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Chair of the Assembly of the Academic Senate
Faculty Representative to the Regents
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

February 1, 2018

MICHAEL T. BROWN
PROVOST AND EXECUTIVE VICE PRESIDENT
UNIVERSITY OF CALIFORNIA

Re: Approval of Doctorate of Nursing Practice (DNP) degree at UC Irvine

Dear Michael:

In accordance with the *Universitywide Review Processes For Academic Programs, Units, and Research Units* (the "Compendium"), and on the recommendation of CCGA, the Academic Council has approved UC Irvine's proposal to establish a self-supporting graduate program leading to a Doctorate of Nursing Practice (DNP) degree.

Because this is a new degree title, and the Assembly of the Academic Senate is not meeting within 30 days of CCGA's approval, Council must approve the program per Senate Bylaw 125.B.7.

I am enclosing CCGA's report on its review of the new program, and respectfully request that your office complete the process of obtaining the President's approval.

Sincerely,

Shane N. White, Chair
Academic Council

Encl

Cc: Academic Council
        Senate Director Baxter
        Senate Executive Directors

COORDINATING COMMITTEE ON GRADUATE AFFAIRS (CCGA)
Karen Duderstadt, Chair
karen.duderstadt@ucsf.edu

ACADEMIC SENATE
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

January 12, 2018

SHANE WHITE, ACADEMIC COUNCIL CHAIR

Dear Shane,

At its January 3rd, 2018 meeting, the Coordinating Committee on Graduate Affairs (CCGA) voted unanimously to approve UC Irvine's proposal for a new self-supporting graduate professional degree program (SSGPDP) leading to a Doctorate of Nursing Practice (DNP). The program will be administered by the recently established Sue & Bill Gross School of Nursing. The proposed DNP degree program at UC Irvine will be the first offering of a BS or MS to DNP degree with an advanced practice registered nursing (APRN) or nurse practitioner (NP) role focus within the UC system. CCGA approved the UCSF School of Nursing post MS DNP degree in 2016.

The proposal establishes a SSPGDP with a hybrid on-line format curriculum offering two tracks to completion of the DNP degree. Track 1 is the BS to DNP degree-a 98-unit (11 quarters) program designed for students who have a BS or MS degree in nursing and are seeking a terminal practice-focused nursing degree including certification as a nurse practitioner (NP role). Track 2 is the MS to DNP degree-a 53 units (7 quarters) program designed for students who have an MS degree in nursing and seek a terminal practice-focused nursing degree without certification as a nurse practitioner (no NP role).

In addition to the didactic content required for the degree, The American Academy of College of Nurses (AACN) requires a minimum of 1,000 post-Baccalaureate hours of mentored clinical and organizational leadership experience for the awarding of a DNP degree. 540 mentored clinical hours are the minimum requirement for in the Master's Program certification as an NP by the California BRN and the Post Master's DNP programs require an additional 500 clinical practicum hours in the curriculum to meet the AACN requirement. The proposed anticipated enrollment for the UCI DNP Program Year 1 is 20 students in Track 1, and 10 students in Track 2. The program goal is enrollment of 80 students by year 3. The Track 2 DNP Program will build on competencies in APRN clinical practice, scholarship, leadership, and advocacy.

The proposal was reviewed by four qualified nursing faculty. The lead reviewer solicited three external reviewers-all who have experience administering DNP programs on large public universities, and one internal reviewer-nursing faculty administrator from UC Davis. All the reviewers expressed support for the proposal and found the quality and academic rigor of the proposed program to be fully satisfactory. In addition, UC Planning and Budget (UCPB) reviewed the proposal and provided comments to CCGA and were supportive of the proposed program. However, the reviewers raised some concerns and suggestions, as well as providing some constructive comments which were communicated to the proposers.

The proposers provided a detailed response to all of the concerns raised by the reviewers. At the request of CCGA, the proposers submitted the revised proposal modifying two areas- a criteria for the DNP Scholarly project requirement and a clarification regarding the faculty:student ratio for advising the DNP Scholarly Project. The proposers also provided strong evidence for the establishment of the Track 1 BS to DNP program as a SSPGDP rather than a matriculated graduate program in the School of Nursing. CCGA believes the proposed UCI DNP Program has been rendered stronger by the review process. I have included the lead reviewer's final report as an enclosure for your review.

As you know, CCGA's approval is usually the last stop of the Academic Senate side of the systemwide review and approval process except when the new degree title must be approved by the President, under delegated authority from the Board of Regents. Given its status as a new graduate program title on the UCI campus, CCGA submits its approval of the UCI Doctorate of Nursing Practice for formal approval by the Assembly of the Academic Senate.

Respectfully submitted,

Karen G. Duderstadt PhD, RN, CPNP, PCNS, FAAN
Chair CCGA 2017-2018

Enclosures (1)

cc: Shane White, Academic Council Chair
        Robert May, Academic Council Vice Chair
        Chris Procello, Academic Planning and Research Analyst
        Enrique Lavernia, UCI Provost and Executive Vice Chancellor
        Adeline Nayamathi, UCI Dean of Sue and Bill Gross School of Nursing
        Thao Nguyen, UCI Graduate Council Analyst

Report for the UC Irvine (UCI) Proposal for a Self-Supporting Online Graduate Program leading to a Doctorate of Nursing Practice (DNP) degree

December 31st, 2017

Program Overview

This proposal is to establish a new, self-supporting professional graduate degree (SSPGD) program leading to a Doctorate of Nursing Practice (DNP) at University of California, Irvine. The proposed DNP degree program at UC Irvine will be the first offering of a BS or MS to DNP degree with an advanced practice registered nursing (APRN) or nurse practitioner (NP) role focus within the UC system. CCGA approved the UCSF post MS DNP degree in 2016.

The UCI DNP program will be administered by the recently established Sue & Bill Gross School of Nursing. The proposal establishes a SSPGDP with a hybrid on-line format curriculum offering two tracks to completion of the DNP degree. Track 1 is the BS to DNP degree-a 98-unit (11 quarters) program designed for students who have a BS or MS degree in nursing and are seeking a terminal practice-focused nursing degree including certification as a nurse practitioner (NP role). Track 2 is the MS to DNP degree-a 53 units (7 quarters) program designed for students who have a MS degree in nursing and seek a terminal practice-focused nursing degree without certification as a nurse practitioner (no NP role).

In addition to the UCI DNP program proposal, the UCI proposers submitted aa Appendix detailing questions raised by the UCI GC review and the UCI CPB review along with complete responses from the program proposers to each question. Following this vigorous review process, the proposal received campus approval.

The proposal submitted to CCGA has been reviewed by four qualified nursing faculty. All external reviewers have experience administering DNP programs. Four reviews of the proposal have been posted-one internal (UC) review, Dr. Deborah Ward from UC Davis (Reviewer #1)-and three external (non-UC) reviews-Dr. Linda Lindeke from University of Minnesota (Reviewer #2), Mary Dirks DNP from University of Iowa (Reviewer #3), and Margaret Scharf DNP from Oregon Health Sciences (Reviewer #4). In addition, UC Planning and Budget (UCPB) reviewed the proposal and provided comments to CCGA.

In general, all reviewers and UCPB were supportive of the proposed program. However, the reviewers raised some concerns and suggestions, as well as providing some constructive comments which are included in this review.

Historical development of DNP degree
The need for a practice-focused doctoral program was highlighted in 2004 when the American Association of Colleges of Nursing (AACN) recommended the establishment of the DNP as the professional, practice-focused doctoral degree in nursing. The AACN recommended that the DNP be the required credential for nurses seeking Advanced Practice Registered Nursing (APRN) certification, including the roles of Clinical Nurse Specialist (CNS), Nurse Practitioner (NP), Certified Nurse Midwife and Certified Registered Nurse Anesthetist (CRNA). Nurses seeking a practice-focused doctoral

degree in nursing, rather than a research- focused doctoral degree, are selecting the DNP degree as a terminal degree.

AACN determined that the DNP represented a necessary practice standard for preparation of advanced practice providers and leaders, and set 2015 as a target implementation date. Among those factors were increasing patient complexity and expectations for care delivery, national concerns about safety and quality, nursing provider shortages driving redesign of care delivery, and a nursing faculty shortage.

There are currently more than 290 DNP programs nationally enrolling students and reports of 120 additional programs that are in the planning stages. APRNs or NP providers who are currently MS prepared are not required to seek the degree.

I. Descriptions of the UCI DNP Program

Structure of the DNP program
The curriculum overseen by the program faculty will include online and hybrid courses, live campus intensive courses, and off-campus DNP project experiences and clinical practicum doctoral-level coursework in health policy, leadership and professional collaboration, health economics, the science of change, and quality improvement and program evaluation.

The UCI DNP program will need to go through separate accreditation review by two national agencies – the Commission for Collegiate Nursing Education (CCNE) and Western Association of Schools and Colleges (WASC). Nursing programs in California also need to receive approval from the California Board of Registered Nursing (BRN).

UCI proposers contend the DNP degree program was designed as a SSPGDP rather than a Professional Degree Supplemental Tuition (PDST) program as the supplemental tuition for Nursing Science graduate programs is among the lowest of all health science programs in the UC system. The proposers contend it would be difficult to ensure sufficient resources for the non-FTE-based clinical faculty, staff, and administrative salaries as a PDST program and meet the educational curriculum requirements for a new and growing DNP program.

Track 1 students are required to complete their DNP APRN Practicum (NP role) experiences (clinical rotations) in California with preceptors who have been vetted and approved by UCI DNP faculty. Track 2 students may complete their DNP Practicum experiences in their state of residence with preceptors who have been vetted and approved by UCI DNP faculty.

Track 1effectively replaces the existing MS NP track, and applicants who previously applied to the MS NP track will be encouraged to select the Track 1 DNP Program option when the program is established. Track 1 students will complete a total of 98 quarter-units (11 quarters) for program completion. Optional elective courses will be offered to support additional expertise in clinical and academic teaching for Track 1 students. The AACN requires a minimum of 1,000 post-Baccalaureate hours of mentored clinical and

organizational leadership experience for the awarding of a DNP degree. 540 mentored clinical hours are the minimum requirement for certification as an NP by the California BRN.

Track 2 students will complete 53 quarter-units (7 quarters) for program completion. Track 2 applicants must provide documentation of 500 precepted hours from an MS in nursing degree program, a post-Master's certification program, or national board certification in an APRN role and population foci. These 500 clinical practice hours will be accepted as part of the 1,000 required hours for Track 2 applicants.

The UCI DNP Program requires 2 distinct teaching courses in Track 2, and offers these courses as electives for students in Track 1. The program proposers contend this strengthens the SSPGDP and will provide DNP-educated nurses with initial preparation for future nursing faculty roles in a variety of clinical and educational settings. Students are also required to complete a DNP Scholarly Project for both Track 1 and Track 2, which requires a two-faculty mentoring committee.

The proposed nursing faculty for Track 1 meet the oversight requirements for clinical training mandated by external accrediting agency, CCNE-an 8:1 student to faculty ratio for DNP APRN Practicum courses. As mentioned previously, faculty precepting for DNP students will be provided as in-kind support from practicing APRNs and NPs.

UCI DNP students will attend in-person, on-campus sessions approximately 1–2 times per quarter. On-site intensive courses will be held at the beginning (DNP Prologue), midpoint (DNP Intersession) and conclusion (DNP Epilogue) of the curriculum to provide students with the opportunity to interact directly with peers and faculty, and support mentorship and team building.

Enrollment fees for completion of the DNP degree are estimated for Track 1 (DNP with NP role) at $102,272.00, and for Track 2 (DNP without NP role) at $64,080.00. The program fees are consistent with the top 10 public and private DNP programs nationally as presented in the UCI DNP proposal.

Enrollment projections.
Students enrolling in this degree will hold professional positions while enrolled in the UCI DNP program. The anticipated enrollment for Year 1 is 20 students in Track 1, and 10 students in Track 2. Enrollment will stabilize at 80 students by year 3. The DNP Program will build on competencies in clinical practice, scholarship, leadership, and advocacy.

Return to Aid for Students
The proposal addresses the return to aid issue and estimates that 10% of the gross revenue will be returned-to-aid. Depending on enrollment numbers, starting with year 1 estimates are $81,000 return to aid with a projection by year 4 of an average of $3,672 per student enrolled would be returned as aid, which is 9.3 % of the tuition.

II. Strengths and need of the proposed program highlighted by reviewers
The reviewers were asked to comment on specific aspects of the proposal: (1) Quality and academic rigor of the program; (2) Adequacy of the size and expertise of faculty to administer the program; (3) Adequacy of the facilities and budgets; and (4) Applicant pool and placement prospects for the graduates.

All the reviewers found the quality and academic rigor of the proposed program to be fully satisfactory. The program faculty is a strength of the proposal with four of the eight core faculty with doctoral degrees, and the rotating faculty (6 of the tenure track faculty at the SON) would provide high quality instruction and mentoring. Also, the proposed faculty are both PhD and DNP prepared faculty which is important for the quality and goals of the practice doctorate.

UCPB reviewed the proposal and reported the proposal was well-written and was based on reasonable budgetary assumptions. They commented on the detailed financial projections, sufficient return-to-aid set aside, and the reported analysis of faculty workload.

The UCD, UCLA and UCSF Deans of the Schools of Nursing all submitted letters of support for the UCI DNP program proposal.

III. Challenges and weakness pointed out by the reviewers
In reviewing the proposal, UCPB did mention a concern about the limited staff coordination for responding and processing of admissions and the available faculty for academic advising. A second issue was concerning whether or not the proposed tuition for the DNP Track 1 is appropriate or above market rate. They recommended having a back-up plan if the enrollment projections were not met.

Reviewer #1 disagreed with limiting admissions to only applicants with previous nursing bachelors and masters' degrees – the pool of strong applicants would be expanded by opening admissions to RN's with a variety of undergraduate and graduate degrees. She also disagreed with the DNP Scholarly project being proposed in one format and recommended allowing a variety of formats, including a manuscript for publication, a business plans, or quality improvement project.

Reviewer #2 noted the program curriculum proposal did not include the use of standardized patients for teaching clinical decision-making. Also, there was no mention of simulations, on-campus skills examinations, and other formative and summative evaluation of advanced hands-on nursing competencies. These are now standardly a part of similar Track 1 programs nationally. She cautioned the proposers regarding planned student/faculty ratios for the Track 2 program and scholarly project mentoring- ten-to-one advising ratio for DNP projects is considerable. Faculty retention has been an issue in some programs nationally due to faculty workload and extensive mentoring required for student completion of the program.

Faculty practice is standard in DNP programs nationwide and is encouraged to both provide clinical sites of high quality and to ensure that teaching faculty remain on the cutting edge of nursing practice. The proposal did not address whether faculty have current advanced practice nursing skills and expertise.

Reviewer #2 also commented on the DNP Scholarly project and does not support the scholarly project requirement to submit a manuscript for publication as part of the criteria for completion of the program. The faculty is requiring the preparation of two different manuscripts – one to meet

the detailed school format presented in the proposal and a second format which will have to conform to journal requirements. Scholarly projects could also be in the form of business plans, quality improvement projects, or contribute to regulatory language to provide broad application across health care settings.

Reviewer #3 noted that although there is both PhD and DNP faculty supporting the curricular instruction, 4 of the 9 designated DNP core faculty have Master's degrees, whereas, faculty are required by AACN to have at least the level of academic preparation in which the students in that program are pursuing. Additionally, both of the faculty in the AGNP track have Master's degrees. DNP project advising is especially time consuming and expertise in implementation science and change theory as well as clinical expertise will be important in mentoring DNP students. Projected numbers of 60 and 80 students in years 2 and 3 will likely require additional faculty knowledgeable in these areas and skilled in specific clinical tracks.

Reviewer #3 also expressed concern about the lack of available internal scholarships at UCI to offset the high tuition cost for the BS to DNP Track 1 students.

Reviewer #4 Track 1 (APRN) students may have competition for clinical placement sites which could impact admission projections and restricts student admission numbers overtime. This may be affected by local competition from other regional graduate Schools of Nursing in the area.

The 12 Program Outcomes are thorough as presented and coincide with the DNP Essentials, but could be collapsed into fewer outcomes as some are similar. Also, it is not clear in the program proposal where each of these are measured.

Curriculum & Teaching Modality: Students coming from on-campus undergraduate programs can find online challenging and the format for intensives is a definite strength. Resources for helping both faculty and students form a learning cohort online will be important. Online teaching needs experienced educators/mentors and expert oversight to ensure rigor and conformity with university or graduate school regulations regarding "seat time" and credit expectations.

Clinical Placements: For Track 2 clinical practicum experiences, it was unclear how these would be arranged. Would it be arranged at the student's RN employment site? If so, how would these be monitored to comply with program requirements?

The ePortfolio is not elaborated upon in the proposal, but this would serve as a place for maintaining a record of scholarship and the attainment of the DNP Essentials and program outcomes. A table of what is used to measure each program outcome would strengthen the curriculum and might lead to condensing the outcomes down from twelve. It would document rigor in meeting the program outcome and tie the outcomes to the curriculum benchmarks.

IV. Conclusion

In summary, the DNP UCI proposed program underwent extensive campus review prior to submission to CCGA. The CCGA review of the proposal consisted of three external reviewers- nursing faculty who all have experience administering DNP programs at large public universities, and one internal reviewer. The proposed program also received a favorable review from UCPB. The addition of the doctoral practice degree to the UC Schools of Nursing will ensure graduate nursing program offerings are consistent with national trends and important to the development of the profession nationally. The

proposers adequately addressed the concerns of the four reviewers and UCPB in the enclosed letter. As lead reviewer for the proposal, I recommend its approval to CCGA members.

Respectfully submitted,

Karen G. Duderstadt
Chair CCGA 2017-2018