requested prior to next Tuition Fee cycle.

- C. If additional enrollment increases funding or other state appropriations elaborated above are not forthcoming, can the program still be implemented and sustained and, if so, how will that be accomplished? Please elaborate.

If additional funding or other state appropriations elaborated above are not forthcoming, the Provosts at both WCU and UNC Charlotte have agreed to reallocate resources in support of the DNP.

XII. EVALUATION PLANS

All new degree program proposals must include an evaluation plan which includes:

- A. Criteria to be used to evaluate the quality and effectiveness of the program, including academic program student learning outcomes.

Addressed in Table below.

- B. Measures (metrics) to be used to evaluate the program (include enrollments, number of graduates, and student success).

Addressed in Table below.

- C. The plan and schedule to evaluate the proposed new degree program prior to the completion of its fourth year of operation.

Addressed in Table below.

DNP Evaluation Plan

Criteria	Data	Reviewed by	Schedule
1. Student Evaluation of Academic Faculty	Evaluation of each didactic instructor with teaching responsibilities using university specific tools that are tailored to standard, research, seminar, clinical, laboratory, televised, and on-line course formats.	<ul style="list-style-type: none"> ▪ Instructor ▪ SON Directors 	End of each semester

2. Student Evaluation of Academic Course	Evaluation of each course using university specific tools that are tailored to specific course objectives.	<ul style="list-style-type: none"> ▪ Instructor ▪ Program Coordinators ▪ SON Directors 	End of each semester
3. Student Evaluation of Program	Evaluation of the program.	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Program faculty ▪ Graduate Curriculum Committees ▪ DNP Evaluation Committee 	End of each semester
4. Student Evaluation of Clinical Mentor	Evaluation of clinical mentors using university specific tool.	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Mentor 	End of each semester
5. Student Self Evaluation	Students submit a written self-evaluation of their progress and goals. The self-evaluation is discussed with program faculty at the student's end of semester evaluation conference.	<ul style="list-style-type: none"> ▪ Student ▪ Program faculty 	End of each semester
6. Graduate Evaluation	Students evaluate the program's overall effectiveness in preparing them for the role of a DNP leader.	<ul style="list-style-type: none"> ▪ Students ▪ Program Coordinators ▪ Program faculty ▪ Graduate Curriculum Committees ▪ DNP Evaluation Committee 	Program completion
7. Graduate Alumni Survey	The School of Nursing sends a questionnaire to program graduates 1 and 3 years post-graduation, and every 5 years to assess graduate programs and their alumni.	<ul style="list-style-type: none"> ▪ Incorporate DNP program questions into normal 1, 3, and 5 year surveys at each school. ▪ DNP Evaluation Committee 	1 year post graduation and every 3, and 5 years
8. Employer Evaluation of Program	Employers evaluate the competence of graduates entering clinical practice and graduate effectiveness in meeting program	<ul style="list-style-type: none"> ▪ Incorporate DNP program questions into normal 1, 3, and 5 year surveys at each school. ▪ DNP Evaluation 	Every 1, 3 and 5 years

Graduates	objectives.	Committee	
9. Faculty Self-Evaluation	Faculty members submit a university specific dossier of accomplishments annually for the Reappointment, Promotion, and Tenure (TPR) review process.	<ul style="list-style-type: none"> ▪ SON Directors ▪ Review Committees 	Annual
10. Didactic Instructor Evaluation of DNP Program	Didactic mentor instructors evaluate the program annually during the spring semester.	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Program faculty ▪ DNP Evaluation Committee 	Annual
11. Program Document Review	Program faculty review all program documents relevant to program operation and support, including DNP Faculty Handbook, policies & procedures, program documents, and DNP Student Handbook.	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Program faculty ▪ SON Directors ▪ Curriculum Committees ▪ DNP Evaluation Committee 	Annual
12. Administrative & logistical support	Program Coordinators evaluate financial, personnel, administrative & material resources for ability to support educational activities.	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ DNP Evaluation Committee ▪ Deans Colleges of Health and Human Sciences 	Annual
13. CCNE Self Study	The DNP Program completes a self-study in accordance with CCNE requirements.	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Program faculty ▪ DNP Evaluation Committee ▪ SON Directors ▪ Associate Dean for Academic Affairs ▪ Dean College of Health and Human Sciences ▪ CCNE 	On-going
14. Student Learning Outcomes	The DNP program evaluates student achievement of the AACN Essentials of Doctoral Education through student submissions to an electronic briefcase* demonstrating how the student has achieved each essential	<ul style="list-style-type: none"> ▪ Program Coordinators ▪ Program faculty ▪ DNP Evaluation Committee 	On-going

	competency.		
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* The student will use an electronic briefcase to demonstrate their developing competencies throughout the program. The briefcase is the same as a portfolio, and is reflective of the student's knowledge and skills attained during required coursework and practice immersion activities. All students are required to meet the e DNP Program Outcomes, which are linked to the DNP Essentials and competencies specific to the specialty focus.

XIII. REPORTING REQUIREMENTS

Institutions will be expected to report on new program productivity as a part of the biennial low productivity program review process.

This proposal to establish a new degree program has been reviewed and approved by the appropriate campus committees and authorities.

Chancellor: Philip A. Duhaime Date: 11/28/12

Chancellor: David O. Belch Date: 14 Dec. 2012

Attachment 1

October 26, 2009

Gwendolyn F. Foss, DNSc RN
Associate Professor of Nursing and
Associate Director for Graduate Division
UNC Charlotte, School of Nursing
420 College of Health and Human Services Building
9201 University City Blvd.
Charlotte, NC 28223

SUBJECT: "Feasibility Study for a Doctor of Nursing Practice (DNP)" Proposal submitted by UNC Charlotte School of Nursing, College of Health and Human Services to the UNC Charlotte Graduate School and Western Carolina University School of Nursing College of Health and Human Services to the Western Carolina University Graduate School

Dear Dr. Foss:

I was pleased to have the opportunity to review the revised Feasibility Study for a Doctor of Nursing Practice (DNP) proposal outlining a plan for a joint program between the UNC Charlotte and Western Carolina University Schools of Nursing. As noted in our communications, your request for my services at this time was for an overview of progress rather than a comprehensive consultation like the one I provided February 2009. Therefore, I focused my review on the sections of the proposal that stand to face the greatest scrutiny by external reviewers given the shift from a single University sponsored program to a collaborative one. Sections reviewed were: (1.) justification of the DNP program, (2.) curriculum plan, (3.) resources, and (4.) program evaluation plan.

JUSTIFICATION: There is clear, concise and thorough documentation of the literature that supports the rationale for the DNP education model that is being implemented nationwide for the highest level of advanced practice registered nurses (APRN). Moreover, the differences and distinctions between the master and practice-doctorate prepared APRN is clear and the proposed focus on leadership in clinical practice and systems/population for the post-masters/DNP program is fitting and in keeping with national trends. It is equally important to note that both UNC Charlotte and Western Carolina University currently offer the family nurse practitioner APRN and nurse anesthetist options in their respective master's programs. This similarity conveys the strengths of the combined faculty and likelihood of adequate resources to implement the proposed post-masters option now and the baccalaureate (BSN) entry option later. Finally, the proposal data about the NC population characteristics, the national data about the shortage of nursing faculty, and the stated goals of the NC University System suggests that a DNP program would supply the type of APRNs needed to meet the North Carolina population needs and simultaneously support the goals of the NC University System.

Curriculum Plan: There are seven Program Objectives that address expected student outcomes. The outcomes indicate that the DNP graduate will be expected to use evidence, systematically apply methods to improve patient outcomes, evaluate systems, advocate in culturally competent ways in practice, demonstrate leadership in transforming systems and manage complex health problems of clients by implementing systems that facilitate access. These outcomes are congruent with the American Association of Colleges of Nursing (AACN) "The Essentials of Doctoral Education for Advanced Nursing Practice" (2006, aacn.nche.edu). The proposed outcomes of the DNP graduates are conceptually organized around an analysis, leadership, and practice framework. As expected at the proposal stage, not all admission criteria are certain but those that are clearly stated are suitable and can be objectively evaluated while those being refined are appropriate for the post-master's entry option. The proposed 39-credit, 2-year, full-time curriculum plan is designed for two tracks: direct clinical and systems/population practices. The eleven courses of the curriculum culminate in the 6-credit Immersion Inquiry Project. The course

sequencing and the immersion project is logical for guiding students from straightforward to complex learning objectives. Thus the curriculum has the potential of promoting critical thinking and mastery of knowledge for application of the evidence when using multifaceted skills in difficult problem solving situations that arise in patient care and in attempts to transform systems for improved practice outcomes.

Resources: Proposal descriptions suggest there are adequate resources for implementing the DNP program. For example, one can reasonably infer that adequate resources are available to support the combined approximated number of 300 currently enrolled graduate students who are potential applicants to the proposed program. Further, UNC Charlotte has "more than 300" (Feasibility Study, p. 15) practitioners who volunteer their efforts in preceptor activity. Also, the brief profiles of the 15 select faculty in the two schools (Feasibility Study, pp. 21-22) indicates that all are doctorally prepared, have expertise in a variety of clinical specialties with differing population-foci, and many are credentialed by national organizations. Although I have not visited the Western Carolina University School of Nursing, my visit at the UNC Charlotte campus early in 2009 verified that the NC System values education for the nursing discipline. In sum, the combined volunteer and faculty resources are crucial for program implementation and I believe I can safely speculate that resources at the two Schools are similar and therefore, are adequate for supporting the consortium approach for the proposed DNP program.

Program Evaluation Plan: The evaluation plan specifies that both schools are accredited by the Commission on Collegiate Nursing Education (CCNE) and Nurse Anesthesia programs are accredited by the Council on Accreditation of Nurse Anesthesia programs. Both accreditation bodies require rigorous demonstration of thorough evaluation plans and methods based on specified criteria including but not limited to measurement of program outcomes. The proposed DNP program outcomes listed in the Feasibility Study will serve as the starting point in the evaluation process in the CCNE accreditation goal that is specified in the proposal as the final step in the evaluation plan (Feasibility Study Appendix L). Further, the proposal appendices DNP evaluation plan involves students, faculty, employers, Directors of the Schools and Deans external to the Schools. Although basic elements of an evaluation plan are included in the proposal, faculty are encouraged to develop a more comprehensive evaluation plan that illustrates timelines for aspects of evaluation like curriculum mapping and the rubrics that will be used (or proposed for use) in both direct and indirect assessment of the program.

Summary: This overview of the Feasibility Study for a Doctor of Nursing Practice (DNP) Program was based on review of original proposal materials submitted winter of 2009 by UNC Charlotte, material collected during on-site visit at UNC Charlotte February 2009, my consultation report submitted to Dr. Jane Neese spring 2009, and materials submitted by Dr. Gwendolyn F. Foss in the fall of 2009. This feasibility study differs from the earlier proposal in that a consortium is proposed. Given the economy, a consortium approach seems fitting. Further, given the overall structure of the NC University System as I understand it, the governance structures of two Schools support the notion of a consortium. The Feasibility Study description of the proposed DNP program curriculum and resources for program implementation were well developed and in keeping with national trends in nursing. Finally, there are components of an initial evaluation plan.

Recommendation: My only recommendation is to refine the evaluation plan using the aforementioned CCNE DNP Essentials and the Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2008) as a guiding framework. Ideally, the evaluation plan will include a timeline illustrating how courses and the program will be evaluated. Specific rubrics for evaluation and curriculum mapping at specific intervals are strongly encouraged. This recommendation however, should not be construed to suggest that the proposal should not go forward. Rather, the proposal should go forward in order for the Consortium NC Schools of Nursing identified in the Feasibility Study to approximate implementation of the practice doctorate model of education for APPNs by 2015 as proposed by the AACN.

In closing, I reiterate that I have no conflicts of interest to report and that I have reported my consultation time at my employing University. I appreciate the opportunity to review the Feasibility Study for a Doctor of Nursing Practice (DNP) program. Finally, I appreciate the understanding of my personal situation that

delayed my response to the request for this review. If you have questions or want clarification of my comments, please contact me at pbhowaoo@uky.edu or through Corree Anness at 859-323-3304.

Sincerely,

Patricia B. Howard, PhD, RN, CNAA-BC
Professor and Associate Dean, MSN and DNP Programs

Attachment 2

Faculty Table

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
<p>WCU Shawn Collins, PhD, DNP, CRNA Assistant Professor, School of Nursing</p>	<p>2012 PhD in Leadership, Andrews University, Berrien Springs, MI 2008 DNP in Leadership and Healthcare Management, Rush University, Chicago, IL 1995 MSN in Nurse Anesthesia University of Tennessee at Chattanooga</p>	<p>2006-current, Western Carolina University – Clinical Anesthesia Practicum, Nurse Anesthesia Review, Research Project, Economics and Organization of Healthcare, Foundational Science for Nurse Anesthesia, Advanced Principles of Anesthesia, Anesthesia Pharmacology</p>	<p>2011 HRSA Nurse Anesthesia Traineeship Grant (\$2,306) 2011 HRSA Advanced Education Nursing Grant (\$1,236,000) 2011. Collins, S. Description of a model for a reproducible curriculum infrastructure to provide international nurse anesthesia continuing education. <i>AANA Journal</i>, 79(6), 491-496. 2010 HRSA Nurse Anesthesia Traineeship Grant (\$1,807) 2010. Key L, Rich C, DeCristofaro C, & Collins, S. (2010). Literature review on the use of propofol and emergence agitation in children. <i>AANA Journal</i>, 78(6), 468-473.</p>	<p>8 Advanced Nursing Projects</p>
<p>WCU Linda Comer, PhD, RN, LPC, CNE, NCC, Assistant Professor, School of Nursing</p>	<p>2004 PhD in Curriculum and Teaching – Cultural Studies, UNCG 1996 MS in Counseling, UNCG 1989 MSN in Nursing Education, UNCG</p>	<p>Curriculum Development, Research for Advanced Practice Nursing, Practicum for Nurse Educators, Teaching and Learning in Nursing, Testing and Measurement in Nursing Education, Roles and Issues in Advanced Practice Nursing, Cultural Competence for Nurse Administration</p>	<p>Brackett, T., Comer, L., Whichello, R. (2011). Do lean practices lead to more time at the bedside? <i>Journal for Healthcare Quality</i>, Advance online publication: DOI: 10.1111/j.1945-1474.2011.00169.x Green, S., Comer, L., Elliott, L. and Mallory, J. (2011) Exploring the Value of an International Service Learning Experience in Honduras. <i>Nursing Education Perspectives</i>, 32(5), 302-307. NLN/Johnson and Johnson Faculty Leadership and Mentoring Program Cohort III and Project Director. (2011). Developing a portrait of a nursing education leader. <i>Nursing Education Perspectives</i>, 32(2), 136-137. Tomlinson, K., Golden, I., Mallory, J. & Comer, L. (2010). Family presence during adult resuscitation. <i>Advanced Emergency Nursing Journal</i>, 32(1), 46-58. 2009 HRSA PI: Turner, B. Title:</p>	<p>5 Theses and 10 Advanced Nursing Projects</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			<p>Innovative Technologies for Nursing Education \$1,884,020 Role on Project: Comer, L. PI of Subcontract to WCU (\$395,306)</p> <p>Walton-Moss, B., Comer McIntosh, L., and Conrad, J. (2009). Health Status and Birth Outcomes among Pregnant Women in Substance Abuse Treatment. <i>Women's Health Issues, 19(3)</i>, 167-175.</p> <p>2008 Coulter Faculty Center, SoTL Grant \$1285 Graduate's Perceptions of a Fully On-line Nurse Educator Master's Program</p> <p>2008. Co-authored with Dr. Judy Neubrander a HRSA grant, Leadership Education at a Distance (LEAD) that was funded for \$825,000 to start a new Nurse Administration master's program track. 2008.</p>	
<p>WCU Lydia Elliott, DNP, FNP-BC Assistant Professor, School of Nursing,</p>	<p>2012 DNP, University of Alabama, Birmingham 2002 MSN, FNP, Western Carolina University</p>	<p>Primary Care of Children and Adolescents, Clinical Management of Children and Adolescents, Advanced Physical Assessment and Clinical Diagnostics, Advanced Health/Physical Assessment, Clinical Management Advanced Health/Physical Assessment, Social and Behavioral Health Problems, Advanced Nursing Project, Clinical Management of Reproductive Health, Family Health Promotion in the Rural Community, Primary Care of Adults and Elderly Adults</p>	<p>Hopkins, K., DeCristofaro, C. & Elliott, L. (2011, June) How can Primary-care Providers Manage Pediatric Obesity in the Real World? <i>Journal of the American Academy Nurse Practitioners, 23(6)</i>, 278-88.</p> <p>Green, S., Comer, L., Elliott, L. and Mallory, J. (2011) Exploring the Value of an International Service Learning Experience in Honduras. <i>Nursing Education Perspectives, 32(5)</i>, 302-307.</p>	<p>Currently chairing 4 Advanced Nursing Projects</p>
<p>WCU Mark Kossick, DNSc, CRNA Professor, School of Nursing</p>	<p>2003 DNSc University of Tennessee, Memphis 1992 MS, Nurse Anesthesia, University of</p>	<p>Roles and Issues in Advanced Practice Nursing, Foundational Science for Nurse Anesthesia, Advanced Principles of Anesthesia, Anesthesia Pharmacology, Clinical Anesthesia</p>	<p>Kossick, M.A. (2010) Antiarrhythmics, In Quелlette, R., Joyce, J. (Eds), <i>Pharmacology for Nurse Anesthesiology</i>. Sudbury: Jones and Bartlett: Sudbury.</p> <p>Kossick, M.A., Kay, N., Carter, M., Pruett, J., Hill, L. (2009)</p>	<p>Chaired 6 Masters Theses, currently chairing 4 Advanced Nursing Projects.</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
	Kansas, Lawrence	Practicum, Research for Advanced Practice Nursing, Basic Principles of Anesthesia,	<p>Evaluation of a new modified chest lead in diagnosing wide-complex beats of unknown origin. <i>Journal of Electrocardiology</i>, 24(6), 615.</p> <p>Kossick, M.A. (2009) Clinical Monitoring I: Cardiovascular System, In Nagelhout, J., Plaus, K. (Eds.), <i>Nurse Anesthesia</i>, 4th Ed, Saunders/Elsevier: St. Louis.</p> <p>Kossick, M.A. (2009) Inhalation Anesthetics, In Nagelhout, J., Plaus, K. (Eds.), <i>Nurse Anesthesia</i>, 4th Ed, Saunders/Elsevier: St. Louis.</p>	
<p>WCU Mary Knowlton, DNP, RN, APN-BC, CNE Assistant Professor, School of Nursing</p>	<p>YEAR DNP, Case Western University, Cleveland, OH MSN, Duke University, Durham, NC</p>	None at graduate level yet.	Knowlton M, Jansen K. (1995) Teaching a client with low literacy skills. <i>Imprint</i> , 42(5): 67-9.	Currently chairing 2 Advanced Nursing Projects.
<p>WCU Mason McDowell, DNAP, CRNA Assistant Professor, School of Nursing</p>	<p>2012 DNAP, Texas Wesleyan University, Ft. Worth, TX YEAR MSNA, VA Commonwealth University, Richmond, VA</p>	<p>Basic Principles of Anesthesia, Clinical Practicum and Seminar, Adv Principles of Anesthesia I, Adv Principles of Anesthesia II; Clinical Education Coordinator- develop and maintain schedule for nurse anesthesia students; read student daily clinical evaluations; supervise nurse anesthesia student clinical performance.</p>		None yet.
<p>WCU Judy Neubrandner, EdD, FNP, CNE Professor, School of Nursing</p>	<p>FNP Certificate. Certificate. University of Alabama, Birmingham YEAR EdD Adult and Community College, North Carolina State University YEAR MS(N)</p>	<p>International Study in Nursing, Complementary and Integrative Therapies, Teaching/Learning in Nursing Education, Curriculum Development, Advance Practice Roles and Issues, Death, Dying and Palliative Care, Test and Measurements, Advance Practice Research, Ethics</p>	<p>Neubrandner, J. (2012). Drugs that inhibit DNA replication and mitosis: Fluoroquinolones, metronidazole. In Hardin, D., Editor, <i>Essentials of Pharmacology</i>, Boston, MA: Jones and Bartlett.</p> <p>Hartley, M., Neubrandner, J. & Repede, E. (2011). Evidence-based spine preoperative education. <i>International Journal of Orthopaedic and Trauma</i></p>	3 and 31 Advanced Nursing Projects

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
	Education and Adult Health, University of Kansas	in Nursing Administration, Cultural Diversity in Nursing Administration	<p><i>Nursing.</i></p> <p>Comer, L. S., Whichello, R. & Neubrandner, J. (2011). An innovative masters program for the development of culturally competent nursing leaders. <i>Journal of Cultural Diversity: An Interdisciplinary Journal.</i></p> <p>Neubrandner, J. & Hall V. (2011). Perceived challenges & barriers of Hispanic/Latino youth to entry into a career in nursing. <i>Journal of Best Practices in Health Professions Diversity: Research, Education and Policy.</i></p> <p>Green, S., Comer, L., Elliott, L. & Neubrandner, J. (2011). Exploring the value of an international service learning experience in Honduras. <i>Nursing Education Perspectives.</i> 32(5).</p> <p>Koontz, A.M., Mallory, J.L., Burns, J.A., & Chapman, S. (2010). Staff nurses and students: The good, the bad, and the ugly. <i>Med Surg Nursing: The Journal of Adult Health.</i> 19(4).</p> <p>Fouts, S. & Mallory, J. (2010). The credit/non-credit divide: Breaking down the wall. <i>The Journal of Continuing Education.</i> 58(3). 180-183.</p> <p>Tomlinson, K., Golden, I., Mallory, J.L., & Comer, L. (2010). Family presence during adult resuscitation. <i>Advanced Emergency Nursing Journal,</i> 32(1), 46-58.</p> <p>2009 HRSA Traineeship Grant, \$47,029</p> <p>Mallory, J.L., Ramage, M., Snow, J. & Coyle, M. (2009). Grad school in your pajamas. <i>Med Surg Nursing: The Journal of Adult Health,</i> 18(2).</p> <p>Davidhazer, R., Mallory, J.L., & McCoy, C.A. (2009). The art of promoting patience. <i>Journal of Emergency Nursing,</i> 35(1).</p>	

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			2008 HRSA Traineeship Grant, \$35,000 2008 HRSA Advance Nurse Education Grant, \$825,000 , {Mallory J. lead, Comer L. Co-PI}	
WCU Alex Sarygasn, DNP, NP Assistant Professor, School of Nursing	2012 DNP, Duke University 2008 Master of Science in Nsg, Adult Nurse Practitioner, Vanderbilt University	None yet.	None yet.	None yet.
WCU Julia Wetmore, PhD, RN, CNE Assistant Professor, School of Nursing	1991 PhD (Initial degree conferral was DNSc; degree converted to PhD on March 16, 2006), The Catholic University of America YEAR MN, Child Health Nursing, Emory University; Atlanta, Georgia	Research for Advanced Nursing Practice	Wetmore, J.P. (2011) In B. Melnyk & Fineout-Overholt, E. (Eds.), <i>Implementing evidence-based practice: Real world success stories</i> (pp. 281-284). Indianapolis: Sigma Theta Tau International. 5/15/08 UNC General Administration Co-PI. Develop new research block and the "Center for EBNP" in West Health, a virtual hospital and health department for students.	10 Advanced Nursing Projects
UNCC Maren Coffman, PhD RN Assistant Professor, School of Nursing	1995, BSN, Weber State University 1997, MSN, Syracuse University 2005, University of Connecticut	Advanced Practice Nursing in Acute Care; Chronic Illness; Research in Nursing and Health Professional Synthesis in Advanced Nursing Practice I and II; Mexico Study Abroad; Health Disparities & Adv Practice Nsg; Costa Rica Study Abroad; Clinical Nurse Specialist Practicum	Internal 2005-06, PI, Latino Health Initiative Grant, UNC Charlotte, \$28,000 2006-07, PI, Diabetes Control, Management and Access to health Care-UNC Charlotte-\$8,000 2008-09 PI, Feasibility and effectiveness of the food and fun nutrition curriculum for low income Latina mothers and their children. NC Research Campus Grant-\$35,000 External 2004-05, PI, Influence of depression, acculturation and social support on the self-efficacy of an elderly Hispanic diabetic population, Sigma Theta Tau,	10 Theses, 2 Dissertations

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience. Funding and Publications	Number of Theses or Dissertations Directed
			<p>\$3000</p> <p>2009-2012, PI, A health literacy intervention for Latina women with diabetes, Robert Wood Johnson-\$350,000</p> <p>2010-2015, Co-PI, A transdisciplinary approach to the evaluation of social determinants of health, NIH, National Center for Minority Health and Health Disparities, \$1,770,000</p> <p>Publications</p> <p>Coffman, MJ (2008). The effects of tangible social support and depression on diabetes self-efficacy in elderly Puerto Ricans. <i>J of Geront Nursing</i>, 34(4), 32-39.</p> <p>Coffman, MJ et al (2008). Self-prescription practices of recent Latino immigrants. <i>Public Health Nursing</i>, 25(3), 203-211.</p> <p>Coffman, MJ. (2008). Translation of a diabetes self-efficacy instrument: Assuring content and semantic equivalence. <i>Journal of Theory Construction and Testing</i>, 12(2), 58-62.</p> <p>Shobe, MA, Coffman, MA, & Dmochowski, J. (2009). Achieving the American dream: Facilitators and barriers to the health and mental health for Latino immigrants. <i>Journal of Evidence-based Social Work</i>, 6(1), 92-110.</p>	
<p>UNCC</p> <p>David Langford, DNSc, RN</p> <p>Associate Professor, School of Nursing</p>	<p>1984, BSN Brigham Young University</p> <p>1988, MS University of California, San Francisco</p> <p>1994, DNSc, University of California, San Francisco</p>	<p>Seminar in Research Implementation and Dissemination; Program Evaluation, Outcomes and Quality; Technology Application in Nursing Education; Trends and issues in nursing education; Advanced nursing care in the community; Organization and delivery of health services in urban and rural settings; Synthesis in Community Health</p>	<p>Internal</p> <p>2004-05, PI, Evaluating the role of elementary school environment on teacher's perceptions of risk and prevention of bullying. UNC Charlotte-\$6000</p> <p>External</p> <p>2008-2012, Turner, B (PI). Innovative Technologies for Nursing Education Award No: D80HP11272 Dates 2009-2011 Funding Agency: HRSA Amount : \$1,884,020 Role on Project : Co investigator on</p>	<p>4 dissertations</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
		Nursing; Families and Health	subcontract to UNC-C Effort: 12.5% for 3 years 2007-08, PI, Off site nursing education certificate in Rowan County-\$48,000 Publication Booth, D. & Langford, D. (2011). Nurse Driven quality improvement to reduce catheter related UTIs in a critical care setting. <i>Advance in Nursing</i> , 13(2).	
UNCC Sonya R. Hardin PhD RN CCRN NPC Professor, School of Nursing	1981 BSN UNC Charlotte 1984 MSN, UNC Charlotte 1990, PhD University of Colorado Health Sciences Center 1997, MHA/MBA, Pfeiffer University 2004-06 Post Doctoral Fellowship 2008, Post Masters Certificate, East Carolina University	Nursing Theory, CNS Practicum, Nursing Research, Chronic Illness: Concepts, Health Informatics, Information Resource Management, Theory of Admin to Nursing Systems, Primary Care of Adults; Health Assessment; Synthesis Projects	Internal Hardin, S. (2002). (PI) Spirituality among CHF Patients. Eleanor Caddell Grant – \$750 funded Hussey, L., Hardin, S. and Steele, L. (2002). (Co-PI) Kerley Research Grant, University of NC at Charlotte. Funded \$10,000. Hardin, S. (2003). (PI) Diversity Issues in Quality of Life among CHF. UNC-Charlotte Faculty Grant - \$6000 funded Wilson, D. & Hardin, S.R. (2009). Chancellor Diversity Award- \$500 to establish a Digital Human Being for use in Assessment lab. External Palmer, M.H. (PI) and Hardin, S.R. (2005) (Co-PI) Urinary Incontinence among Heart Failure Patients. Pfizer Grant-\$50,000-funded. Turner, B (PI). (2008-2012). Innovative Technologies for Nursing Education Award No: D80HP11272 Dates 2009-2011 Funding Agency: HRSA Amount : \$1,884,020 Role on Project : Co investigator on subcontract to UNC-C Effort: 25%	4 Masters Theses, 2 Dissertations, 12 Advanced Practice Projects

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			<p>for 3 years</p> <p>Publications</p> <p>Hardin S.R. & Kaplow, R. (2010). <i>Essentials of Cardiac Surgery Nursing</i>. Sudbury, MA: Jones and Bartlett.</p> <p>Kaplow, R. & Hardin, S. R. (2007). <i>Critical Care Nursing: Synergy for Optimal Outcomes</i>. Sudbury, MA: Jones and Bartlett.</p> <p>Hardin, S.R. (2012). Engaging Families in the Participation of Care of the Older Critical Care Patient. <i>Critical Care Nurse, Crit Care Nurse</i>. 2012 Jun; 32(3):35-40.</p> <p>Hardin, S.R., Burkhart-Tindale, K., Hart, A., et al. (2011) Critical Care Visitation: The Patients' Perspective. <i>Dimension of Critical Care Nursing</i>, 30(1), 53-61.</p> <p>Faber, J. & Hardin, S.R. (2010). Outcomes of Knee replacement Patients Using Autotransfusion. <i>Orthopedic Nursing</i>, 29(5), 333-337.</p> <p>Palmer, M. H., Hardin, S.R., Behrend, C., Collins, S., Madigan, C. & Carlson, J. (2009). Urinary Incontinence and Overactive Bladder in Patients with Heart Failure. <i>The Journal of Urology</i>, 182 (1), 196-202.</p> <p>Hardin, S.R. & Steele, J. R. (2008). Atrial fibrillation among older adults: Pathophysiology, symptoms and treatment. <i>Journal of Gerontological Nursing</i>, 34(7), 26-33; quiz 34-5.</p> <p>Hardin, S.R. (2008). Women and Heart Failure. <i>Nursing Consult</i>. Located at: http://www.nursingconsult.com/das/stat/view/93013395-2/cup?nid=191665&sid=698280421&summaryresults=true&SEQNO=2</p>	

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			<p>Hardin, S.R. (2007). Cardiac disease and sexuality: implications for research and practice. <i>The Nursing Clinics of North America</i>, 42(4), 593-603.</p> <p>Hardin, S.R. & Steele, J.R. (2007). Group A Beta-Hemolytic Streptococcal Pharyngitis. <i>Journal of Correctional Health Care</i>, 13(4), 216-223.</p> <p>Hardin, S.R. (2007). Cat's Claw: An Amazonian vine decreases inflammation in osteoarthritis. <i>Complementary Therapies in Clinical Practice</i>, 13(1), 25-28.</p>	
<p>UNCC Dee Baldwin, PhD, RN, FAAN</p> <p>Associate Dean/Director and Professor, School of Nursing</p>	<p>1973 BSN, Hampton Institute</p> <p>1977, MSN, Emory University</p> <p>1987 PhD, Georgia State University</p>	<p>N799, AHN, 714, N842, N230, N843, N820, N784</p>	<p>Internal</p> <p>2003, PI, Women's Health Navigators" Program. Atlanta 2 day Program, Atlanta GA-\$50,000</p> <p>2006, PI, Women's Health Navigators" Program. Atlanta 2 day Program, Atlanta GA-\$25,000</p> <p>2008, PI, Georgia access to care and treatment services: reducing breast cancer in the indigent department of community health, Atlanta, GA, \$41,714</p> <p>External</p> <p>1998, PI, Linking at risk populations to breast cancer facts and information via the computer; National SGK Foundation, \$100,089</p> <p>Publications</p> <p>Sanner, S., Baldwin, D, et al (2010). The impact of a cultural diversity forum on students" openness to diversity. <i>Journal of Cultural Diversity</i>, 17(2), 56-61.</p> <p>Baldwin, D. & Mitchell, S. (2010). Moving breast cancer awareness from margin to center in African American Communities using a Women's Health Navigators Program. <i>International Public Health Journal</i>, 2(2), 00.00</p> <p>Olayiwola, I.N., Baldwin, DM, &</p>	<p>16, Master Theses, 17 Dissertations,</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			<p>Jatau, A. (2008). Strategies to eliminate racial/ethnic disparities in breast and cervical cancer. <i>The Female Patient</i>, 33, 1-5.</p> <p>Baldwin, D., Gaines, S., Wold, J., Williams, A. & Learly, J. (2007). The health of female childcare providers: Implications for quality of care. <i>Journal of Community Health Nursing</i>, 24(1), 1-17.</p>	
<p>UNCC Susan Kennerly, PhD, RN, WCC</p> <p>Associate Director, Professor, Graduate Division, School of Nursing</p>	<p>1973, BSN East Carolina University</p> <p>1983, MN, University of SC, Columbia SC</p> <p>1988, PhD, University of Texas</p>	<p>Introduction to occupational health, leadership strategies for nurse educators, Nurse Inquiry I, Leadership Dynamics in Healthcare, Finance and Economics of Healthcare, Organization and Management of Healthcare Systems, Financial Management of Healthcare Systems, Financial Reimbursement for Health Care Providers, Human resource Management, Development and Construction of Nursing Theory, Health care policy, organization and finance; Research Methods; Advanced Practice Roles in Nursing of Adults</p>	<p>External</p> <p>2011-2016, PI, Targeted Research Training grant, NIOSH, \$194,563</p> <p>2010-2011, Co-PI, Workplace Culture: Psychometric evaluation of the nursing culture assessment tool. NIOSH, \$5,741</p> <p>2009-2011, Co-PI, Interdisciplinary mobility team approach to reduction of facility acquired pressure ulcers, Robert Wood Johnson, \$299,963.</p> <p>Internal</p> <p>2010-2011, Co-PI, Development of a model for CAN sub-culture within long term care, UC College of Nursing Dean's Award, \$4994.15</p> <p>2005-07, PI, The effect of nurse director and manager professional growth and leadership behaviors on the professional practice environment and patient outcomes.</p> <p>Publications</p> <p>Gormley, D. & Kennerly, S. (2011). Predictors of turnover intention in nurse faculty. <i>Journal of Nursing Education</i>, 50(4), 190-196.</p> <p>Yap, TL & Kennerly, S. (2011). A nurse led approach to preventing pressure ulcers. <i>Journal of Rehabilitation Nursing</i>, 36(3), 106-110.</p> <p>Gormley, D. & Kennerly, S. (2010). Influence of work role and</p>	<p>6, Master Theses, 6 Advanced Practice Projects, 9 Dissertations</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			<p>perceptions of climate on faculty organizational commitment. <i>Journal of Professional Nursing</i>, 26(2), 108-115.</p> <p>Kennerly, S. (2007). The impending reimbursement revolution-how to prepare for future APN reimbursement. <i>Nursing Economic\$, 25(2)</i>, 81-84.</p>	
<p>UNCC Meredith Troutman-Jordan, PhD RN Associate Professor</p>	<p>1995, BSN Queens University, Charlotte, NC 2000, MSN, UNC Charlotte 2005, PhD University of SC, Columbia SC</p>	<p>Family Health constructs and Theory, Health Policy and Planning, Advanced Psychiatric Mental Health Nursing Practice with Communities and Groups, Philosophical and theoretical foundations of nursing</p>	<p>Internal Funding</p> <p>2012-13 Co-PI, Physical activity in older adults: Eat better move more Carolina-UNC Office of Research-\$11,293</p> <p>2006-07 PI Piloting an instrument to measure successful aging- UNC Office of Research-\$6,000</p> <p>2005-2006 PI-Exploring the relationship between creativity, depression, and successful aging-UNC Office of Research-\$5,000</p> <p>External Funding</p> <p>2010-2011, PI, Pilot test of the Successful Aging Inventory in Assisted Living Communities-American Nurses Foundation-\$6,750</p> <p>2009-1011, PI, In their Own Words: An examination of successful aging via focus groups, Sigma Theta Tau International-\$5000</p> <p>2008-09 PI, An examination of successful aging in black older adults, Eleanor Brooks Caddell Award- \$600</p> <p>2006, PI, Exploring attitudes and knowledge of aging in nursing and non-nursing students-Sigma Theta Tau, Gamma Iota Chapter, \$1000</p> <p>Publications</p> <p>Troutman Flood, M., Nies, M., & Seo, D. (2012). Successful Aging: Selected indicators in a southern sample. <i>Home Health Care Management & Practice</i>, 22 (2),</p>	<p>3 Theses, 4 Dissertations</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience. Funding and Publications	Number of Theses or Dissertations Directed
			<p>111-115.</p> <p>Troutman, M., Nies, M.A. & Bentley, M. (2011). Measuring successful gaining in Southern Black older adults. <i>Educational Gerontology</i>, 37(1), 38-50.</p> <p>Troutman, M., Nies, M.A., Small, S., & Bates, A. (2011). The development and testing of an instrument to measure successful aging. <i>Research in Gerontological Nursing</i>, 4(3), 221-232.</p> <p>Troutman, M., Nies, M.A., & Mavellia, H. (2011). Perceptions of successful aging in Southern Black older adults. <i>Journal of Psychosocial Nursing and Mental Health Services</i>, 49(1), 28-34.</p> <p>Blevins, C. & Troutman, M. (2011). Successful aging theory and the chronic renal disease patient: Application I the clinical setting. <i>Journal of Renal Nursing</i>, 38(3), 255-260, 270.</p> <p>Nies, M.A., & Troutman-Jordan, M. (2012). Mentoring nurse scientists to meet nursing faculty workforce needs. <i>The Scientific World Journal</i>, 1-5. Doi:10.1100/2012/345085</p>	
<p>UNCC Lucille Travis, PhD, RN, NE-BC</p> <p>Professor Department of Nursing</p>	<p>1968 BSN The Ohio State University</p> <p>1969 MSN Medical Surgical Nursing The Ohio State University</p> <p>1989 PhD Educational Policy and Leadership The Ohio State University</p>	<p>Nursing Strategic Planning, Nursing Administrative Practicum, Nursing Synthesis I, Nursing Synthesis II</p>	<p>Travis, L & Anthony, M (2011) Energizing the research enterprise at non-academic health centers Schools of Nursing. <i>Journal of Professional Nursing</i>. 27(5) 215-220.</p> <p>Eastwood, C., Travis, L., Cole, N., Morgenstern, T., (2007) Weight and Symptom Diary for Self-Monitoring in Heart Failure Clinic Patients. <i>Journal of Cardiovascular Nursing</i>, 22(5), 382-389.</p> <p>Principal Investigator: Gender differences in treatment patterns for acute decompensated heart</p>	<p>Dissertation Chair - 3</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience. Funding and Publications	Number of Theses or Dissertations Directed
			<p>failure. St. Luke's Episcopal Hospital, Heart Failure Center. \$10,000. Funded 2004.</p> <p>Co-Investigator: Outpatient Heart Failure Team Management: Analysis of Functional and Clinical Improvement of patients. PI Cathy Eastwood. St. Luke's Episcopal Hospital, Heart Failure Center. \$20,000. Funded 2002-2003.</p> <p>Co-Investigator: Weight and system diary for self monitoring for Heart Failure. PI Cathy Eastwood. St. Luke's Episcopal Hospital, Heart Failure Center. \$20,000. Funded 2001-2003.</p> <p>Co-Investigator: Use of an electronic telescope for home monitoring of symptoms. PI Cathy Eastwood. St. Luke's Episcopal Hospital Cardiac Educational Award. \$20,000. Funded 2001.</p> <p>Advisory Board Member, Small Business Innovation Research Grant (SBIR), Interactive multimedia "Case in Point" program for nursing students and psychiatric care, PI Colin McKay. \$50,000. Funded 1999-2000</p> <p>Co-investigator: The Impact of Computerization on Patient Care Delivery. PI Linda Cole. St. Luke's Episcopal Hospital Research Award. \$25,000. Funded 7/98-6/99.</p> <p>Principal Investigator: Advanced Practice Nurse Management of Heart Failure in the Home Setting: Cost Effective Use of Resources. Houston Organization of Nurse Executives (HONE), Nursing Research Award. \$1500. Funded</p>	

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			<p>3/98-3/99.</p> <p>Collaborating Investigator: Variations in Nursing Practice Models. PI Mary Anthony. NINR 1RO1HS-07102001A2. Funded 9/95-7/97. \$559,377.</p>	
<p>UNCC Judith Cornelius, PhD Assistant Professor UNCC College of Health and Human Services, School of Nursing</p>	<p>1977 BSN Hampton Institute 1985 MSN Hampton University Advanced Adult Nursing Education 2000 PhD Rush Medical Center/Rush University Adult Health Nursing</p>	<p>Research and Health Professionals, Synthesis I, Synthesis II, Seminar in Research Ethics</p>	<p>Cornelius, JB, Moneyham, L. & LeGrand, S. (2008). Adaptation of an HIV-Prevention Curriculum for use with Older African-American Women (2008). <i>Journal of the Association for Nurses in AIDS Care</i>, 19(1), 16-27.</p> <p>Cornelius, J. B., LeGrand, S. & Jemmott, L. (2008). Sexual communications among African American grandparents and their adolescent grandchildren. <i>Journal of Family Nursing</i> 14(3), 333-346. Doi: 10.1177/1074840708321336</p> <p>Cornelius, J.B., LeGrand, S. & Jemmott, L. (2009). African American Grand families' Attitudes and Feelings about Sexual Communications: Focus Group Findings. <i>Journal of the Association for Nurses in AIDS Care</i>, 20(2), 133-140</p> <p>2012 Son Directors' Award, \$3,000 Funded. 2010 NIH Loan Repayment Program- NIH 1 year \$8,000- Funded. 2008 Feasibility of Delivering a Text Messaging Enhanced Adolescent HIV Curriculum- R 21 Grant submitted to the National Institutes of Health/ National Institutes of Nursing Research R21NR011021- 2 years Principal Investigator \$396,000- Funded. 2007 University of California San Francisco- Collaborative HIV Prevention Research in Minority Communities Pilot Study- Subcontract Award- 2 years Principal Investigator \$25,000- Funded.</p>	<p>Thesis – 1, Dissertation – 2, Advanced Nursing Projects - 11</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			2007 NIH Loan Repayment Program- 2 years \$20,000-Funded.	
<p>UNCC Karen Lucisano, CRNA, MSN, PhD (c) Lecturer/Director Nurse Anesthesia Program</p>	<p>1987 BSN University of Cincinnati 1993 MSN University of North Carolina at Charlotte Nurse Anesthesia 2012 PhD University of North Carolina at Charlotte Health Services Research</p>	<p>Professional Aspects I, Professional Aspects II, Pharmacology of Anesthetic Agents, Pharmacology of Non-anesthetic Agents, Applied Pathophysiology, Principles of Nurse Anesthesia I-III, Health Assessment</p>	<p>Lucisano KL, Talbot LA. Simulation Training for Advanced Airway Management for Anesthesia and Other Health Care Providers: A Systematic Review. <i>AANA Journal</i>. 80(1), 25-31. <u>Principle Investigator</u> Phase III Drug Trial 1987 A Comparison of Clinical Outcomes in Patients Undergoing Elective Surgery Under General Anesthesia With Ultiva versus Hypnotic/inhalation-based Anesthesia Funded by Glaxo Smith Kine \$10,000.</p>	<p>Advanced Nursing Projects - 45</p>
<p>UNCC Lienne Edwards, PhD, RN, Professor, School of Nursing</p>	<p>1990 University of North Carolina at Greensboro, PhD & MSN YEAR University of North Carolina at Chapel Hill, BSN</p>	<p>NUPC 6140: Parent-Child Health Nursing I NUPC 6245- Parent Child Health II NUPC 6210 Family Health in Advanced Practice Nursing</p>	<p>2088-2011 Crossing Borders: Empowering Nursing Students for Academic Success. HRSA Nursing Workforce Diversity Grant: \$ 705,499 2000 AWHPNN North Carolina Leadership Conference. New Program fund Grant awarded by AWHONN. \$2000 1999 AWHONN North Carolina Leadership Conference. New Program Fund Grant awarded by AWHONN. \$2000 1989 Determinant of Competent Parenting by Fathers of Infants. American Nurses Foundations Grant, \$2700</p>	<p>7- Theses 2 -Dissertations</p>
<p>UNCC Diane Caruso, APRN, FNP, DNP Clinical Assistant Professor School of Nursing</p>	<p>2010-Doctor of Nursing Practice (DNP) Duke University 1983 SUNY Stony Brook, MS</p>	<p>NUNP 6460 Advanced Primary Care of Children and Adolescents Practicum NURS-6230 Health Assessment and Diagnostic Reasoning for</p>	<p>Caruso, D. 2012: Best Practices in Teaching Award for the implementation of Objective Structured Clinical Examinations in the Nurse Practitioner program.</p>	<p>1-Synthesis Project</p>

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
	1981 Wagner College, BS	Advanced Practice NURS-6430 Health Assessment and Diagnostic Reasoning for Advanced Practice Practicum NUNP 6250 Advanced Primary Care and Health Promotion of Adults NUNP 6450 Advanced Primary Care and Health Promotion of Adults Practicum NUNP6400 Internship in Family Health Nursing NUNP 6440 Advanced Primary Care Reproductive Health Practicum		
UNCC Dianna Inman, APRN, CPNP-PC, PMHS, DNP Clinical Assistant Professor School of Nursing	2009 Arizona State University , Doctor of Nursing Practice (DNP) 1993 Virginia Commonwealth University, MS 1988 East Carolina University, BSN 1983 James Madison University, BS	NUNP 6260-Advanced Primary Care of Children and Adolescents Spring 2011, 2012 NUNP 6460 Advanced Primary Care of Children and Adolescents Practicum L93 Spring 2012 DRNP 820: Advanced Health Assessment DRNP 852: Health Program Planning Advanced Practice Nursing: Role Residency Common Acute Clinical Problems in Children Advanced Practice of Children with Episodic and Chronic Health Care of Children with Special Needs Health Promotion and Well	Inman, D., van Bakergem, K., LaRosa, A., Garr, D. (2011). <i>Evidence-Based Health Promotion Programs for Schools and Communities. American Journal of Preventive Medicine.</i> 40 (2) 207-219. Inman, D. (2011) "Passion Rekindled with Evidence-Based Practice." In Melnyk, B., & Fineout-Overholt, E. book titled <i>Implementing Evidence-Based Practice: Real-Life Success Stories.</i> Sigma Theta Tau. 30 2008-2009: "Reducing Violence: A Template for the State." Duke Endowment Co-PI, Williamson, D., Vandermark, L., & Inman, D. \$800,000 2007: Mother's Morning Out", PI, Bakker Family Fund, \$3,000 2006: Mother's Morning Out", PI, Women Making a Difference Fund \$2,800 2005: School-based Health Center	4- Doctor of Nursing Practice Projects- MUSC (1) Independent Master Project Nutritional Needs of Premature Infants Once Discharged from the Hospital- MUSC

Name, Rank, Department	Education	Teaching Experience at Graduate Level	Research Experience, Funding and Publications	Number of Theses or Dissertations Directed
			with a Focus on Mental Health Services" HRSA Nurse Managed Health Centers Laken, M., Grossman, J., Smith, G. & Inman, D. \$250,000	
<p>UNCC Jane B. Neese, PhD, RN, Associate Dean for Academic Affairs</p>	<p>1994 University of Virginia, Doctor of Philosophy in Nursing (Ph.D.)</p> <p>1983 University of Maryland at Baltimore. Master of Science in Nursing (M.S.)</p> <p>1978 Medical University of South Carolina. Bachelors of Science in Nursing (B.S.N.)</p>	<p>Fall 2007- Nurse Scientists in Academia and Industry (NURS 742): practicum with UNC-Greensboro doctoral student</p> <p>Language and Cultural Immersion in Health and Human Services (SOWK 7090/NURS 4090): Summer 07 Education Abroad 5 --week course</p> <p>Fall 02 -Independent Doctoral Study on Depression in Older Adults: Doctoral Student at the University of Tennessee, Memphis</p> <p>Research in Nursing and Health Professions (NURS 6160): Summer 02</p> <p>Advanced Psychiatric-Mental Health Nursing Practice with Individuals (NUMH 6130): Fall 98, Spring 03</p> <p>Internship for Advanced Practice Psychiatric-Mental Health Nursing (NUMH 6410): Spring 00, Spring 02</p> <p>Health Policy and Planning in the United States (NURS 6115): Fall 97, Spring 98, Spring 99, Fall 01</p>	<p>1/1/2009 to 2/28/2012 Turner,B., Neese, J. Innovative Nurse Education Technologies, Health Resources and Services Administration (HRSA), DHHS (Grant # D80HP11272) Subcontract award \$297,555.</p> <p>Sousa, V.D., Zauszniewski, J.A., Bergquist-beringer, S., Musile, C.M., Neese, J.B. & Jaber, A.F. (2010) Reliability, validity and factor structure of the appraisal of self-care agency-revised (ASAS-R). Journal of Evaluation in clinical Practice, DOI: 10.1111/j. 1365-2753.2009.01242.x.</p> <p>Dienemann, J., Neese, J.B., & Lowry, S. (2009). Psychometric properties of the Domestic Violence Survivor Assessment (DVSA). Archives of Psychiatric Nursing, 23 (3), 111-118.</p> <p>Sousa, V.D., Zauszniewski, J.A., Zeller, N.U. & Neese, J.B. (2008). Factor analysis of the Appraisal of Self-Care Agency Scale in American adults with diabetes mellitus. The Diabetes Educator, 34, 98-108.</p>	<p>1 dissertation and 6 thesis</p>

