FORMAL PROPOSAL FOR A NEW DEGREE PROGRAM
and
DISTANCE LEARNING DELIVERY
(Program is New and Institution Currently Offers Distance Learning Programs)

Institution: Middle Georgia State College

Approval by President or Vice President for Academic Affairs:

_____

Date: 10/23/2014

School/Division: School of Health Sciences

Department: Nursing

Departmental Contact: Donna Ingram

Name of Proposed Program/Inscription: Adult/Gerontology Acute Care Nurse Practitioner

Degree: Master of Science

Major: Nursing

CIP Code: 51.1600

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and innovation in teaching. Historically the college has sought to make education affordable for students while maintaining a high standard of excellence in its program offerings. This master's program will build on the tradition of affordability and excellence. The MGSC n Tc 0/

- *provide advanced practice Masters' prepared nurses with lean, quality, and entrepreneurial skills to ensure success in environments of scarce resources.*

d. Location of the program main campus or other approved site

M-C-NURS-09-AA-2014-2015
M-C-NURS-10-AA-2014-2015
M-C-NURS-11-AA-2014-2015

d. Append materials available from national accrediting agencies or professional organizations as they relate to curriculum standards for the proposed program.

   See Appendix III and IV

e. Indicate ways in which the proposed program is consistent with nationally accepted trends and standards in the discipline.

   Middle Georgia State College's adult-gerontology acute care Nurse Practitioner

4. Admissions criteria. Please include required minima scores on appropriate standardized tests and grade point average requirements.

    - 1 year experience as Registered Nurse with adult population (preferred)
    - Unrestricted license as a Registered Nurse in the State of Georgia
    - Bachelor of Science in Nursing from either a Commission on Collegiate Nursing Education (CCNE) or ACEN accredited program
    - Undergraduate GPA of 3.0 on all attempted college work
    - Grade of "C" or better in an undergraduate statistics course
    - Grade of "C" or better in a 3000 or 4000 level physical/health assessment course
    - Graduate Record Exam (GRE) Score 50th percentile or higher in verbal and math and 40th percentile or higher in writing.
        - GRE Waived if
            1. Undergraduate GPA 3.75 or higher
            2. Earned graduate degree from a regionally accredited institution
    - Criminal Background Check
    - Urine Drug Screen
    - Resume
    - Statement of personal and professional goals
    - Three letters of recommendation attesting to aptitude for graduate study
    - Meet Southern Regional Education Board Council (SREB) on Collegiate Education Nursing Practice Standards/Essential Abilities
    - Not eligible for admission if applicant has earned a grade of "C", "D", "F", "WF" in any two or more graduate nursing courses
    - Interview

5. Availability of assistantships (if applicable).
   N/A
6. Evaluation and Assessment:
    a. Provide the student learning outcomes and other associated outcomes of the proposed program.

       The specific learning outcomes of the program are congruent with the AACN Essentials of Masters Education in Nursing and the AACN Adult-Gerontology Acute Care Nurse Practitioner Competencies. This advanced practice graduate will be prepared to fulfill leadership positions and offer advanced practice in a variety of healthcare settings to a full spectrum of adult clients with an emphasis on gerontological clients. The successful graduate will be able to:

1. Synthesize nursing and related sciences into the delivery of patient-centered advanced professional nursing care to diverse adult populations in various acute care settings.
2. Lead multidisciplinary team collaboration, communication, and coordination to achieve health promotion and disease prevention, with the goal of improving patient and population health outcomes.
3. Integrate current evidence, expert opinion, and clinical expertise as a basis for nursing practice and clinical judgment.
4. Incorporate quality improvement principles in the monitoring, analyzing, and prioritizing of health care outcomes.
5. Formulate advanced nursing measures to reduce risks and support safe, cost effective practices within a legal and ethical framework to improve health outcomes.
6. Integrate the use of appropriate information technology resources into the provision of patient care to enhance care outcomes.
7. Model a commitment to the professional, ethical, and legal aspects of the adult-gerontology acute care Nurse Practitioner role.
8. Develop an active leadership role in promoting health, shaping health care delivery systems and advancing values through policy development and advocacy at the local, state, national and global levels.
9. Communicate effectively and appropriately to build therapeutic relationships with diverse individuals and families who face acute or chronTc 0 Te orutre

improvement. Yearly assessment reports will be submitted to the Office of Academic Affairs.

In addition, this program will undergo Comprehensive Program Review (CPR) within three years of the programs implementation. CPR, which includes an analysis of program quality, will continue on a five year cycle after initial program review.

7. Administration of the program:

    a. Indicate where the program will be housed within the academic units of the institution.
    The program will be housed in the School of Health Sciences in the Department of Nursing, and under the administration of Dr. Rebecca Corvey and within the Department of Nursing, coordinated by Dr. Darrell Thompson.

    b. Describe the administration of the program inclusive of coordination and responsibility.

    Under the direction of Dean Corvey and Nursing Chair, Dr. Donna Ingram, this program will become a part of the overall offerings of the Department of Nursing. The department currently supports three undergraduate degree programs: Associate of Science in Nursing, pre-licensure Baccalaureate in Nursing and the RN to BSN completion program, all of which are fully accredited by ACEN and Georgia Board of Nursing approved. The day to day coordination of the program will be provided by Darrell Thompson, DNP, RN with oversight by the program Chair.

8. Waiver to Degree-Credit Hour (if applicable): If the program exceeds the maximum credit hour requirement at a specific degree level, then provide an explanation supporting the increase of hours (NOTE: The maximum for bachelor's degrees is 120-semester credit hours and the maximum for master's degrees is 36-semester credit hours).

    The Master of Science in Nursing with an Adult-Gerontology Acute Care Nurse Practitioner and Lean Healthcare foci program is designed to be completed in 43 credit hours. As the length of this program exceeds the recommended 36 credit hours, a waiver of degree to credit hours is requested. American Nurses Credentialing Center (ANCC) requires a minimum of 500 clinical practice hours in order for graduates to be eligible to sit for the Nurse Practitioner certification exam. In order to achieve the requirement of 500 clinical practice hours, the standard of equating one credit hour for three clinical contact hours was used.

Not Applicable

11. Enrollment Projections and Monitoring;
    a. Provide projected enrollment for the program during the first three years of implementation. (NOTE: These projections will be used to monitor enrollment following program implementation.)
    b. Explain the specific methodology used to determine these projections and verify their accuracy, especially if new student enrollment will be needed to sustain funding for the program. Indicate whether enrollments will be cohort-based.

       To better understand the competencies expected as a result of the healthcare trends the SOHS carried out a systematic Academic Master Planning process that involved use of the Program Model Canvas, a model for clearly understanding all ramifications of a proposed product prior to development and implementation. The Program Model Canvas is a non-linear process that foremost involves learner discovery, validation of learner needs (competencies, alignment with work habits, attending to lifestyle choices), and establishes a relationship with learners and employers to inform the design of the program. Then, we investigated hypotheses about key partners, key activities, key resources, cost structures, revenue streams – all before approaching the design and development process (which is at the very core). It was this interactive process that has clearly informed such intricacies as integrating the lean principles as a critical element of our program. We conducted the process with several faculty and multiple healthcare facilities in the region to validate the program need, identify competencies and possible design elements of the MSN program. This process aided us in developing this unique curriculum that will address competencies in high demand as defined by current nurses and the leadership within healthcare facilities.

       The enrollment is determined by the number of faculty in existing faculty

Total Majors	15	30	30	30
Course Sections Satisfying Program Requirements				
Previously existing	0	7	11	11
New	7	4	0	0
Total Program Course Sections	7	11	11	11
Credit Hours Generated by Those Courses				
Existing enrollments	0	15	15	15
New enrollments	15	15	15	15
Total Credit Hours	375	1290	1290	1290

12. Provide the year when the program is expected to be reviewed in the institution's comprehensive program review process.

The program is expected to be reviewed in the Academic Year 2017-2018 according to the timeline of the college's comprehensive program review process.

13. Describe anticipated actions to be taken if enrollment does not meet projections.

If the program fails to meet initial expectations for enrollment, several simple approaches may be taken to mitigate the disparity between the cost and profitability, including aggressive marketing, recruitment, and strategic scheduling.

All programs at MGSC that are deemed non-viable because of enrollment shortfalls are subject to deactivation and termination through the Comprehensive Program Review process.

14. Faculty Qualifications & Capacity:
    a. Provide an inventory of faculty directly involved with the program. On the list below indicate which persons are existing faculty and which are new hires. For each faculty member, provide the following information:

Faculty Name	Rank	Highest Degree	Degrees Earned	Academic Discipline	Area of Specialization	Current Workload

Note 2: **Existing Vacant Faculty Line	

Total Number of Faculty: _4.5 FTEs_____

b. If it will be necessary to add faculty to support the program, give the desired qualifications of the persons to be added, and a timetable for adding new faculty.

   The faculty qualifications will be as follows:

   - Faculty must have a doctorate in nursing or related disciplines with a focus on adult health /gerontology acute care advanced practice nursing or leadership.
   - A reasonable record of teaching and scholarship that warrants appointment at the rank of assistant professor.
   - Online teaching experience is preferred.

c. If existing faculty will be used to deliver the new program, include a detailedr8(s)-2(t)-22o51i.5

i. If using existing funds, provide a specific and detailed plan indicating the following:
    1. Source of existing funds being reallocated
    2. How the existing resources will be reallocated to specific costs for the new program
    3. The impact the redirection will have on units that lose funding.
ii. Explain how the new tuition amounts are calculated.
iii. Explain the nature of any student fees listed (course fees, lab fees, program fees, etc.). Exclude student mandatory fees (i.e., activity, health, athletic, etc.).
iv. If revenues from Other Grants are included, please identify each grant and indicate if it has been awarded.

16. Facilities—Complete the table below.

			Total GSF
a.	**Indicate the floor area required for the program in gross square feet (gsf). When addressing space needs, please take into account the projected enrollment growth in the program over the next 10 years.**		
b.	**Indicate if the new program will require new space or use existing space. (Place an "x" beside the appropriate selection.)**		
	Type of Space	**Comments**	
i.	Construction of new space is required		

	approving authority?	
d.	**If existing space will be used, provide information in space below.**	
	Provide the building name(s) and floor(s) that will house or support the program. Indicate the campus, if part of a multi-campus institution and not on the main campus. Please do not simply list all possible space that could be used for the program. We are interested in the actual space that will be used for the program and its availability for use.	
e.	**List the specific type(s) and number of spaces that will be utilized (e.g. classrooms, labs, offices, etc.)**	

i.	**No. of Spaces**	**Type of Space**	**Number of Seats**	**Assignable Square Feet (ASF)**

Administration on Aging, U.S. Department of Health and Human Services. (2013). A profile of older Americans: 2013. Retrieved from http://www.aoa.gov/Aging_Statistics/Profile/index.aspx

Auerhahn, C., Mezey, M., Stanley, J., & Wilson, L. D. (2012). Ensuring a nurse practitioner workforce prepared to care for older adults: Findings from a national survey of adult and geriatric nurse practitioner programs. *Journal of American Academy of Nurse Practitioners, 24*, 193-199.

Appendix I

Course Descriptions with Prerequisites

All courses in the M.S. in Nursing are new.

NURS 5000 – Advanced Pathophysiology: 3 hours (New Course)

Prerequisites:
Description: This course will build upon the students' previous knowledge of anatomy and physiology. Pathophysiology of various disease conditions including the genomics of disease will be presented as a basis for advanced practice nursing. This course will focus on the causation and manifestation of common acute and chronic diseases of adults and older adults, and will provide the basis for advanced practice clinical coursework.
Lecture/Lab Hours: Three hours per week.

NURS 5100 – Professional Concepts: 2 hours (New Course)

Prerequisites:
Description: This course focuses on the major concepts incorporated into the role of the advanced practice nurses working with adult and elderly clients and families. Emphasis is on health care delivery, patient outcomes, legal and ethical considerations, and professional standards for advanced practice nurses.
Lecture/Lab Hours: Two hours per week.

NURS 5200 – Advanced Health Assessment/Diagnostic Reasoning: 4 hours (New Course)

Prerequisites:
Description: The course is designed to assist students to refine history taking, psychosocial, cultural, interviewing and physical assessment skills acquired during their baccalaureate education. Content focuses on assessment of individuals throughout adulthocalauriacp2(y)202(t)-2(a)4(nd e)(l)-2h adultdul iCefs,m10(C)-3(i)-2(dh a)4(dul)-10(C)-(hr)3(e-0.004)

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Prerequisites:
Description: This course is designed to provide students with knowledge and skills in

NURS 6600 – Project Management in Healthcare: 3 hours (New Course)

Prerequisites:
Description: This course introduces the concepts of efficiency, error, risks, process improvement, and production of healthcare services with an emphasis on quality assurance. Through reflective leadership, organizational analysis and strategic planning students will evaluate the impact of professional norms, policy and competition on organizational strategies.
Lecture/Lab Hours: Two hours lecture per week

APPENDIX III: ACEN CURRICULUM STANDARD

ACEN 2013 STANDARDS AND CRITERIA

MASTER'S and POST-MASTER'S CERTIFICATE

Master's/Post-Master's Certificate - 4

STANDARD 4*

Curriculum

The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.

4.1 The curriculum is congruent with established standards for master's/post- maste

4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.

4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.

*For nursing education units offering the post-master's certificate, all criteria apply.

APPENDIX IV: AACN ESSENTIALS OF MASTERS IN NURSING

The Essentials of Master's Education in Nursing
March 21, 2011

The Essentials of Master's Education in Nursing
March 21, 2011

The *Essentials of Master's Education in Nursing* reflect the profession's continuing ca[illegible] imagination, transformative thinking, and evolutionary change in graduate education. [illegible]

Introduction

The dynamic

degree graduates reflect the increasing responsibility of nursing in addressing many of the gaps in health care as well as growing patient and population needs.

Master's nursing education, as is all nursing education, is evolving to meet these needs and to prepare nurses to assume increasing accountabilities, responsibilities, and leadership positions. As master's nursing education is re-envisioned and preparation of individuals for advanced specialty nursing practice transitions to the practice doctorate these *Essentials* delineate the foundational, core expectations for these master's program graduates until the transition is completed.

Figure 1: Model of Master's Nursing Curriculum

* *All* master's degree programs that prepare graduates

• Communication–both interpersonal and organizational–including elements and channels, models, and barriers
• Conflict, including conflict resolution, mediation, negotiation, and managing conflict
• Change theory and social change theories
• Systems theory and complexity science
• Healthcare systems and organizational relationships (e.g., finance, organizational structure, and delivery of care, including mission/vision/philosophy and values)
• Healthcare finance, including budgeting, cost/benefit analysis, variance analysis, and marketing
• Operations research (e.g., queuing theory, supply chain management, and systems designs in health care)
• Teams and teamwork, including team leadership, building effective teams, and nurturing teams

Essential III: Quality Improvement and Safety

Rationale

Continuous quality improvement involves every level of the healthcare organization. A master's-prepared nurse must be articulate in the methods, tools, performance measures, culture of safety principles,

• Quality improvement methods and tools: Brainstorming, Fishbone cause and effect diagram, flow chart, Plan, Do Study, Act (PDSA), Plan, Do, Check, Act (PDCA),Find, Organize, Clarify, Understand, Select-Plan, Do, Check, Act (FOCUS-PDCA), Six Sigma, Lean
• High-Reliability Organizations (HROs) / High-reliability techniques
• National patient safety goals and other relevant regulatory standards (e.g., CMS core measures, pay for performance indicators, and never events)
• Nurse-sensitive indicators
• Data management (e.g., collection tools, display techniques, data analysis, trend analysis, control charts)

Problem identification
Outcome measurement

- Translational science:
  - Data collection in nursing practice
  - Design of databases that generate meaningful evidence for nursing practice
  - Data analysis in practice
  - Evidence-based interventions
  - Prediction and analysis of outcomes
  - Patterns of behavior and outcomes
  - Gaps in evidence for practice
  - Importance of cultural relevance
- Scholarship:
  - Application of research to the clinical setting
  - Resolution of clinical problems
  - Appreciative inquiry
  - Dissemination of results
- Advocacy in research
- Research ethics
- Knowledge acquisition
- Group process
- Management of change
- Evidence-based policy development in practice
- Quality improvement models/methodologies
- Safety issues in practice
- Innovation processes

Essential V: **Informatics and Healthcare Technologies**

Rationale

Informatics and healthcare technologies encompass five broad areas:

- Use of patient care and other technologies to deliver and enhance care;
- Communication technologies to integrate and coordinate care;
- Data management to analyze and improve outcomes of care;
- Health information management for evidence-based care and health education; and
- Facilitation and use of electronic health records to improve patient care.

Knowledge and skills in each of these four broad areas is essential for all master's-prepared nurses. The extent and focus of each will vary depending upon the nurse's role, setting, and practice focus.

Knowledge and skills in information and healthcare technology are critical to the delivery of quality patient care in a variety of 0.004 Tc 0.004 Tw 0.22<TJ 0 Tc 0 Tw 2.14.1 Td ( )Tj 0.24 0vares

of standardized terminologies in information systems supports day-to-day nursing practice and also the capacity to enhance interprofessional communication and generate standardized data to continuously evaluate and improve practice (American Nurses Association, 2008). Master's-prepared nurses use information and communication technologies to provide guidance and oversight for the development and implementation of health education programs, evidence-based policies, and point-of-care practices by members of the interdisciplinary care team.

Health information is growing exponentially. Health literacy is a powerful tool in health promotion, disease prevention, management of chronic illnesses, and quality of life–all of which are hallmarks of excellence in nursing practice. Master's-prepared nurses serve as information managers,

Policy shapes healthcare systems, influences social determinants of health, and therefore determines accessibility, accountability, and affordability of health care. Health policy creates conditions that promote or impede equity in access to care and health outcomes. Implementing strategies that address health disparities serves as a prelude to influencing policy formation. In order to influence policy, the master's-prepared nurse needs to work within and affect change in systems. To effectively collaborate with stakeholders, the master's-prepared nurse must understand the fiscal context in which they are practicing and make the linkages among policy, financing, and access to quality health care. The graduate must understand the principles of healthcare economics, finance, payment methods, and the relationships between policy and health economics.

Advocacy for patients, the profession, and health-promoting policies is operationalized in divergent ways. Attributes of advocacy include f

- Policy making environments: values, economies, politics, social
- Policy-making process at various levels of government
- Ethical and value-based frameworks guiding policy making
- General principles of microeconomics and macroeconomics, accounting, and marketing strategies.
- Globalization and global health
- Interaction between regulatory processes and quality control
- Health disparities
- Social justice
- Political activism
- Economics of health care

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Rationale

In a redesigned health system a greater emphasis will be placed on cooperation, communication, and collaboration among all health professionals in order to integrate care in teams and ensure that care is continuous and reliable. Therefore, an expert panel at the Institute of Medicine (IOM) identified working in interdisciplinary teams as one of the five core competencies for all health professionals (IOM, 2003).

Interprofessional collaboration is critical for achieving clinical prevention and health promotion goals in order to improve patient and population health outcomes (APTR, 2008; 2009). Interprofessional practice is critical for improving patient care outcomes and, therefore, a key component of health professional education and lifelong learning (American Association of Colleges of Nursing & the Association of American Medical Colleges, 2010).

The IOM also recognized the need for care providers to demonstrate a greater awareness to "patient values, preferences, and cultural values," consistent with the Healthy People 2010 goal of achieving health equity through interprofessional approaches (USHHS, 2000). In this context, knowledge of broad determinants of health will enable the master's graduate to succeed as a patient advocate, cultural and systems broker, and to lead and coordinate interprofessional teams across care environments in order to reduce barriers, facilitate access to care, and improve health outcomes. Successfully leading these teams is achieved through skill development and demonstrating effective communication, planning, and implementation of care directly with other healthcare professionals (AACN, 2007).

- Change theories
- Multiple-intelligence theory
- Group dynamics
- Power structures
- Health-work environments

Essential VIII: Clinical Prevention and Population Health for Improving Health

Rationale

Globally, the burden of illness, communicable disease, chronic disease conditions, and subsequent health inequity and disparity, is borne by those living in poverty and living in low-income and middle-income countries (Beaglehole et al., 2007; Gaziano et al., 2007; WHO, 2008). Similarly, in the U.S. population, health disparities continue to affect disproportionately low-income communities, people of color, and other vulnerable populations (USHHS, 2006).

The implementation of clinical prevention and population health activities is central to achieving the national goal of improving the health status of the population of the United States. Unhealthy lifestyle behaviors continue to account for over 50 percent of preventable deaths in the U.S., yet prevention interventions remain under-utilized in healthcare settings. In an effort to address this national goal, *Healthy People 2010* supported the transformation of clinical education by creating an objective to increase the proportion of schools of medicine, nursing, and other health professionals that have a basic curriculum that includes the core competencies in health promotion and disease prevention (Allan et al., 2004; USHHS, 2000). In the *Healthy People 2010 Midcourse Review,* health disparities are not declining overall, reiterating the necessity to implement and evaluate the effectiveness of disease prevention and health promotion efforts (USHHS, 2006). Cognizant of these trends and successive health outcome data, it will be necessary to re-evaluate these data and for nursing to re-assess its leadership role and responsibility toward improving the population's health.

The Healthy People Curriculum Task Force developed the *Clinical Prevention and Population Health Curriculum Framework,* which identifies four focal areas, including individual and population-oriented preventive interventions. This curriculum guides the development and evaluation of educational competencies expected of health professionals in clinical prevention and population health, and endorsed by clinical professional associations, including AACN (Allan, 2004; APTR, 2009).

As the diversity of the U.S. population increases, it is crucial that the health sys-6(h).004 Tc 0.T[illegible]

- Emerging science of complementary and alternative medicine and therapeutics
- Ecological model of the social determinants of health
- Teaching and learning theories
- Health disparities, equity and social justice
- Program planning, design, and evaluation
- Quality improvement and change management
- Health promotion and disease prevention
- Application of health behavior modification
- Health services financing
- Health information management
- Ethical frameworks
- Interprofessional collaboration
- Theories and applications of health literacy and health communication
- Genetics/genomic risk assessment for vulnerable populations
- Organization of clinical, public health, and global systems
    - Frameworks for community and political engagement, advocacy, and empowerment
- Frameworks for addressing global health and emerging health issues
- Nursing Theories

Essential IX:

4. Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes.

5. Use leadership skills to teach, coach, and mentor other members of the healthcare team.

6. Use epidemiological, social, and environmental data in drawing inferences regarding the health status of patient populations and interventions to promote and preserve health and healthy lifestyles.

7. Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments, and design plans or programs of care.

8. Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues.

9. Apply advanced knowledge of the effects of global environmental, individual and population characteristics to the design, implementation, and evaluation of care.

10. Employ knowledge and skills in economics, business principles, and systems in the design, delivery, and evaluation of care.

11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate, and evaluate the delivery of care.

12. Apply learning, and teaching principles to the design, implementation, and evaluation of health education programs for individuals or groups in a variety of settings.

13. Establish therapeutic relationships to negotiate patient

care situations that are not readily accessible to the student. These experiences may include simulated mass casualty events, simulated database problems, simulated interpersonal communication scenarios, and other new emerging learning technologies. The simulation is an adjunct to the learning that will occur with direct hu

healthcare systems in a variety of direct and/or indirect care roles. The breadth of knowledge, the extent of experiential learning, and therefore the time needed to accomplish each Essential will vary, and each Essential does not requi not