




UNIVERSITY OF ALASKA ANCHORAGE  
Office of Academic Affairs  
3211 Providence Drive  
Anchorage, AK 99508-4614

Date: 30 July 2014  
From: Elisha Baker, Provost and Vice Chancellor for Academic Affairs   
Through: Thomas Case, Chancellor *TC*  
To: Dana Thomas, Vice President of Academic Affairs, Statewide Academic Council Chair  
Subject: Proposed Doctorate of Nursing Practice

The College of Health is proposing a Doctorate in Nursing Practice (DNP). The program proposal has been approved by the faculty and dean of the College of Health, as well as by the UAA Graduate Council and Graduate Academic Board. It is now being submitted to the Statewide Academic Council for consideration of placement on the Board of Regents agenda.

The DNP program was developed in recognition of the need for advanced nursing practice education programs in the state of Alaska to meet changing and increasing demands within an increasingly complex health care environment and delivery system. These demands include a rapid growth in scientific knowledge and medical technology, demands that require nurses in advanced practice positions to have the highest level of scientific knowledge and practice expertise possible. The American Association of Colleges of Nursing (AACN) has recommended that the DNP be the entry level graduate degree for advanced nursing practice by the year 2015. Currently, only associate, baccalaureate, and master's degrees are offered in the School of Nursing. The proposed DNP at UAA will replace the current master's degree, with the addition of clinical specialty courses (including clinical immersion/residency) that provide content on nursing practice, leadership, systems management and informatics.

The program development was informed by health workforce demand studies undertaken in 2006 and 2013 by the Alaska Department of Health and Social Services (AKDHHS) and in 2011 by the Alaska Nurse Practitioner Association (ANPA). The program proposal was developed by guidelines for DNP programs developed by both the AACN and the National Organization of Nurse Practitioner Faculty (NONPF), as well as specific expertise in curricular development from Portland State University. This process has ensured the development of a program with standards comparable to those of other leading national DNP programs (e.g., at Columbia, Purdue, and Case Western Reserve Universities). Courses will be available in face-to-face, online and hybrid formats.

Baccalaureate nursing degrees, including those offered currently at UAA, provide general background for nursing professionals. Doctoral-level studies provides post-baccalaureate students with the knowledge and skills for independent practice using an evidence-based approach to advancing high quality care, and simultaneously prepares leaders who will improve patient outcomes and positively impact health policy. Such students may develop a specialized practice focus as either a Family Nurse Practitioner (FNP) or Psychiatric-Mental Health Nurse Practitioner (P/MHNP). The majority of nurse practitioners in Alaska are FNPs; other population foci include women's health, pediatrics and gerontology.



UNIVERSITY OF ALASKA ANCHORAGE

Office of Academic Affairs  
3211 Providence Drive  
Anchorage, AK 99508-4614

Upon successful completion of the DNP, students will have enhanced professional skills in advanced nursing practice, will be able to apply clinical inquiry using a sensitive, evidence-based approach, and will have expanded leadership skills in relation to health care policy and delivery systems, especially as they relate to rural and isolated populations. This will prepare them for employment as nurse practitioners in a variety of public and private settings throughout rural and urban Alaska and beyond.

The DNP program proposal budget includes salary and benefits for two new FTE positions and one half-time administrative position. A third faculty position may be added later. Some additional expenses will result from a shift from a semester to a trimester system. However, approximately 50 graduate students would be enrolled each calendar year, a 25% enhancement over current levels, which will provide significant tuition revenues. Additional efficiencies will be realized from the deletion of the current post-baccalaureate and MS nursing degrees. As a result, it is estimated that new revenues will cover at least 80% of the incremental cost of the program. The residual costs will be met by reallocation of funds within the UAA School of Nursing and/or College of Health.

Finally, it is important to note that the Doctorate of Nursing Practice was specifically addressed in the 2010 UA Academic Master Plan: "UAA may award professional doctorates...in nursing, provided these degree programs are approved by the Board of Regents and NWCCU." This memorandum represents the realization of that element of the Academic Master Plan.

*Attachments: BOR Program Action Request Form, Program Executive Summary and Prospectus*

*CC: Associate Dean Yesner, Vice Provost Kalina, Assistant Vice Provost Carlson, Dean Hogan (COH), Director Berner (SON), Faculty Initiator Naomi Torrance*



**Board of Regents Program Action Request**  
**University of Alaska**  
Proposal to Add, Change, or Delete a Program of Study

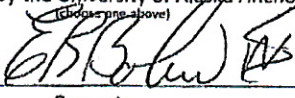
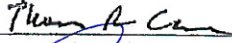

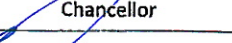
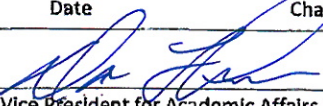
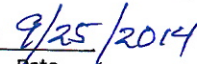
1a. UA University (choose one) UAA	1b. School or College COH	1c. Department or Program SON																																								
2. Complete Program Title Doctor of Nursing Practice (DNP)																																										
3. Type of Program																																										
<input type="checkbox"/> Undergraduate Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Post-Baccalaureate Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Graduate Certificate <input checked="" type="checkbox"/> Doctorate																																										
4. Type of Action		5. Implementation date (semester, year)																																								
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    Year 2015																																								
6. Projected Revenue and Expenditure Summary. Not Required if the requested action is deletion. (Provide information for the 5 <sup>th</sup> year after program or program change approval if a baccalaureate or doctoral degree program; for the 3 <sup>rd</sup> year after program approval if a master's or associate degree program; and for the 2 <sup>nd</sup> year after program approval if a graduate or undergraduate certificate. If information is provided for another year, specify (1st) and explain in the program summary attached). Note that Revenues and Expenditures are not always entirely new; some may be current (see 7d.)																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Projected Annual Revenues in FY</th> <th colspan="2">Projected Annual Expenditures in FY</th> </tr> </thead> <tbody> <tr> <td colspan="2">Unrestricted</td> <td colspan="2">Salaries &amp; benefits (faculty and staff) \$724,274</td> </tr> <tr> <td>General Fund</td> <td>\$573,996</td> <td colspan="2">Other (commodities, services, etc.) \$29,625</td> </tr> <tr> <td>Student Tuition &amp; Fees</td> <td>\$281,493</td> <td colspan="2">TOTAL EXPENDITURES \$781,889</td> </tr> <tr> <td>Indirect Cost Recovery</td> <td>\$</td> <td colspan="2">One-time Expenditures to Initiate Program (if &gt;\$250,000)</td> </tr> <tr> <td>TVEP or Other (specify):</td> <td>\$</td> <td colspan="2">(These are costs in addition to the annual costs, above.)</td> </tr> <tr> <td colspan="2">Restricted</td> <td colspan="2">Year 1 \$</td> </tr> <tr> <td>Federal Receipts</td> <td>\$</td> <td colspan="2">Year 2 \$</td> </tr> <tr> <td>TVEP or Other (specify):</td> <td>\$</td> <td colspan="2">Year 3 \$</td> </tr> <tr> <td>TOTAL REVENUES</td> <td>\$855,489</td> <td colspan="2">Year 4 \$</td> </tr> </tbody> </table>			Projected Annual Revenues in FY		Projected Annual Expenditures in FY		Unrestricted		Salaries & benefits (faculty and staff) \$724,274		General Fund	\$573,996	Other (commodities, services, etc.) \$29,625		Student Tuition & Fees	\$281,493	TOTAL EXPENDITURES \$781,889		Indirect Cost Recovery	\$	One-time Expenditures to Initiate Program (if >\$250,000)		TVEP or Other (specify):	\$	(These are costs in addition to the annual costs, above.)		Restricted		Year 1 \$		Federal Receipts	\$	Year 2 \$		TVEP or Other (specify):	\$	Year 3 \$		TOTAL REVENUES	\$855,489	Year 4 \$	
Projected Annual Revenues in FY		Projected Annual Expenditures in FY																																								
Unrestricted		Salaries & benefits (faculty and staff) \$724,274																																								
General Fund	\$573,996	Other (commodities, services, etc.) \$29,625																																								
Student Tuition & Fees	\$281,493	TOTAL EXPENDITURES \$781,889																																								
Indirect Cost Recovery	\$	One-time Expenditures to Initiate Program (if >\$250,000)																																								
TVEP or Other (specify):	\$	(These are costs in addition to the annual costs, above.)																																								
Restricted		Year 1 \$																																								
Federal Receipts	\$	Year 2 \$																																								
TVEP or Other (specify):	\$	Year 3 \$																																								
TOTAL REVENUES	\$855,489	Year 4 \$																																								
Page # of attached summary where the budget is discussed, including initial phase-in:																																										
7. Budget Status. Items a., b., and c. indicate the source(s) of the General Fund revenue specified in item 6. If any grants or contracts will supply revenue needed by the program, indicate amount anticipated and expiration date, if applicable.																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Revenue source</th> <th>Continuing</th> <th>One-time</th> </tr> </thead> <tbody> <tr> <td>a. In current legislative budget request</td> <td>\$389,900</td> <td>\$</td> </tr> <tr> <td>b. Additional appropriation required</td> <td>\$53,538</td> <td>\$</td> </tr> <tr> <td>c. Funded through new internal MAU redistribution</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>d. Funds already committed to the program by the MAU<sup>1</sup></td> <td>\$</td> <td>\$</td> </tr> <tr> <td>e. Funded all or in part by external funds, expiration date</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>f. Other funding source Specify Type: prior year GF</td> <td>\$184,096</td> <td>\$</td> </tr> </tbody> </table>			Revenue source	Continuing	One-time	a. In current legislative budget request	\$389,900	\$	b. Additional appropriation required	\$53,538	\$	c. Funded through new internal MAU redistribution	\$	\$	d. Funds already committed to the program by the MAU <sup>1</sup>	\$	\$	e. Funded all or in part by external funds, expiration date	\$	\$	f. Other funding source Specify Type: prior year GF	\$184,096	\$																			
Revenue source	Continuing	One-time																																								
a. In current legislative budget request	\$389,900	\$																																								
b. Additional appropriation required	\$53,538	\$																																								
c. Funded through new internal MAU redistribution	\$	\$																																								
d. Funds already committed to the program by the MAU <sup>1</sup>	\$	\$																																								
e. Funded all or in part by external funds, expiration date	\$	\$																																								
f. Other funding source Specify Type: prior year GF	\$184,096	\$																																								
8. Facilities: New or substantially (>\$25,000 cost) renovated facilities will be required. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, discuss the extent, probable cost, and anticipated funding source(s), in addition to those listed in sections 6 and 7 above.																																										
9. Projected enrollments (headcount of majors). If this is a program deletion request, project the teach out enrollments.																																										
Year 1: 38	Year 2: 38	Year 3: 38    Year 4: 38																																								
Page number of attached summary where demand for this program is discussed: Prospectus pp. #4-7; Executive Summary pp. #3,4																																										

<sup>1</sup>Sometimes the courses required by a new degree or certificate program are already being taught by an MAU, e.g., as a minor requirement. Similarly, other program needs like equipment may already be owned. 100% of the value is indicated even though the course or other resource may be shared.

<p>10. Number* of new TA or faculty hires anticipated (or number of positions eliminated if a program deletion):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 30%;">Graduate TA</td><td></td></tr> <tr><td>Adjunct</td><td></td></tr> <tr><td>Term</td><td></td></tr> <tr><td>Tenure track</td><td></td></tr> </table>	Graduate TA		Adjunct		Term		Tenure track		<p>11. Number* of TAs or faculty to be reassigned:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 30%;">Graduate TA</td><td></td></tr> <tr><td>Adjunct</td><td>6</td></tr> <tr><td>Term</td><td>4</td></tr> <tr><td>Tenure track</td><td>13</td></tr> </table> <p>Former assignment of any reassigned faculty: Masters programs in nursing For more information see page 6,7 of the attached summary.</p>	Graduate TA		Adjunct	6	Term	4	Tenure track	13
Graduate TA																	
Adjunct																	
Term																	
Tenure track																	
Graduate TA																	
Adjunct	6																
Term	4																
Tenure track	13																
<p>12. Other programs affected by the proposed action, including those at other MAUs (please list):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 30%;">Program Affected</th><th>Anticipated Effect</th></tr> <tr> <td>UAA</td><td>No program effects</td></tr> <tr> <td>Other MAUs</td><td>No program effects</td></tr> </table> <p>Page number of attached summary where effects on other programs are discussed: Executive Summary p. #3; Prospectus pp. #7,8</p>		Program Affected	Anticipated Effect	UAA	No program effects	Other MAUs	No program effects										
Program Affected	Anticipated Effect																
UAA	No program effects																
Other MAUs	No program effects																
<p>13. Specialized accreditation or other external program certification needed or anticipated. List all that apply or 'none': Specialized accreditation needed from Accreditation Commission for Education in Nursing (ACEN), application Spr 2015</p>	<p>14. Aligns with University or campus mission, goals, core themes, and objectives (list): Aligns with both UA and UAA missions. Aligns with UAA 2017 Strategic Plan (Priorities A and B). Aligns with Shaping Alaska's Future Themes 1 and 3 (creating opportunities for advanced degrees that fulfill the needs of Alaska in partnership with the community's health organizations (see item no. 15, below). Aligns with Academic Master Plan goals: advancing research and scholarship, as well as developing programs to respond to state needs through inclusion of extensive scholarly projects that incorporate evidence-based practice and translation of research into practice for better patient outcomes in Alaska (see item No. 16, below).</p> <p>Page in attached summary where alignment is discussed: Executive Summary p.#1, Prospectus p. #4</p>																
<p>15. Aligns with Shaping Alaska's Future themes:</p> <p>Page in attached summary where alignment is discussed: Executive Summary p. #1, Prospectus p. #4</p>	<p>16. Aligns with Academic Master Plan goals:</p> <p>Page in attached summary where alignment is discussed: Executive Summary p. #1, Prospectus p. #4</p>																
<p>17. State needs met by this program (list): Need for doctorate-educated APRNs (Advanced Practice Registered Nurses), cannot be met with current master's level programs; certification in Family Nursing Practice or Psychiatric/Mental Health Nursing Practice</p> <p>Page in the attached summary where the state needs to be met are discussed: Prospectus pp. #4-7, Executive Summary p. #3,4</p>	<p>18. Program is initially planned to be: (check all that apply)</p> <p><input checked="" type="checkbox"/> Available to students attending classes at UAA campus(es).</p> <p><input checked="" type="checkbox"/> Available to students via e-learning.</p> <p><input checked="" type="checkbox"/> Partially available students via e-learning.</p> <p>Page # in attached summary where e-learning is discussed: Executive Summary p. #6; Prospectus pp. #11-12, 21-22</p>																



Submitted by the University of Alaska Anchorage with the concurrence of its Faculty Senate.

<small>(Choose one above)</small> 	
Provost	Chancellor
	
Date	Date
08/08/2014	14 Aug 2014
<input checked="" type="checkbox"/> Recommend Approval	
<input type="checkbox"/> Recommend Disapproval	
	
UA Vice President for Academic Affairs on behalf of the Statewide Academic Council	Date
	9/25/2014

\* Net FTE (full-time equivalents). For example, if a faculty member will be reassigned from another program, but his/her original program will hire a replacement, there is one net new faculty member. Use fractions if appropriate. Graduate TAs are normally 0.5 FTE. The numbers should be consistent with the revenue/expenditure information provided.

Attachments: ☒ Summary of Degree or Certificate Program Proposal

☒ Other (optional) Prospectus, letter of transmittal

Revised: 07/10/2014



New Doctoral Program Proposal  
**Executive Summary**  
(See University Regulation R10.04.020.C)

This is a summary of a full prospectus. The full prospectus is available upon request.

**Degree/Certificate Title & Responsible Program**

Major Academic Unit UAA	School or College College of Health	Department School of Nursing
Complete Program Title Doctor of Nursing Practice		
Type of Program	<input type="checkbox"/> Undergrad Certificate	<input type="checkbox"/> AA/AAS
	<input type="checkbox"/> Masters	<input checked="" type="checkbox"/> Doctoral

**1. Relationship of the proposed program relative to the educational mission of the University of Alaska and the MAU.**

The University of Alaska, School of Nursing (SON) is committed to serving the health care needs of the citizens of the state of Alaska, and, in particular, to meet the health care needs of underserved populations. We believe this is directly in line with the UA mission of public service and commitment to the people of the North. The SON is also committed to transforming delivery of educational services to meet the needs of a complex, increasingly high-tech clinical environment by integrating evidence-based clinical knowledge, ethical behaviors, communication and caring skills, and information technology into a progressive curriculum. The DNP curriculum will prepare leaders with the highest level professional skills necessary to assure high quality health care that will serve the needs of the citizens of Alaska and the Nation in the 21st century, thus directly addressing the UA Academic Master Plan goals of advancing research and scholarship, as well as developing programs to respond to state needs.

UAA's strategic plan priorities A and B are directly addressed by the proposed DNP program. DNP students will complete an extensive scholarly project that incorporates evidence-based practice and translation of research into practice for better patient outcomes in Alaska. Service learning is a natural aspect of such scholarly projects.

**2. History of the development of the proposed program.**

Doctorate degrees in the nursing profession over the last 30 years, have consisted primarily of research focused terminal degrees. Most nursing doctoral research programs offer the Doctor of Philosophy (PhD), while others offer the Doctor of Nursing Science degree (DNS, DSN, or DNSc). Research education has been felt to be a high priority in the profession in order to promulgate a strong knowledgebase for nursing practice. These programs have been designed to prepare nurse scientists and scholars with heavy emphasis on research methodology and all include an original research dissertation or published research paper.



Over the last several years, the concept of the practice doctorate degree in nursing has had a strong and escalating presence in the nursing profession. In 2004, the American Association of Colleges of Nursing (AACN) presented a position paper, clearly delineating the need for a practice doctorate in nursing, the DNP, to complement the research doctorate. Factors that gave rise to this position include the increasing complexity and rapid changes in the health care system, the rapidly escalating growth in scientific knowledge, and constantly expanding use of technology within the health care arena that necessitate greater demands on advanced practice registered nurses (APRNs) that cannot be met with current master's level programs.

The American Association of Colleges of Nursing (AACN) has recommended that the practice doctorate (DNP) be the entry level graduate degree for advanced nursing practice by 2015. Although this is not a mandate, the doctoral level is the recommended level of education for all APRNs. The DNP program prepares APRNs in evidence-based practice. While the PhD prepared nurse is trained to be a leader and expert in scientific nursing research, the DNP prepared nurse analyzes and evaluates evidence in various forms, and translates this into practice.

The School of Nursing at the University of Alaska Anchorage currently offers associate, baccalaureate and master's degrees. Within the Master of Science in Nursing Science degree program, students can select to major in a limited range of clinical concentrations. The majority of graduates choose the family nurse practitioner concentration. Students also have the option of obtaining an MS with a concentration in psychiatric-mental health nurse practitioner or nursing education. Our strategic plan calls for the addition of the DNP to current graduate degree offerings. Eventually we will transition the FNP and P/MHNP MS degree concentrations to the DNP curriculum. This transition is in accordance with the AACN (2006) recommendations of doctoral preparation for all specialty practice by 2015.

The program was developed by the UAA nursing graduate faculty who recognize the need of our advanced nursing practice education programs to evolve to meet the changing and increasing demands of Alaska and the nation's complex health care environment and delivery system. These demands require that nurses in advanced practice positions in our state have the highest level of scientific knowledge and practice expertise possible.

Both the AACN and National Organization of Nurse Practitioner Faculty (NONPF) have developed guidelines for Doctor of Nursing Practice (DNP) programs. The proposed DNP curriculum has been designed with these guidelines as a template and with the assistance of an expert advisor, Dr. Katherine Crabtree, from Portland State University, who is a nationally recognized expert in DNP curriculum development and evaluation of DNP programs.

The development of the School's DNP is being guided by the AACN (2006) and NONPF to ensure a standard comparable to other leading universities in the nation (e.g. Columbia, Purdue, and Case Western Reserve). Because the program at the UAA campus is the only program in the state offering nursing degrees, including advanced degrees, we must transition to the DNP or cease to run these graduate programs once the new level to entry into clinical practice is nationally mandated.



### **3. Impact of the proposed program on existing UA programs, including the GER.**

The proposed practice doctorate degree will replace the current master's level of education, with an expansion to include additional clinical specialty courses with clinical immersion/residency courses that provide content in research for practice, leadership, systems management and informatics. The DNP is a graduate degree and will have no impact in GERs. Both family nurse practitioner (FNP) and psychiatric/mental health nurse practitioner (P/MHNP) post-baccalaureate and post-master's programs will be phased out and post-baccalaureate and post-master to DNP will be implemented. Implementation of this program will not affect other MAUs because UAA is the health campus and nursing education across the state is overseen by UAA's School of Nursing.

### **4. State needs met by the proposed program.**

Shortages in access to primary health care services in Alaska have been increasing in frequency and urgency. Lack of primary care services in the State is an issue of escalating importance (Alaska Department of Health and Social Services [AKDHSS], 2006). Data collected on public health trends in the state of Alaska show that in 2010, only 67% of adults reported access to primary care services, and only 59% of pregnant women had adequate prenatal care (AKDHSS, 2013). Statewide, the suicide death rate has remained nearly double that of the national average over the last decade. For Alaska Natives, the rate is even higher (AKDHSS, 2013). Alaska failed to meet 18 of 20 health related goals in 2010, as part of the Healthy Alaskans 2010 initiative, thus highlighting significant need for primary and mental health care efforts and improvements within the state.

The nurse practitioner role in the provision of primary care services is clearly a significant one. Over 500 APRNs live and work in the State of Alaska. Recent survey data indicate that 79% of APRNs in Alaska accept Medicare reimbursement for services. Approximately 39% of APRNs in Alaska practice in rural and underserved areas. In addition, patients who are under 100% poverty level comprise an average of 41% of Alaskan APRNs' practices. In total, APRNs in Alaska provide over 800,000 primary care visits each year, and roughly 8% of Alaskan APRNs are the sole licensed providers in their communities (Alaska Nurse Practitioner Association [ANPA], 2011). Approximately 24% of Family Nurse Practitioners (FNPs) who function as primary care providers in Alaska are graduates of the UAA FNP Program.

While data on the shortage of APRNs in Alaska is not available, we do know that in 2006, there were 1347 physicians, with a shortage of 375 physicians (Alaska Department of Health and Social Services, 2006). In order to meet a projected increasing primary care need within the state, the Alaska Department of Health and Social Services (2006) recommends that Alaska must retain more APRNs and Physician's Assistants (PAs) than the national recommendations "in order to provide high quality and timely care to the population."

The majority of APRNs who practice in Alaska are FNPs. Other population foci include adult health and illness, pediatrics, women's health, psychiatry, gerontology, acute care, and some specialties (ANPA, 2011). APRNs are filling the void in all aspects of primary health care, and are well-suited to the task, given the broad scope and autonomous nature of nurse practitioner practice in Alaska. With the decline in numbers of physicians opting for careers



in family practice (only 10% of new medical school graduates are going into family practice, according to a 2008 report by the American Academy of Family Physicians), NPs are stepping up to the plate in increasing numbers to provide those needed services in a high quality and cost-effective manner.

The changing and increasing demands of Alaska and the nation's complex health care environment and delivery system require that APRNs in our state have the highest level of scientific knowledge and practice expertise possible. Research has established a clear link between higher levels of nursing education and better patient outcomes (Sochalski & Weiner, 2011). Health disparities, especially in minorities, older adults, and the underserved, are increasing. The preparation of APRNs to meet these challenges requires leadership in developing models of care that translate research and evidence into practice and provide access to quality care for the many people who are left out of the current health care system. Doctorally-prepared nurses in Alaska, equipped with clinical knowledge and advanced practice skills, can provide leadership and collaborate with other health professional colleagues to change the delivery of care through evidence-based practice and achieve better health outcomes. The transition to the DNP will better prepare APRNs for their current roles given the calls for new models of education, the growing complexity of health care, and the need for practice to be evidence-based. APRNs who do not have DNP degrees will likely be grandfathered in by the Alaska State Board of Nursing and will continue to be able to practice as provided by state statutes.

This program supports Shaping Alaska's Future Themes 1 and 3, as it creates more opportunities for advanced degrees that fulfill the needs of Alaska in partnership with the community's health organizations.

#### **5. Student opportunities, outcomes, and enrollment projections.**

Graduate studies at the doctoral level place primary emphasis upon advanced professional nursing practice, theory, research, leadership roles in advancing health care delivery systems and application of research into practice. Programs will be offered for both post-baccalaureate and post-master's students.

Post-baccalaureate students may develop a specialized practice focus as a Family Nurse Practitioner or Psychiatric-Mental Health Nurse Practitioner. Doctoral level studies provide the student with the knowledge and skills for independent practice using an evidence-based approach to advancing high quality care. In addition, this doctoral level program will prepare leaders who will improve patient outcomes and positively impact health policy. The graduates in the Family Nurse Practitioner option are eligible to write the national certification examination for advanced professional practice as a Family Nurse Practitioner. Graduates of the Psychiatric-Mental Health Nurse Practitioner Option are eligible to write the national certification for advanced practice as a Psychiatric- Mental Health Nurse Practitioner-Adult, or Psychiatric and Mental Health Nurse Practitioner-Family. For those who currently hold an advanced practice nursing degree and wish to expand their knowledge and skills to be able to better interpret research, apply best practices and incorporate clinical knowledge to influence health care policy, the post-masters to Doctor of Nursing Practice option is available.

Upon successful completion of the DNP program, students will:

- Have enhanced professional skills in advanced practice nursing using an ethical, evidence-based approach.
- Be able to apply clinical inquiry using a culturally sensitive, evidence-based approach to inform practice and improve health outcomes.
- Have expanded leadership roles to influence local, statewide and national health care policy and delivery systems especially as these relate to rural and isolated populations.

### Enrollment Projections

We will begin to admit students into the post-master's track while current post-baccalaureate students complete program requirements.

#### Five-Year Enrollment Projection for the Graduate FNP Track

	2013	2014	2015	2016	2017
FT Post Bac Master's Students Admitted	15 (+ 15 students enrolled from prior yr)	10 (+ 15 students enrolled from prior yr)	5 (+ 10 students enrolled from prior year)	0 (+ 5 students enrolled from prior year)	0
FT Post Mas DNP Students Admitted		5	15	25	20
Post Bac DNP Students Admitted					10
Totals in all FNP Programs	30	30	30	30	30

Students in the P/MHNP track are admitted every other year.

#### Five-Year Enrollment Projection for the Graduate P/MHNP Track

	2013	2014	2015	2016	2017
FT Post Bac Master's Students Admitted	0	8	0	0	0
Post Bac DNP Students Admitted				8	0
Totals in all P/MHNP Programs	8	8	0	8	0



## **6. Program Availability**

The SON has been active in implementing online technology for graduate education. It is anticipated that this trend will continue. Most classrooms in the SON have dedicated modern classroom equipment including computers and are designated as "Smart Classrooms."

Course work may be completed from among an array of teaching modalities and styles: traditional classroom, numerous clinical settings, and on-line core courses. The Computer Services Center provides support for students to be able to successfully navigate the on-line teaching formats. The School of Nursing also provides technical support to students to assist in account set-up and troubleshooting, computer software and hardware (new purchase consultation, installation, troubleshooting), audio visual support in classrooms, technical assistance in computer lab, onsite training (software applications, equipment usage, blackboard web course system), technology orientations for new students and classes.

## **7. Faculty and staff workload implications.**

UAA SON has thirteen doctorally-prepared tenured (7) and tenure-track (6) faculty, and four term doctorally-prepared faculty. There are three part time faculty and three clinical faculty with Masters degrees who teach in the graduate programs. All faculty who teach in DNP clinical courses are expected to demonstrate current certification as an APRN and, if tripartite, demonstrate projects related to application of evidence-based research into practice.

Because the new DNP Programs will be replacing current master's level programs (See Enrollment Projections), existing faculty for the master's programs will be utilized for the new doctoral programs. Three part-time graduate faculty have been hired based on additional funding provided for the graduate program beginning AY12 and another full-time doctorally prepared faculty member was hired in August, 2013 to complete the hires for University faculty needed to teach in the DNP Programs. In addition, several community partners with doctoral degrees in specialties needed to enhance the program objectives have agreed to teach specialty classes.

The chair of the graduate program will continue to oversee all graduate programs including the DNP. There are currently two doctorally-prepared nurse practitioners employed in the School of Nursing Family Nurse Practitioner Program. Both are well qualified to assume the position of DNP Program Coordinator. A final decision will be made as to who the coordinator will be once the program has received approval. Dr. Naomi Torrance, Dr. Lisa Jackson, Professor Dianne Tarrant, and Professor Cynthia Jones will provide student advising as is required by institutional and programmatic accreditors to include the Alaska Board of Nursing and our national Accrediting body, Accreditation Commission for Education in Nursing (ACEN).

## 8. Fiscal Plan for the proposed program.

This proposed budget includes salary and benefits for two new FTE faculty positions and one half-time administrative position who were hired in fall, 2012. A third faculty position began in 2013. We anticipate that full enrollment in the DNP program will be in 2017 with a total of 49 graduate students enrolled each calendar year. This enrollment will denote a 23% increase from the current NP track enrollment.

**Table 8.1**  
**Requested Additional Personnel Costs for the DNP Program Personnel**

<b>Position</b>	<b>Salary and Benefits</b>
1/2 time admin support	\$35,119
3 FTE faculty for 9 month + summer contract	\$407,319
<b>TOTAL Amt Requested</b>	<b>\$442,438</b>

Of the requested \$442,438, the School of Nursing received \$389,900 through legislative appropriations, which enabled the hiring of three part-time faculty. The department hired one additional full-time faculty member in August, 2013. Reallocation of existing department funds will be used to pay for the remainder of the funding need not covered by legislative appropriations.

**Table 8.2**  
**School of Nursing NP Graduate Credits/Revenue/Faculty Cost**

<b>Academic Year</b>	<b>Total Credits</b>	<b>Current General Fund</b>	<b>Est Revenue</b>	<b>Faculty Sal/Ben</b>
NP Existing Master's Program		967,400.00		
Tracks AY2010-12	950		\$353,400.00	\$964,763.00
NP Existing Master's Program		1,147,997		
Tracks AY2012-14 (est)	1160		\$444,280.00	\$1,053,702.00
DNP Tracks AY2015-18 (est)	2580	1,147,992	\$1,044,900.00	\$2,017,956.00

tuition based on 6% increase by 2017 (\$405/cr)

Revenue includes tuition from students. With current tuition at \$391.00 per credit hour, each post baccalaureate student will contribute \$33,626 over the three calendar years, if full-time. Each post-masters student who enters the program will contribute \$13,685 over one calendar year, if full-time.



Sustainability of the DNP program will directly relate to University support for the program. Clinical programs are inherently not self-supporting because of the low faculty-to-student ratio required to assure clinical competence. Reallocation of existing departmental funds will be used to offset resources not covered with tuition revenues.

At this point in the development of the DNP, our steering committee has completed its work, and there are no further costs associated with supporting such a committee. However, we will continue to engage and support an expert consultant through the planning portion of the program. Costs of monthly telephone consultation and fees for time and travel for one face-to-face meeting per semester total \$8,975 per calendar year. Ongoing costs include personnel salaries. Resources will be shared with other SON programs.

External funding will be applied for through Health Resources and Services Administration (HRSA) to add enrichment to the DNP program, including outreach to increase numbers of minority and disadvantaged applicants. Funding from HRSA cannot be applied for until the DNP program is approved at all levels of the University system and NWCCU.

Projections for Table 7.3 were calculated based on the changes from the current FNP program structure to the planned DNP program structure. New revenues were determined by estimating tuition (80% of total tuition retained within the academic unit) generated by student credit hours under the DNP trimester less the current tuition revenues generated from the existing FNP program. Variances under the DNP structure include the transition from MS>DNP and BS>DNP, whereby the DNP will become a post-baccalaureate degree program and the MS Nursing degree will no longer be offered. Additionally, eight psychiatric mental health students will be admitted every other year, which also changes the consistency in tuition revenue generated.

New expenses were based on the change from the current semester based FNP program curriculum to a trimester based program. Salary and benefit expenditure increases are easily determined from the contract extensions now required for the summer trimester using current FNP faculty (2 FT, 4 PT). Beginning in year 3, at least one PT position will be increased to FT.

Again, until the program is fully implemented, it is unknown whether these projections will prove to be accurate or additional faculty and adjuncts will be required to deliver the DNP curriculum. These figures are the minimal estimates projected for the initial 5 year transitional plan. Additional resources will be funded through reallocation of existing department funds to offset the amount not covered with tuition revenues.

**Table 8.3**  
**Incremental Expenses, Revenues, and Balances**

Year	New Expenses	New Revenue	Balance
Yr 1	146,551	129,812	(16,739)
Yr 2	146,551	115,579	(30,972)
Yr 3	198,314	180,214	(18,100)
Yr 4	198,314	233,988	35,674
Yr 5	198,314	162,324	(35,990)

New Doctoral Program Proposal  
**Prospectus**  
(See University Regulation R10.04.020.C)

**1. Degree/Certificate Title & Responsible Program**

Major Academic Unit UAA	School or College College of Health	Department School of Nursing
Complete Program Title Doctor of Nursing Practice		
Type of Program	<input type="checkbox"/> Undergrad Certificate <input type="checkbox"/> AA/AAS	<input type="checkbox"/> Baccalaureate
	<input type="checkbox"/> Masters <input type="checkbox"/> Graduate Certificate	<input checked="" type="checkbox"/> Doctoral

**2. Catalog descriptions of the program and of new or modified courses that constitute the major field of study.**

Graduate studies at the doctoral level place primary emphasis upon advanced professional nursing practice, theory, research, leadership roles in advancing health care delivery systems and application of research into practice. Programs will be offered for both post-baccalaureate and post-master's students.

Post-baccalaureate students may develop a specialized practice focus as a Family Nurse Practitioner or Psychiatric-Mental Health Nurse Practitioner. Doctoral level studies provide the student with the knowledge and skills for independent practice using an evidence-based approach to advancing high quality care. In addition, this doctoral level program will prepare leaders who will improve patient outcomes and positively impact health policy. The graduates in the Family Nurse Practitioner option are eligible to write the national certification examination for advanced professional practice as a Family Nurse Practitioner. Graduates of the Psychiatric-Mental Health Nurse Practitioner Option are eligible to write the national certification for advanced practice as a Psychiatric-Mental Health Nurse Practitioner-Adult, or Psychiatric and Mental Health Nurse Practitioner-Family. For those who currently hold an advanced practice nursing degree and wish to expand their knowledge and skills to be able to better interpret research, apply best practices and incorporate clinical knowledge to influence health care policy, the post-masters to Doctor of Nursing Practice option is available.

See Attachment A for Catalog Copy.

**3. Rationale for the new program and educational objectives, student learning outcomes and plan for assessment.**

Doctorate degrees in the nursing profession over the last 30 years, have consisted primarily of research focused terminal degrees. Most nursing doctoral research programs offer the Doctor of Philosophy (PhD), while others offer the Doctor of Nursing Science degree (DNS, DSN, or DNSc). Research education has been felt to be a high priority in the profession in order to promulgate a strong knowledgebase for nursing practice. These programs have been designed to prepare nurse scientists and scholars with heavy emphasis on research methodology and all include an original research dissertation or published research paper.



Over the last several years, the concept of the practice doctorate degree in nursing has had a strong and escalating presence in the nursing profession. In 2004, the American Association of Colleges of Nursing (AACN) presented a position paper, clearly delineating the need for a practice doctorate in nursing, the DNP, to complement the research doctorate. Factors that gave rise to this position include the increasing complexity and rapid changes in the health care system, the rapidly escalating growth in scientific knowledge, and constantly expanding use of technology within the health care arena that necessitate greater demands on advanced practice registered nurses (APRN) that cannot be met with current master's level programs.

The DNP program prepares APRNs in evidence-based practice. While the PhD prepared nurse is trained to be a leader and expert in scientific nursing research, the DNP prepared nurse analyzes and evaluates evidence in various forms, and translates this into practice.

The School of Nursing at the University of Alaska Anchorage currently offers associate, baccalaureate and master's degrees. Within the Master of Science in Nursing Science degree program, students can select to major in a limited range of clinical concentrations. The majority of graduates choose the family nurse practitioner concentration. Students also have the option of obtaining an MS with a concentration in psychiatric-mental health nurse practitioner or nursing education. Our strategic plan calls for the addition of the DNP to current graduate degree offerings. Eventually we will transition the FNP and P/MHNP MS degree concentrations to the DNP curriculum. This transition is in accordance with the AACN (2006) recommendations of doctoral preparation for all advanced practice RNs by 2015. Although this recommendation is not a mandate, NP education at the doctoral level is considered best practice. As of April 2014, 49 of the 50 states have functioning DNP Programs.

The development of the School's DNP is being guided by the AACN (2006) and the National Organization of Nurse Practitioner Faculty (NONPF) to ensure a standard comparable to other leading universities in the nation (e.g. Columbia, Purdue, and Case Western Reserve). Because the program at the UAA campus is the only program in the state offering nursing degrees, including advanced degrees, we must transition to the DNP or cease to run these graduate programs once the new level to entry into clinical practice is nationally mandated.

The goal of a DNP program is to graduate doctorally-prepared nurses who can assume roles as independent APRNs. Targeted students will consist of both post-baccalaureate and post-master's groups. The post-baccalaureate group will be nurses interested in becoming either family nurse practitioners (FNP) or psychiatric/mental health nurse practitioners (P/MHNP) as they pursue the clinical doctoral degree. The post-master's group will consist of APRNs with certification as either FNPs or P/MHNPs, interested in obtaining a doctorate in nursing practice. The DNP program will build on the current master's level of education, through the expansion of current core courses and addition of courses designed to prepare APRNs in the appraisal of research and its application into practice. Courses providing content in leadership, systems management, and informatics will be implemented as well. Core competencies relate to education, clinical practice, research, teaching, consulting, and ethics; these are key threads throughout the DNP curriculum.

**Table 3.1**  
**Educational Objectives**

1. Engage in scholarly inquiry including evaluation and application of evidence-based research to advanced nursing practice.
2. Practice in a manner that incorporates ethical, legal, and professional standards advanced nursing practice.
3. Collaborate across disciplines and in partnership with communities, groups, families and individuals through culturally sensitive practice.
4. Demonstrate competence and caring in the role of the advanced practice nurse to serve as a leader, provider and educator in the health care system.
5. Articulate a plan for self-directed, lifelong learning and professional development.

**Table 3.2**  
**Student Learning Outcomes and Plan for Assessment**

<b>Outcome</b>	<b>Plan for Assessment</b>
1. Enhancing professional skills in advanced practice nursing using an ethical, evidence-based approach to promote healthy communities.	<ul style="list-style-type: none"> <li>•Final clinical performance evaluation by faculty and preceptor.</li> <li>•Student exit interview after final clinical class.</li> <li>•External reviewer critique of capstone project.</li> <li>•Alumni follow-up survey.</li> <li>•Certification exam pass rates.</li> </ul>
2. Applying clinical inquiry using a culturally sensitive, evidence-based approach to adapt practice and change health outcomes.	<ul style="list-style-type: none"> <li>•Final clinical performance evaluation by faculty and preceptor.</li> <li>•Student exit interview after final clinical class.</li> <li>•External reviewer critique of capstone project.</li> <li>•Alumni follow-up survey.</li> <li>•Program involvement in clinical research.</li> <li>•Certification exam pass rates.</li> </ul>
3. Expanding leadership roles to influence local, statewide and national health care policy and delivery systems serving unique, diverse and underserved populations.	<ul style="list-style-type: none"> <li>•Final clinical performance evaluation by faculty and preceptor.</li> <li>•Student exit interview after final clinical class.</li> <li>•Number of graduates in health care leadership positions</li> <li>•Alumni follow-up survey.</li> </ul>



**4. Relevance to the MAU and UA mission, goals, and objectives.**

The University of Alaska, School of Nursing (SON) is committed to serving the health care needs of the citizens of the state of Alaska, and, in particular, to meet the health care needs of underserved populations. We believe this is directly in line with the UA mission of public service and commitment to the people of the North. The SON is also committed to transforming delivery of educational services to meet the needs of a complex, increasingly high-tech clinical environment by integrating evidence-based clinical knowledge, ethical behaviors, communication and caring skills, and information technology into a progressive curriculum. The DNP curriculum will prepare leaders with the highest level professional skills necessary to assure high quality health care that will serve the needs of the citizens of Alaska and the Nation in the 21st century, thus directly addressing the UA Academic Master Plan goals of advancing research and scholarship, as well as developing programs to respond to state needs.

UAA's strategic plan priorities A and B are directly addressed by the proposed DNP program. DNP students will complete an extensive scholarly project that incorporates evidence-based practice and translation of research into practice for better patient outcomes in Alaska. Service learning is a natural aspect of such scholarly projects.

**5. Collaboration with other universities and community colleges.**

The program was developed by the UAA nursing graduate faculty who recognize the need of our advanced nursing practice education programs to evolve to meet the changing and increasing demands of Alaska and the nation's complex health care environment and delivery system. These demands require that nurses in advanced practice positions in our state have the highest level of scientific knowledge and practice expertise possible.

The AACN has recommended that the practice doctorate (DNP) be the entry level graduate degree for advanced nursing practice by 2015. Both the AACN and NONPF have developed guidelines for DNP programs. The proposed DNP curriculum has been designed with these guidelines as a template and with the assistance of an expert advisor, Dr. Katherine Crabtree, from Portland State University, who is a nationally recognized expert in DNP curriculum development and evaluation of DNP programs. In addition, the proposal was reviewed and fully supported by an external panel at the justification and full proposal levels.

**6. Demand for program (citing manpower studies or similar statistics), relation to State of Alaska long-range development, relation to other programs in the University of Alaska that may depend on or interact with the proposed program.**

**A. Demand for the program.**



We are currently undergoing one of the greatest shortages of nurses ever experienced in our country (Buerhaus et al., 2009). Primary care health centers have grown significantly over the last decade to meet the increasing primary care needs of the nation. These clinics have seen a 67% increase in patients served, creating an increased demand for primary care providers (Sochalski & Weiner, 2011). Adding to this serious deficit of nurses is the increasing need for nurses with enhanced professional skills who can define and prescribe evidence-based practice for individuals and populations with emerging health care needs (Sochalski & Weiner, 2011). The National Association of Community Health Centers estimates that up to 19,400 primary care providers may be needed in order to provide access to primary care services to all those who need it (Sochalski & Weiner, 2011).

The Institute of Medicine (IOM) recommends that opportunities be expanded for nurses to provide leadership, engage in evidence-based practice, collaborate with multi-disciplinary health care teams, and improve health care systems to improve care and reduce costs (IOM, 2010). The knowledge required to provide clinical leadership in nursing has become so complex and rapidly changing that doctoral preparation is needed with the clinical doctorate (DNP) being the required degree for entry into advanced practice nursing. To this end, the IOM also recommends that Schools of Nursing double the number of doctorally-prepared nurses by 2020 (IOM, 2010).

Some of the many factors which are emerging to build momentum for change in nursing education at the graduate level include:

- Expanding of knowledge underlying practice resulting in increasing complexity of patient care;
- Increasing national concerns about the quality of care and patient safety;
- Increased numbers of older adults with chronic illness;
- Escalating shortages of nursing personnel which demands a higher level of preparation for leaders who can assess and design care;
- Increasing educational expectations for the preparation of all other health professionals;
- Improving access to care for many uninsured;
- Improving the delivery of community based care to reduce burden on use of emergency room for care that can be provided in the community at less cost and reduce the number of emergencies that arise from untreated problems that escalate into emergencies.

The national response by the AACN and nursing profession to these pressing health care needs in primary and mental health care is to advocate for a higher level of education for APRNs (through the DNP), in addition to the already well-established nursing research degree (PhD). The AACN's 2006 position statement endorses the development of the practice doctorate, DNP, as the entry-level degree for nurses in the advanced practice roles of clinical nurse specialist (CNS), nurse practitioner (NP), nurse midwife (CNM), and nurse anesthesia (CRNA) (American Association of Colleges of Nursing, 2006). Nationally, three primary care APRNs are graduating for every one primary care physician (Barclay, 2009). This shows a trend towards primary care being increasingly provided by APRNs in this country. UAA currently offers master's degrees with clinical concentrations in the FNP and P/MHNP roles. Graduate certificates in these concentrations will be phased out. These well-established programs have existed since 1980.



Over the past three years, we have seen a significant increase in interest in the current FNP Program (2-year program of study for MS degree) as demonstrated by the number of applications and admissions. In 2007, we admitted 5 students, for a total of 13 students for both years. In 2008, we had 18 applicants and admitted 15, for a total of 19 students including those already in the program. In 2009, we had 18 applicants and admitted 14, for a total of 29 students. We have kept our enrollments in the 25 to 29 range since 2009. We currently have the capacity for at least 30 students in the clinical population focus of family practice and believe that interest in the program will continue to be strong.

Surveys clearly show a strong recent history that nurses in Alaska are interested in pursuing advanced degrees specifically in the DNP and the FNP programs. The numbers demonstrate sufficient evidence to develop a structure to assure the continuance of the FNP with the goal of transitioning the master's level FNP program into a DNP Program at UAA. In the spring of 2007, almost 4000 surveys were sent to registered nurses living and licensed in Alaska to assess their educational needs and interests. Eight hundred-one surveys (22%) were returned. Of the nurses who responded, 49.6% already had a bachelor's degree and would be ready to transition into a graduate or DNP program. Twenty-eight percent (N=169) of RNs were interested in pursuing an advanced practice degree as an FNP through UAA.

In addition, a survey of all 541 certified APRNs living and licensed in Alaska was conducted in the spring of 2011 to assess work and patient demographics, work environment, salaries, and interest in a UAA DNP Program. One hundred sixty-two (22.3%) surveys were returned. One hundred fifty-two responded when asked about interest in completing a DNP program. Thirty-eight APRNs stated that they were interested, and an additional 25 were unsure. Of those interested or unsure, 27 (42.8%) stated that they would attend UAA if the DNP were offered (ANPA, 2011).

In addition, two of those who stated they were interested, added comments of "hurry up" and "I am patiently waiting." Five of those stated that they would have attended a UAA DNP program if it had existed at the time they wanted to attend. Thus, these data demonstrate interest shown by Alaskan nurses in attending a DNP program for family or psychiatric mental health NPs.

#### B. Relation to State of Alaska long-range development

Shortages in access to primary health care services in Alaska have been increasing in frequency and urgency. Lack of primary care services in the State is an issue of escalating importance (Alaska Department of Health and Social Services [AKDHSS], 2006). Data collected on public health trends in the state of Alaska show that in 2010, only 67% of adults reported access to primary care services, and only 59% of pregnant women had adequate prenatal care (AKDHSS, 2013). Statewide, the suicide death rate has remained nearly double that of the national average over the last decade. For Alaska Natives, the rate is even higher (AKDHSS, 2013). Alaska failed to meet 18 of 20 health related goals in 2010, as part of the Healthy Alaskans 2010 initiative, thus highlighting significant need for primary and mental health care efforts and improvements within the state.



The nurse practitioner role in the provision of primary care services is clearly a significant one. Over 500 APRNs live and work in the State of Alaska. Recent survey data indicate that 79% of APRNs in Alaska accept Medicare reimbursement for services. Approximately 39% of APRNs in Alaska practice in rural and underserved areas. In addition, patients who are under 100% poverty level comprise an average of 41% of Alaskan APRNs' practices. In total, APRNs in Alaska provide over 800,000 primary care visits each year, and roughly 8% of Alaskan APRNs are the sole licensed providers in their communities (Alaska Nurse Practitioner Association [ANPA], 2011). Approximately 24% of Family Nurse Practitioners (FNPs) who function as primary care providers in Alaska are graduates of the UAA FNP Program.

While data on the shortage of APRNs in Alaska is not available, we do know that in 2006, there were 1347 physicians, with a shortage of 375 physicians (AKDHSS, 2006). In order to meet a projected increasing primary care need within the state, the Alaska Department of Health and Social Services (2006) recommends that Alaska must retain more APRNs and Physician's Assistants (PAs) than the national recommendations "in order to provide high quality and timely care to the population."

The majority of APRNs who practice in Alaska are FNPs. Other population foci include adult health and illness, pediatrics, women's health, psychiatry, gerontology, acute care, and some specialties (ANPA, 2011). APRNs are filling the void in all aspects of primary health care, and are well-suited to the task, given the broad scope and autonomous nature of nurse practitioner practice in Alaska. With the decline in numbers of physicians opting for careers in family practice (only 10% of new medical school graduates are going into family practice, according to a 2008 report by the American Academy of Family Physicians), NPs are stepping up to the plate in increasing numbers to provide those needed services in a high quality and cost-effective manner.

The changing and increasing demands of Alaska and the nation's complex health care environment and delivery system require that APRNs in our state have the highest level of scientific knowledge and practice expertise possible. Research has established a clear link between higher levels of nursing education and better patient outcomes (Sochalski & Weiner, 2011). Health disparities, especially in minorities, older adults, and the underserved, are increasing. The preparation of APRNs to meet these challenges requires leadership in developing models of care that translate research and evidence into practice and provide access to quality care for the many people who are left out of the current health care system. Doctorally-prepared nurses in Alaska, equipped with clinical knowledge and advanced practice skills, can provide leadership and collaborate with other health professional colleagues to change the delivery of care through evidence-based practice and achieve better health outcomes. The transition to the DNP will better prepare APRNs for their current roles given the calls for new models of education, the growing complexity of health care, and the need for practice to be evidence-based.

This program supports the Shaping Alaska's Future initiative, specifically Themes 1 and 3, as it creates more opportunities for advanced degrees that fulfill the needs of the state in partnership with the community's health organizations.



C. Relation to other programs in the University of Alaska that may depend on or interact with the proposed program.

Because the program at the UAA campus is the only program in the state offering nursing degrees, including advanced degrees, we must transition to the DNP or cease to run these graduate programs once the new DNP level to entry into clinical practice is nationally mandated. Implementation of this program will not affect other MAUs because UAA is the health campus and nursing education across the state is overseen by UAA's School of Nursing.

**7. Effects of program on other academic units (e.g., GER course requirements)**

The proposed nursing practice doctorate degree will replace the current master's level of education, with an expansion to include additional clinical specialty courses with a clinical immersion/residency focus that provides content in research for practice, leadership, systems management, and informatics. The DNP is a graduate degree and will have no impact on GERs. Both family nurse practitioner (FNP) and psychiatric/mental health nurse practitioner (P/MHNP) post-baccalaureate and post-master's programs will be phased out and post-baccalaureate and post-master-to-DNP programs will be implemented.

**8. Availability of appropriate student services for program participants.**

Student advising will be available through the graduate chair and DNP program director. Additional faculty immersed in the DNP program for at least one year may be involved in student advising as needed.

Financial assistance is available through the UAA Office of Financial Aid in the form of federal and state loans and grants (Alaska and Stafford Student Loans, Pell Grant, etc.), as well as through private organizations. In addition there are a number of nursing-specific scholarships available to UAA nursing students. Information about nursing-specific scholarships is available on the UAA Student Financial Aid web page ([www.uaa.alaska.edu/finaid/](http://www.uaa.alaska.edu/finaid/)). Information regarding statewide nursing-specific scholarships administered directly by the University of Alaska Foundation is available on the Foundation web page ([www.alaska.edu/uafound/](http://www.alaska.edu/uafound/)). Nursing scholarships include the Joan C. Yoder Memorial Nursing Scholarship, which is administered through the University of Alaska Foundation.

Nursing Scholarships administered through UAA Office of Student Financial Aid include four nursing-specific scholarships open to graduate students. They include the Mary Pat Haberle Memorial Scholarship, the Seamus Mawe Memorial Nursing Scholarship, the Anchorage Pioneers' Home Residents Council Nursing Scholarship, the David and Mary Carlson Memorial Nursing Scholarship, and the Dolly Barton Scholarship.

Nurse Traineeship Grants through HRSA have also been available for graduate nursing students. SON has successfully applied for and received annual funding in varying amounts. The 2012-2013 grant application changed to specifically support students enrolled in advanced practice nursing programs. UAA SON received HRSA funding for two years totaling \$588,000 for students enrolled in the Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner programs.

**9. Opportunities for research and community engagement for admitted graduate and undergraduate students.**

Graduate students pursuing a DNP will be expected to complete a research practice project. Each project will have a focus on application to improve practice. Providing this experience will encourage students to continue carrying out applied research after graduation.

**10. Outline of schedule for implementation of the program.**

Students will continue to be admitted into the master's FNP Program at current numbers for the next two years (2012-2013). The masters program will be phased out with the last graduate completing the program in the year 2017. Post-masters students, already certified as FNPs or P/MHNPs, wishing to complete a DNP degree will begin to be admitted in fall 2014 (subject to Regents and NWCCU approval). Projected program requirements will include three semesters of full-time coursework in order to complete the post-master's DNP Program. The post-masters option will be the only DNP entry option for three years, in order to allow time for new course development for the post-baccalaureate DNP program. Students enrolled in the masters FNP and P/MHNP tracks can enter into the post-masters DNP option after graduation, if a DNP is their ultimate goal.

Post-Baccalaureate students wishing to become FNPs or P/MHNPs will be admitted to the DNP program beginning fall 2017. The post-baccalaureate DNP program will require three calendar years of full-time coursework. The plan below maintains an enrollment of 30 FNP students each year and can be increased to 45 by 2017 as faculty resources expand (both new faculty and faculty who had taught in the master's programs). Enrollment of P/MHNPs will remain at 8 every other year until such time as there are increased faculty and clinical resources.



**Table 10.1**  
**Critical Tasks/Milestones**

<b>Critical Task</b>	<b>Date</b>
1. Hire new faculty	Begin 2013-Completed June, 2014
2. Develop new courses	September, 2014
3. Complete governing organization approval status	Spring , 2015
4. Apply for Board of Nursing Approval	September, 2014
5. Apply for initial Accreditation Candidacy- ACEN	May, 2014
6. Admit first post master's DNP class	August, 2014
7. Admit first post-bac DNP class	August, 2017

**11. Projection of enrollments (FTE (full-time equivalent) and headcount) and graduates over next five years.**

See above outline for scheduled implementation strategy.

**Table 10.2**  
**Enrollment Projections**

**Five-Year Enrollment Projection for the Graduate FNP Track**

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
FT Post-bac Master's Students Admitted	15 (+ 15 students enrolled from prior yr)	10 (+ 15 students enrolled from prior yr)	5 (+ 10 students enrolled from prior year)	0 (+ 5 students enrolled from prior year)	0
FT Post Mas DNP Students Admitted		5	15	25	20
Post-bac DNP Students Admitted					10
Totals in all FNP Programs	30	30	30	30	30

**Five-Year Enrollment Projection for the Graduate P/MHNP Track**

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
FT Post-bac Master's Students Admitted	0	8	0	0	0
Post-bac DNP Students Admitted				8	0
Totals in all P/MHNP Programs	8	8	0	8	0

**12. Availability and quality and/or requirement for new faculty and/or staff to support the program.**

UAA SON has thirteen doctorally-prepared tenured (7) and tenure-track (6) faculty, and four term doctorally-prepared faculty. There are three part time faculty and three clinical faculty with Masters degrees who teach in the graduate programs. All faculty who teach in DNP clinical courses are expected to demonstrate current certification as an APRN and, if tripartite, demonstrate projects related to application of evidence-based research into practice. Attachment B lists graduate faculty and their areas of expertise.

Because the new DNP Programs will be replacing current master's level programs, existing faculty for the master's programs will be utilized for the new doctoral programs. Three part-time graduate faculty have been hired based on additional funding provided for the graduate program beginning AY12 and another full-time doctorally-prepared faculty member was hired in August, 2013 to complete the hires for University faculty needed to teach in the DNP Programs. In addition, several community partners with doctoral degrees in specialties needed to enhance the program objectives have agreed to teach specialty classes.

The chair of the graduate program will continue to oversee all graduate programs including the DNP. There are currently two doctorally-prepared nurse practitioners employed in the School of Nursing Family Nurse Practitioner Program. Both are well qualified to assume the position of DNP Program Coordinator. A final decision will be made as to whom the coordinator will be once the program has received approval. Dr. Naomi Torrance, Dr. Lisa Jackson, Professor Dianne Tarrant, and Professor Cynthia Jones will provide student advising as is required by institutional and programmatic accreditors.

**A. Existing Faculty and Staff are listed in Appendix B**

Additional administrative support may be available through already existing staff.

Development of on-line mechanisms for admissions and assessment are being evaluated and if implemented, will allow for more administrative time for other services including administrative assistance for the DNP Programs.

**13. Library, equipment, and similar resource requirement, availability, appropriateness, and quality.**

The SON has been active in implementing online technology for graduate education. It is anticipated that this trend will continue. Most classrooms in the SON have dedicated modern classroom equipment including computers and are designated as "Smart Classrooms." The SON learning laboratory is adequate for basic skills and advanced physical assessment courses. The inclusion of these DNP programs should not impact additional hours in the laboratory. The College of Health maintains a simulation laboratory that will be utilized by the proposed program as well. All students admitted to the DNP program will have access to these state of the art learning resources.

Course work may be completed from among an array of teaching modalities and styles: traditional classroom, numerous clinical settings, and on-line core courses. The Computer Services Center provides support for students to be able to successfully navigate the on-line teaching formats. The School of Nursing also provides technical support to students to assist



in account set-up and troubleshooting, computer software and hardware (new purchase consultation, installation, troubleshooting), audio visual support in classrooms, technical assistance in computer lab, onsite training (software applications, equipment usage, blackboard web course system), technology orientations for new students and classes.

Library services at UAA are essentially adequate for a DNP program. There already exists a substantial collection upon which to build this new program. The Consortium Library heavily emphasizes building and maintaining its electronic journal collection. Electronic access to the library collection, including interlibrary loan services, is available 24/7 to anyone with a UAA e-mail address; all nursing students, regardless of the campus where they are physically located, have a UAA e-mail address.

The Alaska Medical Library (AML) is a unit within the Consortium Library that provides support to all UAA health-related academic programs, including nursing, as well as fee-based medical library services to institutions and individuals across the state. The AML is open and staffed from 8 am – 5 pm Mondays through Fridays (45 hours/week), although AML librarians will make appointments to provide instruction at times outside the official open hours. Further, students have access to print volumes during all of the hours that the Consortium Library is open as well as 24/7 access to the electronic collection.

The AML is staffed by two medical librarians, Professor Kathy Murray, MLS, and Assistant Professor Sally Bremner, MLS. Ms. Murray is the Head of the AML as well as the designated liaison to the School of Nursing. Among the responsibilities of medical librarians are development of the total collection to ensure that the needs of the health-related academic programs are met and to consult with health professionals and health professions students, including nurses and nursing students, to facilitate their locating needed AML resources. Ms. Murray is a guest lecturer to acquaint baccalaureate and graduate nursing students with approaches to effective use of the library and to carrying out database searches.

The Health Sciences collection includes a total of 6,779 books; of those 1,956 books are specialized nursing books, while the majority of the other books in the collection are germane to issues of interest to the discipline of nursing. As the medical library for the state, the collection covers all aspects of medicine, as well, as specific allied health fields. The Library also provides students with access to a total of 335 nursing periodicals in various formats.

Clinical facilities are adequate for the DNP Program. There are over 40 clinical sites across the State of Alaska that provide clinical opportunities for our masters students, and would continue to be appropriate placements for DNP students. These sites include health departments, community agencies serving the underserved, schools, hospitals, and primary care provider offices.

The School of Nursing has been in a clinical collaborative partnership with four hospital facilities. Although these facilities are currently being used for our undergraduate clinical rotations, they would be available to advanced practice students to work under the mentorship of master's and doctorally-prepared preceptors in a primary care setting. Urgent care centers, primary care clinics, health departments, and emergency departments are among the possible sites selections for clinical practice.

#### 14. New facility or renovated space requirements.

Additional office space has been allocated to the three additional faculty in the new Health Sciences Building, which is the current home of the School of Nursing at UAA.

#### 15. Projected cost of all required resources, revenue from all sources and a budgetary plan for implementing and sustaining the program.

This proposed budget includes salary and benefits for two new FTE faculty positions who began in 2012. A third faculty position began in 2013. We anticipate that full enrollment in the DNP program will be in 2017 with a total of 49 graduate students enrolled each calendar year. This enrollment will denote a 23% increase from the current NP track enrollment.

**Table 10.3**

##### **Requested Additional Personnel Costs for DNP Program Personnel**

<b>Position</b>	<b>Salary and Benefits</b>
1/2 time admin support	\$35,119
3 FTE faculty for 9 month + summer contract	\$407,319
<b>TOTAL Amt Requested</b>	<b>\$442,438</b>

Of the requested \$442,438, the School of Nursing received \$389,900 through legislative appropriations, which enabled the hiring of three part-time faculty. The department hired one additional full-time faculty member in August, 2013. Reallocation of existing department funds will be used to pay for the remainder of the funding need not covered by legislative appropriations.

**Table 10.4**

##### **School of Nursing NP Graduate Credits/Revenue/Faculty Cost**

<b>Academic Year</b>	<b>Total Credits</b>	<b>Current General Fund</b>	<b>Est Revenue</b>	<b>Faculty Sal/Ben</b>
NP Existing Master's Tracks		967,017		
AY2010-12	950		\$353,400.00	\$964,763.00
NP Existing Master's Tracks		1,147,997		
AY2012-14 (est)	1160		\$444,280.00	\$1,053,702.00
DNP Tracks AY 2015-18 (est)	2580	1,147,992	\$1,044,900.00	\$2,017,956.00

tuition based on 6% increase by 2017 (\$405/cr)



Revenue includes tuition from students. With current tuition at \$391.00 per credit hour, each post baccalaureate student will contribute \$33,626 over the three calendar years, if full-time. Each post-masters student who enters the program will contribute \$13,685 over one calendar year, if full-time.

Sustainability of the DNP program will directly relate to University support for the program. Clinical programs are inherently not self-supporting because of the low faculty to student ratio required to assure clinical competence. Additional resources will be needed to offset the amount not covered with tuition revenues. Funds from both increased general funds allocated by the legislature for additional graduate faculty and Department resources will be reallocated to cover funding for the Programs.

At this point in the development of the DNP, our steering committee has completed its work, and there are no further costs associated with supporting such a committee. However, we will continue to engage and support an expert consultant through the completion of the planning portion of the program. Costs of monthly telephone consultation and fees for time and travel for one face-to-face meeting per semester total \$8,975 per calendar year. Ongoing costs include personnel salaries. Resources will be shared with other SON programs.

External funding will be applied for through Health Resources and Services Administration (HRSA) to add enrichment to the DNP program, including outreach to increase numbers of minority and disadvantaged applicants. Funding from HRSA cannot be applied for until the DNP program is approved at all levels of the University system and NWCCU.

**Table 10.5**

**Budget Information**

Projected Annual Revenues in FY		Projected Annual Expenditures in FY	
Unrestricted		Salaries & benefits (faculty and staff)	\$742,274
General Fund	\$573,996	Other (commodities, services, etc.)	\$29,625
Student Tuition & Fees	\$281,493	TOTAL EXPENDITURES	\$781,899
Indirect Cost Recovery	\$	One-time Expenditures to Initiate Program (if >\$250,000)	
TVEP or Other (specify):	\$	(These are costs in addition to the annual costs, above.)	
Restricted		Year 1	\$
Federal Receipts	\$	Year 2	\$
TVEP or Other (specify):	\$	Year 3	\$
TOTAL REVENUES	\$855,489	Year 4	\$

It is important to note that the baccalaureate and graduate programs had a combined general fund budget until FY11, at which time a separate accounting system was developed to better track the cost of the graduate program. Essentially, the committed GF covers the \$389,900 appropriation and the actual salaries of the 1.75 FTE faculty dedicated to the current graduate program. Several faculty with primary assignments in the undergraduate program teach a course in the graduate program – see paragraph above table 10.4 ... we will continue to reallocate funds internally to cover actual faculty costs.

**Table 10.6**

**Budget Status**

Revenue source	Continuing	One-time
a. FY 13/14 Appropriation	\$ 389,900	\$
b. Additional appropriation required	\$ 53,538*	\$
c. Funded through internal MAU redistribution:	\$	\$
d. Funded all or in part by external funds, expiration date	\$	\$
e. Other funding source Specify Type: prior year GF	\$ 184,096	\$

- This figure is the balance of the original \$442,438 requested. Essentially, we are covering the admin costs and summer faculty costs with reallocated internal funds/carry forward funds

**16. Other special needs or conditions that were considered in the program's development.**

Accreditation standards through our national accrediting agency, Accreditation Commission for Education in Nursing were utilized as the foundation of the DNP curriculum development.

**17. Consultant reviews, reports from visitations to other institutions, or names and opinions of personnel consulted in preparing the proposal.**

The DNP program justification proposal was reviewed by the following external panel of experts:

Dr. Marie Napolitano  
Associate Professor  
Director of the Doctorate of Nursing Practice Program  
University of Portland

Dr. Arlene Sperhac  
Professor  
Coordinator of the Pediatric Nurse Practitioner Program  
Rush University

Dr. Randolph Rasch  
Professor  
Chair of the Department of Community Practice  
University of North Carolina at Greensboro

The reviewers were overwhelmingly positive in their findings and provided helpful recommendations. In general, the panel found the existing program and faculty strong and well-prepared to move into doctoral preparation of family and psych/mental health nurse practitioners. All recommendations were reviewed and incorporated into the full proposal. See Attachment C for the panel's letter of support.



#### **8. Concurrence of appropriate advisory councils**

The Community Advisory Board for the School of Nursing has fully endorsed the development and implementation of the DNP Program at the School of Nursing. Attachment D is their letter of support.

## References

- American Academy of Family Physicians (2008) Facts about family medicine. [www.aafp.org/online/en/home/policy/facts.html](http://www.aafp.org/online/en/home/policy/facts.html) , accessed 8/17/2009.
- American Association of Colleges of Nursing. (2004). Position statement on the practice doctorate in nursing. Washington, DC. [http://www.aacn.nche.edu/DNP/DNP PositionStatement.htm](http://www.aacn.nche.edu/DNP/DNP%20PositionStatement.htm), accessed 8/17/09.
- American Association of Colleges of Nursing. (2006) The essentials of doctoral education for advanced nursing practice.
- Alaska Department of Health and Social Services (2006). Report of the Alaska Physician Supply Task Force: Securing an adequate number of physicians for Alaska's needs.
- Alaska Department of Health and Social Services & Alaska Native Tribal Health Consortium (2013). Healthy Alaskans 2010: Health status progress report on leading health indicators.
- Alaska Nurse Practitioner Association (2011). Alaska Nurse Practitioner Survey 2011. Proceedings of the 2011 Alaska Nurse Practitioner Association Annual Conference.
- Barclay, L. (2009) American College of Physicians Issues New Policy on Nurse Practitioners in Primary Care. Medscape.
- Buerhaus, P., Staiger, D., & Auerbach, D. (2009). The Future of the Nursing Workforce in the United States: Data, trends and implications. Jones & Bartlett, MA.
- Institute of Medicine (2010). The Future of Nursing: Leading change, Advancing health. The National Academy of Sciences.
- Sochalski, J. & Weiner, J. (2011). Health Care System Reform and the Nursing Workforce: Matching nursing practice and skills to future needs, not past demands. The Future of Nursing: Leading Change, Advancing Health [Institute of Medicine Consensus Report]



## SCHOOL OF NURSING

Health Sciences Building (HSB), Room 101, (907) 786-4550

[www.uaa.alaska.edu/schoolofnursing](http://www.uaa.alaska.edu/schoolofnursing)

### Doctor of Nursing Practice, Nursing Science

Graduate studies at the doctoral level place primary emphasis upon advanced professional nursing practice, theory, research, leadership roles in advancing health care delivery systems and application of research into practice. Programs will be offered for both post-baccalaureate and post-master's students.

Post-baccalaureate students may develop a specialized practice focus as a Family Nurse Practitioner (FNP) or Psychiatric-Mental Health Nurse Practitioner (PMH-NP). Doctoral level studies provide the student with the knowledge and skills for independent practice using an evidence-based approach to advancing high quality care. In addition, this doctoral level program will prepare leaders who will improve patient outcomes and positively impact health policy. The graduates in the FNP option are eligible to write the national certification examination for advanced professional practice as a FNP. Graduates of the PMH-NP option are eligible to write the national certification for advanced practice as a family PMH-NP.

The post-masters to Doctor of Nursing Practice option is available for those who currently hold an advanced practice registered nurse (APRN) licensure as a PMH-NP or FNP and who wish to expand their knowledge and skills to be able to better interpret research, apply best practices and incorporate clinical knowledge to influence health care policy. Those post-masters who have APRN authorization in other population foci must have a gap analysis done prior to admittance into the program. See DNP advisors for details.

### Program Student Learning Outcomes

The graduate is prepared to:

1. Enhance professional skills in advanced practice nursing using an ethical, evidence-based approach to promote healthy communities.
2. Apply clinical inquiry using a culturally sensitive, evidence-based approach to adapt practice and change health outcomes.
3. Expand leadership roles to influence local, statewide and national health care policy and delivery systems serving unique, diverse and underserved populations.

## UAA Admission Requirements

See the beginning of this chapter for Admission Requirements for Graduate Degrees. The application can be accessed online at <http://www.uaa.alaska.edu/admissions>. The following application submission deadlines are recommended to ensure full processing of application and transcripts:

- June 15 for October 1 applicants
- November 1 for March 1 applicants

## School of Nursing Admission Deadlines

The following School of Nursing application submission deadlines are required to ensure full processing of application:

- October 1 for graduate study
- March 1 for graduate study and admission to the Doctor of Nursing Practice program

## Post-Baccalaureate Applicants (application available at <http://www.uaa.alaska.edu/schoolofnursing>)

Post-Baccalaureate applicants to the Doctor of Nursing Practice in Nursing Science program must:

- Complete the SON application form, specifying which population focus they want to pursue, and submit it directly to the SON.
- Turn in the Resume (specific directions can be found in the application packet)
- Submit documentation of the following requirements:
  - Baccalaureate or graduate degree in nursing from a program accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN), formerly known as the National League for Nursing Accreditation Commission (NLNAC).
  - Minimum undergraduate and graduate (if applicable) GPA of 3.00 (B) on a 4.00 (A) scale.  
*Note: Applicants with their bachelors in nursing and RN licensure may take up to 9 credits of core courses (ND A614, ND A615, ND A618, NS A619, ND A621, ND A627 ND A633, ND A634) without being admitted, on a space available basis, and with faculty permission. For students whose undergraduate GPA is < 3.0, a graduate GPA of 3.0 or higher (based on completion of 3 graduate courses) can be used as a substitute to evaluate potential success in graduate education. Any student who has a graduate GPA < 3.0 or who has earned a C or lower in a required course will not be eligible for admission (see Good Standing Policy for details).*
  - Minimum 2.0 (C) in an undergraduate physical assessment course, a research methods course, and a statistics course that covers descriptive and inferential statistics.
  - Three letters of professional recommendation (see form in application packet). Letters must be submitted directly to the SON from the person writing the reference. References may be contacted by a member of the admissions committee.
  - Copy of unencumbered Alaska State RN license. The license must remain active and unencumbered while in the SON graduate program.  
*Note: There are different reasons for a license to be encumbered and some may not preclude admission to the program. Students with encumbered licenses should meet with the graduate chair to determine program eligibility.*

Applicants who meet the above criteria are scheduled for a personal interview and proctored writing assignment. They are then considered for program admission on a competitive basis. Meeting all admission criteria does not guarantee admission. Nor does prior acceptance into graduate study status guarantee admission into the clinical specialty tracks. Special consideration may be given to candidates with resumes that document exceptional clinical experience and a proven record of professional contributions. To the extent that there are limited seats available in the program, preference may be given to residents of the state of Alaska as defined by the university's policy on residency for tuition purposes.



## Post-Masters Applicants (application available at <http://www.uaa.alaska.edu/schoolofnursing>)

Post-masters applicants to the Doctor of Nursing Practice in Nursing Science must:

- Complete the SON application form, specifying which population focus they want to pursue, and submit it directly to the SON.
  - Turn in the Resume (specific directions can be found in the application packet)
  - Submit documentation of the following requirements:
    - Master's degree in nursing from an APRN program accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN), formerly known as the National League for Nursing Accreditation Commission (NLNAC).
    - Minimum graduate GPA of 3.00 (B) on a 4.00 (A) scale.
    - Three letters of professional recommendation (see form in application packet). Letters must be submitted directly to the SON from the person writing the reference. References may be contacted by a member of the admissions committee.
    - Copy of unencumbered Alaska State APRN license. The license must remain active and unencumbered while in the SON graduate program.
- Note: There are different reasons for a license to be encumbered and some may not preclude admission to the program. Students with encumbered licenses should meet with the graduate chair to determine program eligibility.*
- Engaged in practice as an advanced practice registered nurse.

Applicants who meet the above criteria are considered for program admission on a competitive basis. Meeting all admission criteria does not guarantee admission. Nor does prior acceptance into graduate study status guarantee admission into the clinical specialty tracks. Special consideration may be given to candidates with resumes that document exceptional clinical experience and a proven record of professional contributions. To the extent that there are limited seats available in the program, preference may be given to residents of the state of Alaska as defined by the university's policy on residency for tuition purposes.

## DNP Academic Progress

Students enrolled in the DNP degree program must make continuous progress toward completion of the degree and remain in good standing with the School of Nursing (SON). A detailed schematic of the SON good standing policy can be found in the SON Graduate Program Student Handbook (<http://www.uaa.alaska.edu/schoolofnursing>). Noncompliance with the good standing policy and academic progress expectations will result in probation and possible dismissal from the program. In order to remain in good standing students must:

- Maintain professional and academic standards at all times.
  - Maintain continuous registration each semester until degree completed.
- Note: the DNP is on a trimester system and courses are offered fall, spring and summer*
- Earn a minimum 3.00 in all required coursework.
  - Complete ND A696 Practice Inquiry IV: Capstone Project no later than 3 sequential semesters after completion of all other required coursework.
  - Earn all credits, including transfer credits within a consecutive ten-year period prior to graduation. See UAA Catalog for additional information (chapter 12).

*Note:* post-baccalaureate DNP students must complete additional clinical hours (2 credits) if they have not completed degree requirements within three sequential semesters after finishing their last clinical course. For each additional year that passes without completing degree requirements the student will need to complete an additional 2 credits of clinical. More information on this policy can be found in the School of Nursing Graduate Handbook.

## Part-Time/Full-Time Study

For post-baccalaureate DNP students with a population foci, this program is designed to be completed in nine semesters of full-time study, or 14 semesters part-time study. For post-master's APRN DNP students, the program is designed to be completed in four semesters of full-time study, or six semesters of part-time study.

Prior to being formally admitted to graduate study, students may complete up to 9 credits of degree applicable coursework, either UAA credit (with permission of the instructor) or transfer credit. Students who are not formally admitted will be allowed to register on a space-available basis and with instructor permission.

For part-time students, admission to graduate study only is recommended, with formal admission to a population focus track being delayed until core course requirements have been completed. Enrollment in any clinical course requires formal admission to the DNP program.

## Additional School of Nursing Requirements

All students enrolled in UAA nursing programs must provide:

- Documentation of certification in cardiopulmonary resuscitation (CPR) for adults, infants, and children (this certification must remain current while in the program);
- Evidence of satisfactory health status, including immunity to chicken pox, rubella, rubeola, and hepatitis A and B (by titer), documentation of Tdap (tetanus, diphtheria, pertussis) immunization within the past 10 years, annual PPD skin test or health examination indicating freedom from active tuberculosis, documentation of an annual HIV test (results not required); and
- Results of a SON national-level criminal background check.

Students are required to provide their own transportation to clinical sites. They are also responsible for their portion of the cost of audio conferencing. Students must have access to a personal computer and reasonable internet connectivity. All students are expected to have basic computer and typing skills prior to entry into the nursing program, for example:

- Word processing (compatible with the MS Word used by the SON)
- Sending and receiving e-mail with attachments
- Accessing and navigating the Internet/World Wide Web, and
- Basic understanding of hardware, software, and operating systems.

## Scheduling of Courses

Graduate nursing courses are offered in an alternative scheduling format consisting of intensive classroom sessions presented in short time blocks on the UAA campus and/or periodic class meetings throughout the semester that are available via computer and/or audio conference. Most core courses are totally online, requiring no time on campus and may be taught in an intensive format. Thus, it is possible for students who reside outside of Anchorage to take advantage of the opportunity to pursue graduate study at UAA. In addition, all students will be required to work with disadvantaged populations and have the opportunity to take advantage of clinical learning opportunities throughout the state.



## Graduation Requirements

See the beginning of this chapter for University Requirements for Doctoral Degrees.

### Program Requirements for Post-Baccalaureate Students

1. Complete the following required courses (55 credits):\*

ND A601	Advanced Pathophysiology I	4
ND A602	Advanced Health Assessment in Primary Care	4
ND A603	Advanced Pathophysiology II	2
ND A610	Pharmacology for Primary Care I	2
ND A612	Pharmacology for Primary Care II	3
ND A613*	Advanced Practice Informatics	2
ND A614*	Advanced Practice Ethics and Law	2
ND A615*	Health Services Organization and Finance	4
ND A618*	Advanced Nursing Roles and Leadership	4
ND A619*	Health Policy and Economics	4
ND A621*	Knowledge Development for Advanced Nursing Practice	3
ND A627*	Practice Inquiry I: The Nature of Evidence	3
ND A628	Practice Inquiry II: Design and Methods	3
ND A629	Practice Inquiry III: Proposal Development	2
ND A696	Practice Inquiry IV: Capstone Project (2)	6
ND A633*	Statistics for Advanced Practice	3
ND A634*	Epidemiology for Advanced Practice	2
ND A637	Data Analysis: Qualitative	1
ND A638	Data Analysis: Quantitative	1

\*Core courses

It is highly recommended that students complete the Practice Inquiry Series (ND A627, ND A628, ND A629 & ND A696) in sequential order. Students wishing to take ND A696 earlier in the sequence should seek instructor/advisor approval.

2. Complete one of the following options:

**Family Nurse Practitioner Option (30 credits)**

ND A660	Family Nurse Practitioner I for Doctoral Studies	4
ND A661	Family Nurse Practitioner II for Doctoral Studies	5
ND A662	Family Nurse Practitioner III for Doctoral Studies	5
ND A663	Family Nurse Practitioner IV for Doctoral Studies	6
ND A683	Clinical Immersion	3
ND A684	Clinical Concentration	4
Elective	Advisor approved	3

**Psychiatric-Mental Health Practitioner Option (30 Credits)**

ND A611	Psychopharmacology for Advanced Practice Nursing	3
ND A670	Advanced Practice Psychiatric and Mental Health Nursing I for Doctoral Studies	5
ND A671	Advanced Practice Psychiatric and Mental Health Nursing II for Doctoral Studies	5
ND A672	Advanced Practice Psychiatric and Mental Health Nursing III for Doctoral Studies	5
ND A673	Advanced Practice Psychiatric and Mental Health Nursing IV for Doctoral Studies	5
ND A683	Clinical Immersion	3
ND A684	Clinical Concentration	4



## Program Requirements for Post-Master's Students

1. Complete the following required courses (37 credits):\*

ND A601A	Genetics and Genomics in Advanced Pathophysiology	1
ND A610A	Pharmacology for Primary Care: Special Topics	1
ND A613*	Advanced Practice Informatics	2
ND A614*	Advanced Practice Ethics and Law	2
ND A615*	Health Services Organization and Finance	4
ND A618A*	Advanced Nursing Leadership	2
ND A619A*	Health Economics	2
ND A628	Practice Inquiry II: Design and Methods	3
ND A629	Practice Inquiry III: Proposal Development	2
ND A696	Practice Inquiry IV: Capstone Project (2)	6
ND A634*	Epidemiology for Advanced Practice	2
ND A683	Clinical Immersion	3
ND A684	Clinical Concentration	4
Elective	Advisor Approved	3

\*Core courses

It is highly recommended that students complete the Practice Inquiry series (ND A628, ND A629 and ND A696) in sequential order. Students wishing to take ND A696 earlier in the sequence may do so with instructor/advisor approval.

## Capstone: Project Dissemination

A total of 6 credits of NS A696: Capstone Project, taken over 3-4 semesters, is required for the degree. Students who are unable to complete the project after four semesters will be required to complete the graduate continuous registration procedures (see beginning of this chapter) and pay all fees. Students who are unable to complete their capstone after 6 credits of NS A696 may be required to take additional course work. Specific requirements for additional coursework will be determined by the graduate program Chairperson, the DNP coordinator, and the capstone project chair.

## **FACULTY**

*Barbara Berner, Professor/Director, bjberner@uaa.alaska.edu*

*Bethany Buchanan, Term Assistant Professor, bbuchan1@uaa.alaska.edu*

*Bernice Carmon, Associate Professor, bwcarmon@uaa.alaska.edu*

*Elizabeth Driscoll, Term Assistant Professor, emdriscoll@uaa.alaska.edu*

*Thomas Hendrix, Assistant Professor, thenдри3@uaa.alaska.edu*

*Lisa Jackson, Assistant Professor, lmjackson2@uaa.alaska.edu*

*Jill Janke, Professor/Graduate Program Chair, jrjanke@uaa.alaska.edu*

*Cindy Jones, Assistant Professor, cgjones2@uaa.alaska.edu*

*Mary Logan, mologan@uaa.alaska.edu*

*Patricia Lynes-Hayes, Assistant Professor, plyneshayes@uaa.alaska.edu*

*Christine Michel, Associate Professor, cmmichel@uaa.alaska.edu*

*Maureen O'Malley, Associate Professor/Associate Director, momalley@uaa.alaska.edu*

*Nadine Parker, Assistant Professor, nparker8@uaa.alaska.edu*

*Sharon Peabody, Term Assistant Professor, speabody@uaa.alaska.edu*

*Elizabeth Predeger, Professor, ejpredeger@uaa.alaska.edu*

*Cynthia Strobach, Assistant Professor, cdstrobach@uaa.alaska.edu*

*Dianne Tarrant, Associate Professor, dltarrant@uaa.alaska.edu*

*Dianne Toebe, Associate Professor, dmtoebe@uaa.alaska.edu*

*Naomi Torrance, Assistant Professor, nctorrance@uaa.alaska.edu*

*Sharyl Toscano, Associate Professor, setoscano@uaa.alaska.edu*

*Angelia Trujillo, Assistant Professor, actrujillo@uaa.alaska.edu*

*Shirley Valek-Wilson, Associate Professor, sjvalek-wilson@uaa.alaska.edu*



## Attachment B: Current Graduate Faculty

Table 1

*Current Graduate Contract and Tenure-Track Faculty Credentials, Expertise, Projects, Courses and Clinical Practice*

Faculty Name Rank/Degree	Content Area of Expertise	Current Projects	Graduate Courses Taught	Clinical Practice
BARBARA BERNER Associate Professor EdD, FNP, RN Director	Adult Development, Learning and Styles, Cross Cultural, Evaluation of Clinical Competency in Distance Education, Nurse Practitioner Practice, Chronic Disease	Assuring clinical competence in distance nurse practitioner programs Survey of Nurse Practitioner Practice in Alaska Professional Practices	All FNP clinical courses Clin Faculty for FNP Program Chairs/participates in thesis/project committee	Ravenwood Family Clinic
BETHANY BUCHANAN, Term Assistant Professor DNP, FNP, RN	Family Practice, Primary Care Alternative Medicine	Vitamin D use Integrative Depression Approaches	Advanced Physical Assessment Advanced Practice Roles All FNP Clinical Course Oversight Chairs/participates in thesis/project committee	Private Practice at Avante Medical Center
BERNICE W. CARMON Associate Professor MPH, MS, RN, PhD Tenured	Psychosocial Stress; Health Education Family: Healthy and Distressed, Empathy, Palliative Care/EOL Care	Palliative Care and Nursing Competencies	Graduate Education Courses Graduate Psych/MH NP Clin Courses	
TINA DELAPP Professor Emerita EdD, RN	Nursing Education and Research Health Care Policy	Alaska Nurses Foundation	Committee Chair for Graduate Projects	
ELIZABETH DRISCOLL Term Associate Professor PhD, FNP, RN	Simulation in Advanced Practice Nursing	Simulation for NP students	Advanced Physical Assessment Advanced Practice Roles All FNP Clinical Course Oversight Chairs/participates in thesis/project committee	Private Practice at Alaska Health Care Clinic
THOMAS HENDRIX Associate Professor PhD, RN Tenured	Health Policy, Health Economics, Adult Health Nursing, Assessment	Policy Implications for Nurses Cost-effectiveness Nursing education	Graduate Health policy Chairs/participates in thesis/project committee	
JILL JANKE Professor PhD, RN Tenured	Women's health care (lactation; preterm labor) Theory of reasoned action (planned behavior) Methodological studies (instrument development) Stress reduction	Instrument development: Prediction of lactation attrition Effect of Relaxation Therapy on Preterm Labor	Graduate Statistics Graduate Research Chairs/participates in thesis/project committee	
LISA JACKSON Assistant Professor DNP, FNP, RN Tenure Track	Family Practice Primary Care	Head injury, sports injury in school-age children	Advanced Physical Assessment FNP Clinical Courses Chairs, participates in project committees	Private Practice at Patients First Clinic

PATRICIA LYNES-HAYES Term Assistant Professor PhD, RN Term		Survey of student supplemental eligibility criteria for membership in US chapters of Sigma Theta Tau	Chairs/participates in Thesis/project committees	
CINDY JONES Assistant Professor, MS, P/MHNP Tenure track	Psychiatric, Disabilities and Family/ Child	Family responses to involuntary commitment of seriously mentally ill family members.	Psych/MHNP Clinical Courses	Mat-Su Health Clinic
KATHERINE MELICAN MS, FNP, RN (Adjunct)	Clinic Management			Alaska Health Care Clinic
CHRISTINE MICHEL Associate Professor PhD, RN, SANE A/P DABFN Tenure Track	Medical/Surgical Nursing Rural Health Native Health Forensic Nursing		Chairs/participates in thesis/project committee Medical/surgical	
MAUREEN O'MALLEY Assistant Professor PhD, MS, RN Tenured, Associate Director	Cardiovascular Nursing Disease Prevention/Wellness Case Management Depression ADD/ADHD	Dissertation Study – "A case management intervention promoting exercise compliance in an at-risk cardiac population." Measures: Exercise Self-Efficacy and Depression Symptoms	Graduate Research Chairs/participates in thesis/project committee	
NADINE PARKER Assistant Professor PhD, RN Tenure track	Medical-surgical, Critical care	Quality of Life in Older Patients with Cancer/ Spouses	Medical Surgical Chairs/participates in thesis/project committees	
SHARON PEABODY Term Assistant Professor MS, FNP, RN	Family and emergency Practice Native Health Rural Health		Advanced Pathophysiology Advanced Physical Assess FNP Clinical Oversight	Rural Native Health Clinics
ELIZABETH PREDEGER Professor PhD, RN Tenured	Community Health Healing, Chronic illness, Women's experiences, Nursing theory	Women Aging with Chronic Illness	Graduate Nursing Theory Graduate Project Seminar Graduate Research Chairs/participates in thesis/project committee	
LOIS ROCKCASTLE MN, FNP, RN (Adjunct)	Subregional Health Issues Native Health and Illness		Advanced Physical Assessment	Subregional Health Clinics
DIANNE TARRANT Associate Professor MSN, FNP, RN Tenured	Family Practice; Chronic health, Cardiac, Renal; Quality assurance; Family practice business, Practice and Professional Issues.	Hepatitis B	All FNP clinical courses Advanced Patho Advanced Pharmacology Advanced Physical Assess	Ravenwood Family Clinic
DIANNE M. TOEBE Associate Professor PhD, RN Tenured	Informatics management, Organizations, Women's health	Nursing Administration Computer Informatics Clinical Decision-making	Informatics Graduate Nursing Administration Advanced practice roles Chairs/participates in thesis/project committee	



<p>NAOMI TORRANCE Assistant Professor DNP, FNP, RN Tenure track</p>	<p>Native health, Primary Care, Health promotion and disease prevention</p>	<p>Health risk behaviors among Alaskan adults, simulation/standardized patients in NP education</p>	<p>FNP Clinical Courses Chairs/participates in thesis/project committee</p>	<p>Southcentral Foundation</p>
<p>SHARYL TOSCANO Associate professor PhD, RN Tenure track</p>	<p>Family violence, Medical surgical nursing, Pharmacology, Research</p>	<p>Qualitative methods of inquiry: Grounded theory, Poetic Transcription, &amp; Phenomenology Topics: Women's Roles/Relationships and Health (Adolescent dating, Dating violence, and Infertility)</p>	<p>Chairs/participates in thesis/project committee</p>	<p>Alaska Native Medical Center</p>
<p>ANGELIA TRUJILLO Assistant Professor DNP, RN, SANE-A Tenure track</p>	<p>Community Health Nursing, Reproductive Health, Sexuality issues, Interpersonal Violence, Violence Against Women, Forensic Nursing</p>	<p>Evaluation of Alaska Violent Death Reporting Program Preparing publication of DNP project</p>	<p>Chairs/participates in thesis/project committees Community Health</p>	
<p>SHIRLEY VALEK- WILSON Associate Professor MSN, PMHNP, RN Tenured</p>	<p>Psych-Mental Health Nursing</p>	<p>Grieving Children and Play Therapy</p>	<p>Graduate PMHNP Clinical Courses</p>	<p>UAA Student Health Center</p>

## Attachment C: Recommendation of External Review Committee



Chair, Department of Community Practice Nursing  
318 Moore Building, P. O. Box 26170, Greensboro, North Carolina 27402-6170  
*email:* rfrasch@uncg.edu *Office:* 336.256.1374 *Fax:* 336.334.2628

05 January 2013

Elisha "Bear" Baker, IV  
Vice Chancellor for Academic Affairs and Provost  
University of Alaska Anchorage  
3211 Providence Drive  
Anchorage, AL 99508-4614

**RE: External review of the *Justification for a Doctor of Nursing Practice Program***

Dear Vice Chancellor & Provost Baker,

Dr. Marie Napolitano, Dr. Arlene Sperhac and I are pleased to provide this external review of the *Justification for a Doctor of Nursing Practice Program* in The School of Nursing, College of Health, at The University of Alaska Anchorage. We find more than ample justification for the proposed program and support the further development of the program for review.

The School of Nursing is proposing a doctor of nursing practice (DNP) program to prepare family nurse practitioners (FNP) and psych-mental health nurse practitioners (PMHNP). The need to prepare FNPs and PMHNPs at the highest level (the DNP) in order to meet the need of the Alaskan populations is successfully presented in the proposal. The reviewers strongly support the establishment of the proposed DNP program preparing FNPs and PMHNPs. The program, as proposed, will help meet the needs of primary health care and psych-mental health care in the State of Alaska.



Vice Chancellor & Provost Baker

02 February 2013

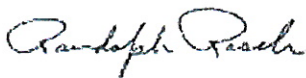
Page Two

The need for the practice doctorate in nursing is predicated, in part, on the increasing autonomous role of advanced practice nurses in an increasingly complex and "messy" healthcare system. The purpose of the proposed Doctor of Nursing Practice is to prepare family nurse practitioners (FNP) and psych-mental health nurse practitioners (PMHNP) to meet the demands for primary health care and psych-mental health care needs in the State of Alaska.

The overarching strength of the proposed program is that it builds on existing strong advanced practice programs in the School of Nursing and is designed to take those programs to the next level in preparing graduates to meet the demands of the patients they will serve. Many of the needed resources are already in place. The current faculty is strong and demonstrates understanding of the doctoral education for advanced practice nursing. The facilities for teaching are appropriate and there are an excellent number and types of clinical settings in which students may gain necessary clinical experiences.

In summary, the reviewers accept the proposal as justification for the program. We have included, as an attachment, recommendations that may be useful as the full proposal is developed.

Sincerely,



Randolph F. R. Rasch, PhD, RN, FNP-BC, FAANP  
Professor and Chair  
Department of Community Practice Nursing &  
Coordinator, Adult/Gerontological Nurse Practitioner Program

Encl: Recommendations for Full Proposal

## Attachment D: Letter of Support From Community Advisory Board

PO Box 190773  
Anchorage, AK 99519

December 21, 2012

Elisha "Bear" Baker, Ph.D.  
Vice Chancellor and Provost  
University of Alaska Anchorage  
3211 Providence Dr  
Anchorage, AK 99508 sent via email to [erbaker@uaa.alaska.edu](mailto:erbaker@uaa.alaska.edu)

Dear Dr. Baker:

Re: Doctorate of Nursing Practice

Congratulations on your recent appointment as the permanent Vice Chancellor for Academic Affairs and Provost at UAA. I look forward to continuing to work with you on many issues related to academic programs and University leadership.

At our December 7 meeting the Community Advisory Board for the School of Nursing unanimously passed a motion endorsing a Doctor of Nursing Practice (DNP) degree at UAA. The Board asked that I communicate this action to you.

A DNP program will be a tremendous benefit to Alaska—and we believe the time to act is now.

Advanced practice nurses are vital in helping meet primary health care needs of Alaskans. The nursing profession recognizes the value of the DNP and is now recommending it as the entry level for Advanced Practice Registered Nurses. The marketplace is quickly adapting—and we understand that nearly 300 graduate programs in 40 states now offer or are preparing to offer the DNP.

UAA is well known for its nursing program and we want it to continue to be ranked with the best. As the only program in Alaska providing graduate education for our advanced practitioners, it is important for UAA to step up to meet the needs of our State. We want to serve Alaskans and do not want to lose our graduate nurses to programs in other states. We ask for your support.

We wish you a wonderful Christmas and Happy New Year. Go Seawolves!

Sincerely,

*Loren Leman*

Loren Leman, P.E.  
Chairman, Community Advisory Board  
UAA School of Nursing  
Copies: Board members