

UNIVERSITY OF MAINE SYSTEM

STATEMENT OF PROGRAM PLAN

✓ **Graduate
Four-Year
Two-Year**

- 1. University of Southern Maine**
- 2. Title: Doctorate of Nursing Practice (DNP)**
- 3. Person(s) Responsible for Planning:**

Susan Sepples, PhD, RN, CCRN Associate Professor and Director of Nursing
College of Nursing and Health Professions
130 Masterton Hall, Portland Campus
207-780-4808, sepples@usm.maine.edu

DNP Program Committee:

Valerie Hart, EdD, RN, APRN-CNS, Associate Professor of Nursing, Committee Member

Rosemary Johnson, PhD, RN, APRN-BC, ANP, Associate Professor of Nursing, Committee Member

Marjorie Thomas Lawson, PhD, RN, APRN-BC, FNP Associate Professor of Nursing, Coordinator of Graduate Nursing Programs, Committee Chair

Judith Spross, PhD, RN, AOCN, FAAN Associate Professor of Nursing, Committee Member

4. General Objectives of Proposal

The Doctor of Nursing Practice (DNP) degree prepares graduates to provide the most advanced level of nursing care for individuals and communities. This includes the direct care of individual patients, management of care for individuals and populations, administration of nursing systems, and the development and implementation of health policy.

Similar to other disciplines, doctoral programs in nursing can be categorized into two distinct types: research-focused and practice-focused. The DNP is a practice-focused program and is analogous to other professional degrees offered in other disciplines including entry-level degrees [e.g., the Doctor of Medicine (MD), Doctor of Dental Surgery (DDS) and the Doctor of Pharmacy (PharmD)], and those that offer advanced practice degrees (e.g., the Doctor of Psychology - PsyD)].

Practice Doctorates in Nursing: Historical Context

Practice-focused doctoral degree programs in nursing are not a new development. The first program offering the Doctor of Nursing (ND) was established at Case Western Reserve University in 1979 and offered an entry-level degree in nursing. Since then, several practice-focused doctoral programs and degree titles have emerged. These programs offer an alternative to the research focused Doctor of Philosophy (Ph.D.) and Doctor of Nursing Science (DNS, DNSc). These programs have had varying titles, and limited success, but in the past seven years there has been a renewed interest in this idea. The fast paced movement, backed by organizations of nursing faculties, administrators, and accrediting bodies has culminated in the DNP. The DNP, an alternative to a research-focused doctorate in nursing, has an emphasis on practice and will become the terminal degree for Advanced Practice Nurses. Advanced Practice Nurses consist of Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives, and Nurse Anesthetists. Advanced Practice Nurses currently are prepared in master's degree programs.

As of fall 2006 there are 20 programs in the nation that offer the practice doctorate in nursing; an increase of 10 programs since fall 2005. Since the American Association of Colleges of Nursing (AACN) released its position paper supporting the DNP degree in October of 2004, over 190 institutions in the nation are now reporting activity toward establishing a DNP program and an additional 60 institutions are in the “discussion phase” regarding DNP program development. The following are examples of the 20 schools currently offering the DNP degree: the University of Arizona, the University of Colorado Health Sciences Center, the University of Florida, the University of South Florida, the Medical College of Georgia, Rush University Medical Center, Purdue University, the University of Kentucky, the University of Maryland, the University of Massachusetts Amherst, Oakland University, the University of Medicine and Dentistry of New Jersey (School of Nursing), Tri-College University Nursing Consortium Graduate Program, Case Western Reserve University, the University of Pittsburgh, the University of South Carolina, the University of Tennessee Health Science Center, and the University of Texas Medical Branch (School of Nursing). Other practice-focused doctoral programs in the nation exist at Arizona State University, Yale University, Louisiana State University Health Sciences Center, Columbia University, Widener University, East Tennessee State University, West Virginia University, and Drexel University. DNP programs currently being planned in New England include the MGH Institute of Health Professions, Northeastern University, Simmons College, the University of Maine, the University of Massachusetts-Boston, and the University of Massachusetts-Worcester.

Need for the Program

In 2002 AACN convened the Task Force on the Doctorate of Nursing Practice. It was an 11 member Task Force charged with clarifying trends in clinical doctoral education in nursing and assessing the need for a clinically focused doctorate. The Task Force worked with the National Organization of Nurse Practitioner Faculty, held open forums at nursing conferences, and interviewed key informants of current or planned practice-focused doctoral programs.

In October of 2004 the AACN members endorsed the *Position Statement on the Practice Doctorate in Nursing*, in which AACN member institutions voted to move the current level of preparation necessary for Advanced Practice Nursing from the master's degree to the doctorate by the year 2015. AACN developed this position after an intensive study of the health care system and the findings and recommendations of several national groups. The recommendation to move Advanced Practice Nursing education to the doctoral level is based on the growing complexity of health care compounded by an escalating demand for services, burgeoning growth in scientific knowledge, and the increasing sophistication in technology. Additional knowledge for a higher level of advanced practice was seen as needed in order to improve both nursing practice and patient outcomes. According to the Task Force recommendations, content areas identified for a practice-focused doctoral nursing program include:

- Scientific underpinnings for practice
- Advanced nursing practice
- Organization and system leadership/management, quality improvement and system thinking
- Analytic methodologies related to the evaluation of practice and application of evidence for practice
- Utilization of technology and information for the improvement and transformation of healthcare
- Health policy development, implementation, and evaluation
- Interdisciplinary collaboration for improving patient and population healthcare

The proposed DNP program fulfills a strong local, regional, and national need for doctorally prepared advanced practice nurses. At the national level there is a severe shortage of all types of registered nurses including an acute shortage of doctorally prepared nurses. Of the 3.5 million nurses in the country less than 1% have a doctoral degree. Ten percent of all nurses hold the masters in nursing. This DNP program will facilitate the movement of baccalaureate and master's prepared nurses to doctoral education and thereby increase the number of well prepared professional nurses to assume leadership positions in health care and nursing education. The proposed DNP program will be designed in full compliance with professional standards for the practice doctorate as put forth by AACN and will incorporate clinical standards defined by the advanced practice specialty organizations (e.g., National Organization for Nurse Practitioner Faculty [NONPF], National Association of Clinical Nurse Specialist [NACNS], etc.).

Transforming the health care delivery system requires clinicians to design, evaluate, and continually improve the context within which care is delivered. The need for this change is supported by several national studies including the November 1999, Institute of Medicine (IOM) report on medication errors, *To Err is Human: Building a Safer Health System*. This report, extrapolating data from two previous studies, estimated that somewhere between 44,000 and 98,000 Americans die each year as a result of errors in health care. These numbers even at the lower levels, exceed the number of people that die from motor vehicle accidents, breast cancer, or AIDS. The recent HealthGrades Study (Zahn & Miller, 2003) shows that “the IOM report may have underestimated the number

of deaths due to medical errors, and, moreover, that there is little evidence that patient safety has improved in the past five years.....the equivalent of 390 jumbo jets full of people are dying every year due to likely preventable, in-hospital medical errors, making this one of the leading killers in the U.S.” The national costs of preventable adverse healthcare events (injury and errors) were estimated to be between \$17 billion and \$29 billion, of which health care costs represented over one-half. The IOM report focused on the fragmented nature of the healthcare system and the context in which health care is purchased as major contributors to the high and inexcusable error rate that compromises patient safety. To combat this problem, one focus of DNP programs is to educate nurses who are able to effect systems level change to improve patient outcomes.

Two other reports also support the need for DNP preparation for nurses. The IOM report, *Crossing the Quality Chasm* (2001), stresses that our health care system as it currently is structured does not make the best use of resources. Changing demographics in our country including the increase in the numbers of elderly and development of new services and technologies have contributed to increasing costs. Waste of resources, however, is a significant problem. One of the recommendations in the report calls for all health care organizations and professional groups to promote health care that is safe, effective, client-centered, timely, efficient, and equitable (p. 6). In a follow-up report, *Health Professions Education: A Bridge to Quality* (2003), the Institute of Medicine Committee on the Health Professions Education stated that “All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics” (p. 3). DNP programs are a direct outcome of the profession’s plan to address the challenges identified by the IOM. While master’s educated APNs are prepared to deliver specialized/expert clinical care, appraise and apply scientific evidence, and exercise leadership specific to their clinical roles, nurses prepared in practice-focused doctoral programs will have a more comprehensive set of clinical, organizational, economic, and leadership skills. These additional skills will enable them to use clinical/scientific findings and design programs of care delivery that are locally acceptable, economically feasible, and aimed at improving health care safety and quality, and health care outcomes. AACN, in promulgating the DNP, recognizes the evolving and complex knowledge needs of advanced practice nurses. An aging and more diverse population; a higher incidence of chronic illnesses; the application of new and complex scientific knowledge (i.e., pharmacogenomics, environment-health interactions), and; the delivery of complex care in traditional, non-traditional and novel settings will require a more sophisticated clinician who possesses advanced knowledge and skills.

During the past three decades the doctorate has become firmly established as the terminal degree in nursing. As doctoral programs developed, priority was placed on research-focused education that would lay the groundwork for knowledge development in the field. Tremendous strides have been made in the development of nursing science because of Ph.D. programs. Unfortunately, according to the Agency on Health Care Research and Quality (2005) it can take up to 20 years for new knowledge to be integrated into practice. This agency calls for the preparation of a nursing professional who can evaluate

and apply this new knowledge promptly to improve health care outcomes and develop systems of care.

The nurse prepared in a DNP program is the counterpart to the nurse prepared in a Ph.D. nursing program. While Ph.D. prepared nurses conduct research to provide new knowledge, DNP educated nurses are prepared to:

- Monitor, translate, and apply clinically relevant research
- Ensure that sound processes are in place to help clinicians and health care systems respond quickly and effectively to adopt evidence and best practices that improve health care outcomes by improving the safety and quality of care

DNP graduates are experts in designing, implementing, managing, and evaluating clinical care and health care delivery systems and are prepared to lead at the highest clinical executive ranks in nursing.

Accomplishments in Relation to the National Movement to Establish DNP Programs

The AACN Board of Directors formed a Task Force on the Roadmap to DNP that studied program development, issues of regulations and licensure, reimbursement for Advanced Practice Nurses, and issues of implementing the DNP (Dr. Marjorie Thomas Lawson served on this Task Force as a representative for advanced practice nurses and graduate nursing faculty). In addition, a set of broad core competencies was developed by the Task Force on the Essentials of Nursing Education for the DNP to describe foundational curriculum content and outcome-based competencies for all content areas. The completion of two years work by both Task Force members culminated in the development of two documents that were approved by the AACN general membership in July 2006: “The DNP Toolkit: Template for the Process of Developing a DNP Program” and “The Essential of Doctoral Education for Advanced Nursing Practice. The Commission on Collegiate Nursing Education (CCNE), the accrediting agency for baccalaureate and graduate nursing programs, is currently developing a process for the accreditation of DNP programs in compliance with the Department of Health and Human Services educational standards with an anticipated implementation date of fall 2008.

Current Progress at the University of Southern Maine

AACN has recommended that the DNP should be the degree for entry into Advanced Practice Nursing by no later than 2015. USM’s nursing faculty is prepared to move the master’s degree offerings to the doctoral level in accordance with the 2015 target date. Preliminary conversations have occurred with the University of Maine School of Nursing about the potential for collaboration on the DNP program. Given the Chancellor’s commitment for USM to offer practice doctoral degrees, USM’s nursing faculty is advancing this program plan.

Current graduate program. The graduate program of the School of Nursing offers a masters of science with concentrations in 4 advanced practice specialties (i.e., Family Nurse Practitioner, Adult Nurse Practitioner, Adult Psychiatric/Mental Health Clinical Nurse Specialist and Nurse Practitioner, and Adult Health Clinical Nurse

Specialist) and a non-advanced practice specialty the Clinical Nurse Leader. Students enrolled in these concentrations complete 32 to 54 graduate credit hours depending on the area of specialization. With the exception of the clinical nurse leader concentration, graduate students complete a minimum of 616 hours of clinical practicum in their specialty area which currently exceeds the minimum for national certification eligibility. Table 1 includes USM current advanced practice offerings.

Table 1. Sample Full-Time Program Sequences Advanced Practice Masters of Science

Adult and Family Nurse Practitioner (ANP and FNP)

Course	Credits
Fall I	
BIO 545 Advanced Pathophysiology	3
NUR 601 Advanced Pharmacotherapeutics	3
NUR 602 Advanced Health Assessment	4
NUR 603 Nursing Theory and Knowledge Development	3
Total credits	13
Spring I	
NUR 604 Nursing Research	3
NUR 651 Primary Care of Women	1
NUR 652 Primary Care Management of the Well Child ¹	1
NUR 654 Primary Care of the Well Prenatal Woman ¹	1
NUR 664 Primary Health Care of the Adult I	3
NUR 667 Clinical Practicum and Seminar I	3
NUR 606 Leadership, Health Policy & Role	3
Total credits	15
Fall II	
NUR 608 Family Theory and Communication	3
NUR 653 Primary Care of the Ill Child ¹	2
NUR 658 Graduate Clinical Project	3
NUR 665 Primary Health Care of the Adult II	3
NUR 668 Clinical Practicum and Seminar II	3
Total credits	14
Spring II	
NUR 666 Primary Health Care of the Adult III	3
NUR 669 Clinical Practicum and Seminar III	3
NUR 690 Role Seminar	1
Elective	3
Total credits	10

¹ Required only for Family Nurse Practitioner students.

Total Graduate Program credits: 48 ANP and 52 FNP

Adult Psychiatric/Mental Health Clinical Nurse Specialist and Nurse Practitioner

Course	Credits
Fall I	
NUR 604 Nursing Research	3
NUR 606 Leadership, Health Policy, and Role	3
NUR 671 Foundations of Advanced Practice Mental Health Nursing	3
NUR 680 Advanced Psychopharmacology	3
Total credits	12
Spring I	
BIO 545 Advanced Pathophysiology	3
NUR 602 Advanced Health Assessment	4
NUR 603 Nursing Theory and Knowledge Development	3
NUR 672 Biological and Behavioral Components of Mental Health and Illness	3
Total credits	13
Fall II	
NUR 658 Graduate Clinical Project	3
NUR 673 Clinical Practicum and Supervision I	3
NUR 674 Advanced Adult Psychiatric/Mental Health Nursing I	3
6XX Elective	3
Total credits	12
Spring II	
NUR 670 Medication Management I ²	2
NUR 675 Advanced Adult Psychiatric/Mental Health Nursing II	3
NUR 678 Clinical Practicum and Supervision II	3
NUR 690 Role Seminar	1
Total credits	9
Summer II	
NUR 676 Advanced Adult Psychiatric/Mental Health Nursing III	3
NUR 677 Medication Management II ²	2
NUR 679 Clinical Practicum and Supervision III	3
Total credits	8

Total Program credits: 50 Adult Psychiatric/Mental Health Clinical Nurse Specialist (CNS) and 54 Adult PMH/CNS/Nurse Practitioner,

² Required only for Nurse Practitioner students.

Adult Health Clinical Nurse Specialist

Course	Credits
Fall I	
BIO 545 Advanced Pathophysiology	3
NUR 601 Advanced Pharmacotherapeutics or	3
NUR 680 Advanced Psychopharmacology/Pharmacology	
NUR 602 Advanced Health Assessment	4
NUR 606 Leadership, Health Policy, and Role	3
Total credits	13
Spring I	
NUR 604 Nursing Research	3
NUR 608 Family Theory and Communication	3
NUR 644 Advanced Practice Adult Health Nursing I	3
NUR 646 Clinical Practicum and Seminar I	3
Total credits	12
Fall II	
HPM 6XX One course from the following:	3
HPM 670 The American Health Care System, HPM 673 Fundamentals of Health Care Management, HPM 636 Health Information Management, HPM 681 Quality and Outcomes of Health Care	
NUR 603 Nursing Theory and Knowledge	3
NUR 645 Advanced Practice Adult Health Nursing II	3
NUR 648 Clinical Practicum and Seminar II	3
Total credits	12
Spring II	
NUR 647 Advanced Practice Adult Health Nursing III	3
NUR 649 Clinical Practicum and Seminar III	3
NUR 658 Graduate Clinical Project	3
NUR 690 Role Seminar	1
NUR 6XX Elective	3
Total credits	13

Total Program credits: 50 Adult Health CNS

Proposed DNP Curriculum

The proposed DNP will provide graduate education beyond the master’s level for students in advanced practice. The designed doctoral program (post-baccalaureate) will require a minimum of 91 and maximum of 97 credits, over half of which will come from existing graduate courses at the master’s level. The DNP program will be devoted to

preparing doctoral level clinicians for leadership roles in primary, secondary, and tertiary care settings and educational settings (see Table 2). Although three entry options are planned for the DNP program, only post-masters applicants will be considered during the initial offering of the program. The remaining entry options will be transitioned into the application process as program development moves toward AACNs target date of 2015.

The three entry-options for the DNP program are the following:

1. Post-BSN DNP (for those with RN licensure)
2. Post-MN/MS/MSN DNP (for those who have already attained a masters degree or post-master’s certificate in nursing in an area of advanced practice, i.e., NP, CNS, CNM, CRNA)
3. Graduate entry MS/DNP (for those without a nursing degree intending to enroll in the specialty concentrations offered within the School of Nursing)

Table 2. Curricular Model for Doctoral Education for Nursing Practice (post-baccalaureate)

<p>Advanced Practice Core - SON (48-54 Credits)</p> <ul style="list-style-type: none"> • Family Nurse Practitioner • Adult Nurse Practitioner • Adult Psychiatric/Mental Health Clinical Nurse Specialist • Adult Psychiatric/Mental Health Clinical Nurse Specialist/Nurse Practitioner • Adult Health Clinical Nurse Specialist
<p>Core Content (31 credits)</p> <ul style="list-style-type: none"> • Scientific Underpinnings for Practice • Advanced Nursing Practice • Organization and Systems Leadership for Quality Improvement and Systems Thinking • Clinical Scholarship and Analytic Methods for Evidenced-Based Practice • Information Systems/Technology and Patient Care Technology • Health Policy for Advocacy in Health Care • Intraprofessional Collaboration for Improving Patients & Population Health Outcomes • Clinical Prevention and Population Health
<p>Clinical Residency/Seminar (12 credits)</p> <p>Will include content regarding advanced clinical reasoning, capstone project, portfolios development, and a clinical/ experiential residency component.</p>

The proposed DNP program will be a variable 91 to 97 credits post-baccalaureate in nursing depending on the specialty concentration chosen. For post master’s students, currently certified as advanced practice nurses, the required credits to complete the DNP may also vary depending on the initial concentration and previous courses completed for the master’s degree; however 43 credits is anticipated. For graduate entry level students (post-baccalaureate non-nurses), required credits will also vary depending on their initial baccalaureate degree and the specialty concentration chosen. Because different entry points will ultimately exist, the curricula must be individualized for candidates based on their prior education and experience. Regardless of the entry point, the DNP curriculum is designed so that all students attain DNP end-of-program competencies (see Table 3). The core content of the DNP curriculum will consist of newly developed courses, existing courses modified to reflect additional content and rigor of a doctoral program, and utilization of existing courses available through other USM graduate programs when appropriate. Initial discussions have occurred with the College of Education, the School of Law, the Department of Human Resource Development (School Psychology Program), the School of Business, the Department of Applied Medical Sciences, and the Muskie School of Public Service (Health Policy Management and Public Policy Management Programs) regarding possible collaboration. To date, faculty in the Department of Applied Medical Sciences (AMS) and the Muskie School of Public Service (HPM) have agreed and tentatively agreed, respectively, to allow DNP students to enroll in 4 existing graduate courses (12 credits) identified in Table 4

Table 3. USM Baccalaureate, Masters, and DNP Program Competencies

Baccalaureate	Masters	DNP
#1. Apply knowledge from nursing, the physical sciences, social sciences and the humanities in professional nursing practice.	#1. Critically analyze and use knowledge from nursing, the physical sciences, the social sciences, and the humanities in the area of advanced practice specialization.	#1 Synthesize conceptual models, theories, research and other evidence to improve nursing practice and the quality and safety of health care.
#2. Demonstrate competency for entry level nursing practice.	#2. Demonstrate competency in the area of advanced practice specialization.	#2a. Demonstrate advanced competency using evidenced-based decision making in the assessment and treatment of clients and in the management of complex situations. #2b. Demonstrate clinical scholarship by identifying new areas of inquiry related to advanced practice and through dissemination of scholarly products (publications, presentations).
#3. Utilize appropriate communication (oral, written and technological) in	#3. Utilize appropriate communication (oral, written, and technological) in working	#3a. Demonstrate advanced communication skills and processes (oral, written, and

Baccalaureate	Masters	DNP
working with individuals, families and communities in professional nursing practice.	with individuals, families, and communities in the area of advanced practice specialization.	technological). #3b. Evaluate the effectiveness of communication skills and processes (oral, written, and technological) in working with individuals, groups, and organizational systems
#4. Engage in ethical nursing practice.	#4. Critically analyze and apply ethical principles in the area of advanced practice specialization.	#4. Integrate legal, ethical, cultural, and internalized value frameworks to improve clinical practice and health care delivery systems.
#5. Provide reflective evidence-based nursing practice.	#5. Identify researchable problems and participate in research studies to enhance reflective evidence-based nursing practice.	#5. Conduct systematic investigations of clinical practice problems at individual, group, and system levels to improve patient outcomes and the safety and quality of care.
#6. Exercise leadership and manage resources in partnership with diverse populations	#6. Provide leadership in the management and delivery of advanced practice care to diverse individuals, families, and communities.	#6. Demonstrate leadership in the development, implementation, and evaluation of interdisciplinary practice models, evidenced-based guidelines and standards of care, and health policy.
#7. Collaborate with consumers and other providers to enhance people’s ability to achieve optimal quality of life and wellness.	#7. Collaborate with health care providers to improve the wellness, quality of life, and delivery of health care to diverse populations.	#7. Lead interprofessional teams in the analysis of complex clinical and organizational issues.
#8. Demonstrate professional and personal accountability as a contributing member of the nursing profession.	#8. Continue to develop, support, and contribute to the nursing profession	#8. Articulate the role of nursing in the delivery and improvement of quality, cost-effective health care and in the development of health policy.
#9. Participate as an entry level nurse in multi-disciplinary health care.	#9. Participate in interdisciplinary health care in the area of advanced practice specialization.	#9. Demonstrate competence in selection, implementation, and evaluation of clinical information systems and other technologies.

Table 4. Doctor of Nursing Practice, Full-Time Sample Program, Post-Masters – 43 credits

Course	Credits
Year 1: Fall	
NUR 7XX Legal and Ethical Issues in Advanced Practice Nursing	3
NUR 7XX Information Systems & Technology	3
AMS 535 Epidemiologic Research	3
Total credits	9
Year 1: Spring	
NUR 7XX Advanced Professional Communication	3
HPM 670 The American Health Care System	3
HPM 681 Quality and Outcomes of Health Care	3
Total credits	9
Year 2: Fall	
HPM 675 Health Care Finance	3
500/600/700 Graduate Elective	3
Total credits	6
Year 2: Spring	
NUR XXX Advanced Clinical Reasoning in Nursing	4
500/600/700 Graduate Elective	3
Total credits	7
Year 3: Fall	
NUR 7XX Clinical Residency I	4
NUR 7XX Clinical Residency Capstone Project I	2
Total credits	6
Year 3: Spring	
NUR 7XX Clinical Residency II	4
NUR 7XX Clinical Residency Capstone Project II	2
Total credits	6

Nursing practice as a profession requires both practice experts and nurse scientists to expand, implement, and evaluate the scientific basis for patient care. The DNP degree is designed specifically to prepare individuals for specialized nursing practice. DNP graduates will be prepared for a number of different roles. The depth and focus of content will change based on the particular role for which the student is preparing. For example, students preparing for administrative roles will have increased depth in organizational and systems leadership and those preparing for advanced practice nursing roles will have more clinical specialty content and clinical practicum experiences (Table 2). The DNP program will prepare individuals for the highest level of clinical practice that blends the skills of assessment, intervention, evaluation, and applied research.

Given the national conversation and concern about the lack of doctoral prepared nurse faculty, individuals who acquire the DNP may seek to fill roles as educators and will use their considerable practice expertise to educate the next generation of nurses. As in other disciplines (e.g., engineering, business, law), the major focus of the educational program must be on the area of specialization within the discipline, not the process of teaching. However, individuals who desire a role as an educator, whether that role is operationalized in a practice environment or the academy, should have additional preparation in the science and pedagogy to augment their ability to transmit the science of the profession they practice and teach. The additional preparation may occur as supplement to formal course work during the DNP program. The Certificate of Graduate Study in Nursing Education currently offered through the Graduate Nursing Program will be an option for students to take concurrently with the required doctoral courses. It will only require an additional 3 credits above their doctoral course requirements if 6 credits of the Certificate (9 total credits) are applied to the required elective course credit in the DNP program.

Questions have been raised about how the DNP differs from the Ph.D. AACN recognizes the DNS and the DNSc programs as research intense and therefore comparable with Ph.D. programs (see Table 5 for a comparison). Ph.D. programs in nursing have traditionally prepared graduates to assume research, academic, and leadership roles within health care and educational settings. Ph.D. programs are designed to prepare nurse scientists who initiate and conduct research relevant to nursing and related fields and advance the discipline of nursing and health care quality. Students develop expertise in research methods related to the biological, social, and nursing sciences. Expertise in clinical nursing and competence in research are required to prepare scholars to disseminate knowledge into clinical practice and nursing education. Within this model the doctorally prepared nurse is expected to be first a “scientist” and second a “practitioner”. Ph.D. programs require a dissertation as the capstone experience.

Table 5. Comparison of DNP and PhD/DNS/DNSc Programs (AACN)

	<u>DNP</u>	<u>PhD/DNS/DNSc</u>
<u>Program of Study</u>	<p><u>Objectives</u> Prepare nurse specialists at the highest level of advanced practice</p> <p><u>Competencies</u> See AACN <i>Essentials of the DNP</i> (in draft, 2006)</p>	<p><u>Objectives</u> Prepare nurse researchers</p> <p><u>Content</u> See <i>Indicators of Quality in Research-Focused Doctoral Programs in Nursing (2001)</i></p>
<u>Students</u>	<p>Commitment to practice career</p> <p>Oriented toward improving outcomes of care</p>	<p>Commitment to research career</p> <p>Oriented toward developing new knowledge</p>
<u>Program Faculty</u>	<p>Practice doctorate and/or expertise in area in which teaching</p> <p>Leadership experience in area of specialty practice</p> <p>High level of expertise in specialty practice congruent with focus of academic program</p>	<p>Research doctorate in nursing or related field</p> <p>Leadership experience in area of sustained research funding</p> <p>High level of expertise in research congruent with focus of academic program</p>
<u>Resources</u>	<p>Mentors and/or preceptors in leadership positions across a variety of practice settings</p> <p>Access to diverse practice settings with appropriate resources for areas of practice</p> <p>Access to financial aid</p> <p>Access to information and patient-care technology resources congruent with areas of study</p>	<p>Mentors and/or preceptors in research settings</p> <p>Access to research settings with appropriate resources</p> <p>Access to dissertation support dollars</p> <p>Access to information and research technology resources congruent with program of research</p>
<u>Program Assessment & Evaluation</u>	<p><u>Program Outcome</u> Health care improvements and contributions via practice, policy change, and practice scholarship</p> <p>Receives accreditation by specialized nursing accreditor</p> <p>Graduates are eligible for national certification exam</p>	<p><u>Program Outcome</u> Contributes to healthcare improvements via the development of new knowledge, and other scholarly products that provide the foundation for the advancement of nursing science</p> <p>Oversight by the institution’s authorized bodies (i.e., graduate school) and regional accreditors</p>

DNP programs prepare nurses with distinct, in-depth knowledge in a specific area of health care. Specialization is the hallmark of the DNP and the graduate is a knowledgeable worker for the information age and carves out a distinct domain of

practice in which expertise, in-depth comprehension, and mastery are obtained. The DNP curricular model is conceptualized within the practitioner-scholar framework with emphasis on practitioner education. Graduates are expected to demonstrate highly refined assessment skills and the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science as appropriate in their specific areas of specialization. DNP programs require a clinically relevant capstone project in conjunction with a residency that together demonstrate the highest level of clinical expertise in the student’s chosen specialty area. Sample programs of full-time study are provided in Tables 6 and 7.

Table 6. Sample Full-Time Curriculum Plan for DNP student (post-baccalaureate) with Adult Nurse Practitioner Concentration (lowest credited concentration).

Course	Credits
Fall I	
BIO 545 Advanced Pathophysiology	3
NUR 601 Advanced Pharmacotherapeutics	3
NUR 602 Advanced Health Assessment	4
NUR 603 Nursing Theory and Knowledge Development	3
Total credits	13
Spring I	
NUR 604 Nursing Research	3
NUR 651 Primary Care of Women	1
NUR 664 Primary Health Care of the Adult I	3
NUR 667 Clinical Practicum and Seminar I	3
NUR 606 Leadership, Health Policy & Role	3
Total credits	13
Fall II	
NUR 608 Family Theory and Communication	3
NUR 658 Graduate Clinical Project	3
NUR 665 Primary Health Care of the Adult II	3
NUR 668 Clinical Practicum and Seminar II	3
Total credits	12
Spring II	
NUR 666 Primary Health Care of the Adult III	3
NUR 669 Clinical Practicum and Seminar III	3
NUR 690 Role Seminar	1
Elective	3
Total credits	10

Program Plan – USM Doctorate of Nursing Practice 16

Course	Credits
Fall III	
NUR 7XX Legal and Ethical Issues in Advanced Practice Nursing	3
NUR 7XX Information Systems & Technology	3
AMS 535 Epidemiologic Research	3
Total credits	9
Spring III	
NUR 7XX Advanced Professional Communication	3
HPM 670 The American Health Care System	3
HPM 681 Quality and Outcomes of Health Care	3
Total credits	9
Fall IV	
HPM 675 Health Care Finance	3
500/600/700 Graduate Elective	3
500/600/700 Graduate Elective	3
Total credits	9
Spring IV	
NUR XXX Advanced Clinical Reasoning in Nursing	4
NUR 7XX Clinical Residency I	4
NUR 7XX Clinical Residency Capstone Project I	2
Total credits	10
Fall V	
NUR 7XX Clinical Residency II	4
NUR 7XX Clinical Residency Capstone Project II	2
Total credits	6
Total for concentration = 91 credits	

Table 7. Sample Full-Time Curriculum Plan for DNP student (post- baccalaureate) with Adult Psychiatric/Mental Health Clinical Nurse Specialist/Nurse Practitioner concentration (highest credited concentration).

Course	Credits
Fall I	
NUR 604 Nursing Research	3
NUR 606 Leadership, Health Policy, and Role	3
NUR 671 Foundations of Advanced Practice Mental Health Nursing	3
NUR 680 Advanced Psychopharmacology	3
Total credits	12
Spring I	
BIO 545 Advanced Pathophysiology	3
NUR 602 Advanced Health Assessment	4
NUR 603 Nursing Theory and Knowledge Development	3
NUR 672 Biological and Behavioral Components of Mental Health and Illness	3
Total credits	13
Fall II	
NUR 658 Graduate Clinical Project	3
NUR 673 Clinical Practicum and Supervision I	3
NUR 674 Advanced Adult Psychiatric/Mental Health Nursing I	3
6XX Elective	3
Total credits	12
Spring II	
NUR 670 Medication Management I	2
NUR 675 Advanced Adult Psychiatric/Mental Health Nursing II	3
NUR 678 Clinical Practicum and Supervision II	3
NUR 690 Role Seminar	1
Total credits	9
Summer II	
NUR 676 Advanced Adult Psychiatric/Mental Health Nursing III	3
NUR 677 Medication Management II	2
NUR 679 Clinical Practicum and Supervision III	3
Total credits	8

Course	Credits
Fall III	
NUR 7XX Legal and Ethical Issues in Advanced Practice Nursing	3
NUR 7XX Information Systems & Technology	3
AMS 535 Epidemiologic Research	3
Total credits	9
Spring III	
NUR 7XX Advanced Professional Communication	3
HPM 670 The American Health Care System	3
HPM 681 Quality and Outcomes of Health Care	3
Total credits	9
Fall IV	
HPM 675 Health Care Finance	3
500/600/700 Graduate Elective	3
500/600/700 Graduate Elective	3
Total credits	9
Spring IV	
NUR XXX Advanced Clinical Reasoning in Nursing	4
NUR 7XX Clinical Residency I	4
NUR 7XX Clinical Residency Capstone Project I	2
Total credits	10
Fall V	
NUR 7XX Clinical Residency II	4
NUR 7XX Clinical Residency Capstone Project II	2
Total credits	6

Total credits for concentration = 97 credits

Proposed Transition Plan to DNP

The following table projects the transition from the existing master’s degree advanced practice offerings to the DNP (see Table 8). Although 2015 is the target date for national adoption of the DNP, the complexities around this transition (i.e., regulatory issues, reimbursement requirements, etc.) may result in this date being pushed back. The School of Nursing will however continue to offer non-advanced practice master’s options beyond 2015 (e.g., Clinical Nurse Leader). We also want to continue to provide multiple entry points, including options for persons with a baccalaureate degree in another field.

Table 8. Proposed transition plan for DNP

Academic Year	Transition Activities
2008-2009	<ol style="list-style-type: none"> 1. Admit students to the DNP option, expect that the majority of students will be post-master's students and some "Option" second degree students who will be completing the undergraduate course work in 2008-2009 2. Phase in 700 level courses 3. Master's option for advanced practice remains in place
2009-20010	<ol style="list-style-type: none"> 1. Faculty develop and implement "portfolio" guidelines, policy, etc. for post-master's students 2. Continue to phase in 700 level courses 3. Master's option for advanced practice remains in place
2010-2011	<ol style="list-style-type: none"> 1. Faculty continue "portfolio" development and implementation 2. Continue to phase in 700 level courses 3. Master's option for advanced practice remains in place
2011-2012	<ol style="list-style-type: none"> 1. Portfolio in place 2. Master's option for advanced practice remains in place
2012-2013	<ol style="list-style-type: none"> 1. Portfolio in place 2. Master's option for advanced practice remains in place
2013-2014	<ol style="list-style-type: none"> 1. Portfolio in place 2. Master's option for advanced practice remains in place
2014-2015	<ol style="list-style-type: none"> 1. Begin to phase out master's option for advanced practice by closing admission, assuming regulatory issues for DNP have been fully addressed

Proposed Admission Criteria for DNP Program

- A master's degree with a major in advanced practice nursing from a degree program accredited by the Commission on Collegiate Nursing Education or the National League for Nursing Accrediting Commission.
- A minimum graduate grade point average of 3.25 on a 4.0 scale.
- A score that ranks in the 45th percentile (or higher) for intended major on the Miller Analogy Test or combined aptitude scores of 1000 (V.Q.) or above on the Graduate Record Examination taken within 5 years of application date.
- Essay – specifics developed and approved by Graduate Curriculum Committee.
- Current curriculum vitae.
- Interview following preliminary review of all required admission materials
 - Template for interview in development.
- Current license as registered nurse.
- Current evidence of national certification in advanced practice specialty.
- Prerequisite: A graduate level statistics course taken within 2 years of matriculation into the DNP program

Proposed Criteria/Policies for Advancement and Retention in DNP Program

- Maintain current license as registered nurse.

- Maintain evidence of current national certification in advanced practice specialty.
- Maintain a grade point average of 3.25 on a 4.0 scale.
- Development of specific advancement and retention policies prior to the DNP implementation (in progress).
- Graduation portfolio – guidelines under development.

5. Documented Evidence of Need

Nationally

At the national level, interest in the post-master’s DNP degree is supported by reports of a strong applicant pool from the schools offering the programs (personal communication with nursing deans at Rush University, the University of Kentucky, and the University of Tennessee at Memphis). These deans report that they have many more qualified applications than can be accepted into their programs. Table 9 displays a historical account of robust growth in enrollments in the doctoral programs at the University of Kentucky and the University of Tennessee. The experience of these two institutions is that the DNP degree program and their Ph.D. in Nursing programs have exhibited overall enrollment growths.

Table 9. Admissions to DNP and Ph.D. Programs at Two Institutions

	University of Tennessee		University of Kentucky	
	DNP	Ph.D.	DNP	Ph.D.
1997		14		32
1998		18		33
1999	13	16		38
2000	41	18		36
2001	38	19	13	38
2002	42	19	26	44
2003	44	19	29	50
2004	52	18	32	55
2005	62	28	30	52
2006	57	36	28	58
2007	55	41	28	56

Maine

In preparation for this program plan, two strategies were used to demonstrate need – focus groups held in Augusta, Portland, and Orono and a mailed needs assessment survey. Marianne Rodgers, Chairperson of Nursing and Jane Kirschling, Dean held focus group meetings on December 2, 2005 (Portland) and December 14, 2005 (Augusta and Orono). An additional focus group was planned for Farmington but was cancelled due to low attendance. A total of 33 nurses registered for the focus groups, an additional 16 expressed interest but could not attend. During these meetings background information was provided, as well as review of the draft curriculum for participant feedback. The attendees ranged from recent graduates from baccalaureate programs to advanced

practice nurses with extensive experience. The feedback that was received on the curriculum has been incorporated into the “draft” curriculum presented in this program plan.

Registered nurses licensed in Maine whose initial nursing education was a baccalaureate or higher degree were surveyed. A total of 5,500 surveys were mailed in the Fall and 554 surveys were returned³. This needs assessment was reviewed by USM’s Institutional Review Board. Appendix A includes the complete report from the needs assessment. Highlights of the needs assessment include:

- 163 respondents (29%) responded “yes” that they were interested in pursuing the DNP degree and 83 (33%) responded “uncertain”. Of the respondents who responded “yes” or “uncertain” 223 reside in Southern Maine⁴ and 89 reside in Northern Maine. Figure 1 on the next page includes a county by county breakdown of expressed interest in the DNP.
- Of the respondents who indicated an interest in the DNP program, 1 held an Associate Degree in nursing as the highest degree in nursing, 199 (62%) held the baccalaureate degree in nursing as the highest degree in nursing, 119 (37%) held a masters degree in nursing as the highest degree in nursing, and 1 held a doctoral degree.
- Of the respondents who indicated “yes” that they were interested in pursuing the DNP, 123 said that they would do so within 5 years, 47 said they would do so within 10 years, and 72 were uncertain. The overwhelming preference of these respondents was for part-time study (165).
- The preferred style of delivery was “limited in-person classroom and online” with 175 respondents listing this as their first choice and 78 as their second choice. This preference was consistent whether the respondent was from northern or southern Maine. The preference for when classes are offered was consolidated in a one-day block, including evenings, with Tuesday or Wednesday being the preferred day of the week.
- 277 respondents indicated an interest in teaching in a nursing academic program, of which 217 indicated an interest in pursuing the DNP degree. Of all the respondents who indicated an interest in teaching, the majority hold a baccalaureate degree in nursing as their highest nursing degree (151) followed by 121 who hold a masters degree in nursing as their highest nursing degree.

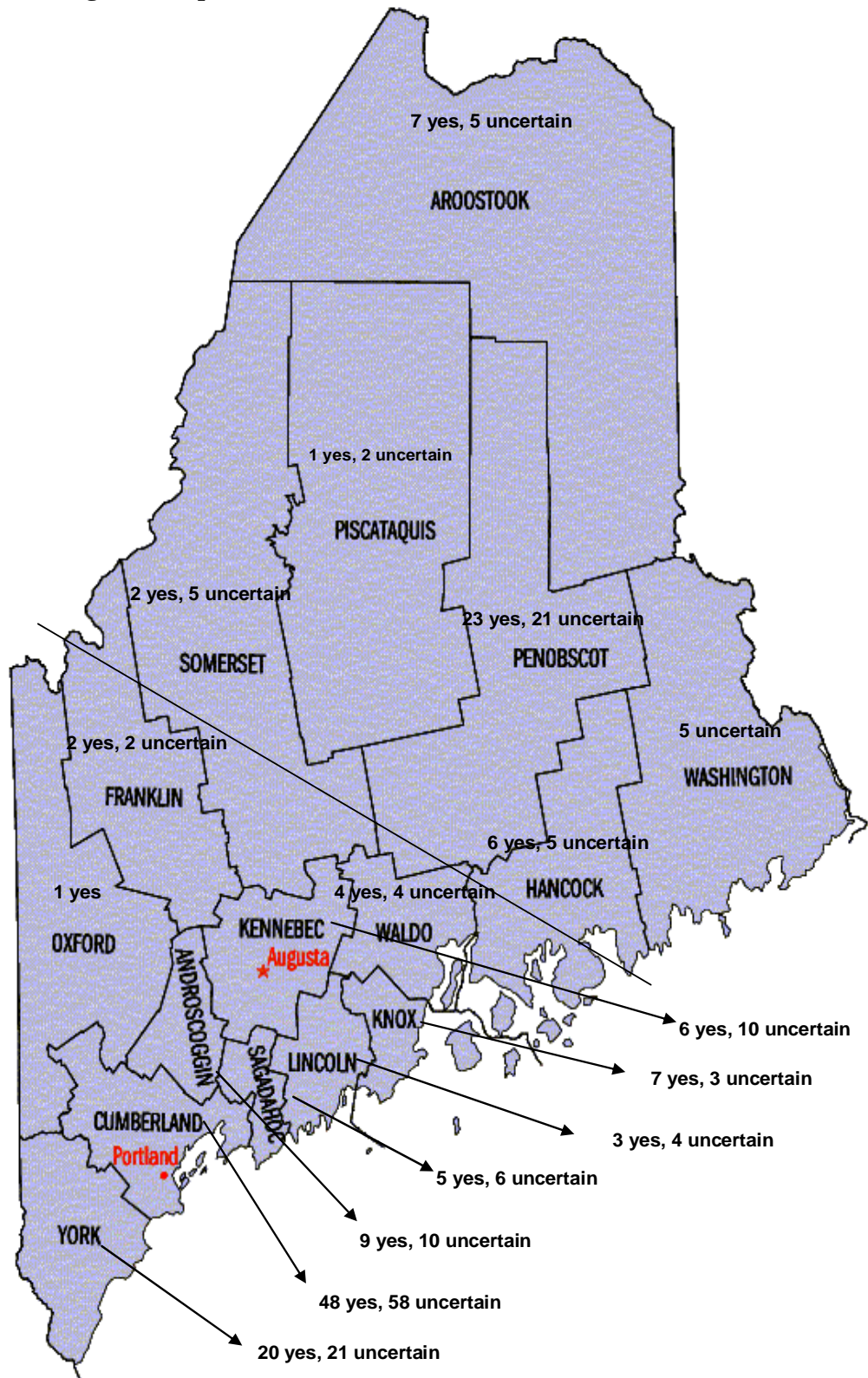
Although the majority of respondents interested in pursuing the DNP degree were located in the central and southern portion of the state, nursing faculty are committed to examining various avenues in order to provide program access state-wide and address the preferences of potential students. Two years ago the vast majority of graduate nursing courses (over 95%) were moved to a Tuesday and Wednesday scheduling format. Graduate faculty are currently in discussion about what courses can be developed with a low residency requirement; what courses can be developed to be taught on-line, over ITV, poly-cam, or other delivery systems; and how certain courses could be adapted and

³ There are 20,066 nurses licensed as registered nurses in Maine (personal communication, Maine State board of Nursing, January 20,2006).

⁴ Southern Maine was defined as Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, and York counties.

taught during intermittent in-depth weekend sessions. Graduate faculty have currently received 3 CTEL grants for transitioning 1 current graduate course and developing 2 new graduate courses to an on-line format; 3 additional grants have been submitted for the next round of funding to transition existing courses to an on-line format.

Figure 1. Expressed interest in DNP (12/05)



Employment of DNP Graduates

The DNP program is intended to meet the market demands for these highly skilled professionals in local, state, regional, and national markets. It is especially important to offer the DNP program to ensure adequate numbers of advanced practice nurses for the future as the profession transitions to the DNP degree for all advanced practice nurses in 2015.

Many different types of employment opportunities exist for graduates of DNP programs. Graduates of practice doctoral programs are assuming positions with the following job titles: Direct Care Clinician, Vice President for Nursing and Clinical Services, Program Director, Vice President for Patient Care, Chief Executive Officer, Health Officer, Commissioner of Health, Quality Improvement Director, Clinical Information Technology Specialist, and Faculty Member. Although some “research intensive” nursing schools may be hesitant to hire nurses with a DNP as their terminal degree; it is expected that graduates of DNP programs will have opportunities to serve in full-time faculty roles. For example, at USM, the College of Nursing and Health Profession’s promotion and tenure criteria are based on the work of Boyer. Graduates of DNP programs will be prepared to engage in scholarship of application. They will also have the option of taking coursework related to teaching that will prepare them for a faculty role.

Similar to when the advanced practice movement was founded in this country, it is expected that graduates of the DNP program will have to create roles that utilize their expanded knowledge and skills. It is expected that graduates of USM’s DNP program will assume a variety of high level positions in health care and the academy.

6. Which campuses, agencies, organizations, institutions and individuals do you plan to involve in the program?

The DNP program will not replace any existing programs at this time. However, the AACN has adopted a position statement that by 2015 the DNP, not the Masters of Science in Nursing, will be the required credential for all advanced practice nurses. By 2015 it is anticipated that all concentrations within the Master of Science in Nursing program that prepare nurses for advanced practice will become part of the DNP curriculum.

Currently the graduate program is offered on USM’s Portland campus. Initial conversations occurred with the University of Maine School of Nursing to determine their interest in a collaborative DNP program. The University of Maine School of Nursing has stated their intent to develop a DNP program; however communication between the two programs will continue regarding possible areas of collaboration. As previously noted it is anticipated that the University of Southern Maine School of Nursing will collaborate with other graduate programs within the University of Southern Maine on selected graduate course offerings.

The College has over 400 contracts with health care institutions and physician/provider practices to provide clinical placements for our graduate students. It is expected that these institutions/practices will continue to be involved with USM graduate nursing students as we implement the DNP program. In addition, we have worked closely with Maine Medical Center in developing and implementing the Clinical Nurse Leader concentration. In January 2006, the first cohort of nurses from Maine Medical Center was admitted to this concentration and admission of a second cohort is scheduled for fall 2007 and will reflect graduate students from several institutions.

7. What type and/or extent of support is presently available?

a) Personnel – Faculty

The College of Nursing and Health Professions has 39 full-time faculty, 28 of which are nursing faculty; including 13 tenured and just-cause nursing faculty (including the Dean) 4 tenure-track nursing faculty, and 11 continuous contract/fixed length nursing faculty. One tenure-track faculty is on phased retirement; will be 50% in 2007-2008. The School of Nursing is currently recruiting a full-time faculty member as her replacement. Nursing faculty are housed on the Portland and Lewiston-Auburn campuses. The nursing program on the Portland campus is supported by 6 staff FTE and on the Lewiston-Auburn campus by 1 staff FTE. USM nursing faculty who have advanced practice expertise and/or who are doctorally prepared are listed below.

- Hans Bowder, MS, RN, APRN-BC, FNP, Lecturer
- Janis Childs, PhD, RN, Associate Professor and Director of Learning Resources & Simulation Center
- Bonnie Cashin Farmer, PhD, RN, Assistant Professor
- Valerie Hart, EdD, APRN-CNS, Associate Professor
- Phyllis Healy, PhD, APRN-BC, FNP, Associate Professor
- Rosemary Johnson, PhD, APRN-BC, ANP, Associate Professor
- Anne Keith, DrPH, RN, PNP-C, Associate Professor
- Marjorie Thomas Lawson, PhD, APRN-BC, FNP, Associate Professor and Coordinator of Graduate Nursing Programs
- Whitney Lutz, RN, MSN, CPNP-PC, Lecturer
- Kimberly Moody, PhD, RN, Associate Professor
- Carla Randall, PhD, RN, Assistant Professor
- Cheryl Sarton, PhD, RN, CNM, Assistant Professor
- Susan Sepples, PhD, RN, CCRN, Associate Professor and Director of School of Nursing
- Judith Spross, PhD, RN, AOCN, FAAN, Associate Professor and Coordinator of Support Services for Faculty Scholarship
- Susan Yetter, PhD(c), Assistant Professor, APRN-CNS, APRN-BC, PMH

b) Facilities and c) Equipment

Portland Campus. The CONHP administration and nursing department faculty offices are located in Masterton Hall on the USM Portland campus. Full-time faculty have private

offices. There are two part-time faculty offices. All full-time and part-time faculty members have a computer connected to academic computing on the university local area network. Administrative offices on the Portland campus are located on the first floor of Masterton Hall. These include the offices of the dean, the director of nursing, the coordinator of nursing students, the director of administration, the coordinator of finance, and the first- and second-year undergraduate nursing student advisor. Administrative assistants and associates have private offices on the first and second floors.

Classroom space and large-group meeting space are available throughout university buildings on the Portland campus. Space in Masterton Hall includes a learning resource laboratory and office, computer-resource room, student mailboxes, physical assessment laboratory, simulation laboratory, and two clinical seminar rooms. The dean's conference room is also available for meetings.

Lewiston-Auburn Campus. Faculty and administrative offices are located in the faculty wing of the Lewiston-Auburn campus building, which houses 16 classrooms, 8 science labs, 2 computer labs, and 1 computer pod lab. There is also a nursing learning resource center, private office space for full-time nursing faculty, and a shared office for part-time and commuting faculty. Two classrooms are equipped with mounted audio-video equipment. The nursing department owns two wireless AV carts for use in other classrooms.

Combined Campus Resources. Space, support, and equipment for research exist on the Portland, Gorham and Lewiston-Auburn campuses, including several libraries and computer centers on each campus. Academic computer services are available on both the Portland and Lewiston-Auburn campuses, and software purchased especially for nursing students is available through their learning resources centers; holdings include APA PERRLA, Delmar Electronic Nursing Skills, NCLEX-RN Success, TLC Medical Center (a charting program), and statistical programs. Storage spaces for equipment and instructional materials are also provided in the centers. Equipment is available for students to use in the labs and to sign out.

The university provides Windows and Macintosh microcomputers for general student access at lab facilities located on each of the main campuses, including approximately 275 microcomputer stations in Portland, 160 stations in Gorham, and 120 in Lewiston-Auburn. Software Services works with Instructional Technology and Media Services to provide computer equipment for classroom use. All lab microcomputers are networked, providing access to e-mail, the Distributed Student Information System, the Internet, and more than 80 software applications. Laser printing is available to all lab computers for a per-page charge. Color laser printing is also available in the main computer lab on each campus for a per-page charge. All computer classrooms support either a data projector or an interactive video network that broadcasts computer displays to computer screens within the room. All classroom microcomputers are networked with access to the Internet. There is a shared printer in each computer classroom.

Learning Resource Centers

Portland The nursing programs' Learning Resource Center (LRC) in Portland consists of a seven-bed skills laboratory, an eight-table physical examination lab, and a two-bed acute care simulation lab. This well-equipped and frequently updated lab contains hardware (e.g., manikins, models, and equipment for skills acquisition); software; and virtual-reality and simulated-learning equipment, including Laerdal simulation mannequins (SimMan and SimBaby) with extensive capabilities for simulated learning, a five-lead ECG simulator, and intravenous and phlebotomy simulators. Recent renovations (summer 2006) to Masterton #113 include complete technological capabilities for integration of simulation into classroom teaching, e.g., two LCD projectors with big screens for simultaneous projections; two panoptic cameras for filming lectures and simulations; and, an advanced video system that allows for simulation filming to be played back in a “debriefing” format for immediate evaluation of select sections or an entire simulation event.

Lewiston-Auburn Campus The Lewiston-Auburn LRC is a fully equipped two-bed laboratory with simulation equipment, including a Laerdal simulation mannequin (SimMan), and hardware, and software suitable for teaching both fundamental and advanced skills. This lab was funded through a HRSA grant to develop the generic nursing program at Lewiston-Auburn.

c) Funding Sources

At the current time, the School of Nursing does not have funding beyond tuition for the proposed DNP program; however funding sources (i.e., HRSA) are actively being investigated as potential revenue for doctoral program and course development. Based on the fact that this program is a replacement program for our advanced practice graduate program we have projected tuition revenue solely on the new credit hours that are required. The existing master's concentrations are 48 to 54 credits depending on specialty concentration. The credit hours in the DNP range from 91 to 97 credits post-baccalaureate depending on specialty concentration. The proposed DNP program contains 43 credits post-masters which are used below to project tuition revenue.

It is expected within 4 years that 15 post-masters students (5 full-time and 10 part-time) will enroll in the DNP program annually (have elected to be conservative in our enrollment projections). It is expected that the majority of students will pursue their degree part-time given the results of the need assessment. It is projected that full-time students will take 18 of the 43 credits in the first year, 13 credits in the second year, and 12 credits in the third year; whereas part-time students may take 12 of the 43 credits in the first year, 12 credits in the second year, 13 credits in the third year, and 6 credits in the fourth year. Tuition revenue using 2007-2008 in-state tuition is projected at:

- Year 1: total revenue for 1st student cohort = \$62,370
 - Full-time: 18 credits x 5 students x \$297 = \$26,730
 - Part-time: 12 credits x 10 students x \$297 = \$35,640

- Year 2: total revenue for 1st student cohort = \$54,945
 - Full-time: 13 credits x 5 students x \$297 = \$19,305
 - Part-time: 12 credits x 10 students x \$297 = \$35,640
- Year 3: total revenue for 1st student cohort = \$56,400
 - Full-time: 12 credits x 5 students x \$297 = \$17,820
 - Part-time: 13 credits x 10 students x \$297 = \$38,610
- Year 4: total revenue for 1st student cohort = \$17,820
 - Part-time: 6 credits x 10 students x \$297 = \$17,820
- Total projected tuition in Year 4: \$191,535 annually under this scenario

d) Library Resources

The USM library system consists of three libraries: The Albert Brenner Glickman Family Library on the Portland campus, the Gorham Campus Library in Bailey Hall, and the Lewiston-Auburn College Library. The libraries contain 490,000 volumes; 2,800 subscriptions to periodicals, journals, newspapers, and yearbooks; over one million microforms; more than 130,000 state and U.S. government documents; a growing collection of audiovisual materials; and access to electronic information resources. The USM library system shares the selective depository status held by the University of Maine School of Law for receipt of U.S. government documents. Under the designated depository system, approximately 28% of the federal documents available are received annually. More than a third of the selection consists of documents produced by agencies of the Department of Health and Human Services (such as the Public Health Service and the National Institutes of Health, including the National Cancer Institute; National Heart, Lung and Blood Institute; National Institute on Aging; National Institute of Allergy and Infectious Diseases; National Institute of Arthritis and Musculoskeletal and Skin Diseases; National Institute of Child Health and Human Development; National Institute of Diabetes and Digestive and Kidney Diseases; National Library of Medicine; and John E. Fogarty International Center for Advanced Study in the Health Sciences). The library system also catalogues the majority of documents issued by the U.S. Departments of Commerce and Education and maintains full depository status for State of Maine publications.

Major holdings related to nursing are in the Albert Brenner Glickman Family Library on the Portland campus, with some holdings located at Lewiston-Auburn. Faculty and students also have access to the Donald L. Garbrecht Law Library and a small library maintained by the Office of Sponsored Research, both located on the Portland campus. A policy has been established to permit USM nursing students and faculty to use the Maine Medical Center Library and its resources. Students and faculty also have access to libraries in other clinical facilities.

Student Aid Requirements for DNP Program

The graduate nursing student profile for Fall 2005 included 71 full-time students (80%) and 18 part-time students. In Fall 2006 there were 60 full-time students (55%) and 49 part-time students; in Spring 2007 there were 63 full-time students (50%) and 64 part-

time students. The graduate students who are already registered nurses (RNs) typically work as nurses (average salary of an RN in Maine in 2004 was \$51,930) and many have access to employer paid tuition benefits. The College’s Options students take their licensing exam after a minimum of 14 months of study and completion of at least 9 graduate credits and then typically are employed as RNs.

Per Steve Rand, USM registrar, in 2005 of the 111 graduate nursing students, 79 (71%) had some form of financial aid. In 2006 70% (of 115) had some form of financial aid. In 2007 78% (of 134) had some form of financial aid. The following table provides greater detail on the aid packages.

Table 10. Financial aid profile for USM graduate nursing students (2005, 2006, and 2007).

Financial Aid Source	2005 (summer 2004-spring 2005)	2006 (summer 2005-spring 2006)	2007 (summer – 2006-spring 2007)
Grants (Veterans, Professional Nurse Traineeship, etc.)	\$57,000	\$42,000	\$40,151
Loans	\$981,000	\$1.116 million	\$1,084,339
Scholarships	\$30,000	\$66,000	\$72,193
Waver (graduate assistant, dependent/employee waiver, etc.)	\$39,000	\$103,000	\$56,701
Work Study	\$20,000	\$31,000	\$16,310
Total	\$1,127 million	\$1,358 million	\$1,270 million

It is expected that as additional graduate assistant dollars become available within USM the College of Nursing and Health Professions would receive additional funding per existing policy. The College does not expect that the existing funds would be “redistributed” to the College with approval of the DNP program.

Although graduate nursing students appreciate the financial support received through graduate assistantships and graduate aide positions, the reality is that they can make more money working as a per diem nurse or an advanced practice nurse; many benefit from employer tuition reimbursement. In conversations between Dean Kirschling and Deans Donna Hathaway (University of Tennessee) and Carolyn Williams (University of Kentucky) their experiences have been that the DNP students elect to work in order to support themselves during their graduate education.

e) Other

Not applicable.

f) What additional new costs are required in any or all of the above categories

Additional costs will be incurred in personnel and library enhancement of holdings.

Personnel

The DNP curriculum requires 25 credits of new nursing course delivery, 6 elective credits from existing graduate nursing electives, and proposed 12 credits from other Schools, Colleges and/or Departments. It is estimated that the nursing faculty workload associated with the 25 credits of new nursing course delivery will not exceed 18 credits. Tenured faculty within nursing are expected to teach 18 credits per academic year.

Given the complexity of the range of nursing programs that the College offers and the number of nursing students on the two campuses, a new full-time academic year tenure-track position will be requested in order to implement the DNP. This position is budgeted at \$64,000 salary (experienced advanced practice nurse with a doctoral degree at the rank of Associate) and the associated benefits are \$27,520 (43%). To cover the remaining new graduate course offerings, the nursing department will need to cover 7 credits of teaching through part-time instruction. The associated costs is \$1,200/credit x 7 credits = \$8,400+\$689 (benefits at 8.2%) for a total of \$9,089.

In addition to the teaching credits, it will be necessary to have a coordinator of the DNP program. The Coordinator of Graduate Nursing Programs will receive a course release for one semester to oversee the DNP program. Consequently the nursing department will need to cover 3 credits of teaching through part-time instruction. The associated cost is \$1,200/credit x 3 credits = \$3,600+ \$295 (benefits at 8.2%) for a total of \$3,895.

Total Personnel costs:

- \$104,504

Library

\$5,000 is requested to enhance our library holdings related to advanced physiology, pharmacology, and clinical diagnostics in Year 1 and in subsequent years \$2,000 is requested.

Office Supplies and Travel

\$2,500 is requested annually to cover additional office supplies (\$1,000) and travel to the AACN annual Doctoral conference (\$1,500).

The projected expenses in year 1 \$114,504 and in years 2, 3, and beyond \$111,504 will be covered in year 2 by the conservative estimate of tuition revenue projected above (\$191,535) [year 1 balance -\$52,134; year 2 balance +\$5,811; year 3 balance +\$62,211; year 4 balance +\$80,031]. Tuition was held constant at the 2007-2008 rate, resulting in a conservative estimate.

8. Briefly describe preliminary plans for regular program evaluations, formative and summative.

The DNP program will be evaluated through the Nursing Department's evaluation plan. Continuous quality improvement strategies are the basis of the evaluation system. Formative evaluation (monitoring) and summative evaluation (outcomes) are linked to assure that potential problems are identified and resolved early and that data-based reports of program successes and issues are readily available for dissemination to faculty, administrators, and the appropriate nursing faculty committees. Objectives are measurable and are linked to appropriate activities and evaluation criteria.

Internal academic assessment processes require the School of Nursing to assess its effectiveness in achieving its goals and objectives; assess student attainment of learning outcomes; document use of assessment data; and establish goals and objectives for the next academic year. These assessment activities along with external evaluation from the Commission on Collegiate Nursing Education when available will ensure that the DNP program fulfills its mission, goals, and objectives to provide nurses for the highest level of nursing practice.

9. Time Frame:

Estimated Planning Time: May 2005-January 2008

Estimated Implementation Date: Fall 2008; advertise 2007-2008; review applicants for admission Spring 2008

Estimated of Program Lifetime: Indefinite

10. Location of Program Delivery and Relation to Other Campuses

The principle location of program delivery will be the Portland campus, Masterton Hall. Pending ongoing dialogue with the University of Maine School of Nursing, the use of distance technology (e.g., ITV, compressed video) will be explored as appropriate.

11. Other Pertinent Data and/or Information: None.

12. Submitted by: _____ **Date:** _____
Susan Sepples, Director of Nursing

Approved by: _____ **Date:** _____
Mark Lapping, Interim Provost & VP Academic Affairs

_____ **Date:** _____
Joseph Wood, Interim President

References

American Association of Colleges of Nursing. (2005). *Position Statement on the Practice Doctorate in Nursing*. Washington, DC: Author.

Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press.

Institute of Medicine. (2003). *Health Care Professions Education: A Bridge to Quality*. Washington, DC: The National Academies Press.

Zhan, C., & Miller, M.R. (2003). Excess length of stay, charges, and mortality attributable to medical injuries during hospitalization. *Journal of American Medical Association*, 290(14), 1868-74.

Institute of Medicine. (1999). *To Err is Human Building a Safer Health System*. Washington, DC: The National Academies Press.

File MTL- January 11, 2008

APPENDIX A: NEEDS ASSESSMENT SURVEY RESULTS
 University of Southern Maine College of Nursing and Health Professions
Needs Survey for Doctor of Nursing Practice and Continuing Education
 Prepared by Jane Kirschling, January 15, 2006

In November 2005 registered nurses licensed in Maine who had a baccalaureate degree or higher at the time of initial licensure were mailed a 3 page survey and cover letter. The purpose of the survey was to determine interest in the Doctor of Nursing Practice Degree (DNP) as well as interest in continuing education. A total of 5,500 surveys were mailed and 554 were returned.

For purposes of analysis:

- Southern Maine was defined as Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, and York counties – respondents were asked to provide the zip code of their current residence.
- Respondents were asked if they were interested in pursuing the Doctor of Nursing Practice degree, response options included Yes, No, Uncertain. Respondents who indicated “yes” or “uncertain” are included in the DNP sample vs. non-DNP sample.

It is important to note that respondents may have elected not to complete multi-part questions; consequently totals for the Southern and Northern samples may not equal the Total sample.

DOCTOR OF NURSING PRACTICE

1. Check all educational programs completed.

	All Respondents	DNP Respondents
Diploma in nursing	7	5
Associate degree in nursing	5	4
Baccalaureate degree in nursing	513	319
Baccalaureate degree other field	86	50
Masters degree in nursing	205	139
Masters degree in business administration (MBA)	11	7
Masters degree other field	57	34
Doctoral degree in nursing	7	0
Doctoral degree in other field	9	3

2. Mark all advanced practice educational programs completed.

	All	DNP	DNP Southern Maine	DNP Northern Maine
Nurse practitioner (NP)	115	53	45	29
Clinical nurse specialist (CNS)	58	40	20	16
Certified nurse midwife (CNM)	10	7	4	0
Certified nurse anesthetist (CRNA)	18	12	6	4

3. If you are master's prepared in nursing and not an NP, CNS, CNM, or CRNA please briefly describe the focus of your master's program (e.g., administration, education).

- Administration (x4)
- Administration and psychiatric nursing
- Clinical nurse specialists (before there was certification) and education
- Clinical practice, education, and administration within medical-surgical nursing department
- Community health (x3)
- Community health nursing management/administration (x)
- Education – school nursing
- Education (x7)
- Education and gerontological nursing
- Family
- Forensic nurse examiner
- Gerontological psychiatry
- Nursing administration (x3) (1 response “and MBA”, 1 response focus on continuing education)
- Nursing education (x5)
- Parent-child nursing (similar to what we now know as a CNS) major, nursing education minor
- Pediatric neonatal nurse practitioner
- Pediatric nursing case management
- Perinatal nursing
- Psychiatric across the life span = family
- Psychosocial nursing, when moved to Maine FNP
- Public administration with health administration concentration (MPA-H)
- Public health, management
- Women's health care nurse practitioner

4. Are you currently enrolled in a master’s degree in nursing or post-master’s certificate program in nursing?

	All
Yes	41
<i>If yes, please indicate where:</i>	
University of Maine	2
University of Southern Maine	9
Another Nursing Program in Maine	13
Another Nursing Program outside of Maine	16
No	508

	All	Southern Maine	Northern Maine
<i>If no, if you are considering pursuing a graduate degree in nursing which areas of interest most appeal to you?(check all that apply)</i>			
Advanced Practice Nursing	139	92	32
Clinical Nurse Leader	42	29	7
Education	99	59	28
Leadership/Management	65	45	12
Other: <ul style="list-style-type: none"> • Anthropology • Behavioral modification/emotional • Counseling or therapy • Criminal nursing • Dietary teaching • Doctorate • Education • Geriatric care management • Informatics or perioperative • Lactation • Maternal child health • MPH (master’s public health) (x3) • MSN/MBA • ND program at Case • Pediatrics • PhD • PhD in Nursing or another field (naturopathic physician) • PhD or DNSc • Psychopharmacology • Public health (x7) (for example, certificate program, outcome research, epidemiology, statistics, community health) • Rehabilitation CNS prior to existence of any certification, when that became possible no longer working in rehab 			

- | |
|--|
| <ul style="list-style-type: none"> • Research • RN First Assist • School nursing (x2) |
|--|

	DNP	DNP Southern Maine	DNP Northern Maine
<i>If no, if you are considering pursuing a graduate degree in nursing which areas of interest most appeal to you?(check all that apply)</i>			
Advanced Practice Nursing	108	69	27
Clinical Nurse Leader	37	25	6
Education	77	44	23
Leadership/Management	57	37	11

5. ***Are you interested in teaching in a nursing academic program? (check one)***

	All	DNP	DNP Southern Maine	DNP Northern Maine
Yes, within Associate degree program	28	18	11	8
Yes, within Baccalaureate or higher education degree program	107	85	51	22
Yes, within either type of program	142	114	71	32
Total	277	217	133	62

Of the respondents who expressed an interest in teaching:

- 3 hold an Associate Degree in Nursing as highest nursing degree
- 151 hold a Baccalaureate Degree in Nursing as highest nursing degree
- 112 hold a Master’s Degree in Nursing as highest nursing degree
- 11 hold a Doctoral Degree in Nursing or another field.

6. ***Are you interested in pursuing the Doctor of Nursing Practice degree?***

	All	DNP Southern Maine	DNP Northern Maine
Yes	163	101	43
No	204	n/a	n/a
Uncertain	183	112	46
<i>If yes,</i>			
Within 5 years	123	73	31
Within 10 years	47	29	12
Uncertain	72	48	20
Preference is for part-time study	165	101	48
Preference is for full-time study	14	11	3
Uncertain	41	30	8

Of the respondents who responded “yes” to pursuing the DNP degree, 1 holds an Associate degree as his/her highest nursing degree, 199 hold baccalaureate degrees in

nursing as highest nursing degree, 119 hold a masters degree in nursing as highest degree in nursing, and 1 holds a doctoral degree.

7. *Please identify your 1st and 2nd preferences in terms of course delivery.*

	DNP		DNP Southern Maine		DNP Northern Maine	
	1 st	2 nd	1 st	2 nd	1 st	2 nd
Traditional in-person classroom	109	33	68	26	26	5
Limited in-person classroom and online	175	78	121	41	40	22
Distance-delivery with 2-way audio and visual	43	55	8	33	27	15
On-line only	35	48	16	27	8	15
Other: <ul style="list-style-type: none"> • CD/DVD • Clinical experience hospital based • Combination of all for convenience • Distance with 1-2 weeks in class (CNEP model) • Field study or clinical • In person classroom and limited online • In the field, be that a clinic, hospital, community, etc. • Mail home videos • Offer online, non traditional as much as possible • Should have clinical component with faculty 						

8. *Please rank order (1 first choice... 6 last choice) your preference in terms of when classes are offered?*

	Mean DNP	Mean DNP Southern Maine	Mean DNP Northern Maine
Consolidated in a one-day block, including evening	2.0	2.2	1.7
Consolidated in a 3-day block every 3-4 weeks	3.2	3.3	2.9
Daytime classes between 8:00 am and 2:30 pm	4.3	4.3	4.4
Late afternoon classes between 3:30 pm and 7:00 pm	3.4	3.2	3.6
Evening classes between 5:30 pm and 9:00 pm	3.3	3.2	3.7
Combination of daytime and evening classes	4.3	4.3	4.4

9. Please rank order (1 first choice... 6 last choice) your preference in terms of when classes are offered?

	All DNP	DNP Southern Maine	DNP Northern Maine
Monday	3.3	3.4	3.4
Tuesday	3.1	2.9	3.6
Wednesday	3.2	3.0	3.6
Thursday	3.6	3.5	3.7
Friday	3.8	4.1	3.3
Saturday	3.7	4.0	3.2

Other comments related to DNP:

In response to interested in teaching in a nursing academic program:

- I would be interested in teaching but I could not afford the decreased pay.

In response to question about interest in pursuing DNP:

- There is not financial incentive to pursue advanced practice nursing (other than CRNA) I Maine. Today, I would make more as a nurse (RN) then I do as a NP. While I enjoy learning, with a family to support, it would not be a practical choice for me to pursue a DNP.

General comments:

- (1) We need a doctorate program for ARNPs. The focus should be on a more comprehensive clinical/hard science (pharmacology, pathophysiology, epidemiology, laboratory/diagnostic testing) courses reflected in doctoral level study.
- (2) Thank you for the opportunity to comment. (1) The existing content/structure/credits of some master’s degree programs is not a justification of need for this degree offering, similar number of credits in an engineering program would not justify calling nursing program graduates engineers. (2) The need within the nursing profession is for clarity and comfort with the powerful and essential role of caring for humans as they respond to health/disease problems. Nothing is accomplished toward that end by adding another set of initials, another layer of stratification. The ultimate justification should be a statement that says patients, or the more politically accepted “clients” will be better off if this direction is pursued. There is no way I see this professional primping will be of any benefit to the people who need honest-to-god, real-time, intelligent, hands-on, thoughtful nurses. (3) Since I expect that this course will proceed regardless of feedback such as mine, I shall await the discussions of the future about pay, benefits, and respect due – further distractions to the real conversations that need to be happening about interprofessional care and respect among health professionals, about patient (client) centered and relationship centered care, about disparities in health outcomes, about inequities that make health all but impossible

- for certain populations. Nursing has such great minds and great hearts among its numbers. Could we not look outward and work for meaningful solutions, and forget about how many different doctor names we can have?
- (3) Cost should be very low and should approach zero (“uncertain” regarding DNP).
 - (4) Before you develop any kind of advanced clinical degree by sure there are a significant number of potential employers. Many new NP graduates cannot find jobs!!!
 - (5) Please, please continue to pursue the practice doctorate. All programs in New England are research or education focused. There are few if any practice doctorate programs available.
 - (6) Waive GRE for master’s prepared DNP students.
 - (7) I think it is slightly misleading to portray the DNP as an alternative to a PhD, as some holders of DNPS may want to go on to research careers by earning PhDs – just as MDs sometimes earn PhDs.
 - (8) As nurses, how can we possibly consider a DNP when we cannot agree on the degree necessary for entry level practice?! Do we not have enough splintering among us? Besides, nurses still have choices for doctoral level education including the PhD, EdD, DNS, DSc! Why would we add another?
 - (9) Satellite closer to my rural midcoast area would be ideal and has been the only reason to delay my pursuit of APN.
 - (10) I graduated from a BSN program in 1985. In the late 90’s, I began to explore Master’s programs for FNP. Although USM had a great program I chose the distance program at SUNY Stonybrook, NY. Now that I have experienced “on-line” and distance learning, I couldn’t imagine going back to a traditional classroom setting. The SUNY program was appealing to me as a wife and mother of 3 children (working 2 jobs). There is no way a traditional program could have worked for me. By taking distance learning I could lean on my schedule and set up my own clinical times. Please consider that many nurses pursuing a higher degree are “mature” with families and may not live close to the University. Due to the lapse in time between my BSN and Masters I repeated a couple of course (statistics and health assessment by ITV in Sanford). This was also a good learning method for me. Thanking you for sending this information and survey out.
 - (11) I liked the accelerated program because it was all about nursing. I am looking for a similar advanced degree program. I already have a MA in child development from Tufts University so I am used to a rigorous, research-based program. Even though this degree is unrelated to nursing per se an advanced degree has taught me how to think and how to write and how to do research. I would like a practical program that involves teachers who are currently nurses talking about realistic, timely issues.
 - (12) I would be highly interested in a doctorate degree. I am a mom of 2 young ones, balance a job (including adjunct faculty BSN program) and home life. I would like to see a program that would allow me to continue what I do and maintain my sanity. I like the idea of distance education (i.e., compressed video and online). I would not do my best with just online. Thanks. (Northern Maine)

- (13) Must be very affordable program to make it worth taking out any more loans as there will likely be no salary increase to go with another degree. (2) There must be documented benefit of obtaining another degree (etc., how it would change/influence how nurse practitioners currently practice each day with the master's level. (3) Salaries are already much lower in Maine than other states and increased cost of living, so again, must be short-term economically/affordable with positive benefits on practice program.
- (14) Post masters degree to DNP program needed also for those with MSN (a bit shorter).
- (15) I am very interested in pursuing an on-line program for a nursing doctorate. I am a 1981 graduate of USM with a BSN and a 2001 graduate of Husson College FNP/MSN program. Currently I am assisting a vascular surgeon in starting a new Heart and Vascular Center in Charleston, SC and also work as a vascular nurse practitioner/first assist with this surgeon at Roper Hospital in Charleston. I hope you can come up with and be successful in starting a DNP program.
- (16) Since I need 75 contact hours each renewal period I'd like to have them consolidated and recognized as applicable to an advanced degree. The DNP makes sense. That's what we are – nursing practitioners.
- (17) Because of the shortage of nurse teachers and the availability of early retired nurses with Bachelors/Masters degree, we might think of recruiting these nurses and prepare post graduate training program not to exceed 8-12 weeks.
- (18) As a former nurse educator pressured to get a PhD I feel strongly that a DNP would help bridge the gap between clinical and research. My only concern is that expert nurse educator-clinicians not find themselves discriminated against, in searching for fulltime jobs (in education) because this is not a PhD.
- (19) I have been interested in pursuing DNP degree for several years. I am with the VA in Florida, so would only be able to consider online education.
- (20) I am very interest in the DNP degree – I have even looked at Columbia's program.
- (21) Unless financial aid is high enough to provide a reasonable living, enough to stay afloat on. If aid is sufficient, than I would attend DNP full time.
- (22) I have considered beginning doctoral studies but have NOT considered nursing. The nursing programs I have reviewed require too much time away from work, are inflexible in hours and involve way too much political agenda. Nurses are not supportive of each other and demand unreasonable time commitments to prove competence. I am looking for a doctoral program that I can incorporate into my daily work. [Massachusetts]
- (23) I have attended numerous counselor education classes at USM in my area of interest. It has been well worth my time to do so, but at considerable expense, considering I live 3 ½ hours from campus. Any courses available for distance learning, given the rural nature of Maine, are much appreciated. I would appreciate if the developing curriculum would include opportunities for current CNS and NP certified nurses to build on current academic credentials to achieve additional ANCC certification. Specifically, I hope there is a way to earn a DNP and ANCC certification that does not involve course repetition. It seems very

- important to consider the parameters set by the Nurse Practice Act, ANCC, and academic programs to work towards synergy.
- (24) I tried an online master's program. I was hoping to teach in nursing. However I found the whole experience so disillusioning I'm no longer even interested in trying again. I would however be interested in continuing education courses.
- (25) I am currently active duty Navy, deployed in Iraq. My wife forwarded this survey to me. I will retire in 5 years and move back to Maine. I will complete my masters before I retire. I am still debating whether or not I will attempt a DNP.
- (26) I will have 2 children in high school fall 2006. It's time for me to consider further degrees than my BSN. Please do whatever you can to expand studies and financial aid for the non-traditional nursing student!
- (27) I think this is a great endeavor! I did my BSN at USM, but chose another school for my MSN/NP due to work and family. There are so many choices out there~! I really love the on-line model that Seton Hall's nursing program uses because it is flexible and allows me to work at the same time. Attend 2-3 day orientation. 12 week semesters (Spring, Summer, and Fall). Weekly assignments, so it's hard to procrastinate. Instructors available/reachable by phone and email. Textbooks included in cost of course and sent to you by mail. No set "class time". Available on-line 24/7. But, one of the most compelling aspects of SHU is how they publicize their instructor's accomplishments (very active in their specialties): textbooks authored, research done, involvement in nursing organizations, and positions held. Example, the chair of the acute care nurse practitioner program has specialized in forensic nursing and is a consultant to the TV show "Law & Order: Special Victims Unit". So my point is that you should market your strengths to compete with other on-line schools.
- (28) I have finished a master's program in nurse anesthesia and the topic of a doctorate prepared program was discussed extensively. It was the conclusion of my classmates that this is not a positive change for clinical nurse anesthetists. While it may be a wonderful opportunity for those going into research and education, it does not contribute to the clinical anesthetist. The additional classes for the doctorate program are research based. While this does add some additional months to the programs, many students state they would not enroll if the programs were any longer. In addition, while it may look great to offer a doctorate program, I believe this would just confuse the public even more. They already don't understand the "nurse anesthetist" role. Adding a doctor to the title would only add to the confusion. The ANA needs to put energy toward building a strong base in our bachelor's nursing programs and contribute to the ANNA's efforts in getting nurse anesthesia recognized, before adding a doctorate program. Which will require doctorate prepared instructors (which already are at a shortage!).
- (29) I have wanted to go back and get my masters but I live 1 ½ hours from Portland, work full time plus I have a family. It's not going to happen at this point in my life.
- (30) Pursue DNP "no" in particular, because I am against need to have doctorate. I would do it, of course, if it were required. The problem with DNP is that more talented people choose PA school over the LONG road to DNP. I regret that I became RN instead of PA. I do wish I had a better option for NP school in Maine.

- Honestly, I haven't heard great things about the program – hence the application to distance learning programs. I would prefer a rigorous NP program over a mediocre DNP upgrade!
- (31) I want getting more Asian nurses in my classes. I'm the only Asian graduate student. The way I can have more Asian nursing colleagues is the USM College of Nursing should be opened to bilingual students. Even their first class will be very hard, but they can make and they will work hard for learning Science of Nursing. I feel very sorry that my favorite Korean nurse, she left USM this year. Because she couldn't get in USM graduate nursing school, she left for New York. She thought and told me that it is hard to get in USM Graduate Nursing school. For me, video or audio and online (ex., PowerPoint) are helping me to study. Thank you very much.
- (32) I am very interest in DNP program, especially if done at USM. Thanks.
- (33) I am thrilled to know there is a possibility of a DNP program at USM. Hopefully the passing of the Nurse Faculty Education Act of 2005 will assist the achievement of a DNP. I wish you luck and look forward to hearing about any future progress. Currently I'm in a master's program/CNRA at Northeastern University and hope to have the ability to pursue a doctorate much closer to home. I wish you luck with our surveys and your program goals.
- (34) I live 5 hours north of Portland (Presque Isle), so if I could complete the program by distance education that would be best. Otherwise, if I have to travel I would rather have the classes condensed in 1-2 days per week to cut down on travel time. I am very excited about this.
- (35) I am very excited about this. I have been looking at other programs but because I am a in a solo practice I need a program that I can access close to home and/or online that I can do when I am able. Thank you for looking into this.
- (36) Nursing has become information overload, like our culture. A standardized assessment and charting tool for the USA would be wonderful. It should be as simple as possible. It will need to fit on computer. When various care plans are entered, the program should recognize duplicates. If a diabetic or paraplegic care plan is initiated skin assessment should be recognized and show up on the screen once, not twice and have to be inactivated.
- (37) As a hospital based nurse and someone who believed that RNs would be required to have a Bachelor's degree in remain RNs by 1990, I am not convinced the profession needs PhDs. The profession is becoming glutted with managers not trained to manage. Those whoa re doing the work need support and education. At some point everyone needs a nurse. The emphasis should be on the entry level. There aren't jobs with appropriate salaries for nurses with advanced degrees.
- (38) It's a shame that information sessions were only during clinic hours and not evenings or weekends.
- (39) All the proposed delivery models look as though one would have to live in Portland area. Important for those in rural areas to have a different option. Scholarship/funding are an important (key) issue for me if I were to return to school.
- (40) I just wanted to thank you for considering starting a program of this nature. At the recent American Academy of Nurse Practitioners conference in Fort Lauderdale,

one of the speakers reviewed the different doctoral programs now available across the country, ranging from traditional PhD programs to innovative programs such as yours. I am excited about the prospect of possibly being able to pursue a program such as this.