

PROPOSAL

System-Wide Collaboration to Deliver the Doctor of Nursing Practice at Purdue University Calumet Campus, Hammond and Indiana University-Purdue University, Ft. Wayne

*Peggy S. Gerard, Interim Vice Chancellor for Academic Affairs and
Dean, College of Nursing, Purdue University Calumet*

*Lee-Ellen Kirkhorn, Head, Department of Nursing,
Indiana University Purdue University, Fort Wayne*

*Jane M. Kirkpatrick, Associate Dean, College of Health and Human Sciences and
Head, School of Nursing, Purdue University, West Lafayette*

*Carol Sternberger, Associate Vice Chancellor for Faculty Development,
Indiana University Purdue University, Fort Wayne*

1. Characteristics of the Program

a. Campuses Offering the Program

We propose an expansion of the current DNP program offered at West Lafayette to include the Calumet and Fort Wayne campuses in order to create a system-wide program access. The collaborative approach is designed to reduce intercampus competition for students and to maximize efficient use of faculty resources across the Purdue system. Students will be admitted to a campus based on their cognate specialization preference and proximity to the campus where they will complete required on-campus intensive experiences. Because of the sustained success of our collaborative efforts for the Master of Science degrees, we are confident that the faculties and staff can continue to work together in synergy. The nursing programs at the Calumet and Fort Wayne campuses have been offering graduate nursing education since 1983 at Calumet and since 1996 at Fort Wayne. The West Lafayette campus launched the first DNP program in Indiana in 2005.

The West Lafayette faculty fully endorses increased access to Purdue DNP education as discussed in this proposal. The system-wide collaboration will provide efficiencies by using the currently accredited curriculum from West Lafayette and expanding distance access to the courses. Through their collaboration, faculty across the Purdue campuses will be able to offer core courses to more students while adding unique cognate specializations from each regional campus. These cognate specializations include: West Lafayette, Transitions and Quality Improvement; Calumet, Translation Science; and Fort Wayne, Technology in Healthcare. Thus all Purdue campuses will contribute to expanded graduate education opportunities across Indiana and surrounding regions. West Lafayette will continue to offer the full DNP program, in the model that is currently accredited but will transition the on-campus program to a primarily online delivery with limited intensive face-to-face experiences. In addition, they will support the expansion of the DNP on the regional campuses and participate in the system-wide delivery of the DNP.

West Lafayette will share the core of their accredited DNP curriculum, provide program oversight during the developmental phases of the program expansion, and share their expertise gained from experience offering the degree. The Calumet and Fort Wayne campuses will seek accreditation of their programs from the same body, the Commission on Collegiate Nursing Education, which currently accredits the West Lafayette campus. This accreditation will reflect the system collaboration for the DNP.

Faculty at the West Lafayette campus are committed to collaborate with regional campus partners to offer courses, receive students from their campuses to fully enroll West Lafayette courses, as well as to enroll their students in Calumet and Fort Wayne campuses courses. Students will be able to efficiently and seamlessly progress through the curriculum while taking advantage of the strengths of each campus.

Although this proposal requests authority for Calumet and Fort Wayne to admit and graduate students from the Purdue system DNP program, North Central has developed a plan to gradually increase their faculty's experience with graduate education in nursing with the goal of eventually becoming a full partner in this collaboration. As part of this plan, some North Central nursing faculty will begin to teach and co-teach courses in Purdue master's programs and serve as members of DNP student project committees. As their experience in graduate education increases, they will begin to co-teach some of the DNP courses.

- b. Scope of Delivery--statewide
- c. Mode of Delivery--blended
- d. Other Delivery Aspects

This degree is a practice degree, and as such, requires a minimum of 1000 clinical hours post-baccalaureate. Post-master's students with an advanced practice master's degree (nurse practitioner, clinical nurse specialist, nurse midwifery, and nurse anesthesia) will already have at a minimum 500 clinical hours completed toward the hours required.

- e. Academic Units Offering Program

The School of Nursing in West Lafayette currently offers an accredited DNP program and is seeking approval to offer courses online as part of this system-wide collaboration. As we propose, the College of Nursing at the Calumet campus and the Department of Nursing at Fort Wayne will also grant the doctoral degree program as part of this collaboration with the authority to admit, enroll, and graduate students from the DNP program at their campuses.

2. **Rationale for the Program**

- a. Institutional Rationale

Purdue University has four campuses, Indiana University-Purdue University Fort Wayne (IPFW), Purdue Calumet, Purdue North Central, and the main campus, West Lafayette. Over the past year, faculty members and administrators from all four campuses have worked together to develop a plan to improve system effectiveness and efficiency through increased cooperation among the campuses.

The plan to improve the Purdue system has multiple key goals, two of which are to build system-wide graduate programs and establish a system-wide online education organization. The collaboration to offer a DNP on three of Purdue's campuses with plans to prepare the fourth campus to be part of the degree program at the appropriate time is an excellent example of a system-wide effort that helps fulfill Purdue's mission.*See full proposal for extended discussion.

- b. State Rationale

The state priorities in *Reaching Higher, Achieving More*, are aimed primarily at undergraduate education; however, we are able to address the following priorities as they relate to a system-wide collaboration for delivery of the DNP. The program will be student-centered by broadening access to a high-demand degree throughout the state, especially the northern portion of the state where there are no public universities offering the degree. The profession of nursing has specified that the DNP is the preferred degree for advanced practice nursing. Students understand this goal and have expressed the desire to pursue the DNP. Unless DNP programs are expanded in Indiana, students will be unable to achieve their goals and Indiana will fall further behind in the number of nurses with doctoral degrees. Graduate students in nursing are typically working fulltime and need the flexibility of an online program. Our "proactive advising" insures that students receive intensive and individualized attention to stay on track to graduation while managing their busy lives. We have designed the program to meet the workforce demands of a changing healthcare landscape. Graduates of the DNP program will have the knowledge and skills sought by healthcare organizations looking for nurses with the capacity to provide care through expanded practice and the leadership skills to transform learning healthcare systems.

*For a discussion regarding how the DNP degree addresses several state goals see full proposal.

- c. Evidence of Labor Market Need

- i. *National, State, or Regional Need*

Advanced Practice Nurses (APNs) have a history of providing high quality healthcare in both outpatient and inpatient settings and have served successfully as faculty in undergraduate

programs of nursing. For many years, APNs have been educated primarily in master's degree programs. However a multitude of factors are necessitating additional preparation for APNs including the rapid expansion of knowledge underlying advanced practice; the increasing complexity of patient care and the healthcare system; national initiatives to improve the quality and safety of health care; impending shortages of nursing personnel which requires leaders who are able to design new models of care; critical shortages of doctorally-prepared nursing faculty; and increasing educational expectations for the preparation of other members of the healthcare team. The DNP degree prepares APNs to meet these challenges with the acquisition of scientific, organizational, leadership, and economic knowledge that allows for the planning and delivery of cost-effective, evidence based care. The acquisition of these skills also prepares DNPs to meet the health care needs of vulnerable populations. Less than 1% of nurses hold doctorates and the Institute of Medicine has called for doubling the number of nurses with doctorates by 2020 (Please see references page in full proposal--Kirschling, 2013).

In 2004, the member schools affiliated with the American Association of Colleges of Nursing (AACN) voted to make the preferred level of educational preparation for APNs, including nurse practitioners (NPs) and clinical nurse specialists (CNSs), the DNP instead of the Master's degree. This change was recommended to take effect by 2015. In 2010, AACN reaffirmed the call to transition all APN education from the master's to the practice doctorate by 2015. Following the 2004 vote, master's programs across the country began the process of transitioning their APN master's program to the DNP. To date, over 225 nursing programs across the country now offer DNP programs and several more reported planning to open programs (AACN <https://www.aacn.nche.edu/dnp/program-schools>, retrieved on March 22, 2013). In August of 2013, AACN announced it is launching a study to identify barriers to transitioning APN preparation programs from master's degree programs to the DNP. Results of this study will be used to facilitate the transition of **all** APN master's degree programs to the DNP. Offering the DNP program on the regional campuses of Calumet and Fort Wayne is consistent with the national AACN recommendations.

ii. *Preparation for Graduate Programs or Other Benefits*

The proposed system-wide DNP program will provide improved access to a professional doctorate for practicing nurses and recent master's graduates who are interested in advancing their careers in the healthcare industry or teaching at one of the many institutions preparing nurses for practice. Demand for nurses with professional doctorates in both academia and healthcare institutions is high and growing. Graduates of the program will have enhanced income earning potential, as DNP-prepared nurses earn salaries between 5 and 10% more than their master's prepared counterparts (AACN, <https://www.aacn.nche.edu/media-relations/fact-sheets/dnp>, retrieved on April 11, 2013). Additionally, graduates of DNP programs will be eligible to continue their education if they enroll in PhD programs.

iii. *Summary of Indiana DWD and/or U.S. Department of Labor Data*

The need for improvement in Hoosier health is clear. The Commonwealth fund recently released a 2012 scorecard data that allows comparisons of many health indicators by city and state. Significant health disparity exists in the northern regions of Indiana. For example, the overall ranking of Gary, Indiana's health is 256 of 306 and is in the bottom quartile of health in the United States; Fort Wayne is 169 and Lafayette is 190 of 306, both falling in the third quartile (See references page in full proposal--Radley, How, Fryer, McCarthy and C. Schoen, 2012). These data point to the need to develop a workforce that can improve access to care,

improve systems of care and provide care to the citizens of Indiana. DNP graduates are well-suited to improve these disparities.

As of the submission date for this proposal, the Department of Workforce Development in Indiana has not studied the labor market demand for DNP graduates. However, the economic need for a system-wide DNP is clear. DNP graduates, including nurse practitioners, clinical nurse specialists, and nurse executives, may be employed in a variety of areas including primary care, healthcare organizations, and schools of nursing.

Nurse practitioners have provided and continue to provide primary health care to many Indiana residents and are the second largest group of primary care clinicians in the state. However, the number of primary care providers, including nurse practitioners, is about half the recommended number of 100 per 100,000 required to provide access to primary care (please see reference page in full proposal--Lewis, Sheff, Zollinger, & Allen, 2012). In addition to the current need, an increasing number of NPs will be needed to coordinate and provide direct care to the large number of residents across the state who will soon receive healthcare benefits under the Patient Protection and Affordable Care Act.

iv. *National, State, or Regional Studies*

National Trends/Data.

With the implementation of the Patient Protection and Affordable Care Act, the Bureau of Labor Statistics projects a net job growth of almost 3 million healthcare jobs by 2020. Nurses prepared for advanced practice will most certainly play a large role in filling this gap. While master's prepared nurses will help alleviate this gap in the short term, the profession is directing that a clinical doctorate is necessary to provide the level of care necessary.

Despite the lack of national data regarding the labor market need, the American Association of Colleges of Nursing's (AACN) 2004 initiative to make the DNP degree the preferred level of educational preparation for APNs, established the need for DNP programs. In 2010, AACN reaffirmed the call to transition all APN education from the master's to the practice doctorate by 2015 although accreditation and certification bodies have not moved to enforce this requirement. Following the 2004 vote, master's programs across the country rapidly began the process of transitioning their APN master's program to the DNP. To date, over 225 nursing programs across the country now offer DNP programs more than 100 schools are considering opening DNP program (AACN <https://www.aacn.nche.edu/dnp/program-schools> accessed July 24, 2013). DNP programs reside in universities with Carnegie classifications ranging from Master's-M, Master's-L, Research-H and Research-VH. It is clear that the precedent has been set for offering DNP programs at “*Master's large” institutions similar to Purdue Calumet and Fort Wayne.

v. *Surveys of Employers or Students and Analyses of Job Postings*

Purdue University Calumet

During a three-month period in the spring of 2013, faculty surveyed active students and alumni of the College of Nursing's baccalaureate (including the RN to BS program) and master's programs. The results demonstrate avid interest and an urgent need for a DNP degree at the Calumet campus. The main finding is that 292 respondents said that if Purdue Calumet were to offer the DNP degree they are very likely or likely to apply and they would apply within 6 years, with the largest portion wanting to apply within 2-4 years. The most frequent motivation is to advance their career, to meet future educational requirements to remain an advanced practice nurse and to become a nurse educator.

Indiana University-Purdue University, Fort Wayne

IPFW conducted a similar needs assessment and surveyed their RN to BS student population as well as baccalaureate and master's students and alumni. A total of 75 online respondents were very likely or likely to apply for the DNP if IPFW were to offer the degree. The largest portion would plan to apply within the next 4 years (69%) and 31% plan to apply in the next 2 years. In addition, at the graduate student orientation in August 2013 a brief survey was conducted. Of the 44 respondents completing the survey, 9 indicated they intended to pursue a DNP and 15 were unsure but may pursue the degree.

Universities near the Purdue Calumet and IPFW campuses currently offering the DNP are at maximum capacity and have long waiting lists. Offering of a system-wide DNP program would significantly increase access while providing a more affordable option for nurses living near these campuses and throughout the state of Indiana.

vi. Letters of Support (see Appendix A)

3. Cost of and Support for the Program

a. Costs

i. *Faculty and Staff*

We anticipate that across the three campuses a total of 11 new faculty positions and three staff positions will be needed during the first four years of the program: three faculty (one each year for the first 3 years) and one clerical staff at Fort Wayne; four faculty (one each year) and one clerical staff at Calumet; and four faculty and one clerical staff beginning the first year in West Lafayette

ii. Facilities

No new additional facilities are required.

iii. *Other Capital Costs*

No significant capital costs required.

b. Support

i. Nature of support

Purdue University Calumet

Program will share existing administrative support structure both with the College of Nursing and general university administration. Program will be supported by generated tuition and fees and initially, campus general funds.

Indiana University-Purdue University, Fort Wayne

Program will share existing administrative support structure both with the College of Nursing and general university administration. Program will be supported by generated tuition and fees and initially, campus general funds.

West Lafayette

Program will share existing administrative support structure both with the College of Nursing and general university administration. Program will be supported by generated tuition and fees and initially, campus general funds.

ii. Special Fees above Baseline Tuition

Representatives from all campus' business offices analyzed the current tuition and fees charged for other similar primarily online DNP programs in Indiana and surrounding states that were considered to be most competitive by potential students. The institutions reviewed included Ball State, Indiana University, Indiana State University, the University of Southern Indiana, the University of Illinois at Chicago, Indiana Wesleyan University, and Valparaiso University. The FY 2014 tuition and fee rates for the main competitor programs clustered around \$693 - \$777 per credit hour for resident students and \$777 - \$1,634 per credit hour for nonresident students.

The recommended per credit hour fee for the Purdue DNP program is \$725 for residents and \$950 for non-residents. Due to the labor intensive nature of residency/practica courses, particularly the cognate residencies and the two Practice Inquiry Project courses, an additional residency/practica fee of \$100 per credit hour has also been recommended. Six of the DNP program's seventeen courses will be assessed the residency/practica fee. These rates will be applied consistently by all participating Purdue campuses.

The proposed fee rates are anticipated to cover instructional and administrative costs in steady state. Pricing for this program is dynamic and fee rates will be revisited periodically to insure program sustainability. An initial investment will be required for beginning implementation and start-up costs as the program ramps up at each campus.

4. Similar and Related Programs

a. List of Programs and Degrees Conferred

According to the website of the American Association of Colleges of Nursing (<http://www.aacn.nche.edu/dnp/program-schools#IN>, retrieved on June 7, 2013) six institutions in Indiana currently offer DNP degrees: Ball State, Indiana State, IUPUI, Purdue-West Lafayette, University of Southern Indiana, and Valparaiso University. These six institutions awarded 32 DNP degrees in 2011, with 6 of those coming from Purdue-West Lafayette. Indiana Wesleyan and University of Indianapolis also offer a DNP program but were not included in the AACN list. The proposed system-wide DNP will include the current program at West Lafayette.

b. List of Similar Programs Outside Indiana

Over **34** educational institutions in the contiguous states of Illinois, Ohio and Michigan offer DNP programs that are taught primarily online with intensive on-campus sessions, similar to the proposed system-wide DNP program. These programs are listed below.

- In Illinois, a total of **9** colleges and universities offer an online DNP including Governor's State University, Kaplan University, Lewis University, Loyola University, Rush University, St. Francis Medical Center College of Nursing, Southern Illinois University Edwardsville, the University of Illinois at Chicago, and the University of St. Francis.
- **Nine** colleges and universities in Ohio currently offer an online DNP degree including Case Western Reserve University, College of Mount St. Joseph, Kent State University, the Ohio State University, the University of Cincinnati, the University of Toledo, Ursuline College, Walsh University and Wright State University.
- In Michigan, **9** colleges and universities offer the DNP degree including Grand Valley State University, Madonna University, Michigan State University, Oakland University, Saginaw Valley State University, University of Detroit Mercy, University of Michigan, University of Michigan-Flint, and Wayne State University.
- **Seven** universities in Kentucky also offer the DNP including Bellarmine University, Eastern Kentucky University, Frontier Nursing University, Murray State University, Northern Kentucky University, the University of Kentucky and Western Kentucky University.

c. Articulation of Associate/Baccalaureate Programs--Not applicable.

d. Collaboration with Similar or Related Programs on Other Campuses

A system-wide DNP program is a logical extension of the Graduate Nursing Consortium that was created in 1997 when the College of Nursing at Purdue Calumet brought their master's

in nursing program to nurses living in communities near the West Lafayette and Fort Wayne campuses. Through this consortia arrangement, the nursing programs at West Lafayette and Fort Wayne began to participate in teaching graduate courses and eventually were approved to offer their own master's degrees. Since its creation, the Purdue Graduate Nursing Consortium has significantly increased access to affordable master's education to nurses throughout the state. It has provided an efficient and effective way to use the expertise of doctorally prepared nursing faculty across the Purdue system while increasing the program options available to nursing students. The DNP collaborative effort will benefit from these past experiences by generating improvements in multiple systems across the campuses that will enhance not only the DNP student experience, but that can be applied to other units at Purdue who might endeavor to accomplish a similar collaboration.

As indicated in this document, efforts to offer the system-wide delivery of the DNP program rest upon the existing collaborative relationship among the three campuses.

For an extended discussion of collaboration, please see full proposal.

a. Credit Hours Required/Time to Completion

Students admitted to the post-master's DNP program must have a master's degree in nursing. The post-master's DNP track consists of 38 credit hours and 43 for non-advanced practice nurses

b. Exceeding the Standard Expectation of Credit Hours--Not applicable.

c. Program Competencies or Learning Outcomes

The learning outcomes for the proposed system-wide collaborative program will be consistent with the West Lafayette DNP learning outcomes. These outcomes reflect the AACN Essentials of Doctoral Education for Advanced Nursing Practice and are listed below. Upon successful completion of the DNP, the graduate will be able to:

- Evaluate systems responses to health and illness as a basis for the promotion, restoration and maintenance of health and functional abilities and the prevention of illness
- Integrate advanced knowledge of nursing theories, related sciences and humanities, and methods of inquiry in the care diverse populations
- Design quality, cost effective nursing interventions based on the knowledge of interrelationships among person, environment, health and nursing
- Measure outcomes to evaluate nursing and health systems in diverse settings
- Demonstrate role competence as a Doctor of Nursing Practice in providing care to individuals and families including rural and vulnerable populations
- Translate research to support evidenced-based practice for diverse populations
- Initiate changes in the healthcare system through the implementation and evaluation of health policies that strengthen the healthcare delivery system
- Apply systems concepts to prevent and solve complex healthcare delivery problems

d. Assessment

Assessment will be the responsibility of all participating campuses. Our assessment plan is holistic and will include these target areas: program, course, course delivery technology, instructor, and individual student learning outcomes. Data will be analyzed by each campus and the system. In addition, each campus will assess the DNP program as a whole using the current

West Lafayette program evaluation plan based on the Commission on Collegiate Nursing Education (CCNE) accreditation standards. Please see Appendix B for the specific CCNE evaluation plan to be followed.

In addition to the CCNE evaluation plan, we plan to use both formative and summative metrics to evaluate courses and online program components. Formative measurement is important to make mid-course and mid-program corrections to enable student success. Because we intend to offer this program using innovative technologies for asynchronous online delivery, we will assess the quality of the online learning environment and strategies as part of the learning process and outcomes.

Programmatically, we will continuously assess for improvement of course, instruction and learning outcomes. We will use the Sloan Consortium (Sloan-C) Quality Framework and Pillars (Moore, 2005) to assess the quality of the online program. The Sloan-C framework is appropriate for course and programmatic assessment and is organized around five pillars of quality including learning effectiveness, cost effectiveness and institutional commitment, access and faculty and student satisfaction.

We will use the Quality Matters™ (QM) assessment rubric to certify instructors for online teaching and to periodically assess individual courses. Funded through a FIPSE grant, a consortium of higher education institutions developed the QM framework and rubric after reviewing the literature of best practices. It is now a well-established approach to assessing the quality of online education (<https://www.qualitymatters.org/higher-education-program>).

e. Licensure and Certification

As a post-master's degree program, most graduates will not be prepared for a license or certification. All students will need to hold a valid registered nurse license as a criterion of admission. Applicants, who are not certified at the time of application, may be required to complete coursework leading to certification as is current practice in West Lafayette.

f. Placement of Graduates

The West Lafayette campus has graduated 32 DNP students since its first graduating class of 2007. Graduates are working in the following healthcare roles: nursing university or clinical education (14); advanced nursing practice (10); clinical director (4); executive level nursing (2); and one student is pursuing a PhD and employed at the Centers for Disease Control and Prevention. All but six alumni are employed in Indiana. We anticipate that graduates will find similar placements. Nationally, DNP prepared nurses earn between 5 and 10% more than their master's prepared counterparts (AACN, <https://www.aacn.nche.edu/media-relations/factsheets/dnp>, retrieved on April 11, 2013.)

g. Accreditation

Accreditation is a requirement of programs of nursing to ensure that graduates are eligible to be fully licensed and certified. While no certification exists for those pursuing a post-master's DNP, accreditation of all programs is nonetheless desirable, necessary and expected by potential employers. Accreditation indicates that the program has met quality standards and communicates that quality to students, the public and policy makers

The DNP program at West Lafayette is fully accredited by the Commission on Collegiate Nursing Education (CCNE). The existing master's programs at Calumet and Fort Wayne are fully accredited by the Accreditation Commission for Nursing Education (ACEN), formerly known as the National League for Nursing Accrediting Commission. The Calumet campus was just re-accredited in 2012. To expedite initial accreditation, the Calumet and Fort Wayne programs will submit a planned substantive change to ACEN under the category of "addition of

a program with a different level of credentials than previously offered” (<http://www.acenursing.net/resources/GuidelinesSubChange.pdf>). After the first year of the program, the Calumet and Fort Wayne campuses will seek accreditation through CCNE.

5. Projected Headcount and FTE Enrollments and Degrees Conferred

See tables below for enrollment projections and projected degrees conferred for Purdue University Calumet, Indiana University Purdue University Fort Wayne, and Purdue West Lafayette as part of this collaborative system-wide DNP.

Table 6A

Institution/Location: Purdue University Calumet

Program: Collaborative System-Wide DNP

	Year #1 FY 2014	Year #2 FY 2015	Year #3 FY 2016	Year #4 FY 2017	Year #5 FY 2018
Enrollment Projections (Headcount)	15	31	50	53	55
Enrollment Projections (FTE)	6.3	15.8	21.5	22.8	23.4
Degree Completions Projections	0	0	14	15	17

Table 6B

Institution/Location: Indiana University - Purdue University Fort Wayne

Program: Collaborative System-Wide DNP

	Year #1 FY 2014	Year #2 FY 2015	Year #3 FY 2016	Year #4 FY 2017	Year #5 FY 2018
Enrollment Projections (Headcount)	10	19	28	33	37
Enrollment Projections (FTE)	4.2	8.0	11.8	13.9	15.5
Degree Completions Projections	0	0	9	9	9

Table 6C

Institution/Location: Purdue University West Lafayette

Program: Collaborative System-Wide DNP

	Year #1 FY 2014	Year #2 FY 2015	Year #3 FY 2016	Year #4 FY 2017	Year #5 FY 2018
Enrollment Projections (Headcount)	15	29	43	43	43
Enrollment Projections (FTE)	6.8	13.1	19.4	19.4	19.4
Degree Completions Projections	0	0	14	14	14

Table 6D

Summary Table

Program: Collaborative System-Wide DNP

	Year #1 FY 2014	Year #2 FY 2015	Year #3 FY 2016	Year #4 FY 2017	Year #5 FY 2018
Enrollment Projections (Headcount)	40	79	121	129	135
Enrollment Projections (FTE)	17.3	36.9	52.7	56.1	58.3
Degree Completions Projections	0	0	37	38	40
Instruction at Another Campus (FTE)	7.4	10.9	7.9	6.6	7.8