

Third-Year Graduate Degree Program Review

Program: **Nursing (NUR-DNP)**
 Year Approved: **2006**

The Graduate School and the USF Tampa Graduate Council would like to ask you to complete this brief survey of your Graduate Program. This one-time survey, given to all recently approved graduate programs, will provide information about the program's standing and offers opportunities to showcase program's accomplishments in the first few years. Currently, no other mechanism is available to collect this type of information. The Graduate Council will prepare a brief report based on the survey, which will be circulated back to you and kept on file in the Graduate School. Thank you in advance for your assistance with this important project!

PART I: Program Metrics (pre-populated by Graduate School)

(Optional comments regarding these numbers may be separately attached.)

Enrollment Statistics	Current Year (2012/2013)	2011/2012	2010/2011	2009/2010
Applied (SIF)	31	23	2	24
Admitted (SIF)	13	14	0	10
Enrolled (SIF)	13	13	0	9
Degrees Awarded (SIF)*	*	5	12	10
Time to Degree (if applicable) (info center mean)	*	2.53	2.62	2.08
Total program enrollment (SIF)	71	63	75	97
% students registered full time (SIF)	36	38	38	39
Graduate SCH (SIF)	518	487	463	597
Number of graduate faculty** (PROFESSOR, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR)	45	34	32	31
Student: Faculty Ratio (students per faculty)***	16.42:1	18.32:1	22.19:1	23.16:1

* Degrees not yet awarded for spring 2013

Information not available on Info-center. Please provide a total number and then please attach a list of names, level (Full, Assoc., etc.), and research areas of these faculty. **Response Comment: The College calculated numbers of faculty heads (not FTEs) for the requested classifications with GEMS as the source file; the Dean of the College and adjuncts were excluded. The College used Fall semester as the point in time. Please refer to the attachment for a list of faculty names and clinical/research interests.

***Information not available on Info-center. Please provide. **Response Comment: The College used Info-center for the graduate student headcount using the Fall semester finals as the point in time. Please refer to the tables and additional comments found on page 10 and in the attached "College of Nursing Faculty" document.**

Part II: Annual Student Success Metrics (populated by the Program)

(Optional comments regarding these numbers may be separately attached.)

The data provided in the table below are based on a review of student documents and records available on the G drive repository and historical records maintained by former DNP Program Directors. Effective with the Spring 2013 semester the College of Nursing has implemented a new procedure to enhance the collection, aggregation, and reporting of data in these categories by requiring submission of a formative professional portfolio each semester beginning with entry to residency in addition to the final professional portfolio due in the final semester of the program. Each DNP student is required to complete an original, scholarly, evidence based practice project over a minimum of two semesters that demonstrates synthesis of the knowledge and competencies gained throughout the program and these have been included in the “Creative Works” category.

	Current Year (2012/2013)	2011/2012	2010/2011	2009/2010
Professional Presentations by Students	7	3	12	11
Student Publications/Creative Works (including DNP Evidence-Based Practice Projects)	13	12	24	29
Student Funding and Scholarships (including internal awards)	3	3	1	2
Other- Residency Portfolios and Unpublished Manuscripts	13	11	16	20

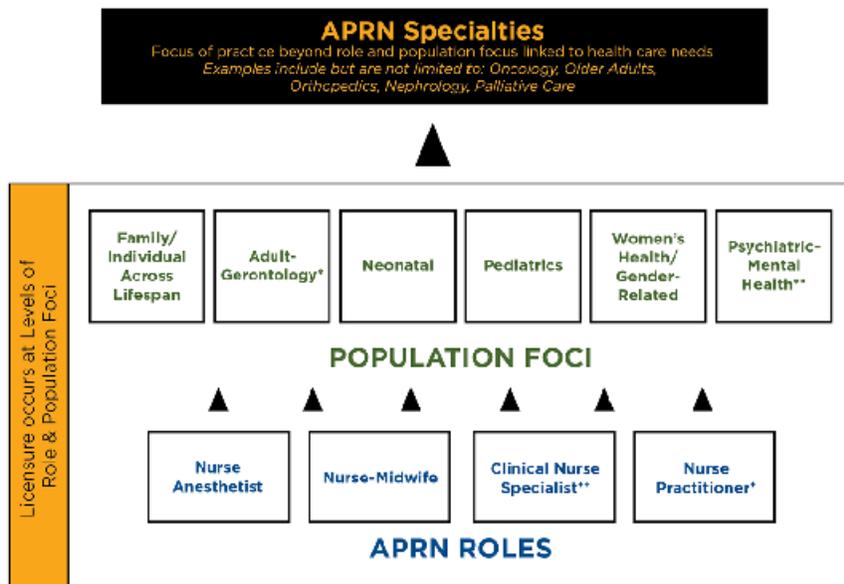
Part III: Program Narrative

In a few sentences:

1. Note any programmatic changes since original approval or last review and why the changes were made (i.e. changes to degree requirements, courses, qualifying exams, theses etc).

The College of Nursing is currently working toward Fall 2013 implementation of a revised DNP curriculum which was approved by the Doctoral Admission, Curriculum and Academic Affairs Committee on November 2, 2012, by the College of Nursing Faculty Council on November 16, 2012, and by the Graduate Council on December 3, 2012. The revised and expanded curriculum model provides a post-masters option and a new post-baccalaureate option. This is consistent with the American Association of Colleges of Nursing’s vision for establishing the DNP as the required preparation for entry to advanced practice nursing and will provide for a seamless transition if/when this vision becomes reality. In addition, it provides for population focused specific role preparation as conceptualized under the new national Advanced Practice Registered Nurse (APRN) Consensus Model as discussed and depicted in the graphic below.

The revised curriculum is also being implemented in response to the current momentum for change in nursing education and specifically DNP education in the wake of recommendations by the Institute of Medicine, the Joint Commission, Robert Wood Johnson Foundation, and other nationally prominent stakeholder organizations. These groups have called for the reconceptualization of nursing education in order to ensure that nursing program graduates are prepared for practice in today's highly complex and challenging healthcare environment. Specifically, the revised DNP curriculum has been stratified to meet or exceed national guidelines and standards established for DNP, nurse practitioner and/or nurse anesthesia programs by the American Association of Colleges of Nursing, the Commission on Collegiate Nursing Education (CCNE), the National Organization of Nurse Practitioner Faculties, and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). CCNE and COA are the national accrediting agencies for the DNP and the Nurse Anesthesia Programs (respectively). In addition, the curriculum revisions are consistent with recent changes in the certification eligibility requirements established by the American Nurses Credentialing Center and the American Academy of Nurse Practitioners/American Association of Nurse Practitioners. These changes are, in part, being driven by the aforementioned APRN Consensus Model developed through collaboration among members of the APRN stakeholder community and guided by the National Council of State boards of Nursing as summarized in the graphic model below. The model and vision are focused on improving consistency in the regulatory requirements for licensure, accreditation, certification and education of advanced practice nurses and/or nursing programs.



From: American Nurses Credentialing Center, 2012

2. Discuss diversity in your program and you are actively involved in promoting this initiative.

The College of Nursing strives to create and to maintain a fully inclusive environment and to actively promote diversity through a variety of activities at both the Program and the College levels. The University's goals relative to diversity are an important consideration in the recruitment and selection of faculty. The College's Diversity Committee promotes and enhances a culturally and ethnically diverse student body, faculty, staff, and environment. Among the eight Committee members, two are members of the DNP faculty and three, including the DNP Program Academic Specialist, are staff members who work closely with faculty, staff and students in the DNP Program. Examples of Committee activities over the past twelve months include, but are not limited to

- Diversity Committee Sweet Swap Event (February, 2013)
- Generational Diversity in Healthcare: Differences, Challenges and Working Together Workshop (June 2012)
- Participation in the USF 9th Annual Diversity Summit/Community Expo (March 2012)

Over the past three years, representatives from the Program have participated in and recruited prospective students at regional and/or national conferences sponsored by national ethnic and/or minority nursing associations as travel restrictions and funding allowed. Examples include the National Black Nurses Association Annual Conference and the National Association of Hispanic Nurses Annual Conference. Additional/potential future opportunities include the National Coalition of Ethnic and Minority Nurses Association conferences, Asian American/Pacific Islander Nurses Association conferences, the National Alaska Native American Indian Nurses Association conferences, and the Philippine Nurses Association of America Conferences.

Opportunities for promoting the goals of the University relevant to diversity among DNP students include opportunities for participation in global/international clinical and community health experiences in collaboration with the College of Nursing's Office of Global and Community Affairs. For example, the Assistant Dean for Global and Community Affairs and the DNP Program Director are currently working with Dr. Robert M. Nelson, Jr., Associate Vice-President for Children's Health within USF Health and the Morsani College of Medicine, to promote engagement of DNP students the Global Health Solutions pilot project focused on addressing health challenges and disparities internationally and currently most particularly in Nicaragua.

USF goals relevant to diversity are also considered surrounding interview, admission, and orientation of prospective and new students to the program. The College of Nursing has developed an online International Student Orientation Program that provides valuable information to students from other cultures on a wide variety of

topics specific to their student experiences at USF, including networking opportunities and access to resources within the community. Learning resources that may be essential to the success of students from minority cultures are also provided for all students. Examples include the USF Writing Center, Smarthinking, and Library Services.

The table below provides a summary of selected diversity indices for current students and among students who graduated from the program between 2010 and 2012. It is important to recall that a very large proportion of professional nurses are women.

	<u>Current Students</u>	<u>Graduates: 2010 – 2013</u>
Gender (Male/Female)	16% (5/30)	10% (4/37)
Ethnicity (Minority/White)	13% (4/30)	13% (5/37)

3. Discuss student "creative works" (publications per student, etc.) captured in Part II above.

For the purpose of this report, the data in this category represent the number of completed DNP evidence-based final projects. According to the American Association of Colleges of Nursing (2006), “Doctoral education, whether practice or research, is distinguished by the completion of a specific project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship.” Accordingly, each USF CON DNP student is required to complete an original, scholarly, evidence-based practice project as a condition of fulfillment of the requirements for the DNP degree which reflects practice synthesis and scholarship. Among USF CON DNP Program graduates most works in this category fall under one of two categories that include evidence-based practice improvement projects and population/community level health system or practice improvements. The project results in the generation of a set of tangible and deliverable academic products, including a final technical or scholarly report and formal presentation, which are reviewed and evaluated by an academic committee. These provide a summary of the student’s growth in knowledge and expertise as a result of his/her academic and practice immersion experiences, including the DNP clinical residency experience.

4. Discuss placement of your recent graduates (e.g., types of employment, admittance to other degree programs).

The summary table below provides a snapshot, based on the best information currently available, of the status of DNP program graduates who completed the program between 2009 and 2012 relevant to employment and admittance to other degree programs. These data suggest that a majority of students are currently engaged in clinical practice. A substantial proportion of graduates are currently also engaged in teaching. A limited number currently own their own clinical practices and/or are working in administrative positions. While the DNP is considered a terminal practice degree, a small proportion of

graduates have gone on to pursue the PhD by way of further preparing for roles in academic settings and/or research.

<u>Position Post Graduation (By Category)</u>	<u>Proportion of Graduates Calendar Years 2009-2012 (N=40)</u>
Practice Only	14 (35%)
Practice Ownership: Practice + Entrepreneurship)	3 (7%)
Teaching + Practice	6 (15%)
Teaching (Solely)	4 (10%)
Administrative/Policy	3 (7%)
Practice + PhD Program	3 (7%)
Clinical Research Coordinator	1 (2%)
Informatics Nurse Specialist	1 (2%)
Unknown	5 (12%)

5. Identify qualities/metrics of applicants who prove to be successful in your program (e.g., REU experience, experience specific to your discipline, GRE performance).

The current DNP Program offers masters prepared APRNs the opportunity to earn the DNP degree. A master’s degree in nursing is required for admission and licensure as an APRN in Florida is required prior to beginning the DNP Residency. The average master’s program GPA for program graduates between 2009 and 2012 was 3.75. All graduates earned a grade of B or better in graduate level health assessment, pathophysiology, pharmacology, and nursing/health theory coursework as a condition of admission to the program. Upon program entry, graduates of the program during this period had an estimated average 11.69 years of experience in advanced practice nursing. Many were already highly accomplished practitioners in family, pediatric, adult health, and/or nurse anesthesia practice or related fields.

Comment succinctly on the following (e.g., 200 words max).

Based on the data in Part I, discuss current enrollment trends, graduation rates, time to graduation, and retention. Provide details on how the program is addressing each of these areas and will correct any deficiencies (i.e. low number of applicants, loss of students etc.)

Enrollment Trends: As depicted in the updated “Program Metrics” table found on page 10, the number of students admitted to the DNP Program and enrolled in DNP courses increased slightly between 2009-2010 and 2012-2013. With the revision of the curriculum to provide for admission of post-baccalaureate students, a significant increase in the number of students applying for admission this year and beyond is anticipated. As a component of the implementation plan for the revised DNP curriculum, program managers and College of Nursing administrators are developing a plan for managing program growth in order to maintain a balance between the number of graduate nurse practitioner students and faculty and support resources if/when the AACN vision for establishing the DNP as a requirement for entry to advanced practice nursing becomes a reality.

Graduation Rates: The following information provides a context for interpreting the data in the “Degrees Awarded” category as provided in the table on page 10.

- A relatively large cohort was admitted to the program in the Fall of 2008 (i.e., during the second admission cycle) which increased the number of graduates during 2010-2011.
- The number of students admitted in the Fall of 2010 was low when compared to the number admitted during the other admission cycles and will impact the number of graduates for the current year.
- During the current reporting period, a total of five students left the program prior to completion; this will also impact the number of graduates for the current year. Among students in this group, one was admitted in 2009, three were admitted in 2010, and one was admitted in 2011.
- Time to graduation for students admitted to the Dermatology residency is generally extended by one to two semesters when compared to students in other residencies due to the increased clinical hour requirements associated with the Dermatology residency; currently there are three students in this group.
- Based on a review of current student program plans and progression records, we project that 12 of 30 students currently enrolled in the program will graduate next year (i.e., 2013-2014).

Time to Graduation: Under the current curriculum, students must complete a minimum of 45 to 52 credits in order to fulfill the requirements for graduation and the time to degree for 2012-2013 was 2.41 years. This represents a small decrease when compared to the previous three-year period. The results of a study of the characteristics and admission criteria among 137 DNP programs in the US published by Mancuso and Udis in the *Journal of Professional Nursing* in 2012 suggest that among participating programs, the average number of credits required for graduation for post-masters students was 39 and that the average program length was 21 months. The authors also report that the average number of credits required for graduation for post-baccalaureate students was 80 and that the average program length was 40 months.

The number of credits required for graduation and the estimated semesters required for completion by concentration under the revised DNP curriculum are summarized in the table below. When viewed within the context of the results reported by Mancuso and Udis, and the results of a limited review of program requirements for other DNP programs based on information available through the Internet, these data compare very favorably.

Entry Point/Concentration	Credits Required	Estimated Semesters to Complete Requirements Based on Full Time Enrollment
MS to DNP – Advanced Nursing Practice	30	3
BS to DNP – Family Primary Care	82	8
BS to DNP – Adult-Gerontology Acute Care	78	7
BS to DNP – Adult-Gerontology Primary Care	75	7
BS to DNP – Adult-Gerontology/Oncology	81	7
BS to DNP - Pediatrics	75	7

Retention: During the reporting period of interest, a total of five DNP students have left the program prior to completion; two were dismissed for failing grades and the remaining three left due to changes in personal circumstances and/or due to health reasons.

Identify three programs that are considered to be peers.

1. University at Buffalo, State University of New York
2. University of Central Florida
3. Georgia Health Science University

Describe how the Program aligns with the strategic goals of USF.

The overarching goal of the Doctor of Nursing Practice Program is to prepare graduates with the knowledge and skills required for advanced independent clinical practice at the highest levels within the profession and to influence health care outcomes for individuals and populations. DNP Program goals are currently under revision in order to ensure and achieve alignment with the University’s goals as recently established for the period 2013-2018. Key examples of program-level initiatives and activities that are in keeping with the overall vision of the University include, but are not limited to

- Development and implementation of a revised DNP curriculum that is in keeping with current national trends in nursing education (as previously described).
- Collaboration with the office of Global and Community Affairs and Global Health Solutions leaders to promote engagement of DNP students in community and global population-based health projects.
- Participation in the development of a vision and grant application submitted earlier this year under the Nursing Education, Practice, Quality and Retention grant program that is based on a strategic partnership with the Sarasota County Health Department and will provide DNP, MS and BS students with opportunities to participate in a series of longitudinal quality improvement initiatives designed to promote the development of “interprofessional collaborative practice ready”

- graduates and to substantially benefit medically underserved populations in a community.
- Development of signature residency programs that offer students unprecedented opportunities to train with nationally-recognized clinical faculty and to pursue advanced specialty training in high-demand areas of specialty practice.
 - Revision and specification of program-level performance measures to improve reporting and our ability to demonstrate compliance with accreditation/regulatory compliance standards.
 - Development of systems and processes to improve/standardize processes associated with collection, aggregation, and reporting of key indicator measurement data.
 - Development of a draft plan for continuous program performance improvement. This plan is still in draft form but many of process improvement elements have already been implemented.

What are three program goals to be accomplished in the next 5 years?

1. Implement / launch the revised BS-DNP Curriculum; explore need for and feasibility of further revision to include a non-clinical health systems-focused concentration
2. Develop and define opportunities for student engagement in high-impact, longitudinal population focused DNP evidence-based practice projects
3. Further and promote engagement and interprofessional collaborations with community partners and organizations

Anything else you'd like to share?

The modified version of the table found in Part I as depicted below includes data derived from the College of Nursing's Curriculum Management System and other administrative data sets as outlined on page 1. Only those data highlighted in the gray cells/bold font have been added or revised.

Enrollment Statistics	Current Year (2012/2013)	2011/2012	2010/2011	2009/2010
Applied (SIF)	31	23	16	24
Admitted (SIF)	14	14	11	10
Enrolled (SIF)	13	13	10	9
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Student: Faculty Ratio (students per faculty)***	16.42:1	18.32:1	22.19:1	23.16:1

The DNP Program prepares graduates with the competencies required for the delivery of high quality healthcare, as well as system- and practice-level improvements, within the context of an increasingly complex health care environment. As such, it makes an important contribution toward meeting the demand for health care in the Tampa Bay area and beyond.

The Program is subject to close and ongoing monitoring by the Commission on Collegiate Nursing Education (CCNE). The Commission is an autonomous, nongovernmental organization that operates in accordance with nationally recognized standards established for the practice of accreditation in the US. The organization is responsible for ensuring the quality and integrity of baccalaureate, graduate and residency programs in nursing through voluntary, self-regulatory processes. The next major interim program report is due to CCNE in December 2013. Members of a taskforce that include the Director of the College of Nursing Office of Performance and Evaluation, the DNP Program Director, the Associate Dean for Academic Affairs, and the Assistant Dean of Master's Programs are current preparing the report. In addition, the DNP Program is subject to a full/intense re-accreditation review in 2015.

We sincerely appreciate the opportunity for formative discussion and to present the information summarized in this report. We look forward to further dialogue with members of the Graduate Council and other stakeholders regarding the future of the USF College of Nursing Doctor of Nursing Practice Program and will be happy to provide any additional information desired.