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WWW.CCNEACCREDITATION.ORG

May 27, 2016

Jane Marie Kirschling, PhD, RN, FAAN
Dean and Professor
School of Nursing
University of Maryland
655 West Lombard Street, Suite 505
Baltimore, MD 21201-1579

Dear Dr. Kirschling:

The Executive Committee of the Commission on Collegiate Nursing Education (CCNE) approved the substantive change notification submitted on June 11, 2015 by the nursing unit at University of Maryland regarding the implementation of a Neonatal Nurse Practitioner track in the DNP program; however the committee requests additional reporting in regards to the implementation of dual admissions options between University of Maryland and Montgomery College and College of Southern Maryland and the offering of select RN-BSN courses at Laurel College Center. The Executive Committee requests additional reporting relative to Key Elements II-A, II-B, and II-D, as follows:

Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed (Key Element II-A).

Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs (Key Element II-B).

Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach (Key Element II-D).

Specifically, the baccalaureate program must demonstrate that resources - including fiscal, physical, academic, and faculty resources - are sufficient to enable the program to fulfill its mission, goals, and expected program outcomes, given the increased enrollment associated with the dual enrollment agreement.

The follow-up report must be received in the CCNE office on or before July 27, 2016. Please email the report, along with appendices, if any, as a PDF attachment to Renée Ricci, CCNE Accreditation Assistant, at r Ricci@aacn.nche.edu. The report will be reviewed by the CCNE Executive Committee at its next scheduled meeting.

As a reminder, programs are expected to comply with the current CCNE standards and procedures throughout the period of accreditation. These documents are available at <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate>. This includes advising CCNE in the event of any substantive change in the nursing programs or of any major organizational changes that may affect the programs' administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after

implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE *Procedures* (pages 20-21).

Please contact Lina Trullinger, CCNE Assistant Director, for guidance or clarification, if needed. She can be reached by telephone at 202-887-6791 x245 or by email at ltrullinger@aacn.nche.edu.

Sincerely,

A handwritten signature in black ink that reads "Susan D. Ruppert". The signature is fluid and cursive, with the first name "Susan" and last name "Ruppert" clearly legible.

Susan D. Ruppert, PhD, FNP-C, FAANP, FAAN
Chair, CCNE Board of Commissioners





OFFICE OF THE CHANCELLOR

November 20, 2014

1807
**University of Maryland,
Baltimore**

1856
**University of Maryland,
College Park**

1865
Bowie State University

1866
Towson University

1886
**University of Maryland
Eastern Shore**

1898
Frostburg State University

1900
Coppin State University

1925
Salisbury University

1925
University of Baltimore

1925
**University of Maryland
Center for Environmental
Science**

1947
**University of Maryland
University College**

1966
**University of Maryland,
Baltimore County**

Bruce E. Jarrell, M.D., FACS
Senior Vice President
Chief Academic and Research Officer
University of Maryland
220 North Arch Street, 14th Floor
Baltimore, MD 21201

Dear Bruce,

I am writing to approve the proposal from the University of Maryland, Baltimore School of Nursing to add the Neonatal Nurse Practitioner subspecialty to the existing Doctor in Nursing Practice (DNP) program.

Please share my appreciation with the faculty in working to make this a possibility. I have confidence the program will be successful.

Sincerely yours,

A handwritten signature in black ink, appearing to read "W. E. Kirwan".

William E. Kirwan
Chancellor



MHEC

Creating a state of achievement

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

Anwer Hasan
Chairperson

Catherine M. Shultz
Acting Secretary

December 23, 2014

Dr. Bruce E. Jarrell
Senior Vice President, Chief Academic and Research Officer
University of Maryland, Baltimore
620 West Lexington Street
Baltimore, MD 21201

Dear Dr. Jarrell:

The Maryland Higher Education Commission has reviewed a request from the University of Maryland, Baltimore to offer a new Area of Concentration (AOC) in Neonatal Nurse Practitioner within the existing Doctor in Nursing Practice (D.N.P.).

I am pleased to inform you that the program proposal is approved. This decision is based on an analysis of the program proposal in conjunction with the law and regulations governing academic program approval, in particular Code of Maryland Regulations (COMAR) 13B.02.03. As required by COMAR, the Commission circulated the proposal to the Maryland higher education community for comment and objection. The program meets COMAR's requirements and demonstrates potential for success, an essential factor in making this decision.

For purposes of providing enrollment and degree data to the Commission, please use the following HEGIS and CIP codes:

Program title	Award level	HEGIS	CIP
Neonatal Nurse Practitioner	A.O.C.	1203-02	51.3818

Should the University of Maryland, Baltimore desire to make a substantial modification to the program in the future, review by the Commission will be necessary. I wish you continued success.

Sincerely,

Catherine M. Shultz, J.D.
Acting Secretary of Higher Education

CMS:SAB:mrw

C: Ms. Theresa Hollander, Associate Vice Chancellor for Academic Affairs, USM
Ms. Malinda Hughes, Academic Program Manager, University of Maryland, Baltimore



The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
676 N. Michigan, Suite 3600, Chicago, IL 60611
dhill@nccnet.org

JUNE 22, 2015

JANICE WILSON, PHD
SPECIALTY DIRECTOR
UNIVERSITY OF MARYLAND
SCHOOL OF NURSING
BSN-DNP NNP PROGRAM
655 WEST LOMBARD STREET
BALTIMORE, MD 21201

VIA EMAIL: JWILSON@SON.UMARYLAND.EDU

Dear Dr. Wilson,

After reviewing the materials that were submitted on behalf of your program, I am pleased to inform you that the program, as submitted, meets the eligibility criteria for NCC's UNIVERSITY OF MARYLAND SCHOOL OF NURSING, BSN-DNP NNP PROGRAM Practitioner examination.

Program criteria may change from time to time, and we do our best to notify you of these changes in a timely manner. In addition, if your program should have any changes, please notify us. We return applications if the signature is not one we have on file or if documentation is incomplete or does not match what we have on file for the program.

NOTE: Please take this opportunity to submit your documentation now through the NCC web site (www.nccwebsite.org) so that applicants from your program can sign up on line for the NCC exam. You enter the information by going to the NCC site, selecting Get Certified, and then selecting (on the left-side column) Program Profile. Completion of this information will make it easier and quicker for the applicant to sign up and easier on the program director since use of on-line method eliminates the need for the program director to sign an individual form for each applicant. Your program ID will be: 300

The applicant can now register only on line to take the NCC examination. The applicant must have completed all requirements for graduation prior to applying for the examination and is responsible for providing all documentation to NCC at registration through the on line process. Please do not send forms separately to NCC on behalf of applicant. Such submission will be returned to sender.

Each applicant must submit a copy of diploma of graduation and an official school transcript. We realize that many applicants complete all of their requirements months

before the graduation ceremony. Therefore, we will accept a letter from the program director verifying successful completion of the program. This letter must be on university letterhead and include the name of the applicant, degree received, the date that all requirements were completed and the reason why a letter is being submitted instead of the diploma/certificate of graduation. We will not accept such letters after the graduation ceremony date. In addition, an official transcript (original copy issued from the school registrar) must be included and submitted even if all courses have not been posted.

Every year you will receive a program director report regarding the performance of your graduates on the NCC examination, provided that more than one such graduate takes the examination. Additionally, you will also be asked each year to complete an NCC Program Compliance Form which verifies continued eligibility of your program and insures that NCC has complete and accurate contact information about your program.

If you have any questions, feel free to contact me at dhill@nccnet.org.

Congratulations on qualifying your program for the NCC certification examination. We wish you every success in the coming months as well as wish your graduates well on the NCC certification examination.

Sincerely,

Dan R. Hill
Manager of Operations

cc: Catherine L. Witt, NNP-BC, PhD, President, NCC
Robin Bissinger, PhD, Executive Director



Proposal to add a Neonatal Nurse Practitioner specialty to the 6 advanced practice programs at the Doctor of Nursing Practice Level

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**MARYLAND HIGHER EDUCATION COMMISSION
ACADEMIC PROGRAM PROPOSAL**

PROPOSAL FOR:

☐ **NEW INSTRUCTIONAL PROGRAM**
☒ **SUBSTANTIAL EXPANSION/MAJOR MODIFICATION**
☐ **COOPERATIVE DEGREE PROGRAM**
☐ **WITHIN EXISTING RESOURCES or REQUIRING NEW RESOURCES**

(For each proposed program, attach a separate cover page. For example, two cover pages would accompany a proposal for a degree program and a certificate program.)

University of Maryland Baltimore
Institution Submitting Proposal

Fall Semester 2015
Projected Implementation Date

Doctor of Nursing Practice
Award to be Offered

Neonatal Nurse Practitioner APRN Subspecialty
Title of Proposed Program

120302
HEGIS Code

513818
CIP Code

University of Maryland School of Nursing
Department of Proposed Program

Jane M Kirschling, PhD, RN, FAAN
Name of Department Head

Jane Kapustin, PhD, CRNP, BC-ADM, FAANP
Contact Name

Kapustin@SON.umaryland.edu; 410-706-3890
Contact E-Mail Address and Phone Number

_____ President/Chief Executive Approval Signature and Date

_____ Date Endorsed/ Approved by Governing Board



TO: Chancellor William E. Kirwan

FROM: Dr. Bruce E. Jarrell

RE: Proposal to add an additional Nurse Practitioner Option in the BS to
DNP programs: Neonatal Nurse Practitioner

October 10, 2014

Attached you will find a proposal that the University of Maryland Baltimore (UMB) will be sending to the Maryland Higher Education Commission (MHEC). This proposal requests authorization to add a Neonatal Nurse Practitioner (NNP) specialty to the current BS to DNP programs in the UMBSON. This program will be integrated with the pediatric specialties currently in place, Pediatric Primary Care and Pediatric Acute Care nurse practitioner. By adding the NNP program, this will increase the NP specialty options to a total of six specialties: Adult and Gerontology Nurse Practitioner, Family Nurse Practitioner, Pediatric Nurse Practitioner, Psychiatric Nurse Practitioner, Trauma/Critical Care and Emergency Nursing Nurse Practitioner.

We are requesting your administrative review prior to our submission to MHEC. If you need further information or wish to discuss, do not hesitate to contact me.

Sincerely,

Bruce E. Jarrell, MD, FACS
Senior Vice President
Chief Academic and Research Officer



Danette Gerald Howard, Interim Secretary
Maryland Higher Education Commission
6 N. Liberty Street
Baltimore, MD 21201

October 10, 2014

Dear Secretary Howard,

Recently the University of Maryland School of Nursing (UMBSON) petitioned the MHEC to change the nurse practitioner specialty programs from Master level curriculum to the Doctor of Nursing Practice degree. At the current time, the UMBSON offers 6 NP specialties including Adult and Gerontology Nurse Practitioner, Family Nurse Practitioner, Pediatric Acute Care Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, Psychiatric/Mental Health Nurse Practitioner, Adult and Gerontology Acute Care Nurse Practitioner/CNS. This proposal is to add an additional specialty focused nurse practitioner program as the Neonatal Nurse Practitioner.

At the current time in the state of Maryland there are no NNP programs available for students to pursue and a serious need exists for trained specialists to care for a very vulnerable patient population. This proposal is being submitted for your review in the hopes that the UMBSON will be able to offer this needed program which will be included within the Pediatric NP program umbrella and is not anticipated to incur any additional resources for initiation. It is anticipated that this program will be warmly received by our professional and community partners.

Sincerely,

Bruce E. Jarrell, MD, FACS
Senior Vice President
Chief Academic and Research Office

**University of Maryland Baltimore
School of Nursing**

Proposal to add the 7th Advanced Practice Nursing Specialty of Neonatal Nurse Practitioner at the Doctor of Nursing Practice Level

Responding to a continued need to strengthen the neonatal nurse practitioner (NNP) workforce in Maryland, the University of Maryland School of Nursing (UMBSON) is seeking approval to add an additional APRN subspecialty to the 6 APRN specialties in the approved BSN to Doctor of Nursing Practice (DNP) program. The Neonatal nurse practitioner specialty students will follow the recently approved BSN to DNP program of study or attend the post-master DNP program. Satisfactory completion of the program results in the award of the DNP degree and eligibility for the APRN graduate to take the national certification examination in the neonatal specialty area, through the National Certification Corporation.

Centrality to institutional mission statement and planning priorities:

Program Description

The neonatal focus is a subspecialty of pediatrics, but stands alone as a population foci defined by the American Association of Colleges of Nursing, the National Organization of Nurse Practitioner Faculties and the National Association of Neonatal Nurse Practitioners (a division of the National Association of Neonatal Nurses). The NNP is an advanced practice nurse whose scope of practice includes the provision of direct patient care to preterm infants, full term infants, neonates and children up to the age of two. Offering the NNP program allows pediatric and neonatal nurses to receive doctoral education and preparation to function in the NNP role as it currently exists in neonatal intensive care units, step down units, newborn nurseries and developmental follow up clinics. Education for this role will be at the Doctor of Nursing Practice level, with competencies specific to the neonatal population as outlined further in this document. In addition, key doctoral requirements include preparation for leadership in nursing and health care; preparation for innovative, evidence-based specialized advanced nursing practice; health care policy; interprofessional collaboration; and information systems and use of technology in patient care and health care.

The NNP specialty leads to eligibility for the national certification examination and follows a similar path to the other 6 nurse practitioner specialties: Adult and Gerontology Primary Care Nurse Practitioner; Family Nurse Practitioner; Pediatric Acute Care Nurse Practitioner; Pediatric Primary Care Nurse Practitioner; Psychiatric Mental Health Nurse Practitioner; and Adult Gerontology Acute Care NP/CNS. The NNP will follow the same course of study that the other APRN specialties follow, consisting of 79 credit hours divided between 55 didactic credits and 24 clinical credits. The 24 clinical credits require, by national standards, 1080 clock hours of practicum clinical instruction. Some overlap of didactic curriculum will be incorporated between the pediatric primary, pediatric acute and neonatal nurse practitioner programs.

The proposed full-time program of study for the neonatal specialty requires three calendar years to complete. See Appendix A for two Sample Plans of Study for the NNP specialty.

Mission

The approved 2010 mission statement of the University of Maryland Baltimore (UMB) opens with the following statement.

The University of Maryland Baltimore is the State's public health, law and human services university devoted to excellence in professional and graduate education, research, patient care, and public service. As a diverse community of outstanding faculty, staff and students, and using state-of-the-art technological support, we educate leaders in health care delivery, biomedical science, global health, social work and the law.

This proposal to expand and enhance the education and competencies of advanced practice nurses is directly aligned with UMB's central educational mission - education for excellence and leadership.

Alignment with strategic goals

UMB's recently adopted *2011-2016 Strategic Plan* says in part "As the state's only public academic health, law, and human services university, the University has an obligation to educate and train students and scholars to provide leadership and expertise necessary to address the health, legal, and social challenges posed by our nation's changing demographics."

The proposed addition of the NNP APRN Specialty to the 6 current APRN specialty tracks is driven by a lack of available NNP educational programs within the state of MD. Preparation for this role addresses the health challenges of a vulnerable population of patients. The NNP APRN specialty plan of study is congruent with the University of Maryland Baltimore's strategic goals and affirms being at the forefront of educating professional leaders for current and future practice as a key institutional priority.

B Adequacy of Curriculum Design:

A listing of courses included in the proposed NNP specialty plan of study is provided in Appendix B.

Educational Objectives

The objective of the Neonatal Nurse Practitioner subspecialty is to prepare graduates for the highest level of nursing practice in the care and management of preterm infants, full term infants, neonates, and children up to two years of age, using the Neonatal Nurse Practitioner Competencies established by the National Association of Neonatal Nurse Practitioners (2014). These competencies reflect the recommendations of the National Organization of Nurse Practitioner Faculties (NONPF) Population Focused Nurse Practitioner Competencies (2013) and the American Association of Colleges of Nursing's 2006 Essentials of Doctoral Education for Advanced Nursing Practice.

The NNP graduate will be able to demonstrate competence in the nine separate Domains of NNP practice as outlined in the National Association of Neonatal Nurse Practitioners (NANNP) Competencies and Orientation Tool Kit (2014) and they are:

- Scientific Foundations
- Leadership
- Quality
- Practice Inquiry
- Technology and Information Literacy
- Policy
- Health Delivery Systems
- Ethics
- Independent Practice

In addition to the NNP specialty specific objectives, the NNP program at the doctoral level will prepare the NNP graduate to be able to:

- Lead at the highest educational, clinical, and executive ranks
- Analyze and apply scientific knowledge and related skills for the highest level of nursing practice
- Evaluate and apply evidence based practice for the improvement of education, clinical practice, systems management, and nursing leadership
- Design, implement, manage, and evaluate organizational systems
- Initiate, facilitate and participate in collaborative efforts that influence healthcare outcomes with practitioners from other disciplines

Accreditation /graduate certification

The baccalaureate (BSN), M.S., and DNP degree programs of the UMBSON are accredited by the American Association of Colleges of Nursing Commission on Collegiate Nursing Education (AACN/CCNE). The UMBSON CCNE review was most recently conducted in September, 2014 and results are pending.

C Critical and compelling need:

Neonatal Nurse Practitioners provide health care to preterm infants, full term infants, neonates, and children up to 2 years of age. Practice as an NNP requires specialized knowledge and training to provide safe, effective care. (NONPF, 2013). The proposed addition of the Neonatal Nurse Practitioner Specialty Program will assist in addressing the current national healthcare crisis of premature birth. Some of the key factors are:

- There are currently no NNP Programs operating within the State of Maryland.
- The United States (US) has the 2nd-highest infant-mortality rate among developed countries. Even though infant mortality has declined by 12% from 2005 to 2011, the US, when compared with international rankings, ranks 27th in infant mortality (CDC, 2013).
- Although the 2013 March of Dimes Premature Birth Report Card shows a five year decline in the US Preterm Birth Rate, the nation as a whole, and Maryland specifically, was given a C on the Report Card.
- The Institute of Medicine, in their 2006 report, notes that the high rate of preterm birth in the United States costs at least twenty six billion dollars annually, and recommends a multidisciplinary approach to the better understanding of the health and developmental problems of this vulnerable population. The doctoral prepared Neonatal Nurse Practitioner will be a strategic collaborative partner in addressing

these concerns.

- There is a nationwide shortage of NNP's. For every NNP who graduates, there may be as many as 80 unfilled positions (Pressler & Kenner, 2009). Nationwide NNP vacancy rates may be as high as 15% (Rasmussen, Vargo, Reavy & Hunter, 2005)
- Other key factors that impact NNP availability are:
 - Decreasing resident training/duty hours in settings that care for the high risk neonate and infant (Accreditation Council for Graduate Medical Education, 2013)
 - In a national survey completed in 2013, a neonatal recruitment agency (Ensearch Management Consultants) identified 41 vacant neonatal nurse practitioner positions on the east coast.
 - During an informal survey conducted in November of 2013, sixty four percent of local NICU's anticipate their senior NNP staff will begin to retire within the next two to ten years. This is supported by the Neonatal Nurse Practitioner Workforce Survey (Timoney & Sansoucie, 2012) which indicates that 58% of the NNP workforce nationwide has more than 10 years of experience with 1/5th of them having more than 20 years of experience.
 - In a 2010 survey conducted by the American Academy of Pediatrics (AAP) the Mid-Atlantic region was found to have the highest NNP per NICU bed ratios as well as one of the highest numbers of NNP's per capita (AAP, 2010).
- Twelve institutions within the geographic region have indicated their support of a Neonatal APRN program and are willing to provide valuable student clinical experiences.
- Nationally, there are very few DNP prepared NNP faculty. Currently, there are four doctoral prepared Neonatal Nurse Practitioner faculty employed by the University who can meet the educational needs of the Neonatal Nurse Practitioner student.

By adding the NNP program to the current APRN specialties, The University of Maryland will not only offer programs that address healthcare issues across the lifespan, it will address the population specific needs of a high risk newborn and infant population.

D. Market supply and demand:

The University of Maryland School of Nursing will attempt to market for and accept at least 5 NNP BS to DNP students for fall, 2015 enrollment.

E. Reasonableness of program duplication:

Currently the closest neonatal Nurse Practitioner programs are offered at the Master's level and are located at the University of Pennsylvania in Philadelphia, Thomas Jefferson University in Philadelphia and West Virginia University in Morgantown West Virginia. Eligible Maryland students would be required to commute 100 to 200 miles to attend these programs. The need to offer this specialty was determined based on the lack of available programs within the state of Maryland and the market need for qualified NNP professionals that are educated at the doctoral level.

F. Relevance to Historically Black Institutions:

Three of Maryland's Historically Black Institutions (HBIs) offer graduate degree programs in nursing: Bowie State University (BSU), Coppin State University (CSU), and Morgan State University (MSU). None of these universities offer a pediatric or neonatal NP specialty.

G Adequacy of faculty resources:

Appendix C lists the name, degree, and academic rank of regular UMBSON faculty teaching in the present post-masters pediatric and DNP program and will be available to teach in the new specialty. Faculty who teach advanced practice nursing presently at the M.S. level and in the requested APRN DNP program have the required professional licensure, certification, and other professional credentials necessary to meet national standards.

H Adequacy of library resources:

As the UMBSON already offers the DNP and the six master's specialties which include pediatrics, there are no new library requirements associated with this program proposal.

I Adequacy of physical facilities:

1. As the UMBSON already offers the DNP and the six master's specialties, there are no additional infrastructure requirements associated with this program proposal.
2. Tuition and Fee Revenue: Enrollment projections are based on maintaining previous enrollment levels of pediatric nurse practitioner students and adding at least 5 students who would enroll in the NNP specialty.
3. Grants and Contracts: There is no external funding provided for this program.

Finance Data: See appendix D:

1. Faculty: It is anticipated that there will be no need to hire additional faculty. Based on NONPF guidelines, the FTE required for the program is based on a 6 - 1 student to faculty ratio.
2. Administrative Staff: Since the program is projected to be housed with the pediatric specialty, the total number of students between primary, acute pediatrics and neonatal will not generate a need for additional staff.
3. Equipment: No additional equipment expenditures are anticipated.
4. Library: No additional expense is anticipated.
5. New and/or Renovated Space: There is sufficient space within the UMSON and no renovation is anticipated.
6. Other Expenses: Student recruitment is necessary and will begin as soon as possible, after MHEC approval. The University of Maryland Admissions office typically participates in hospital recruitment of students from the surrounding nursing populations. Advertising for the NNP program can be added to this effort.

L Provisions for evaluation of program:

The majority of programs at UMB, including the UMBSON programs, rely on professional accreditation as the primary means of evaluation. Professional accreditation is based on a national consensus around student competencies and program standards. The re-accreditation review by CCNE occurred September 2014 with results currently pending. A substantive change request for the NNP program will be submitted by the Dean to the American Association of Colleges of Nursing.

- 1) As a requirement of graduation, each student must produce a practice oriented, neonatal focused rigorous final doctoral project with a paper that is suitable for submission for publication. The student's advisor determines when a paper is suitable for submission for publication.
- 2) The rate at which graduates of this program successfully achieve APRN specific national board certification.

M Consistency with the State's minority student achievement goals:

The core components of AACN's essential elements of nursing education acknowledge the diversity of the nation's population and mandate inclusion of content addressing cultural, spiritual, and ethnic, gender, and sexual orientation diversity to ensure that nursing professionals are "prepared to practice in a multicultural environment and possess the skills needed to provide culturally competent care." When the UMBSON was accredited by AACN/CCNE in 2009, the accreditation team's report cited one of the strengths of the UMBSON is its diverse student background and experience. In the Spring of 2013 and 2014 33% of students enrolled in UMBSON graduate programs were minority students.

Additionally, the proposed post-baccalaureate DNP will provide students with a variety of opportunities to be involved with culturally diverse populations, especially those from rural communities and the medically underserved. The majority of hospitals in the state of Maryland provide care to preterms, full terms, and infants in Neonatal Intensive Care units or low risk nurseries. The MD Regional State Neonatal Transport program provides services to rural and community hospitals by transporting preterm and critically ill neonates to larger, higher level facilities. Students will be exposed to diversity simply based on population distribution. Diversity also is incorporated in the proposed program's curriculum, as is evidenced by language taken from the course descriptions included as Appendix B to this proposal.

Appendix A: Plans of Study

Doctor of Nursing Practice: Neonatal Nurse Practitioner Program

3 year plan of study

Semester and Course Number/Title		Credit (Clinical) Hours
Fall Year 1		
NPHY 612	Advanced Physiology and Pathophysiology	3 credits
NURS 723	Clinical Pharmacology and Therapeutics across the Lifespan	3 credits
NDNP 819	Advanced Health Assessment Across the Lifespan	4 credits
	Total 10 Credits	
Spring Year 1		
NRSG 790	Methods for Research and Evidence-Based Practice	3 credits
NRSG 795	Biostatistics for Evidence Based Practice	3 credits
NDNP 850	Diagnosis and Management 1: Introduction to Diagnostic Reasoning	2 credits
NDNP 851	Diagnosis and Management 1: Introduction to Diagnostic Reasoning Clinical	2 credits (90 hours)
	Total 10 Credits & 90 Clinical Hours	
Summer Year 1		
NRSG 780	Population Health and Promotion	3 credits
NRSG 785	Professional Writing	1 credit
NDNP 725	Advanced Pediatric Pathophysiology, Developmental Assessment and Health Promotion	2 credits
	Total 6 Credits	
Fall Year 2		
NDNP 804	Theory for Evidence Based Practice	3 credits
NRSG 782	Health Systems & Health Policy: Leadership & Quality Improvement	3 credits
NDNP 892	Diagnosis and Management 2: Common Health Conditions, Episodic and Chronic	4 credits
NDNP 893	Diagnosis and Management 2: Common Health Conditions, Episodic and Chronic Clinical Practicum/Seminar	3 credits (135 hours)
	Total 13 Credits & 135 Clinical Hours	
Spring Year 2		
NDNP 807	Information Systems and Technology Improvement/Transformation Health Care	2 credits
NDNP 808	Information Systems and Technology Improvement/Transformation Health Care Practicum	1 credit (45 hours)
NURS 810	Evidence-based Health Policy	3 credits
NDNP 811	Scholarly Project Development	1 credit
NDNP 894	Diagnosis and Management 3: Acute and Chronic Complex Conditions	4 credits
NDNP 895	Diagnosis and Management 3: Acute and Chronic Complex Conditions Clinical Practicum/Seminar	3 credits (135 hours)
	Total 14 Credits & 180 Clinical Hours	
Summer Year 2		
NURS 834	Translating Evidence into Practice	3 credits
NDNP 896	Diagnosis and Management 4: Integration of Multiple Health	2 credits

	Problems and Complex Clinical Syndromes	
NDNP 897	Diagnosis and Management 4: Integration of Multiple Health Problems and Complex Clinical Syndromes Practicum	2 credits (90 hours)
	Total 7 credits & 90 Clinical Hours	
Fall Year 3		
NDNP 812	Scholarly Project Implementation	1 credit (45 hours)
NDNP 814	Practice Leadership Within Complex Adaptive Health Care Systems	3 credits
NDNP 817	Practice Leadership Within Complex Adaptive Health Care Systems Clinical Practicum	2 credits (90 hours)
NDNP 898	Diagnosis and Management 5: Professional Practice Immersion: Clinical Practicum/Seminar	4 credits (180 hours)
	Total 10 Credits & 315 Clinical Hours	
Spring Year 3		
NDNP 813	Scholarly Project Evaluation/Dissemination	1 credit (45 hours)
NDNP 899	Diagnosis and Management 6: Integration of Practice and Leadership: Clinical Practicum/Seminar	5 credits (225 hours)
ELECTIVE	Elective	3 credits
	Total 9 Credits & 270 Clinical Hours	
	Total Program Credits: 79 (55 didactic/24 Clinical credits (1080 clinical hours))	

Appendix A: Plans of Study

Doctor of Nursing Practice: Neonatal Nurse Practitioner Program

4 year plan of study

Semester and Course Number/Title		Credit (Clinical) Hours
Fall Year 1		
NRSG 790	Methods for Research and Evidence-Based Practice	3 credits
NRSG 780	Health Promotion and Population Health	3 credits
	Total 6 Credits	
Spring Year 1		
NRSG 782	Health Systems and Health Policy: Leadership and Quality Improvement	3 credits
NRSG 795	Biostatistics for Evidence Based Practice	3 credits
	Total 6 Credits	
Summer Year 1		
NRSG 810	Evidence-Based Health Policy	3 credits
NRSG 785	Professional Writing	1 credit
	Total 4 Credits	
Fall Year 2		
NPHY 612	Advanced Physiology and Pathophysiology	3 credits
NURS 723	Clinical Pharmacology and Therapeutics Across the Lifespan	3 credits
NDNP 819	Advanced Health Assessment Across the Lifespan	4 credits
	Total 10 Credits	
Spring Year 2		
NDNP 804	Theory for Evidence Based Practice	3 credits
NDNP 850	Diagnosis and Management 1: Introduction to Diagnostic Reasoning	2 credits
NDNP 851	Diagnosis and Management 1: Introduction to Diagnostic Reasoning Clinical	2 credits (90 hours)
	Total 7 Credits & 90 Clinical Hours	
Summer Year 2		
NURS 834	Translating Evidence into Practice	3 credits
NDNP 725	Advanced Pediatric Pathophysiology, Developmental Assessment and Health Promotion	2 credits
	Total 5 credits	
Fall Year 3		
NDNP 807	Information Systems and Technology Improvement Transformation Health Care	2 credit
NDNP 808	Information Systems and Technology Improvement Transformation Health Care Practicum	1 credits (45 hours)
NDNP 892	Diagnosis and Management 2: Common Health Conditions, Episodic and Chronic	4 credits
NDNP 893	Diagnosis and Management 2: Common Health Conditions, Episodic and Chronic Clinical Practicum/Seminar	3 credits (135 hours)
	Total 10 Credits & 180 Clinical Hours	

Spring Year 3		
NDNP 811	Scholarly Project Development	1 credit (45 hours)
NDNP 894	Diagnosis and Management 3: Acute and Chronic Complex Conditions	4 credits
NDNP 895	Diagnosis and Management 3: Acute and Chronic Complex Conditions Clinical Practicum/Seminar	3 credits (135 hours)
	Total 8 Credits & 180 Clinical Hours	
Summer Year 3		
NDNP 896	Diagnosis and Management 4: Integration of Multiple Health Problems and Complex Clinical Syndromes	2 credits
NDNP 897	Diagnosis and Management 4: Integration of Multiple Health Problems and Complex Clinical Syndromes Practicum/Seminar	2 credits (90 hours)
	Total 4 credits & 90 Clinical Hours	
Fall Year 4		
NDNP 812	Scholarly Project Implementation	1 credit (45 hours)
NDNP 814	Practice Leadership Within Complex Adaptive Health Care Systems	3 credits
NDNP 817	Practice Leadership Within Complex Adaptive Health Care Systems Clinical Practicum	2 credits (90 hours)
NDNP 898	Diagnosis and Management 5: Professional Practice Immersion: Clinical Practicum/Seminar	4 credits (180 hours)
	Total 10 credits & 315 Clinical Hours	
Spring Year 4		
	ELECTIVE	3 credits
NDNP 813	Scholarly Project Evaluation and Dissemination	1 credit (45 hours)
NDNP 899	Diagnosis and Management 6: Integration of Practice and Leadership: Clinical Practicum/Seminar	5 credits (225 hours)
	Total 9 credits & 270 Clinical Hours	
	Total Program Credits: 79 (55 didactic/24 Clinical credits (1080 clinical hours))	

Appendix B: List of Courses for the Neonatal Nurse Practitioner Specialty:

NPHY 612 - ADVANCED PHYSIOLOGY AND PATHOPHYSIOLOGY ACROSS THE LIFESPAN

This course provides graduate levels content of physiology and pathophysiology that is necessary for understanding the scientific basis of advanced practice nursing and for more advanced clinical courses in a variety of settings. Structural and functional changes in cells, tissues, and organs that underlie selected diseases are discussed. The student will gain an understanding of the mechanisms underlying diseases and their clinical manifestations, thus providing a basis for clinical decisions related to diagnostic tests and initiation of therapeutic regimens. Pathogenesis of disease will be related to principles of health promotion and disease prevention. The course contributes to the scientific basis for advanced practice nursing.

NURS 723 - CLIN PHARMACOLOGY & THERAPEUTICS ACROSS LIFESPAN

This course provides advanced knowledge of commonly prescribed pharmacologic agents. Rationales for the use of pharmacologic agents in the treatment of selected health problems are presented. Clinical considerations for drug selection and initiation, maintenance and discontinuation of drug treatment are examined. Legal requirements and implications for pharmacotherapy are reviewed.

NDNP 819 – ADVANCED HEALTH ASSESSMENT ACROSS THE LIFESPAN

This course focuses on assessment and clinical decision-making in advanced nursing practice within a family context. Students develop and strengthen skills related to health assessment including physical, psychosocial, cultural, and family dimensions of assessment. Clinical decision making skill development focuses on appropriate interpretation of multidimensional assessment data and individualization of assessment approaches based on client situation. Emphasis will be placed on proper physical examination and written documentation techniques.

NDNP 804 THEORY FOR EVIDENCED BASED PRACTICE

This core course examines the nature of theory development and relates it to health and health care delivery phenomena. Theories from biophysical, social, and organizational sciences are integrated with nursing science to examine their application to the highest level of nursing practice. The relevance of concepts as the building blocks of theories is emphasized.

NRSG 795 - BIOSTATISTICS FOR EVIDENCE-BASED PRACTICE

This course extends basic statistics competencies by providing a working knowledge of common descriptive and inferential statistics used in evidence-based practice, including chi-

square, t-test, ANOVA, correlation, and regression. Both hypothesis testing and effect size estimation are emphasized. An applied approach is taken where students conduct analyses using illustrative datasets and common analytical software for generating, evaluating, and using evidence. Accurate and concise reporting of results in text, tabular, and graphical form is emphasized.

NDNP 850 - DIAGNOSIS AND MANAGEMENT 1: INTRO TO DIAGNOSTIC REASONING

This is the first of 4 courses which provide the basic knowledge, skills and abilities essential to independent clinical practice of the advanced practice nurse focused on evidence-based, patient centered care across all settings and across the lifespan. Identification of critical thinking skills needed to acknowledge patient concerns and physiologic alterations with rationale for the beginning determination of differential diagnoses will be discussed and practiced. General principles and determination of diagnostic evaluation will be applied to the clinical presentation of patient problems. The student will begin to critically analyze data for improving patient health outcomes and will learn scientific translation of evidence into practice. The student will begin development of the advanced practice nurse role within the interprofessional health care team and begin to understand the role within the context of health care systems, cultural and spiritual diversity and patient preferences, values, beliefs and decision making.

NDNP 851- DIAGNOSIS AND MANAGEMENT 1: CLINICAL PRACTICUM/SEMINAR

This is the first of six clinical courses which provide the basic clinical skills and abilities essential to independent clinical practice as an advanced practice nurse with a focus on evidence-based, patient centered care across all settings and across the lifespan. Students will complete 90 hours of clinical. This course focuses on the development of critical thinking skills needed to address patient concerns and physiologic alterations and provide rationale for the foundation of differential diagnoses through experiences in selected supervised, clinical settings and simulation/standardized patient laboratories. General principles and determination of diagnostic evaluation will be applied to the clinical presentation of patient problems. The student will begin to critically analyze evidence-based practice guidelines for improving patient health outcomes and will learn systematic translation of evidence into practice within the clinical setting. Under the supervision of faculty member, the student will begin development of the advanced practice nurse role within the inter-professional health care team and within the context of health care systems, recognizing cultural and spiritual diversity and patient preferences, values, beliefs and decision making.

NRSG 780 - HEALTH PROMOTION AND POPULATION HEALTH

This core course is designed to examine the determinants of health and distribution of disease. Epidemiological, demographic and environmental data, national reports and surveys, and legislation are used to assess trends and establish priorities to improve the health status of the population. The course focuses on the leading causes of death and disability as well as key issues in infectious disease, behavioral health, and environmental and occupational health. It addresses the importance of health disparities, cultural competence and social justice in developing health promotion and disease prevention programs. Models and theories for behavior change and program planning, health communication strategies, and the role of health policy are emphasized in developing and evaluating high risk and population-based interventions to improve the health status of the population.

NDNP 785 - PROFESSIONAL WRITING FOR ADVANCED PRACTICE NURSING

This advanced practice writing course is designed to assist students with communicating and disseminating best practices in health care. Research resources and other sources of information are explored as students practice writing strategies to synthesize data and master ways to communicate effectively. The course will prepare students for documenting and posting all aspects of their doctoral education in the professional portfolio. Examples of assignments that students will complete include the professional curriculum vitae, cover letters, query letters, per UMBSON statements, and proposals. The writing process (drafting, revising and editing) will be stressed along with the preparatory step for writing for publication

NDNP 725 - ADVANCED PEDIATRIC PATHOPHYSIOLOGY, DEVELOPMENTAL ASSESSMENT AND HEALTH PROMOTION

This course prepares the APRN student to apply advanced pediatric physiology and pathophysiology to the assessment of neonates, infants, children and adolescents. Students will analyze theories and behaviors relevant to the health promotion and health maintenance of the neonate, infant, child and adolescent and will develop skills in the evaluation of common pediatric physiologic and behavioral problems. The uniqueness and importance of developmental assessment, developmental surveillance and utilization of growth parameters will be highlighted. Appropriate selection, use and analysis of diagnostic data, behavioral and developmental assessment tools and the supporting evidence for their clinical application will be discussed. Communication and interprofessional collaboration is emphasized as students navigate potential pediatric problems and situations involving emotional, cognitive and physical health of infants, children and adolescents.

NDNP 804 – THEORY FOR EVIDENCE BASED PRACTICE

The philosophical and scientific underpinnings of nursing reflect the complexity of practice at the doctoral level and the rich heritage that is the conceptual foundation of nursing. The practice doctorate in nursing uses science-based theories and concepts to determine the nature and significance of health and health care delivery phenomena. This course integrates nursing science with knowledge from biophysical, social, and organizational sciences as the basis for the highest level of nursing practice. Students analyze selected world-views and theories from a variety of disciplines. Emphasis is placed on the refinement of critical thinking skills.

NRSG 782 -HEALTH SYSTEMS & HEALTH POLICY: LEADERSHIP & QUALITY IMPROVEMENT

This core course is designed to provide an analysis of health care delivery and policy trends and their effects on organization of clinical and health systems. The course investigates the policy, regulatory, financial, technological and social dynamics that lead to quality improvement and patient safety impacting health care organizations, health care professionals, and patient populations. Leadership strategies are explored that influence decisions at both the practice-level and systems-level. Emphasis is placed on the role of nurses in developing and implementing initiatives to improve quality and cost-effectiveness of care and demonstrate sensitivity to diverse organizational cultures and populations.

NDNP 892 - DIAGNOSIS AND MANAGEMENT 2: COMMON HEALTH CONDITIONS, EPISODIC AND CHRONIC

This second core specialty course emphasizes a multi-dimensional approach to assessment, differential diagnosis and treatment formulation for care of preterm infants, full term infants, neonates and children to age 2. Common health conditions identified by the neonatal population foci of the advanced practice nurse student will be explored in relation to preventative health maintenance and assessment, and diagnosis and management of common episodic and chronic problems. Students will be expected to provide rationale for the management of health and illness status of patients and families over time utilizing screening and diagnostic evaluation strategies specific to health maintenance, illness prevention and management of common episodic and chronic health disorders. The course incorporates the use and interpretation of observational and interview data, physical and psychosocial assessment, diagnostic testing and standardized rating or measurement scales and screening tools with the latest scientific knowledge about best practices and evidenced based parameters within a specific age and/or population focus. Critical thinking and integration of current national treatment guidelines as well as current research are utilized to determine rationales for differential diagnoses. The student will begin to critically analyze

data for improving patient health outcomes incorporating legal, ethical and regulatory issues. The student advanced practice nurse will function within the interprofessional health care team understanding the role within the context of health care systems, cultural and spiritual diversity and patient preferences, values, beliefs and decision making. Conceptual and analytical skills will be emphasized using case discussions and standardized or simulated laboratory experiences.

NDNP 892 - DIAGNOSIS AND MANAGEMENT 2: CLINICAL PRACTICUM/SEMINAR

Diagnosis and management clinical practica are conducted each semester in a variety of Neonatal Intensive Care Units (NICU), developmental specialty clinics and primary care practices caring for infants who were patients in the NICU and Special Care Nursery. Stressing application of concepts presented in the corresponding Diagnosis and Management courses, the student will gain increased expertise in communication skills, health assessment skills, interpreting findings, applying epidemiological concepts and developing and implementing plans of care for Neonates and infants up to the age of 2 focusing on health maintenance needs and common acute and chronic health problems. The focus of the clinical experience will be on initial workup of new patients, limited short-term relationships with these patients, and the evaluation and management of patients with acute problems and stable chronic illnesses in learning diagnosis and management of health problems at all levels of acuity. Effective implementation of critical thinking skills for age-appropriate assessment, diagnosis, and treatment of health care problems encountered with patients in a variety of practice settings will be emphasized. The practica courses are designed to help students synthesize clinical concepts of the nurse practitioner program as they focus on the role of the advanced practice nurse in organizational theory, legal and ethical decision-making, collaborative relationships and managed care issues in the health care system.

NDNP 807 - INFORMATION SYSTEMS AND TECHNOLOGY FOR THE IMPROVEMENT AND TRANSFORMATION OF HEALTH CARE

This course is designed to provide the DNP student with the knowledge and skills necessary to correctly utilize information systems and technology and to lead information systems and technology through transitions in order to improve and transform healthcare. This course provides an advanced understanding of what currently constitutes an information technology enabled health care environment; the roles of the nurse leader and informaticist; the current state of affairs regarding information technology affecting patients and nurses within healthcare today; and leading edge issues within healthcare informatics which impacts the role of the DNP in a variety of health care settings. The Practicum for this course is designed to provide the DNP student with a guided experience

that will help step them through the practice of deriving information and knowledge from existing information system which will be used to address an identified practice problem. In a team, the student will apply what is learned in NDNP 807 to this process and as a team, will develop conclusions based on the data. Potential solutions will be offered.

NDNP 808 – INFORMATION SYSTEMS AND TECHNOLOGY FOR THE IMPROVEMENT AND TRANSFORMATION OF HEALTH CARE PRACTICUM

This Practicum is designed to provide the DNP student with a guided experience that will help step them through the practice of deriving information and knowledge from existing information system which will be used to address an identified practice problem. In a team, the student will apply what is learned in NDNP 807 to this process and as a team, will develop conclusions based on the data. Potential solutions will be offered.

NURS810–SCHOLARLY PROJECT IDENTIFICATION

In this course students become familiar with the evolution of the Doctor of Nursing Practice (DNP) and issues and trends related to the role of the DNP. They examine specific issues related to their practice that will lead them to the completion of a scholarly project at program completion. Students also meet with recent DNP graduates to identify potential electives and practicum experiences. Students will explore literature related to specific practice concerns in their area of interest to identify a focus for a scholarly project.

NDNP 811 – SCHOLARLY PROJECT DEVELOPMENT

In this course, students develop a scholarly project proposal based on an analysis of the literature. Students participate in a peer and faculty review process that provides mutual feedback and guidance on the overview, literature review and presentation of the project proposal

NDNP894 - DIAGNOSIS AND MANAGEMENT 3: ACUTE AND CHRONIC COMPLEX CONDITIONS

This is the 3rd course of the sequence of advanced practice nurse preparation which provides the continuing knowledge, skills and abilities essential to independent clinical practice focused on evidence-based, patient centered care. Physiological, pathophysiological, and mental processes guide identification of complex, acute and chronic conditions, and evidenced based management therapeutics, treatment approaches, and referrals to other

health care providers. Students will integrate current national treatment guidelines as well as current research, theory, and practice considerations to develop a culturally sensitive plan of care for patients with new and previously diagnosed acute and complex conditions within the context of family, community, and medical system involvement. Traditional nursing strategies such as education, interpersonal communication, and counseling are integrated. The advanced practice nurse will begin to incorporate leadership skills to build a team with multiple stakeholders to improve health care and patient outcomes for a specific population in the area of acute and chronic complex processes. This course will also explore how health policy and regulatory issues impact the delivery of health care as well as how the advanced practice nurse can be a driving force for change.

NDNP 895 - DIAGNOSIS AND MANAGEMENT 3: CLINICAL PRACTICUM/SEMINAR

Diagnosis and management clinical practica are conducted each semester in a variety of clinical settings specific to preterm infants, term infants, neonates and infants up to 2 years of age (Examples: NICU's, special care nurseries, community clinics, developmental clinics, long term care institutions, newborn nursery). Stressing application of concepts presented in the corresponding Diagnosis and Management courses, the student will gain increased expertise in communication skills, health assessment skills, interpreting findings, applying epidemiological concepts and developing and implementing plans of care for preterm infants, term infants, neonates and children up to 2 years of age with health maintenance needs and common acute and chronic health problems. The focus of the clinical experience will be on initial workup of new patients, limited short-term relationships with these patients, and the evaluation and management of patients with acute problems and stable chronic illnesses in learning diagnosis and management of health problems at all levels of acuity. Effective implementation of critical thinking skills for age-appropriate assessment, diagnosis, and treatment of health care problems encountered with patients in a variety of practice settings will be emphasized. The practica courses are designed to help students synthesize clinical concepts of the nurse practitioner program as they focus on the role of the advanced practice nurse in organizational theory, legal and ethical decision-making, collaborative relationships and managed care issues in the health care system.

NDNP 834 - TRANSLATIONS AND OUTCOMES OF EVIDENCED BASED PRACTICE

This course focuses on how to translate, evaluate and disseminate evidence in a contemporary health care environment. Individual, organizational and global barriers to translating evidence into practice are explored. Evidence will be summarized and an action plan will be developed to produce valid and reliable clinical recommendations for dissemination into practice. An evaluation plan that includes the patient, health care providers and system outcome measures will be designed to measure the success of the

evidence based practice initiative. The integration of nursing theory and theories from other disciplines to guide practice will be emphasized.

NDNP 896 - DIAGNOSIS AND MANAGEMENT 4: INTEGRATION OF MULTIPLE HEALTH PROBLEMS AND COMPLEX CLINICAL SYNDROMES

This clinical course focuses on the emerging role of the Advanced Practice (AP) nurse and the delivery of advanced nursing care within the reconceptualization and evolution of the health care system. In this semester, the student is expected to demonstrate the highest level of accountability for their professional practice. This advanced clinical course involves synthesis of all prior coursework, application of critical thinking and leadership skills and advanced physical assessment and diagnostics. Students will incorporate the skills of managing patients with multiple complex problems and clinical syndromes within the primary, acute, critical or mental health care environment. The student will diagnose, prescribe and intervene as an advanced practice nurse, working within an inter-professional practice team, coordinating a plan of care that is based on cultural, spiritual, self-care, respect, mutual trust and individual patient/client needs. The APN student will incorporate population-specific, synthesis of current best evidence, quality metrics and technology into complex health situations within the specific patient and family centered environment the student is assigned. The advanced practice nurse student will integrate quality management, scientific inquiry, and policy into patient and system centered encounters. The student will be fully integrated into the advanced practice role and team to independently manage the health and illness state of patients and their families within their population foci.

NDNP 897 - DIAGNOSIS AND MANAGEMENT 4: CLINICAL PRACTICUM/SEMINAR

This is the fourth of six clinical specialty courses. This clinical focuses on the emerging role of the APRN and the delivery of advanced nursing care within the reconceptualization and evolution of the health care system. Students complete 90 hours of clinical practice. This clinical course incorporates synthesis of all prior coursework, application of advanced physical assessment, clinical and diagnostic reasoning skills for the student to manage neonatal patients with multiple, complex problems and clinical syndromes with an increased level of autonomy and accountability for their practice in the clinical setting. With minimal preceptor guidance, the student will diagnose, prescribe and intervene as an advanced practice nurse, working within an inter-professional practice team, coordinating a plan of care that is based on cultural, spiritual, self-care, respect, mutual trust and individual patient/client needs. The APRN student will incorporate population-specific, synthesis of current best evidence, quality metrics and technology into complex health situations within the specific patient and family centered environment the student

is assigned. The advanced practice nurse student will integrate quality management, scientific inquiry, and policy into patient and system centered encounters.

NDNP 811 - PROJECT DEVELOPMENT

Doctor of Nursing Practice students have an identified practice area that will provide a guide for their plan of study. In this course students will develop and implement a project proposal based on an analysis of the literature. The role of the DNP as leader and innovator of complex organizational systems will be discussed as it relates to the project proposal.

NDNP 812 – PROJECT IMPLEMENTATION

In this course students execute their approved project proposal with guidance from their scholarly project and practice site advisors.

NDNP 814 – PRACTICE LEADERSHIP WITHIN COMPLEX ADAPTIVE HEALTH CARE SYSTEMS.

This course is based on student independent learning that emphasizes theory and practical application through working with a health care system to address inter-professional and intra-professional initiatives requiring nursing leadership at the level of a Doctor of Nursing Practice. The DNP student will demonstrate the ability to synthesize and apply theory and leadership principles to affect necessary change. The course focuses on the system dynamics as they affect highly collaborative teams and requirements for leadership. Concepts and applied experiences cover: assessment of self, synthesis and application of inter-professional and intra-professional collaborative skills, theories of effective leadership, and functions of a change manager, use of influence without authority, facilitation of teams, concepts and dynamics of communication in complexity. The synthesis and application of new leader requirements and capacity will be addressed in relation to chaos and ambiguity in a changing system, policy requirements, and the identification of value propositions.

NDNP 817 - PRACTICE LEADERSHIP WITHIN COMPLEX ADAPTIVE HEALTHCARE SYSTEMS: CLINICAL PRACTICUM

This course is based on student independent learning that emphasizes theory and practical application through working with a health care system to address inter-professional and intra-professional initiatives requiring nursing leadership at the level of a Doctor of Nursing Practice. Through this clinical practicum, the DNP student will demonstrate the ability to synthesize and

apply theory and leadership principles to affect necessary change within a given healthcare environment.

NDNP 813 – SCHOLARLY PROJECT EVALUATION AND DISSEMINATION

In this course Doctor of Nursing Practice (DNP) students evaluate and disseminate their approved scholarly project findings under the guidance of their scholarly project and practice site advisors. The role of the DNP as leader and innovator of complex organizational systems is discussed as it relates to the scholarly project evaluation and dissemination.

NDNP 898 - DIAGNOSIS AND MANAGEMENT 5: CLINICAL PRACTICUM SEMINAR

This is the fifth of six clinical specialty courses focused on the emerging role of the APRN and the delivery of advanced nursing care in the context of an interprofessional team within an evolving health care arena at the microsystem level. In this semester, students complete 180 clinical hours, which will be in NICU's and Special Care nurseries. The student is expected to demonstrate the highest level of accountability for their professional practice as an APRN, while integrating core competencies from the DNP essentials. This advanced clinical course involves synthesis of all prior coursework, application of advanced physical assessment, diagnostics, critical thinking and emerging leadership skills. Students will incorporate the skills of managing complex patients and interface with the interprofessional health care team to ensure patient safety and quality outcomes through coordination of care, evaluation of evidence-based practice and quality improvement measures within the clinical practice setting. The APRN student will identify and incorporate population-specific, synthesis of current best evidence, quality metrics and technology into complex health situations and will integrate quality management, scientific inquiry and policy into patient and system centered encounters. The student will be fully integrated into the advanced practice role and interprofessional health care team to collaboratively manage the health and illness state of patients and their families within the health care system.

NDNP 899 - DIAGNOSIS AND MANAGEMENT 6: CLINICAL PRACTICUM SEMINAR

Diagnosis and management clinical practica are conducted each semester in a variety of clinical settings specific to the NNP specialty (Examples: NICU's, Special Care Nurseries, community clinics, long-term care, and private practice) for preterm infants, term infant, neonates and children up to age 2. Stressing application of concepts presented in the corresponding Diagnosis and Management courses, the student will gain increased expertise in communication skills, health assessment skills, interpreting findings, applying epidemiological concepts and developing and implementing plans of care for preterm infants, term infants, neonates and children up to age 2 with health maintenance needs and common acute and chronic health problems. The focus of the clinical experience will be on initial workup of new patients, limited short-term relationships with these patients, and the evaluation and management of patients with acute problems and stable chronic

illnesses in learning diagnosis and management of health problems at all levels of acuity. Effective implementation of critical thinking skills for age-appropriate assessment, diagnosis, and treatment of health care problems encountered with patients in a variety of practice settings will be emphasized. The practica courses are designed to help students synthesize clinical concepts of the nurse practitioner program as they focus on the role of the advanced practice nurse in organizational theory, legal and ethical decision-making, collaborative relationships and managed care issues in the health care system.

Appendix C Faculty List:

*Neonatal NP Trained and Certified Faculty:

- *Jan Wilson, DNP, CRNP, NNP-BC, Assistant Professor
- *Dawn Mueller-Burke, PhD, CRNP, NNP-BC, Assistant Professor
- *Yolanda Ogbolu, PhD, CRNP, NNP-BC, Assistant Professor
- *Susan Braid, PhD, MPH, CRNP, NNP-BC, Assistant Professor

Pediatric NP Trained and Certified Faculty:

Catherine Haut, DNP, CRNP, Assistant Professor
Blanche Brown, MSN, CRNP, Clinical Instructor
Valerie Rogers, PhD, CRNP, Assistant Professor
Deborah Busch, DNP, CRNP, Assistant Professor
Ann Felauer, MSN, CRNP, Clinical Instructor
Mary Burr, MS, CRNP, Clinical Instructor
Linda Murray, MS, CRNP, Clinical Instructor
Michele Michael, PhD, CRNP, Assistant Professor

Other Pediatric Faculty:

Kathleen Buckley, PhD, RN, IBCLC, Associate Professor
Cara Kramer, MS, RN, Clinical Instructor

Appendix D: Financial Summary:

TABLE 1: RESOURCES:					
Resource Categories	Year 1	Year 2	Year 3	Year 4	Year 5
1. Reallocated Funds					
2. Tuition/Fee Revenue (c + g below)	\$87,163	\$174,327	\$261,490	\$261,490	\$261,490
a. Number of F/T Students	5	10	15	15	15
b. Annual Tuition/Fee Rate	\$17,432	\$17,432	\$17,432	\$17,432	\$17,432
c. Total F/T Revenue (a x b)	\$87,163	\$174,327	\$261,490	\$261,490	\$261,490
d. Number of P/T Students	0	0	0	0	0
e. Credit Hour Rate					
f. Annual Credit Hour Rate					
g. Total P/T Revenue (d x e x f)	0	0	0	0	0
3. Grants, Contracts & Other External Sources					
4. Other Sources					
TOTAL (Add 1 – 4)	\$87,163	\$174,327	\$261,490	\$261,490	\$261,490

Finance Data

Narrative for Table 1: Resources

1. Reallocated Funds

No funds will need to be reallocated for this program.

2. Tuition and Fee Revenue

Enrollment projections are based on maintaining previous enrollment levels of pediatric nurse practitioner students and adding at least 5 students who would enroll in the NNP specialty.

3. Grants and Contracts

There is no external funding for this program.

4. Other Sources

There are no additional funding sources for this program.

TABLE 2: EXPENDITURES:					
Expenditure Categories	Year 1	Year 2	Year 3	Year 4	Year 5
1. Faculty (b + c below)	\$67,681	\$135,359	\$203,043	\$203,043	\$203,043
a. # FTE	.6	1.2	1.7	1.7	1.7
b. Total Salary	\$54,803	\$109,605	\$164,408	\$164,408	\$164,408
c. Total Benefits	\$12,878	\$25,754	\$38,635	\$38,635	\$38,635
2. Admin. Staff (b + c below)					
a. # FTE	0	0	0	0	0
b. Total Salary					
c. Total Benefits					
3. Support Staff (b + c below)					
a. # FTE	0	0	0	0	0
b. Total Salary					
c. Total Benefits					
4. Equipment					
5. Library					
6. New or Renovated Space					
7. Other Expenses					
TOTAL (Add 1 – 7)	\$67,681	\$135,359	\$203,043	\$203,043	\$203,043

Finance Data

Narrative for Table 2: Expenditures

1. Faculty (# FTE, Salary and Benefits)

It is anticipated that there will be no need to hire additional faculty. Based on NONPF guidelines, the FTE required for the program is based on a 6 – 1 student Faculty ratio.

2. Administrative Staff (# FTE, Salary and Benefits)

Since the program is projected to be housed with the pediatric specialty, the total number of students between primary, acute pediatrics and neonatal will not generate a need for additional administrative staff.

3. Support Staff (# FTE, Salary and Benefits)

It is anticipated that there will be no need to hire additional support staff.

4. Equipment

No additional equipment expenditures are anticipated.

5. Library

No additional expense is anticipated.

6. New and/or Renovated Space

There is sufficient space within the UMSON and no renovation is anticipated.

7. Other Expenses

Student recruitment is necessary and will begin as soon as possible, after MHEC approval. The University of Maryland Admissions office typically participates in hospital recruitment of students from the surrounding nursing populations. Advertising for the NNP program can be added to this effort and will therefore not require additional expenditures.

Appendix E

References and Links to Additional National Documents:

- Accreditation Council for Graduate Medical Education (2013). *ACGME program requirements for graduate medical education in pediatrics*. Retrieved from <http://www.acgme.org/acgmeweb/tabid/271/GraduateMedicalEducation/DutyHours.aspx>
- American Board of Pediatrics Research Advisory Committee, Freed, G. L., Dunham, K. M., Lamarand, K. E., Loveland-Cherry, C., & Martyn, K. K. (2010). Neonatal nurse practitioners: Distribution, roles and scope of practice. *Pediatrics*, 126, 856-860
- Centers for Disease Control and Prevention (2013, April). *NCHS data brief number 120, recent declines in infant mortality in the united states, 2005-2011*. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db120.pdf>
- ENSEARCH Management consultants, Data on NNP positions on the east coast, PerUMBSONal Communication, November1, 2013
- Institute of Medicine (2006). *Preterm birth: causes consequences and prevention*. Retrieved from <http://www.iom.edu/Reports/2006/Preterm-Birth-Causes-Consequences-and-Prevention.aspx>
- March of Dimes (2013). *2013 birth report cards*. Retrieved from <http://www.marchofdimes.org/mission/prematurity-reportcard.aspx>
- National Association of Neonatal Nurse Practitioners (2014). *Competencies and orientation tool kit* (2nd ed.) Chicago, IL: National Association of Neonatal Nurse Practitioners.
- National Organization of Nurse Practitioner Faculty (2013). *Population focused nurse practitioner competencies*. Retrieved from <http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/populationfocusnpcomps2013.pdf>
- Pressler, J. L., & Kenner, C. A. (2009). The NNP/DNP shortage, transforming neonatal nurse practitioners into DNPs. *Journal of Perinatal and Neonatal Nursing*, 23(3), 272-278.
- Rasmussen, L. B., Vargo, L. E., Reavey, D. A., & Hunter, K. S. (2005). Pilot survey of NICU nurse's interest in the neonatal nurse practitioner role. *Advances in Neonatal Care*, 5(1), 29-38.
- Timoney, P., & Sansoucie, D. (2012). Neonatal nurse practitioner workforce survey executive summary. *Advances in Neonatal Care*, 12(3), 176-178.

Additional Links to National Documents

- American Association of Colleges of Nursing – The Essentials of Doctoral Education for Advanced Nursing Practice - <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- National Association of Neonatal Nurse Practitioners Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs – http://www.nann.org/uploads/files/2014_Education_Standards_FINAL.pdf