ITEM: Approval of Doctor of Nursing Practice (DNP) program

INSTITUTION: Shepherd University

RECOMMENDED RESOLUTION: Resolved, That the West Virginia Higher Education Policy Commission approves the Doctor of Nursing Practice (DNP) program, effective August 2015 and subject to meeting the 75 percent terminally degreed faculty threshold. This approval also requires additional approval by the Higher Learning Commission prior to implementation. This approval expires in two years from the date of Commission approval if the program is not fully implemented at that time.

STAFF MEMBER: Corley Dennison

BACKGROUND:

Shepherd University proposes a Fall 2015 implementation of a new graduate program, Doctor of Nursing Practice (DNP) program. With an ever-increasing focus being placed on healthcare, both nationwide and in West Virginia, this program will provide affordable and accessible advanced health care education to individuals in the eastern geographical region of the state.

This program is designed to produce leaders for professional nursing roles in clinical practice, nursing education, and nursing leadership and management. This program has the potential to enhance the quality of life for clients and patients and ensure the region has an educated and diverse workforce which support Shepherd’s mission.

The proposed program has been developed to accommodate multiple entry points into the program in a deliberate effort to provide flexibility to admit a diverse population of qualified applicants. The two flexible tracks for entry into the program include: admission from a baccalaureate nursing program into the DNP program and admission from a master’s program into the DNP program. Depending upon the academic background of the student entering the program, differing course requirements are applicable. Built upon the Master of Science in Nursing curriculum and clinical hours for the advanced practice role, the curriculum is designed to provide areas of concentration for the DNP candidate. The three areas of concentration include: Administration,
Education, and Family Nurse Practitioner. The blended instructional delivery model is responsive to the needs of the anticipated student population.

The program adheres to the standards and guidelines described in *The Essentials of Doctoral Education for Advanced Nursing Practice* (American Association of Colleges of Nursing, 2006). All required areas for accreditation appear to be included and the required academic credit is in line with national standards. This proposal also includes the additional clinical courses required for the MSN-DNP nurse practitioner program.

West Virginia University is the only public institution in West Virginia that offers a similar Doctor of Nursing Practice degree program. Other out-of-state public institutions offer a similar program but none is closer than 65 miles away from Shepherd University. Shepherd University is geographically well-positioned to provide a quality, affordable doctorate degree in Nursing Practice in the Eastern Panhandle and the tri-state region.

Shepherd University believes that it has the faculty capacity to offer a quality doctorate program in Nursing Practice. While the current Shepherd University nursing faculty do not hold sufficient credentials to address the 75 percent doctorate-degreed faculty threshold established by the Higher Education Policy Commission in 2002 for doctoral degree programs, Shepherd University has submitted a plan to address that deficiency. The plan includes replacing three current positions with terminally degreed nursing faculty prior to the fall 2015 implementation of the DNP program. With these three new doctorate degree faculty, the eight (8) full-time faculty assigned to the program will include seven (7) doctorate degree faculty.

The institution expects to admit an initial cohort of 15 students into the program during the first year. A conservative increase per year is projected for each of the following four years. By 2019, it is estimated that 56 students will be enrolled in the Doctor of Nursing Practice program.

It is projected that all start-up costs for the program, not covered by tuition and fees and institutional reallocation of funds, will initially be funded from donors and/or from reserve funds allocated for the Martinsburg Center.

After staff review, the proposed program was likewise reviewed by a competent out-of-state reviewer who is extremely familiar with the accreditation standards of the American Association of Colleges of Nursing. That reviewer found the program to be of good quality and recommended its approval.

The expert reviewer stated that “the Shepherd University nursing faculty is to be commended for developing a comprehensive DNP program. The University and faculty seem well positioned to implement the program. The proposal is thorough and professional. Admission requirements are clear and reasonable. [It includes] excellent planning and attention to detail. Although there is outstanding support for the proposed program, planning ahead for faculty supervision of DNP capstone projects will be important as these projects are often quite time intensive for students and faculty alike.”
After a thorough review of the proposal and an external examination by a highly competent reviewer, Higher Education Policy Commission staff recommend that:

1. The Doctor of Nursing Practice is approved for initial implementation in Fall 2015.

2. If the Doctor of Nursing Practice program is not fully implemented within two years of the date of Commission approval, the program will no longer be considered approved by the West Virginia Higher Education Policy Commission and must be resubmitted for review and approval.

3. This program must meet the 75 percent threshold of terminally-degreed faculty assigned to the program prior to program initiation.

4. This program will require additional approval by the Higher Learning Commission prior to implementation.

5. In the 2017-2018 academic year, the Commission will conduct a post-audit review of the new Doctor of Nursing Practice program to assess progress toward successful implementation.
Shepherd University
Department of Nursing Education
WV-HEPC Series 11 Implementation Plan

Date: September 2014
Category of Action: Implementation Plan (Section 6 of Series 11)
Title of Degree: Doctor of Nursing Practice (DNP)
Concentration Areas: Nursing Leadership (Administration), Nursing Leadership (Education), Family Nurse Practitioner (FNP)
Location: Shepherd University
Effective Date of proposed action: Fall 2015
Summary Statement: See page 4

Shepherd University
Dr. Suzanne Shipley, President
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Prepared by:
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Summary

With the ever-increasing focus on our nation’s healthcare system, providing affordable and accessible advanced nursing education to Shepherd’s graduates, the regional workforce, and national and international partners is a crucial next step in Shepherd’s mission of access, service and opportunity. A Doctor of Nursing Practice (DNP) will improve the quality of life for clients and patients and ensure the region has an educated and diverse workforce, thereby transforming quality care at the local, regional, national, and international levels, all in support of Shepherd’s mission.

During exit interviews with Shepherd’s graduating nursing students, over one third intended to continue their education and have expressed interest in graduate studies in nursing at Shepherd. Most of Shepherd’s 1,400 BSN graduated nursing students are within a seventy-five mile radius of the campus, providing a fertile opportunity for recruitment. West Virginia (WV) is divided into seven workforce regions; with Shepherd University located in Workforce Region 7. Workforce Region 7 includes Berkeley, Grant, Hardy, Jefferson, Mineral, Morgan, and Pendleton Counties. This region includes one baccalaureate of nursing program (Shepherd University) and two associate degree-nursing programs (Blue Ridge Community and Technical College and Eastern WV Community and Technical College). Our region has one of the longest fill times in re: to nursing faculty positions: primarily due to a shortage of qualified faculty and the need to compete across state lines for qualified faculty (Source: WV Center for Nursing’s 2010 Workforce Demand in Nursing Survey Reports and Recommendations, 2011).

Shepherd University’s DNP program is poised to provide qualified nursing faculty for our University, WV’s Workforce Region 7 and the surrounding area. The preparation of nursing faculty will assist in alleviating the challenges associated with the recruitment of qualified doctorally-prepared nursing faculty and allow nursing programs to expand their enrollment, thus providing nurses to improve the terrible health indices facing WV residents and the aging of the state’s overall population.

An Intent to Plan proposal for the DNP was approved by the graduate council in October 2011. The nursing education faculty continued to refine the proposal before presentation and approval at the September 26, 2013 meeting of the institution’s Board of Governors. Subsequent steps have included submission of the intent to plan proposal to the HEPC shortly thereafter, and a teleconference call regarding Shepherd’s
proposal with stakeholders at West Virginia University in May 2014. Following approval by the WV-HEPC of the implementation plan, a consultant will be hired in preparation for submission of a substantive change document to the Higher Learning Commission (HLC). A similar form will be submitted to the nursing program’s accrediting body, the Commission on Collegiate Nursing Education (CCNE), followed by a site visit in 2016 as part of their regular cyclical review.
6.2. Program Description

An alternative to research-focused doctoral programs, the DNP advances professional nursing roles in clinical practice, nursing education, and nursing leadership and management. The program is designed to produce leaders who embrace health care reform and are advocates for vulnerable populations. Graduates will integrate theory and practice in areas of health policy and law, administration, business, evaluation, systems, education, population health, and evidence based practices. Students will be expected to complete a scholarly DNP practicum.

The program will be housed in the Department of Nursing (DON) in the School of Education and Professional Studies (SOEPS). The program has 75 to 84 credits (depending upon program track) to be delivered over three years. Twelve months of full-time post-master’s study will be necessary to acquire the additional doctoral level competencies. Students will complete clinical requirements to meet the mandated minimum 1,000 hours of specialty training that is one of the hallmarks of the DNP degree.

The program has two tracks for admission: first, the baccalaureate in nursing to DNP and; second, a post-masters in nursing to DNP. These different entry points allow the curriculum to be individualized for candidates based on prior education, experience and choice of specialization. Students in the program utilize a combination of learning strategies, heavily relying on web-based course work delivered in hybrid format with two or three on-site sessions per semester, readings, reflections, and independent learning experiences. Seminars will enable students and faculty to discuss relevant issues and share expertise. Seminars and on-site sessions will be held at Shepherd University or Shepherd’s Martinsburg Campus, which is easily accessible to the interstate, hotels and restaurants.

The Shepherd University DNP curriculum was developed using national guidelines, including:

- **West Virginia Board of Examiners for Registered Professional Nurses (retrieved from [http://wvnurse.org/](http://wvnurse.org/))**
- **FNP Certification Requirements (2013, American Nurses Credentialing Center, retrieved from [http://www.nursecredentialing.org/Certification/NurseSpecialties/FNP](http://www.nursecredentialing.org/Certification/NurseSpecialties/FNP)**

The DNP programs of several nationally renowned programs were reviewed, with Shepherd’s DNP curriculum benchmarked against those programs. The DNP programs included Duke University, George Washington University, the University of Arizona, University of Maryland, University of North Carolina at Chapel Hill, University of San Francisco, and the University of Washington.

The DNP curriculum includes course work that integrates nursing, business, informatics, education, and healthcare administration to provide students with the opportunity to develop clinical, organizational, economic, and leadership skills to design and implement programs of care delivery, which significantly impact health care outcomes to vulnerable populations and have the potential to transform the delivery of health care. In addition, the nurse leaders must be flexible to adapt curriculum and teaching methods in response to innovations in nursing science and the ever-changing practice arena. To prepare future nursing leaders for these high profile positions within the emerging healthcare delivery systems and academic institutions, this program offers the student the opportunity to serve alongside leaders in healthcare, academic institutions, or legislative bodies to gain the knowledge, skills, and wisdom needed to assume leadership roles across the continuum of care in current and emerging healthcare delivery systems. The Family Nurse Practitioner (FNP) will focus on the delivery of health care services to vulnerable populations by conducting comprehensive health assessments aimed at health promotion and disease prevention, management of
common acute illnesses and stable chronic conditions, and coordination of services in a variety of settings.

Students can enter Shepherd’s DNP program at the post-baccalaureate or post-master’s level. Students with a bachelor’s degree in nursing will enter at Step 1 and will first complete the credit hours required in their particular field of study. Students with a non-nursing post-master’s degree will enter at Step 2 or 3 depending on academic preparation. Post-master in nursing applicants will enter at Step 3 (see admission entry points on the following pages).
## Admission Entry Points

### Step 1: Bachelor of Nursing Science (BSN) to DNP students begin their program with 15 semester hours of professional core classes.

- NURS 510: Health Care Delivery Systems: Political, Social, and Economic Influences (3 cr)
- NURS 512: Theoretical Foundations in Nursing (3 cr)
- NURS 514: Research Methods for Health Professionals I (3 cr)
- NURS 516: Research Methods for Health Professionals II (3 cr)
- NURS 518: Grant Writing (3 cr)

### Step 2: Students choose ONE concentration from the following areas of study:

<table>
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<tr>
<th>Administration</th>
<th>Education</th>
<th>NP</th>
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<tbody>
<tr>
<td>MBA 511: Health Administration and Strategy (3 cr)</td>
<td>NURS 522: Assessment and Evaluation in Nursing Education (3 cr)</td>
<td>NURS 540: Advanced Health Assessment Across the Lifespan (4 cr)</td>
</tr>
<tr>
<td>MBA 512: Health Policy (3 cr)</td>
<td>NURS 524: Teaching Strategies in Nursing Education (3 cr)</td>
<td>NURS 541: Advanced Pathophysiology (3 cr)</td>
</tr>
<tr>
<td>MBA 513: Health Economics and Finance (3 cr)</td>
<td>NURS 526: Curriculum Development and Evaluation in Nursing Education (3 cr)</td>
<td>NURS 542: Advanced Pharmacology (3 cr)</td>
</tr>
<tr>
<td>MBA 514: Health Law (3 cr)</td>
<td>NURS 530: Nursing Leadership Internship I (4 cr)</td>
<td>NURS 543: Diagnostic Reasoning (2 cr)</td>
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<tr>
<td>MBA 517: Human Resources (3 cr)</td>
<td>NURS 532: Nursing Leadership Internship II (5 cr)</td>
<td>NURS 544: Genetics for the Healthcare Provider (3 cr)</td>
</tr>
<tr>
<td>NURS 530: Nursing Leadership Internship I (4 cr)</td>
<td>NURS 540: Advanced Health Assessment Across the Lifespan (4 cr)</td>
<td>NURS 545: Primary Care – Women’s Health (3 cr/with 60 clinical hours)</td>
</tr>
<tr>
<td>NURS 532: Nursing Leadership Internship II (5 cr)</td>
<td>NURS 541: Advanced Pathophysiology (3 cr)</td>
<td>NURS 546: Primary Care – Peds and Family (4 cr/with 120 clinical hours)</td>
</tr>
<tr>
<td>NURS 532: Advanced Health Assessment Across the Lifespan (4 cr)</td>
<td>NURS 542: Advanced Pharmacology (3 cr)</td>
<td>NURS 547: Primary Care Adult I (3 cr/with 120 clinical hours)</td>
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*Following graduation from the DNP program and completion of the Nursing Leadership Education track, students are eligible to sit for certification as a Certified Nurse Educator through the National League for Nursing (NLN).*

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<th>Administration</th>
<th>Education</th>
<th>NP</th>
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<tbody>
<tr>
<td>MBA 511: Health Administration and Strategy (3 cr)</td>
<td>NURS 548: Primary Care Adult II (4 cr/with 180 clinical hours)</td>
<td>NURS 549: Primary Care Gerontology (2 cr/with 60 clinical hours)</td>
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<tr>
<td>MBA 512: Health Policy (3 cr)</td>
<td>NURS 540: Advanced Health Assessment Across the Lifespan (4 cr)</td>
<td>NURS 550: Role Transition (2 cr)</td>
</tr>
<tr>
<td>MBA 513: Health Economics and Finance (3 cr)</td>
<td>NURS 541: Advanced Pathophysiology (3 cr)</td>
<td></td>
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<tr>
<td>MBA 514: Health Law (3 cr)</td>
<td>NURS 542: Advanced Pharmacology (3 cr)</td>
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<tr>
<td>MBA 517: Human Resources (3 cr)</td>
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<tr>
<td>NURS 530: Nursing Leadership Internship I (4 cr)</td>
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<tr>
<td>NURS 532: Nursing Leadership Internship II (5 cr)</td>
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*Following graduation from the DNP program and completion of the FNP track, students are eligible to sit for certification as a FNP through the American Nurses Credentialing Center (ANCC).*
**Step 3:** After completing the areas of concentration, students complete 36 credits of doctoral course work. Students with a master’s in nursing will enter the program here:

- NURS 610: Introduction to Health Informatics and Systems Thinking (3 cr)
- NURS 612: Translating Research into Evidence-based Practice I (3 cr)
- NURS 614: Translating Research into Evidence-based Practice II (3 cr)
- NURS 616: Health Behaviors Leading to Disparities in Vulnerable Populations (3 cr)
- NURS 618: Healthcare Systems Quality and Improvement (3 cr)
- NURS 620: Strategic Resource Management in Nursing and Health Systems (3 cr)
- NURS 622: Emerging Diseases and Population Health (3 cr)
- NURS 624: Leadership in Complex Health Systems (3 cr)
- NURS 626: Statistical Inferences for Evidence-based Practice (3 cr)
- NURS 630: DNP Project (3 cr; maybe split into 2 semesters; 180 hours)
- NURS 632: DNP Practicum (6 cr; maybe split into 2 semesters, 360 hours)

<table>
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<tr>
<th>Step 1: Administration</th>
<th>Step 2: Program Track</th>
<th>Step 3: Doctoral Courses</th>
<th>Total Credits</th>
<th>Total Clinical Hours</th>
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<tr>
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<td>Credit Hours</td>
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<td>600</td>
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_Nursing Leadership:
Following graduation from the DNP program and completion of the Nursing Leadership Education track, students are eligible to sit for certification as a Certified Nurse Educator through the NLN._

_NP:
Following graduation from the DNP program and completion of the FNP track, students are eligible to sit for certification as a FNP through the (ANCC)._
6.2.a. Program Objectives

Since the Graduate Council’s approval to establish a graduate program in the DON, profound and unprecedented changes in healthcare have occurred, creating a greater need for knowledgeable and innovative nurse leaders. “Some of the many factors building momentum for change in nursing education at the graduate level include: the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; shortages of doctorally-prepared nursing faculty; and increasing educational expectations for the preparation of other members of the healthcare team” (American Association of Colleges of Nursing (AACN), April 2011, Fact Sheet: The Doctor of Nursing Practice). In response to these factors, the Institute of Medicine and the Robert Wood Johnson Foundation released a landmark report on The Future of Nursing: Leading Change, Advancing Health (October 2012), which recommended doubling the number of nurses with doctoral degrees by 2020.

The AACN recommends, “for nurses looking to assume leadership positions, advanced faculty appointments, and specialist roles, a doctorate is the appropriate credential.” Clinical opportunities for nurses with 21st century leadership skills have never been greater. The DNP program is a practice-focused professional doctorate designed to prepare nurse leaders to practice across a broad spectrum of healthcare settings, teach in nursing education programs, assume upper-level nursing administrative positions, or provide primary care to vulnerable populations. Graduates of the program will contribute to quality improvement and patient safety through systems thinking, reflective practice, informatics, translation science, and evidence-based clinical practice. The DNP graduates are leaders in the health system and work collaboratively with nurse researchers to implement new nursing science and practice innovations. The AACN (2012) notes “nursing is moving in the direction of other health professionals in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all require practice doctorates.”

“Schools nationwide that have initiated the DNP program are reporting sizeable and competitive student enrollment. Employers are quickly recognizing the unique contributions these expert nurses are making in the practice arena, and the demand for DNP-prepared nurses continues to grow” according to the AACN (2012). DNP-prepared
nurses earn approximately $8,600 more than master’s-prepared nurse practitioners (NPs) according to the 2011 salary survey conducted by ADVANCE for NPs journal.

Shepherd University will be the only state-supported graduate nursing education program east of West Virginia University (WVU). The geographical location of the Eastern Panhandle positions Shepherd University to be the regional center for academic, cultural, and economic opportunity. To meet client needs, and standards set by national organizations and discipline specific accrediting bodies, there is a significant need to produce nursing faculty, health care administrators, and family nurse practitioners (FNPs) to address the shortage of nursing faculty and to improve the poor healthcare indices of the regions’ vulnerable rural population. In support of the University’s mission, the DNP will produce clinically focused doctoral nurses in the areas of Nurse Leader (Educator or Administrator track) and FNP.

6.2.b. Program Identification
Doctor of Nursing Practice • CIP Code 51.381

Definition from the National Center on Education Statistics Website: A practice-focused program that prepares registered nurses for increasingly complex evidence-based nursing practice, including translating research into practice, evaluating evidence, applying research in decision-making, and implementing viable clinical innovations to change practice. Includes instruction in healthcare delivery systems, health economics and finance, health policy, research methods, translating evidence into practice, concepts in population health, and nursing leadership.

6.2.c. Program Features
As shown on pages 8-10, with multiple admission entry points, Shepherd’s DNP will provide the flexibility to admit a diverse population of qualified applicants. Students can enter at the post-baccalaureate or post-master’s level. Students will have the benefit of courses offered in a hybrid instructional delivery model. Some other features of the program include:

• Program orientation prior to the first year;
• On-site course sessions during each semester;
• Attendance at the annual Shepherd University DON Education and Martinsburg Veterans Affairs Research Conference;
• Oral defense of DNP Project Proposal and qualifying exam;
• Oral defense of DNP Project.
A hallmark of Shepherd’s Doctor of Nursing Practice is the successful completion of the DNP practicum, which encompasses 1,080 practice hours during Steps 2 and 3.

The DNP practicum provides opportunities to develop knowledge and skills in specific areas of advanced nursing practice or professional roles, building on didactic courses. The project includes in-depth work with experts from multiple disciplines and engagement within communities of practice. This clinical work enables students to synthesize and integrate leadership, policy, inquiry, evidence-based practice, and teaching and clinical expertise in selected settings. Students will develop and implement a scholarly inquiry project through sequential experiences within the practicum courses. The DNP practicum will be reviewed and evaluated by a faculty mentor and project committee, and chaired by a member of the Shepherd University DON graduate faculty with doctoral preparation, who is engaged in practice relevant to the student’s topic.

The practicum experiences are designed so that each student develops an inquiry project proposal, receives Institutional Review Board (IRB) approval, and pilots implementation and evaluation of at least one strategy of the project.

The project (NURS 630) consists of:

1. Student identification of a systems-based problem within the student’s area of concentration;
2. Implementation of an evidence-based solution to address the problem;
3. Evaluation of process and outcome objectives of the project;
4. Public defense of the DNP project;
5. Completion of a paper for publication in a peer-reviewed journal.

Specifically, the NURS 632 (Practicum) expected student outcomes are to:

1. Articulate successful negotiation of the experience with an agency or mentor;
2. Summarize how the experience promoted achievement of specified program outcomes;
3. Integrate the experience with past didactic work and the individual inquiry project;
4. Complete a practicum-related project or product, as negotiated with advisors.
Additional information regarding clinical internships and practicum experiences is found in Appendix B. Appendix C provides additional information on the DNP Project.

6.2.c.1. Admissions and Performance Standards
All applicants to the DNP program will be evaluated individually based on prior educational work and current employment experience. Programs of study will be designed to include additional course work, if necessary, to meet the educational objectives of the program.

Students applying to the post-baccalaureate option must have a BSN from a CCNE or NLN Accrediting Commission (AC) accredited program.

Admission Criteria

1. Minimum cumulative GPA of 3.00 for baccalaureate degree and a minimum of 3.00 on all work beyond the baccalaureate level*.
   a. *Students with a GPA below 3.00 may be admitted on a provisional status for one semester, if they have Graduate Record Exam (GRE) scores of 440 Verbal and 560 Quantitative (if taken prior to August 1, 2011) and 149 Verbal and 146 Quantitative (if taken on or after August 1, 2011). At the end of the semester the students must have a GPA of 3.00 in their course work in order to be admitted to the program.

2. Introductory courses in statistics and in research will be completed prior to starting the DNP program. (Most applicants will have met this requirement with the BSN program.)

3. Qualified applicants will be contacted by a faculty member for an interview.

4. Professional Nursing License: All students in the post-baccalaureate option must have a current unencumbered license as a Professional Registered Nurse (RN) from the State of WV prior to beginning their clinical practicum courses. Students must also have a valid nursing license for the state in which they will be completing the Internship and DNP practicum courses.

5. Submission of a resume or curriculum vitae.

6. Submission of official transcripts of all college and university course work.

7. A letter of intent that describes how the student envisions using the DNP degree to enhance his or her personal and professional goals (limit 500 words).

8. Two professional references, at least one of which is from a current or former clinical supervisor.
For retention/continuation in the program, all DNP students must be in good academic standing, which is defined as maintaining a cumulative GPA of 3.0 in their program. Guidelines for academic standing and progress towards graduation are found in the Shepherd University handbook, under graduate studies: http://www.shepherd.edu/students/studenthandbook.pdf

6.2.c.2. Program Requirements
Course requirements (curricula) for each of the tracks, requirements and expectations for clinical practice hours, and requirements for the culminating DNP project are outlined in Appendix A, B, and C respectively.

6.2.d. Program Outcomes
The goal is to prepare a nurse clinician who can work well in the current environment while promoting change and improvement. This program provides distance accessibility with some limited on-campus presence. The program may be completed on a full-time or part-time basis.

After completing the program, the DNP student will:

1. Critically appraise current scientific findings and theories to enhance the practice of nursing and health care.
   - Evaluate strengths, limitations, and health disparities in current health care systems, especially vulnerable populations.
   - Integrate current theoretical and research literature to impact positively the quality of health care.
   - Construct and evaluate new approaches to practice, utilizing a collaborative interdisciplinary approach.

2. Translate and utilize evidence-based practice and information systems to promote optimal health in vulnerable populations, diverse settings, and systems.
   - Use databases, information technology, and research methods to participate in data collection that generates and evaluates evidence-based practice.
   - Design effective methods for the empowerment of health care consumers that encourages active participation in their own health care.
   - Evaluate, apply, and revise evidence-based practice protocols to promote wellness.
o Use analytical methods to design, implement and evaluate best practices to meet current and future needs of patients or for patient care and systems of care.

o Effectively lead quality improvement and patient safety initiatives to ensure safety and quality health care for patients and vulnerable populations.

3. Assume leadership roles and collaborate with other professionals to effect changes within complex systems.

  o Propose and implement ongoing changes in delivery approaches to promote quality, safe care.
  o Impact the ethical, economic, social, and political issues that affect health care outcomes at local, regional, and/or national levels.
  o Apply information systems and patient care technology for the improvement and transformation of healthcare.
  o Lead inter-professional teams in efforts for improving patient and population health outcomes for vulnerable populations.

4. Pursue clinical scholarship and scientific inquiry to transform education and health care practice and systems.

  o Demonstrate accountability for and utilization of evidence-based practice.
  o Advance the practice of nursing through scholarship, mentorship, and leadership efforts.
  o Disseminate results of evidence-based practice protocols, systems changes, and health care initiatives for health disparities and vulnerable populations.
  o Advance the effective use of health care information systems to assure high quality health care outcomes for vulnerable populations.

The DNP program will adhere to the standards identified by the AACN entitled the Essentials of Doctoral Education for Advanced Practice Nursing (DNP Essentials). The DNP Essentials identifies standard foundational curriculum content and outcomes-based competencies essential for all DNP graduates.
The Standards for Accreditation of Baccalaureate and Graduate Nursing Programs by the CCNE outlines assessment criteria for DNP programs (http://www.aacn.nche.edu/ccne-accreditation/Proposed_Standards_Clean_3-2013.pdf). Data will include, but is not limited to:

- Program completion rate (Goal - at least 70% of full-time students will graduate within three years of entrance into the program)
- Certification rate (Goal - at least 80% of FNP and leadership (education) graduates will pass the certification exam on their first attempt)
- Employment rates (Goal - at least 80% of graduates will be employed within 12 months of graduation in their area of specialization)
- Student intended learning outcomes
- Faculty outcomes
- Formal complaints

In addition, the FNP track will adhere to the standards identified in the Report of the National Task Force on Quality NP Education entitled Criteria for Evaluation of NP Programs. The Criteria for Evaluation of NP Programs provides a framework for review of NP educational programs, focusing on faculty, curriculum, evaluation, students, organization and administration and clinical resources/experiences available for NP students.
6.2.e. Program Content

6.2.e.1. Program Content and Length
Shepherd’s DNP program will be housed cooperatively in the DON in the School of Education and Professional Studies (SOEPS) and the Division of Graduate Studies. The program consists of 75 to 84 credits (depending upon program track) to be delivered over three years. Twelve months of full-time post-master’s study will be necessary to acquire the additional doctoral-level competencies. Students will complete clinical requirements to meet and exceed the mandated minimum of 1,000 hours of specialty training that is one of the hallmarks of the DNP degree.

Curricular charts for each of the tracks in the DNP, along with detailed course descriptions are contained in Appendix A.

6.2.e.2. General Education Component (description)
The DNP is an advanced graduate degree program; therefore, there is no general education component.

6.3. Program Need and Justification

6.3.a. Relationship to Institutional Goals and Objectives

Shepherd University Mission Statement and Core Values
Shepherd University, a West Virginia public liberal arts university, is a diverse community of learners and a gateway to the world of opportunities and ideas. We are the regional center for academic, cultural, and economic opportunity. Our mission of service succeeds because we are dedicated to our core values: learning, engagement, integrity, accessibility, and community.

The DNP program supports the University’s mission by developing students who can lead and transform health care, and as stated in earlier portions of this document, are able to improve the lives of clients, provide an educated workforce, and meet the requirements of 21st century health care organizations and accrediting bodies.

In its ongoing development of graduate culture, the proposed DNP program complements the Graduate Studies Mission Statement, which indicates that it is “committed to promoting accessibility and excellence in higher education, leading to
advanced mastery of disciplinary knowledge and skills.” The DNP allows graduates the opportunity to become nurse leaders and expert clinicians. The DNP provides nurses with the skills needed to lead change within the current and emerging healthcare delivery system and academic institutions. In examining the core values of the institution, the addition of a DNP program will support the core values of the institution in many ways:

**Learning:** Shepherd University creates a community of learners who integrate teaching, scholarship, and learning into their lives. In order to create challenging, relevant experiences, inside and outside of the classroom, the University continually evaluates and assesses student learning. We recognize and accommodate diverse learning styles and perspectives necessary for global understanding.

*The DNP cultivates in students a lifelong desire to learn, with respect and understanding at an ever-increasing level for knowledge and cultures of the past, civic engagement, professional and personal ethics, and place in today’s global society.*

**Engagement:** Shepherd University fosters environments in which students, faculty, staff, and members of the community engage with each other to form mutually beneficial relationships. We believe that meaningful engagement, with ideas and with people, promotes deep learning and nurtures critical thought.

Graduate studies and the DNP are committed to engaging students in creative and scholarly endeavors both inside and outside the classroom. This is exemplified by faculty in the integration of new ideas and alternative approaches in their teaching, innovative learning activities, and continued *professional development*.

**Integrity:** Shepherd University strives for an environment of honesty and fairness in its actions. University officials seek input from students, faculty, and staff and make informed and objective decisions. We expect all members of the community to act in accordance with this value.

Graduate studies and the DNP program foster a strong commitment to provide programs that allow students to achieve the best education for each individual’s particular talents, interests, and goals in an environment that emphasizes service.

**Accessibility:** Shepherd University provides services to all qualified students. Our staff and faculty are available to students and are committed to respecting and meeting individual needs. University governance and budgeting structures reflect our commitment to transparent processes and public access to information.

The DNP program along with graduate studies will seek to identify and develop opportunities for the financial support of student learning and opportunities that meet the needs of adult learners, certified professionals, and community members.

**Community:** Shepherd University comprises a community that includes students, faculty,
staff, alumni, and involved citizens. We meet the needs of this community through assessment, development, and implementation of innovative programs and initiatives. We strive to create a safe environment based on mutual respect and acceptance of differences.

By the very nature of the profession, the DNP will be able to identify and develop opportunities for creating community partnerships to enhance the educational experience of our students.

6.3.b. Existing Programs

The following institutions appear in Shepherd’s cross-application database at the undergraduate and graduate levels. Each of the institutions below have accredited DNP programs:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Public/Private</th>
<th>Location</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duquesne University</td>
<td>Private</td>
<td>Pittsburg, PA</td>
<td>189 miles</td>
</tr>
<tr>
<td>George Mason University</td>
<td>Public</td>
<td>Fairfax, VA</td>
<td>65 miles</td>
</tr>
<tr>
<td>James Madison University</td>
<td>Public</td>
<td>Harrisonburg, VA</td>
<td>105 miles</td>
</tr>
<tr>
<td>Johns Hopkins University</td>
<td>Private</td>
<td>Baltimore, MD</td>
<td>70 miles</td>
</tr>
<tr>
<td>Marymount University</td>
<td>Private</td>
<td>Arlington, VA</td>
<td>65 miles</td>
</tr>
<tr>
<td>Radford University</td>
<td>Public</td>
<td>Radford, VA</td>
<td>250 miles</td>
</tr>
<tr>
<td>Salisbury University</td>
<td>Public</td>
<td>Salisbury, MD</td>
<td>180 miles</td>
</tr>
<tr>
<td>Shenandoah University</td>
<td>Private</td>
<td>Winchester, VA</td>
<td>40 miles</td>
</tr>
<tr>
<td><strong>Shepherd University</strong></td>
<td>Public</td>
<td>Shepherdstown, WV</td>
<td>---------</td>
</tr>
<tr>
<td>Towson University</td>
<td>Public</td>
<td>Towson, MD</td>
<td>70 miles</td>
</tr>
<tr>
<td>Univ. of MD, College Park</td>
<td>Public</td>
<td>College Park, MD</td>
<td>70 miles</td>
</tr>
<tr>
<td>West Virginia University</td>
<td>Public</td>
<td>Morgantown, WV</td>
<td>155 miles</td>
</tr>
<tr>
<td>Wilkes University</td>
<td>Private</td>
<td>Wilkes Barre, PA</td>
<td>195 miles</td>
</tr>
</tbody>
</table>
6.3.c. Program Planning and Development

The following timeline details the development and implementation of the proposed DNP program over an extended period of time:

2011-2012  Shepherd is re-accredited by the Higher Learning Commission for the maximum period (10 years), with a progress report due in December 2013 on the development of graduate culture.

2012-2013  An Intent to plan document for the DNP is developed by the DON and following approval by the department and School of Education and Professional Studies, is also approved by the Graduate Council.

The first HLC report in December 2012, which addresses faculty workload (this also relates to the graduate area), is received enthusiastically, with no areas for follow up.

The DON continues to meet with the GSCE Dean, the President and the VPAA regarding next steps and to further refine the proposal.

2013-2014  September-The DNP Intent to plan proposal is approved by the Shepherd University Board of Governors and forwarded to the HEPC in early 2014.

December-The HLC progress report on graduate culture is received with no areas for follow-up: “Shepherd University is commended for a well organized and convincing report that addressed the concerns of the comprehensive visit team.”

April-Meetings occur with Shepherd’s HLC Liaison regarding next steps and the viability of a DNP proposal.

The Intent to Plan document is held by WV-HEPC pending a conference call with WVU, which is collegial, informative and positive in its outcome.
In July, Shepherd received the notification that the Chancellor has approved Shepherd’s DNP Intent to plan document.

2014-2015  Early August-DNP Implementation plan is sent to the WV-HEPC, with possible approval in the next few months.

August-Conference call with HLC liaison to evaluate readiness of application to HLC.

October (tentative)-submission of a substantive change form to the HLC. This may require a separate site visit from our currently scheduled March 2016 evaluation visit (4th year of the 10 year cycle in the new Pathways criteria for accreditation). This time frame would put us on target for a November or January approval by HLC. The Institutional Action Council of the HLC meets every 6-8 weeks.

Fall-Hiring of a consultant funded by donor and potential grant funds to assess the program, next steps and to provide recommendations.

Fall semester-Hiring of program coordinators. Tentative approval from HLC.

Fall/Spring-Development of grant proposals submitted to HRSA in support of the DNP.

2015-2016  Fall 2015-Admission of first cohort of students.
Spring 2016-Site visit by HLC and CCNE.

6.3.d.  Clientele and Need
In 2004, nursing schools affiliated with AACN voted to move advanced nursing practice education from the master’s degree to doctoral preparation by the target year of 2015. Both post-baccalaureate and post-master’s DNP programs are available with “184 DNP programs currently enrolling students and an additional 101 DNP programs are in the planning stages” (AACN, 2012)
“From 2010 to 2011, the number of students enrolled in DNP programs increased from 7,034 to 9,094. During the same period, the number of DNP graduates increased from 1,282 to 1,595” (AACN, 2012).

The landmark report *The Future of Nursing: Leading Change, Advancing Health* released in October 2010 by the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) addressed the need for a transformed education system for future nurses and recommended doubling the number of nurses with a doctorate by 2020. Building and promoting the report’s recommendation would improve the quality of patient care by fully utilizing the expertise and experience of nurses. The report recognized the critical role nurses play in providing patient care and care coordination across the health continuum. The DNP will provide evidence-based practices in education that promote inter-professional collaboration and leadership.

*The Future of Nursing: Campaign for Action* is working to:
- Strengthen nurse education and training;
- Enable nurses to practice to the full level of their education and training;
- Advance inter-professional collaboration across the health spectrum;
- Expand leadership ranks to ensure that nurses have a voice on management teams, in boardrooms and during policy debates; and
- Improve health care workforce data collection.

**Leadership - Nursing Faculty Shortage**

The Association of American Health Centers (2007) reported that worsening faculty shortages are threatening the nation’s health professions educational infrastructure. In 2011, nursing schools in the United States turned away 75,587 qualified applicants from baccalaureate and graduate nursing programs primarily due to faculty shortages (AACN, *Nursing Faculty Shortage*, 2013). In addition, many nursing faculty members are nearing the age of retirement. “The average ages of doctorally-prepared faculty holding the ranks of professor, associate professor, and assistant professor were 60.5, 57.1, and 51.1 years respectively. For master’s degree-prepared nurse faculty the average ages for professors, associate professors, and assistant professors were 57.7, 56.4, and 50.9 years respectively” (AACN, *Nursing Faculty Shortage*, 2013).

The landmark report, *The Future of Nursing* (2010) called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% and doubling the number of nurses with doctoral degrees by 2020. The current nursing workforce falls far short of these recommendations, with 50% of registered nurses prepared at the baccalaureate
or graduate degree level. A growing body of evidence links baccalaureate-prepared nurses with improved patient outcomes, lower mortality and failure to rescue rates in hospitals and outpatient settings (AACN, *The Impact of Education on Nursing Practice*, 2013).


West Virginia (WV) is divided into seven workforce regions, with Shepherd University located in Workforce Region 7. Workforce Region 7 includes Berkeley, Grant, Hardy, Jefferson, Mineral, Morgan, and Pendleton Counties. This region includes one baccalaureate of nursing program (Shepherd University) and two associate degree-nursing programs (Blue Ridge Community and Technical College and Eastern WV Community and Technical College). Workforce Region 7 has one of the longest times to fill nursing faculty positions: primarily due to a shortage of qualified faculty and the need to compete across state lines for qualified faculty (WV Center for Nursing’s *2010 Workforce Demand in Nursing Survey Reports and Recommendations*, 2011). Currently, there are only six doctorally-prepared registered nurses in the Workforce Region 7, three of which are current faculty members at Shepherd University (WV Center for Nursing’s *2010 Workforce Demand in Nursing Survey Reports and Recommendations*, 2011). The report also noted that state-wide nursing faculty members are aging, with an average of six faculty retirements per year; the number of nursing faculty retirements is expected to grow significantly over the next five years.

Shepherd University’s DNP program is poised to provide qualified nursing faculty for our University, WV’s Workforce Region 7 and surrounding areas. The preparation of nursing faculty will assist in alleviating the challenges associated with recruitment of qualified doctorally-prepared nursing faculty and allow nursing programs to expand their enrollment, thus providing nurses to improve the horrific health indices facing WV residents and the aging of the state’s population.
Leadership - Nursing Administration Shortage

The Nursing Management Aging Workforce Survey found that 55% of nurses surveyed plan to retire between 2011 and 2020, with the majority of those surveyed being nurse managers (Bernard Hodes Group, 2006). Nursing leaders assume a variety of roles, ranging from nurse managers to executive directors of health care agencies. In order to improve the dire health indices for the state of WV, nursing leaders must be equipped with the skills to bring about the change needed. Vibrant and dedicated nurse leaders are needed who can influence healthcare legislation and policy; or assist in community strategic planning and development of strategies aimed at addressing the long and short term health needs of WV residents. Leaders in nursing will also be needed to implement new care delivery models, such as medical homes and to evaluate their effectiveness. The Shepherd DNP program will prepare nurses at the graduate level who will positively lead changes in health care, which will positively impact patient outcomes.

FNP Shortage

The National Association of Community Health Centers (2009) in its Primary Care Access: An Essential Building Block of Health Reform reported that over 60 million Americans lacked adequate access to primary health care because of physician shortages in their community: (http://www.nachc.com/client/documents/pressreleases/PrimaryCareAccessRPT.pdf). Lack of primary care physicians results in limited access to care and longer wait times, thus negatively impacting patient outcomes and increasing the cost of health care. Additionally, many physicians are not willing to treat low-income people who rely on public insurance due to low reimbursement rates or those who are uninsured.

Research has shown that fewer medical students are entering primary care, instead selecting more lucrative specialty care fields. Woo (2006) noted a 51% decline in the number of students entering family practice residencies. In an article published in the Wall Street Journal, Sataline and Wang (2010) reported a 25% decrease in the number of medical students entering family practice from 2002-2007, primarily because they make 70-80% of a specialist salary yet are faced with significant educational debt and staggering malpractice costs. Sataline and Wang also noted that the number of primary care physicians per 1,000 WV residents was 1.21 to 1.5. The Council of State Governments Report entitled Health Care Workforce Shortages in Rural America (2011) noted that 20% of the US population lives in rural areas, yet only 9% of physicians
practice in these areas. The report acknowledged that NPs are more likely to provide primary health care in rural areas. The vast majority of WV is classified as being rural.

Shepherd University is located in the Eastern Panhandle of WV. The Eastern Panhandle consists of three main counties: Berkeley, Jefferson, and Morgan. The U.S. Department of Health and Human Services has designated Berkeley and Morgan Counties as primary medical care health professional shortage areas (HPSA); with Jefferson and Morgan Counties designated as medically underserved areas/populations (MUA/MUP) (http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html). These findings indicate a need for more primary care healthcare providers in the Eastern Panhandle of WV. Currently there are 82 advanced practice registered nurses in WV Workforce Region 7; 44 of which are NPs (WV Center for Nursing, WV Data Snapshot Advanced Practice Nurses, 2011). The other advanced practice nurses include 9 nurse midwives, 7 clinical specialists, and 12 nurse anesthetists.

The creation of a FNP track in the DNP program would assist in meeting the primary care health needs of residents of the Eastern Panhandle of WV. In addition to educating future FNP students, faculty teaching in the FNP track is required to remain current in clinical practice, so they would be providing primary health care to area residents.

Summary
Providing affordable and accessible doctoral nursing education to Shepherd’s graduates, the regional workforce, and national and international partners will improve the quality of life for clients and patients. Having an educated and diverse workforce will transform quality care at the local, regional, national, and international levels and thereby support Shepherd’s mission. During exit interviews with graduating students, over one third intended to continue their education and have expressed interest in graduate studies in nursing at Shepherd. Most of Shepherd’s 1,400 BSN graduated nursing students are within a seventy-five mile radius of the campus, providing a fertile opportunity for recruitment.
6.3.e. Employment Opportunities

Opportunities for Shepherd DNP graduates will build upon the excellent outcomes of our large undergraduate BSN program. The most recent submission of annual data to CCNE indicates that the employment rate for Shepherd nursing graduates continues to exceed expected outcomes:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Expected Outcome</th>
<th>Employment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2011</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>December 2011</td>
<td>90%</td>
<td>96%</td>
</tr>
<tr>
<td>May 2012</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>December 2012</td>
<td>90%</td>
<td>96%</td>
</tr>
<tr>
<td>May 2013</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>December 2013</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

DNP career options in healthcare are numerous and diverse, and depend on each individual’s skills and where his or her interest lies. A DNP graduate has choices to work in sectors such as acute care, family care, geriatric care, and holistic care to name a few. The DNP graduate can serve in administrative leadership and leadership positions in research, clinical care delivery, patient outcome and system management, education and direct practice. Ideally, DNP graduates will be experts in managing the intricate balance between quality of care, access and fiscal responsibilities. Below are just a few of the career opportunities available:

- Nurse Managed Clinics
- Private medical offices
- Public health departments
- Military and veterans facilities
- Schools and universities
- International health organizations
- Walk in clinics
- Hospitals and hospital clinics
- Extended care facilities
- Occupation and employee clinics
- Hospice centers
- Home health care agencies
- Emergency rooms
- Urgent care sites
- Long-term care facilities
- Rural and urban area facilities
- Health research
- Pharmaceutical companies
- Nurse academic leaders
6.3.f. Program Impact

As outlined in descriptions of the program, as well as clientele and societal need, the presence of a DNP program can have many positive effects on the campus community and the quality of health care in a region. The following information is adapted from an article entitled, “Toward Clarification of the Doctor of Nursing Practice Degree,” by Lisa A. Chism (2009).

A DNP graduate’s skill set may include leadership, research, practice, education, and health and public policy, allowing graduates to meet the current and future needs of healthcare delivery and society (Chism, 2009).

Expert Clinicians

Doctor of nursing practice graduates are considered expert clinicians before entering a DNP program. However, many skills acquired through a DNP program will likely improve their ability to provide high-quality healthcare. The goal of evidence-based practice is to promote optimal healthcare outcomes, which are based on critically reviewed clinical evidence, for individual patients, families, and communities (Chism, 2009). DNP graduates may therefore directly impact the overall improvement of patient care through their skill in evaluation and implementation of evidence-based practice.

Technologies

Doctor of nursing practice graduates also receive additional preparation in information technologies. Utilizing these skills will improve patient care through the use of technologies such as electronic medical records, data mining, PDAs, and other communication resources. DNP graduates may also help decrease others’ fears and reluctance to use these types of resources. As role models, these graduates will reduce barriers regarding the use of information technologies (Chism, 2009).

Healthcare Policy

As APNs, DNP graduates are expected to be advocates for high-quality healthcare. "DNP graduates are prepared to assume a leadership role in influencing and shaping policies that affect nursing practice" (Mullin, 2009, p. 142). Involvement in healthcare policy may take on many forms from simply becoming informed to actual appointment to a political office (Mullin, 2009).

Scholarship

Scholarship is another important role for the DNP graduate. Scholarship may be defined as "activities that systematically advance the teaching, research, and practice of nursing
through rigorous inquiry that is significant to the profession, creative, can be documented, can be replaced or elaborated, and can be peer reviewed through various methods" (AACN, 1999, p. 3). Scholarship may be demonstrated by conducting independent research in collaboration other colleagues, knowledge development, presenting at conferences, or publishing in peer-reviewed journals. Regardless of the type of scholarship, this role is very important for professional development as well as disseminating the contributions of DNP graduates. It is evident that as more DNP graduates become involved in scholarship, the nursing profession will benefit from the unique perspectives and contributions of the practice experts.

**Research**
While not prepared as a research expert, the DNP graduate has increased preparation in nursing theory, research methodology, and statistics. The DNP final project is a scholarly project that demonstrates ways in which research impacts clinical practice. DNP graduates experience the process of research that will improve their ability to initiate research activities in many types of care.

*An advanced degree program will enhance the graduate culture of Shepherd as well as the research profile and qualifications of its faculty.*

**Public Policy**
The unique issues presented in the emergency department such as "the shortage of experienced nurses, the decreased number of physicians in the workforce, and high patient volumes resulting in crowding" (Ray, 2008, p. 555) provide ideal opportunities to become involved in policy and advocacy. The development of a policy regarding these pertinent issues will directly impact patient care but often must be examined at an organizational level. DNP graduates are prepared to advocate for healthcare policy at an organizational level that is necessary for shaping the policy, particularly in emergency care.

**Impact on Current Faculty**
Nursing Education is one of the largest undergraduate majors at Shepherd University. Development of this advanced practice degree will necessitate the reassignment of some faculty to a partial load in the graduate area and possible release time for research. A more qualified workforce will allow for the development of qualified clinical faculty, thereby alleviating current shortages of those faculty for our undergraduate population.
There will be several retirements in the next few years and the development of this degree program will increase the profile of Shepherd’s nursing program and enable the institution to recruit faculty with the best qualifications.

REFERENCES


6.3.g. Cooperative Arrangements
The DON currently has 22 active affiliation agreements with clinical partners throughout the tri-state area. These agreements are reviewed periodically and updated as needed. Students obtain a multitude of rich learning experiences through the Department’s partnerships with clinical agencies, including acute care hospitals (civilian and Veteran’s Administration), community health center, physician offices, schools, free clinics, home health care, hospice, and other community agencies.

Frequent interactions between the University and healthcare communities have led to the donation of equipment, such as an IV pump and sterile supplies to enhance our simulation labs. Other hospitals offer externships, and, feedback from students indicates that externships provide excellent learning opportunities and enhance their communication, clinical judgment, and patient-centered skills. Many students elect to continue working part-time at the hospital where they were employed for their externship. The hospitals benefit from recruiting summer externs whom they deem ready for employment as RNs. During the past two years, six Shepherd nursing students have been selected to participate in the prestigious VALOR program at the Martinsburg
Veterans Affairs Medical Center in Martinsburg, WV. Other nursing students have obtained competitive prestigious externships at large teaching hospitals in the Washington, DC-Baltimore metropolitan area. Shepherd’s clinical lab coordinator works closely with the clinical and community agencies to maintain and identify potential clinical sites that will assist students to obtain the clinical competencies.

Selected Shepherd University DON Clinical Affiliations

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley County Health Dept.</td>
<td>On-going</td>
</tr>
<tr>
<td>Berkeley County Schools</td>
<td>On-going</td>
</tr>
<tr>
<td>West Virginia University East - City Hospital</td>
<td>On-going</td>
</tr>
<tr>
<td>Eastern Panhandle Free Clinic</td>
<td>On-going</td>
</tr>
<tr>
<td>Homewood of Crumland Farms</td>
<td>On-going</td>
</tr>
<tr>
<td>Homewood of Williamsport</td>
<td>On-going</td>
</tr>
<tr>
<td>Jefferson County Schools</td>
<td>On-going</td>
</tr>
<tr>
<td>Jefferson Memorial Hospital</td>
<td>On-going</td>
</tr>
<tr>
<td>Martinsburg Dialysis Center</td>
<td>On-going</td>
</tr>
<tr>
<td>Panhandle Home Health</td>
<td>On-going</td>
</tr>
<tr>
<td>Tri-State Surgical Center</td>
<td>On-going</td>
</tr>
<tr>
<td>Valley Health/Winchester Medical Center</td>
<td>On-going</td>
</tr>
<tr>
<td>Veterans Affairs Medical Center</td>
<td>On-going</td>
</tr>
<tr>
<td>Williamsport Retirement Village</td>
<td>On-going</td>
</tr>
<tr>
<td>Robinwood Surgical Center</td>
<td>On-going</td>
</tr>
<tr>
<td>War Memorial Hospital Berkeley Springs</td>
<td>On-going</td>
</tr>
</tbody>
</table>
Appendix B contains the guidelines and intended outcomes for clinical hours and practicum experiences. Also included is a sample affiliation agreement that will be used with clinical partners for the DNP. Finally, Appendix F contains letters of support from various entities and individuals in support of Shepherd’s proposed DNP program.

There are numerous opportunities throughout the DNP curriculum in all tracks for clinical practice hours. These are detailed in the curricula and course descriptions in Appendix A, where those clinical hours are highlighted.

**Clinical Hours in the DNP program**

<table>
<thead>
<tr>
<th>Step 2: Program Track</th>
<th>Nursing Leadership</th>
<th>NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Hours</td>
<td>Administration</td>
<td>Education</td>
</tr>
<tr>
<td>Clinical Hours</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>540</td>
<td>540</td>
</tr>
<tr>
<td>Step 3: Doctoral Courses</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Credit Hours</td>
<td>540</td>
<td>540</td>
</tr>
<tr>
<td>Clinical Hours</td>
<td>1080</td>
<td>1080</td>
</tr>
<tr>
<td>Total Credits</td>
<td>75</td>
<td>79</td>
</tr>
<tr>
<td>Clinical Hours</td>
<td>1080</td>
<td>1080</td>
</tr>
</tbody>
</table>

6.3.h. Alternatives to Program Development

While Shepherd University is able to offer a limited number of stand-alone graduate courses, including in nursing, an advanced degree program such as the DNP will allow Shepherd to meet its mission and serve its community both internally and externally. Nationwide, the MSN degree is becoming obsolete, and much like clinical or practice doctorates in fields such as pharmacy and physical therapy, this type of advanced degree is now the industry norm.

Currently West Virginia University (WVU) is the only institution in the state that offers the DNP, with an entry point only at the masters level, with online delivery of instruction. On May 28, 2014, a conference call took place with video interface with the following stakeholders from both institutions:
**WVU Participants**
Dr. Glen Dillion, VP for Health Sciences Research and Graduate Education  
Dr. Betty Shelton, Interim Dean, Health Sciences  
Dr. Tara Hulsey, Dean of Nursing (effective August 1\textsuperscript{st})  
Dr. Alvita Nathaniel, Assistant Profess of Nursing (Charleston)  
Dr. Joy Cole, WVU Chief of Staff

**Shepherd Participants**
Dr. Chris Ames, Vice President for Academic Affairs  
Dr. Scott Beard, Dean, Graduate Studies & Associate Vice President for Academic Affairs  
Dr. Sharon Mailey, Professor & Chair, Department of Nursing Education  
Dr. Laura Clayton, Professor of Nursing Education  
Dr. Michael Groves, Assistant Professor of Nursing Education  
Mr. Alan Perdue, General Counsel

The conversation centered on the timeline, instructional delivery models, opportunities for collaboration, admissions requirements and entry points. The call was both collegial and supportive of Shepherd University moving forward with the Doctor of Nursing Practice. Below are some salient points of the conversation that outlined the need for Shepherd’s DNP and the differences between the two programs.

• As outlined by our HLC Liaison (a vice president for the regional accreditor), there is already such an increasing demand for qualified nurses nationwide, that it would be unusual to have only one program within an entire state to meet that need.

The American Association of Colleges of Nurses (AACN) recommends “for nurses looking to assume leadership positions, advanced faculty appointments, and specialist roles, a doctorate is the appropriate credential.” Clinical opportunities for nurses with 21st century leadership skills have never been greater. As noted earlier in the document, nursing schools affiliated with AACN voted to move advanced nursing practice education from the master’s degree to doctoral preparation (DNP) by the target year of 2015. Shepherd’s proposed program would allow students in the Eastern Panhandle and quad-state region to meet this goal.

• **Instructional delivery methods:** The DNP program at WVU is completely online. For nursing professionals in the Eastern Panhandle, this may not be the optimal choice as an instructional delivery method. By utilizing a combination of face-to-face, online, and hybrid courses, Shepherd’s DNP will meet the needs of a variety of learners.
• **Access to qualified faculty:** With Shepherd’s proximity to the Baltimore-Washington metropolitan area and the clinical affiliations already in place, Shepherd’s DNP program will have access to doctorally-qualified faculty in a variety of fields for both classroom instruction, thesis and clinical supervision.

• **Ability to fill cohort (15 students):** Shepherd’s DNP will build on the strong reputation of its undergraduate program, which is one of the largest majors at the university. In addition to current health care professionals in the area, there are over 1,400 alumni in our database as potential students.

• **Clinical placements:** Shepherd has a strong relationship with its clinical partners in the region and would continue to strengthen this relationship with the DNP by providing a qualified work force that meets national standards. Graduates of the program will then be qualified as clinical supervisors and potential clinical faculty for Shepherd’s undergraduate program.

• **Entry Points:** The program has two entry points: first, the baccalaureate in nursing to DNP and; second, a post-master’s in nursing to DNP. These different entry points allow the curriculum to be individualized for candidates based on prior education, experience and choice of specialization. For students who want to exit at the masters level, Shepherd would refer those students to the program at WVU. The focus would be to have students exit at the doctoral level only.

• **Cost:** There is a relatively low cost to start the program that is intended to be self-sustaining. Implementation of the program will also provide access to grant and donor opportunities. The current tuition and fees at WVU are also significantly higher than Shepherd’s current graduate tuition. Shepherd would have additional fees for courses with a clinical component.
6.4. **Program Implementation and Projected Resource Requirements**

6.4.a. **Program Administration**
The DNP program will be housed cooperatively in the Department of Nursing Education, within the Division of Graduate Studies and the School of Education and Professional Studies (SOEPS). Like all of Shepherd’s graduate programs, which flow across multiple academic units, there will be shared governance and a clear structure in the administration and development of the program. Most importantly, for accreditation purposes, the program coordinators will report to the Chair and Director of Nursing Education, in co-operation with the Dean of Graduate Studies.

![Diagram of program administration](image)

6.4.b. **Program Projections (see Appendix D)**
The pro forma detailed in Appendix E shows the program starting with a cohort of 15 students, and then admitting students on an annual basis. There is projected movement to 33 total students in the second year, with more modest growth in subsequent years. It is expected there will be an initial “pent-up” demand at the beginning of the program, with enrollment reaching a plateau in years 4 and 5. As part of projecting revenue...
generated by the program, students will generally enter as a cohort and are expected to take an average of 26 credits on an annual basis (fall-spring-summer).

6.4.c. Faculty Instructional Requirements

Personnel
The AACN recommends that faculty ideally should possess a doctoral degree with expertise in the area of teaching in order to ensure the scholarship of nursing practice. However, all of the faculty in the DNP program do not have to be nurses. In some instances, highly skilled master’s prepared nursing clinicians may be faculty.

AACN acknowledges, “the most significant issue to be considered is whether the faculty member has the requisite skill and knowledge to teach the particular content or competencies to be acquired in specific courses.”

For the first year, the program’s existing full-time faculty members will teach in the program and hire adjuncts and clinical nurse educators (CNEs) as necessary, either to teach specific DNP program courses or to teach courses in the BSN Program that the full-time faculty members would have taught. Recruitment of expert clinicians to serve as preceptors and faculty will be needed. In the second year and beyond, we anticipate eventually hiring four tenure track faculty members to teach in the specialty tracks of Leadership and FNP. There will be a Program Coordinator and Coordinators for each of the three program tracks. Coordinator roles will be provided with appropriate release time. The Coordinator’s position will incur a cost for an adjunct to teach the release course, typically at the undergraduate level.

The Report of the National Task Force on Quality NP Education’s Criteria for Evaluation of NP Programs requires that “institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice” by establishing policies or guidelines “that allows NP faculty to practice as part of the workload.” The University and DON will work together to establish policy.

Shepherd’s current faculty, staff and qualifications are listed on the next pages:
<table>
<thead>
<tr>
<th>Faculty</th>
<th>Title</th>
<th>WV License</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Charlotte</td>
<td>Professor Emeritus*</td>
<td>24033</td>
<td>PhD, RN</td>
</tr>
<tr>
<td></td>
<td>*filling the vacant line left by Bonnie Parker for 2014-2015. Search in progress</td>
<td></td>
<td></td>
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<tr>
<td>Bowers, Tammy</td>
<td>Assistant Professor</td>
<td>84351</td>
<td>MSN, RN</td>
</tr>
<tr>
<td>Clayton, Laura</td>
<td>Professor</td>
<td>33913</td>
<td>PhD, RN, CNE</td>
</tr>
<tr>
<td>Dilley, Kathy</td>
<td>Associate Professor</td>
<td>25872</td>
<td>MSN, RN, NE-BC</td>
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<tr>
<td>Vacant**</td>
<td>Assistant Professor</td>
<td>N/A</td>
<td>DNP/FNP This hire will teach in the FNP concentration</td>
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<tr>
<td>Search in progress</td>
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<tr>
<td>Groves, Michael</td>
<td>Assistant Professor</td>
<td>63741</td>
<td>PhD, RN</td>
</tr>
<tr>
<td>Hancock, Mary</td>
<td>Assistant Professor</td>
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<td>PhD-c, RN</td>
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<tr>
<td>Kemerer, Barbara</td>
<td>Associate Professor</td>
<td>53226</td>
<td>MSN, RN, APRN, MBA</td>
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<tr>
<td>Mailey, Sharon</td>
<td>Director &amp; Chair, Full Professor</td>
<td>19787</td>
<td>PhD, RN</td>
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<tr>
<td>Schaeffer-Shroads, Amy</td>
<td>Assistant Professor</td>
<td>57517</td>
<td>MSN, RN, EMT-B</td>
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<tr>
<td>Denning, Kathleen</td>
<td>PT Lecturer</td>
<td>88326</td>
<td>MSN, RN</td>
</tr>
<tr>
<td>Duffey, Tammy B.</td>
<td>PT Lecturer</td>
<td>87979</td>
<td>MSN, RN</td>
</tr>
<tr>
<td>Pierce, Joan</td>
<td>PT Lecturer</td>
<td>62966</td>
<td>MSN, DC Chiropractor</td>
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- **Clinical Faculties**

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<th>Title</th>
<th>WV License</th>
<th>Degree</th>
</tr>
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<tbody>
<tr>
<td>Anderson, Charlotte</td>
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<td>24033</td>
<td>PhD</td>
</tr>
<tr>
<td>Andrews, Ruthann</td>
<td>Clinical Nursing Educator</td>
<td>84110</td>
<td>MSN</td>
</tr>
<tr>
<td>Beachley, Mary</td>
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<td>40032</td>
<td>MSN</td>
</tr>
<tr>
<td>Burker, Cara</td>
<td>Clinical Nursing Educator</td>
<td>86960</td>
<td>BSN</td>
</tr>
<tr>
<td>Name</td>
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<td>Phone</td>
<td>Degree</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Flynn, Allison</td>
<td>Clinical Nursing Educator</td>
<td>85178</td>
<td>MSN</td>
</tr>
<tr>
<td>Franklin, Shakira</td>
<td>Clinical Nursing Educator</td>
<td>83812</td>
<td>MSN</td>
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<tr>
<td>Haas, Christopher</td>
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<td>76591</td>
<td>BSN</td>
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<tr>
<td>Harp, Julianne</td>
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<td>78567</td>
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<tr>
<td>Hess, Lynne</td>
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<td>52548</td>
<td>BSN</td>
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<tr>
<td>Johnson, Eugenia</td>
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<td>39832</td>
<td>MSN</td>
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<tr>
<td>Kerns, Tena</td>
<td>Clinical Nursing Educator</td>
<td>58729</td>
<td>BSN</td>
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<tr>
<td>Kidwiler, Rosemary</td>
<td>Clinical Nursing Educator</td>
<td>53351</td>
<td>MSN</td>
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<td>Laisure, Beth</td>
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<td>74521</td>
<td>BSN</td>
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<tr>
<td>McDaniel, James</td>
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<td>68730</td>
<td>MSN</td>
</tr>
<tr>
<td>O’Neill, Kerry</td>
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<td>60790</td>
<td>MSN</td>
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<tr>
<td>Payne, Karen</td>
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<td>88437</td>
<td>MSN</td>
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<tr>
<td>Pierce, Joan</td>
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<td>62966</td>
<td>MSN</td>
</tr>
<tr>
<td>Plumadore, Jennifer</td>
<td>Clinical Nursing Educator</td>
<td>82771</td>
<td>MSN</td>
</tr>
</tbody>
</table>

### STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Barker, Chelsea</td>
<td>Martinsburg Center: Program Assistant</td>
</tr>
<tr>
<td>Bauer, Sophie</td>
<td>DON: FT Administrative Secretary</td>
</tr>
<tr>
<td>Donovan, Sherry</td>
<td>Martinsburg Center: Program Specialist</td>
</tr>
<tr>
<td>Murphy, Robin</td>
<td>Graduate Studies: Administrative Associate</td>
</tr>
<tr>
<td>Smith, Andrea</td>
<td>DON: PT Administrative Secretary</td>
</tr>
</tbody>
</table>
Analysis of Faculty Credentials

Full-time, tenure-track faculty: 10 lines total
(5) 50% are doctorally qualified with a Ph.D. or DNP

Note: The total of 5 includes the emeritus faculty in the visiting position and the FNP hire in progress. Dr. Hancock will receive her Ph.D. this academic year, raising this total to 60%

(4) 40% have an M.S.N. with additional certifications.

Note: Of the 4, 2 (Bowers & Shroads) are currently enrolled in a doctoral program.

Part-time, lecturer: 3
(2) 67% have an M.S.N. with additional certifications.
(1) 33% doctorally qualified with a Ph.D. or DNP

Clinical Faculty
(Clinical Nurse Educator) 18
(1) .05% is doctorally qualified with a Ph.D. or DNP
(13) 72.2% have an M.S.N. with other certifications.
(5) 27.7% have a B.S.N. and are actively enrolled in MSN course work.

Support Staff 2
2-Martinsburg Center
2-Department of Nursing Education
1-Graduate Studies

This year searches will be conducted to fill the line currently vacant and the line occupied by visiting professor Anderson. Searches will also be conducted this year to replace retiring faculty Kemerer and Dilley. These searches allow Shepherd the opportunity to hire exclusively doctorally-qualified nursing faculty in targeted areas to be in place by August 2015.

Not all faculty will teach in the graduate program. Of those tentatively assigned coursework in the DNP (see page 10 of matrix document), the breakdown of doctorally-prepared nurses is the following:
4 tenure-track faculty (Clayton, Groves, Mailey, FNP hire)
100% doctorally prepared

10 Affiliate (adjunct) graduate faculty
90% doctorally prepared
10% masters prepared, with additional credential/certification

For the overall program of those tentatively given teaching assignments, the percentage of doctorally prepared faculty is 13 out of 14 or 92.8%.
6.4.d. **Library Resources and Instructional Materials**
The Scarborough Library has most of the resources needed to support a DNP program in nursing. The current database subscriptions include access to all the online information sources that would be needed, including the Cochrane Library, Medline, CINAHL, Clinical Pharmacology, and ERIC. We would need to purchase some additional book titles to support graduate study in nursing in general and a specialty in health information management in particular.

6.4.e. **Support Service Requirements**
At Shepherd University, the Academic Support Center’s (ASC) purpose is to provide support services for students of all abilities. They are committed to enhancing students’ academic potential through peer tutoring, learning skills instruction, and academic advising.

**Tutoring Services**
Martinsburg Center students at the *undergraduate* and *graduate* levels have access to online writing tutor services through main.shepherd.wv.brainfuse.com.

*Graduate students* who require special assistance with a particular subject contact the course instructor and graduate program coordinator, who, in conjunction with the Dean of Graduate Studies, will arrange for assistance from the course instructor, a peer tutor, or other outside tutor.

**Disability Support Services (DSS)**
Disability Support Services (DSS) at Shepherd University facilitates equitable access for every student who self-identifies as having one or more disabilities. Students requesting any disability related accommodation should contact the Director of Disability Support Services in Gardiner room 24, or by calling 304-876-5689. This includes students with disabilities who require academic accommodations, students requesting specific housing accommodations for health-related reasons, and all other disability accommodations.

Appointments may be scheduled by using the appropriate form(s) found here: http://www.shepherd.edu/mcswweb/dss/

Office hours and contact information may be found on the contact web page: http://www.shepherd.edu/mcswweb/dss/contact/default.html
Accommodation letters from the DSS office must be provided to instructors in order to receive accommodations. Accommodations are not retroactive; however, students decide in which classes they will use their approved accommodations. For further information please see: http://www.shepherd.edu/mcssweb/dss/default.html

6.4.f.   Facilities Requirements
Initial additional resources for implementing the DNP Program would be minimal. The Erma Ora Byrd (EOB) Hall, built in 2007, was planned with the consideration that space might be needed for a graduate program. There is sufficient classroom and clinical simulation laboratory space available for this program.

The computer lab in the EOB building will accommodate the graduate nursing students, who will use it primarily in the evening hours when undergraduate student classes are not scheduled. However, the budget for the DNP Program will include the purchase of software (e.g. SPSS and databases for the Health Information Management course) used only by graduate students.

In August 2013, Shepherd University opened an additional location in the Aikens Center along Edwin Miller Boulevard in Martinsburg (approximately ten miles from the main campus). It is intended that this new campus location will house most of Shepherd’s graduate programs and programs designed for non-traditional students such as the RN-BSN program track. The DNP program will be administered through the Martinsburg campus. Included in the allocations by the university will be office space for the DNP program coordinators, as well as a dedicated classroom for distance learning.

6.4.g.   Operating Resource Requirements
Operating resource requirements are found in the DNP pro forma located in Appendix E, as well as WV-HEPC Forms 1 & 2 located in Appendix D.

6.4.h.   Source of Operating Resources
The DNP program will be self-sustaining, with revenues generated by tuition and fees. The source of operating revenue is detailed in Appendix E (DNP Pro Forma), as well as WV-HEPC Forms 1 & 2 located in Appendix D.

An additional source of program support from the institution is through funds allocated for the Martinsburg Center. Although not an original part of the development of the center, the DNP program will benefit from the facilities and funds allocated for the
success of this project. The center was developed to serve the adult learner market not only in the area of degree completion, but also in professional programs such as nursing, education and business. The goal is that through cutting-edge delivery models and accessibility at a highly visible location, Shepherd is further positioned as a premier institution of higher learning in the region.

Shepherd is committed to the ongoing success of the center and its programs, as demonstrated by the actions of its Board of Governors (BoG). The BoG approved the prospectus for the center's initial costs, including a capital project renovations budget of $2.5 million and $2 million in funding to cover the projected revenue shortfall in the first three years of operation for a total investment from reserves not to exceed $4.5 million. The Martinsburg Center operations include enrollment, student, academic, and other support services that are structured to facilitate a supportive and convenient learning environment for adult learners. As part of this convenient support system, students can access all enrollment processes through a streamlined one-stop service model that includes online communication with an admissions counselor, submitting an admission application, filing FAFSA forms, registering for classes, and paying tuition bills. Students that prefer a face-to-face interaction can come to the center and receive assistance in the enrollment process from trained staff, as well as the academic program coordinators.

6.5. Program Evaluation

Assessment (Institutional Level)
For more than fifteen years, Shepherd has cultivated a culture of assessment. Assessment occurs at multiple levels throughout the institution, not only in academic programs, but also in administrative and other support units.

Every 1.5 years, each program must submit an assessment report to the Center for Teaching and Learning (CTL). Shepherd University has developed a culture of assessment, leading to improvements in programmatic practice. The CTL requests that assessment facilitators from all departments and administrative units identify at least two to three intended student-learning outcomes when assessing student learning. Within these outcomes, faculty and assessment facilitators provide two means of assessment (direct and indirect – academic departments are encouraged to provide as many direct measures as possible). Each assessment strategy must include criteria or benchmarks for success. Following the completion of these assessments and data
analysis, faculty and assessment facilitators indicate how the assessment data are used to improve student outcomes and success.

A major strength of the University assessment program is that all departments and administrative units across campus have assessment facilitators and produce assessment plans and reports on an annual basis. Academic departments and administrative units develop their departmental mission statements and connections to the institutional mission. All departments and units establish two to three learning goals, direct and indirect means of measuring these goals, benchmarks for success, and a detailed plan for improvement. After each plan and report are reviewed by the Assessment Task Force, department and unit assessment facilitators receive a letter from the dean of teaching, learning, and instructional resources recognizing accomplishments and offering suggestions for areas of improvement. Assessment plan and report statuses are transparent and posted on the CTL website [http://www.shepherd.edu/ctl/assess_learning.html]. Programs modify course work and resource needs based on the data results. Reports are uploaded into the WEAVE assessment program to generate departmental, programmatic, and/or unit reports. Such reports are generated as evidence for institutional and programmatic accreditation site visits.

Additionally, each semester the CTL hosts assessment, advisement, and Focus on Student Learning (FOSL) workshops. Faculty members may attend these workshops in support of operational assessment results.

Through the strategic planning, budget, and assessment process, the University and academic units demonstrate the ability to connect assessment outcomes to strategic planning on multiple levels.

**Program Review**
Shepherd University ensures that the quality of its academic programs, its faculty, and curricula through regular assessment in cyclical program reviews. These reviews occur both at the undergraduate and graduate levels. Information regarding the cycle and guidelines are found in Appendix G of the faculty handbook located here: http://www.shepherd.edu/employees/senate/documents/handbook.pdf

The Shepherd University Program Review Committee has implemented an evaluation procedure and established criteria for on-campus program reviews consistent with
policy. Crucial components of the review are the unit self-study, which must state accomplishments achieved since the last review, and an external reviewer who evaluates the self-study and completes a site visit. Involving external experts in the field ensures continuous improvement. Changes made as a result of the program review process are an important component in closing the loop on assessment as it relates to the mission and strategic priorities of the University. The review of academic programs is listed as a power and duty of the BoG, by legislative policy. Committee findings and recommendations are reported to the board during its April meeting.

6.5.a. Evaluation Procedures (assessment)
The DON participates in the ongoing university wide assessment process, which is described above. The program would continue to actively participate in this process with the addition of the proposed DNP degree.

Department of Nursing, Current Practice
For the DON, evaluation of course objectives and student outcomes is completed in a fair and equitable manner. Faculty use a variety of assessment strategies to evaluate student performance at the course level and at program completion for achievement of course intended student outcomes. Each course syllabus identifies specific intended student outcomes to be mastered for successful completion of the course and the criteria used to evaluate course performance. Course syllabi are accessible to students on our LMS, Sakai, and are reviewed the first week of class with students. Examples of methods used to evaluate student learning include exams, quizzes, group work, presentations, concept maps, papers, and competency skills evaluation.

To ensure consistency among courses, all courses utilize a format for syllabi which includes: course description, course objectives, faculty contact information, intended students outcome, methods of instruction, methods of evaluation and contribution of each component to the course grade, grading scale, attendance policy, progression policy, academic dishonesty, cancellation of class, student handbook, evaluations by student, required and recommended textbooks, topical outline, and course schedule.

The DON performs on-going collection of outcome data to foster program improvement. The written plan for evaluation is prepared and managed by the Evaluation Committee and approved by the faculty as well as the Center of Teaching and Learning. Evaluation outcomes data are reported to the faculty in departmental
meetings. Data are reported to, and evaluated by, the university through the software application WEAVE.

Outcome data collected to track the effectiveness of its programs include student satisfaction, alumni satisfaction, employer satisfaction, program completion rate, NCLEX-RN pass rate, and employment rate. Results of data related to expected student outcomes are reviewed by both the Evaluation Committee and the Curriculum Committee. Faculty outcomes measured include national certification by faculty, participation in continuing education, faculty community service, and the percent of faculty who present or publish and the percent of faculty who are doctorally prepared. Benchmarks or targets are established for each outcome measure and actual results are compared to expected outcomes. Data are analyzed by the Evaluation and Curriculum Committees, proposed action plans are developed and these plans are presented to, discussed and approved by the faculty at departmental meetings or other appropriate forums.

Standards for assurance of a quality DNP program are outlined using national standards in program objectives and outcomes listed earlier in this document. These include adherence to the standards identified by the AACN entitled the Essentials of Doctoral Education for Advanced Practice Nursing (DNP Essentials). The DNP Essentials identifies standard foundational curriculum content and outcomes-based competencies essential for all DNP graduates.

6.5.b. Accreditation Status
The Department of Nursing Education is in good standing with and is currently accredited by the following for its undergraduate programs:

West Virginia Board of Examiners for Registered Professional Nurses (WVBOERN): 101 Dee Drive, Suite 102 Charleston, WV 25311-1620 Phone: (304) 558-3596 www.wvrnboard.com


The DNP program will build on the sound foundation of the BSN education program that is currently fully accredited by the Commission on Collegiate Nursing Education (CCNE), and the West Virginia Board of Examiners for Registered Professional Nurses. The CCNE requires that all accredited programs undergo periodic institutional review every five to ten years. The next CCNE site visit is tentatively scheduled for 2016 and it is at that time
we would seek national accreditation of the DNP program. In addition, a substantive change will be submitted to The Higher Learning Commission, and a planned visit for their review and approval will occur.
Appendix D: Forms 1 & 2

Enrollment Projections and Operating Resource Requirements
**FORM 1: Shepherd University, Doctor of Nursing Practice**

**FIVE-YEAR PROJECTION OF PROGRAM SIZE**

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<tr>
<td><strong>Number of students Served through course offerings of the Program:</strong></td>
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<tr>
<td>Headcount*</td>
<td>15</td>
<td>33</td>
<td>51</td>
<td>56</td>
<td>56</td>
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<tr>
<td>FTE (faculty-whole program)</td>
<td>1.5</td>
<td>2</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Number of student credit hours generated by courses in the program (for the entire academic year):</td>
<td>427</td>
<td>943</td>
<td>1648</td>
<td>1601</td>
<td>1601</td>
</tr>
</tbody>
</table>

*For this program, this includes remedial courses students may need in statistics or other areas, calculated at 10% of total credit hours listed below.

**Number of Majors:**

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<th></th>
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<tbody>
<tr>
<td>Headcount (FT &amp; PT)</td>
<td>15</td>
<td>33</td>
<td>51</td>
<td>56</td>
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<tr>
<td>FTE Majors (headcount)</td>
<td>22.5</td>
<td>49.5</td>
<td>76.5</td>
<td>84</td>
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<td>Number of student credit hours generated by majors in the program (for the entire academic year):</td>
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<td>858</td>
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<td>Number of degrees to be Granted (annual total):</td>
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<td>0</td>
<td>10</td>
<td>12</td>
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</tbody>
</table>

*Note with the cohort model, students are expected to take courses during summer sessions. As a cohort model, students are expected to take an average of 26 credits annually to stay on target for graduation.*
FORM 2: Shepherd University, Doctor of Nursing Practice

FIVE-YEAR PROJECTION OF TOTAL OPERATING RESOURCES REQUIREMENTS*

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</thead>
<tbody>
<tr>
<td>A. FTE POSITIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Administrators</td>
<td>.5</td>
<td>.75</td>
<td>.75</td>
<td>.75</td>
<td>.75</td>
</tr>
<tr>
<td>2. Full-time Faculty</td>
<td>1.0</td>
<td>1.25</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>3. Adjunct Faculty</td>
<td>.5</td>
<td>.75</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>4. Graduate Assistants</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5. Other Personnel:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Clerical Workers</td>
<td>.5</td>
<td>.5</td>
<td>.5</td>
<td>.5</td>
<td>.5</td>
</tr>
<tr>
<td>b. Professionals</td>
<td>1*</td>
<td>1*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>*Consultant</td>
<td></td>
<td></td>
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</tbody>
</table>

Note: Include percentage of time of current personnel

B. OPERATING COSTS

1. Personal Services:
   a. Administrators** $38,260  51,000  52,020  53,060  54,122
   b. Full-time Faculty*** $63,750  136,000  176,980  180,519  183,951
   c. Adjunct Faculty $23,300  15,600  14,800  14,140  14,000
   d. Graduate Asst.**** $6,800  14,400  15,200  15,960  16,000
   e. Non-Academic Personnel:
      Clerical Workers $12,000  12,240  12,485  12,734  12,989
      Professional $4,000  4,000  0  0  0

Total Salaries $148,110  233,240  271,485  276,053  281,062

**Indicates overall program and track coordinators
***Indicates new hires
****Calculated at out-of-state tuition rates, 6-credit waiver, with a 5% increase each year

NOTE: Totals do not include the 23% calculated for benefits. This amount is detailed on the next page and in the pro forma in Appendix E.
FORM 2: Shepherd University, Doctor of Nursing Practice

FIVE-YEAR PROJECTION OF TOTAL OPERATING RESOURCES REQUIREMENTS*

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</thead>
<tbody>
<tr>
<td>1. Direct Expense for Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries-Faculty &amp; Staff</td>
<td>114,010</td>
<td>199,240</td>
<td>241,485</td>
<td>246,314</td>
<td>251,241</td>
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<tr>
<td>Benefits and Payroll taxes</td>
<td>26,222</td>
<td>45,825</td>
<td>55,542</td>
<td>56,652</td>
<td>57,785</td>
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<tr>
<td>(23% of salary cost)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CNES, GAs, Coordinator Release Time</td>
<td>30,000</td>
<td>30,000</td>
<td>30,000</td>
<td>30,000</td>
<td>30,000</td>
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<tr>
<td>Faculty Planning Time</td>
<td>15,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>TOTAL Personnel Expense</td>
<td>185,232</td>
<td>275,065</td>
<td>327,026</td>
<td>332,967</td>
<td>339,026</td>
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</table>

*See Pro forma (Appendix E) for details on when each position is added.

2. Non-salary Expenses

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<tr>
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</thead>
<tbody>
<tr>
<td>Library additions</td>
<td>5,000</td>
<td>3,000</td>
<td>3,000</td>
<td>2,000</td>
<td>2,060</td>
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<tr>
<td>Software</td>
<td>10,000</td>
<td>5,000</td>
<td>3,000</td>
<td>3,000</td>
<td>3,090</td>
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<tr>
<td>Consulting fees</td>
<td>4,000</td>
<td>4,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>University Overhead**</td>
<td>55,306</td>
<td>118,139</td>
<td>193,398</td>
<td>223,480</td>
<td>234,204</td>
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<tr>
<td>TOTAL Non-Salary Expense</td>
<td>74,306</td>
<td>130,139</td>
<td>199,398</td>
<td>228,840</td>
<td>239,294</td>
</tr>
</tbody>
</table>

**University overhead is calculated at 25% of tuition revenue and is used to cover institutional expenses for HR, Legal, Enrollment Management, and Administration and Finance.

3. Repairs and Alterations: None at this time

4. Equipment: None at this time

5. Nonrecurring Expense (specify)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Total Costs</td>
<td>$259,538</td>
<td>417,204</td>
<td>526,424</td>
<td>561,447</td>
<td>573,230</td>
</tr>
</tbody>
</table>

C. SOURCES

1. General Fund Appropriations (Appropriated Funds Only) Self-sustaining program

___ Reallocation ___ X New funds (tuition revenue—see below)

2. Federal Government (Non-appropriated Funds Only)___ ___ ___ ___ ___ ___

3. Private and Other $221,222 472,556 773,592 893,921 936,817

Total All Sources $221,222 472,556 773,592 893,921 936,817
NOTE: Total costs should be equal to total sources of funding

(Use additional sheet if necessary)

Using a needs assessment and a pro forma (see Appendix E) developed by the Vice President of Administration, a revenue model was developed utilizing funds generated by tuition in the proposed DNP program. Until the program generates a positive revenue flow (Year 2) additional funding will be available from donors and/or from reserve funds allocated for the Martinsburg Center. As stated earlier in the document, Shepherd’s BoG has committed a finite amount of resources for the start-up costs associated with the Martinsburg Center. Thus far, net losses for the Martinsburg Center have been at a much lower than expected amount, allowing for some deficit in the first year of the proposed DNP program ($38K).