



State of Rhode Island and Providence Plantations
Council on Postsecondary Education
OFFICE OF THE POSTSECONDARY COMMISSIONER
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Enclosure 8D.
September 16, 2015

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To: Council on Postsecondary Education

From: Commissioner Jim Purcell, Ed.D.

Date: September 10, 2015

Subject: Approval of a Proposal from Rhode Island College for establishment of a Master of Science in Nursing (MSN) to Doctorate in Nursing Practice (DNP)

Rhode Island College has submitted a proposal to offer the Master of Science in Nursing to Doctor of Nursing Practice degree. Unlike other new programs that were presented as Notices of Change, this program raises questions regarding mission, role, and scope; duplication of effort; and efficiencies within the Rhode Island system of public higher education, which are among the areas of authority specifically granted to the Council on Postsecondary Education:

- Any new or proposed eliminations of departments, divisions, programs of study that are outside the role and scope approved by the council shall require review and approval of the council on postsecondary education. (§16-33-2.1)

Therefore, the establishment of the MSN to DNP program would require approval from the Council.

Accompanying this document is a summary of the proposal as submitted by Rhode Island College and reviews of the proposal by Office of the Postsecondary Commissioner staff and by an expert external reviewer.

At its August 13th meeting, the Council on Postsecondary Education had the opportunity to discuss RIC's proposal to establish the MSN to DNP program. There was no vote on this item at that meeting. At the September 16th meeting of the Council, members will have the opportunity to discuss the matter further and to vote to approve or not approve the proposal as presented by RIC.

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Recommendation

The Office of the Postsecondary Commissioner recommends that the Council vote to approve the request by Rhode Island College to offer the MSN to DNP program. Further, the intent of the college is to transition from a MSN to DNP program to offering the BSN to DNP by fall 2019. This is stated as a means of assuring that MSN-NA (nurse anesthesia) students meet the Council on Accreditation requirement that nurse anesthesia students graduate with a DNP by 2022. The Office of the Postsecondary Commissioner recommends that the transition from the MSN to the DNP to the BSN to DNP be approved in principle.

Motion:

That Council on Postsecondary Education approve the proposal from Rhode Island College to offer the MSN to DNP program, conditional to the Council's approval of a revision to the college's role, scope, and mission to include: *"that Rhode Island College may offer select practice doctorate programs upon approval of the Council of Postsecondary Education."*

That the Council on Postsecondary Education approve in principle the transition of the MSN to DNP to the BSN to DNP in the fall 2019.

Summary and Review of the Proposal from Rhode Island College to Establish a Master of Science in Nursing (MSN) to Doctorate in Nursing Practice (DNP) Program

A. Program Information

Rhode Island College has submitted a proposal for the establishment of a Master of Science in Nursing (MSN) to Doctorate in Nursing Practice (DNP) program. The proposal states that the overall goal of this program is “to prepare advanced practice nurses as leaders, clinical scholars and experts with the knowledge, skills, and attitudes needed to negotiate and influence the health care system to improve health outcomes of individuals, systems, and populations.” Rhode Island College proposes to have the program begin in September 2016, with the first cohort graduating in May 2018.

The college further states that this program is within the current role, scope, and mission approved for Rhode Island College: “Rhode Island College (RIC) is a regional comprehensive college with a statewide mission to educate students in a variety of undergraduate and graduate arts and sciences and professional programs, and conduct research in these fields.”

While RIC currently offers graduate work in nursing, it is currently only approved for an Ed.D. (a practitioner’s doctorate in education) in conjunction with the University of Rhode Island (URI). As a part of the approval process for the Ed.D., RIC was approved by the regional accreditor (NEASC) to teach at the doctoral level. While NEASC approved RIC to offer programs at the doctorate level, the current role, scope and mission statement for RIC does not identify it as a doctorate granting institution. If this proposal is approved, a revision to the role, scope, and mission document of RIC should specifically spell out that RIC may “offer select practice doctorate programs upon approval of the Council of Postsecondary Education. Practitioner doctorates are intended as preparation for professional practice and are often offered at comprehensive colleges similar to RIC.”

There is a question of duplication, and the Council is required to determine if duplication is warranted in response to the needs of the state. In making this decision, the Council should consider if there is excess need unmet by the existing programs, if the population served is different from that served by URI. In this case, URI does not have a Nurse Anesthetist program, and it is this group which is required to graduate with the DNP degree by 2022. URI offers the MSN in nursing education, advanced practice (in family, acute care, and adult-gerontology nurse practitioner/clinical nurse specialist), the DNP (MSN to DNP and BSN to DNP), and a Ph.D. Based on the requirement that the RIC anesthetist program must migrate to the DNP by 2022, it seems logical to expand RIC’s role, scope, and mission to accommodate this request.

B. Rationale

The proposal explains the need for RIC to offer the DNP by reference to the national movement within nursing education to raise the educational requirements for advanced practice nurses from the master’s to the doctoral level. The American Association of Colleges of Nursing (AACN) institutions endorsed the *Position Statement on the Practice Doctorate in Nursing* (2004), which stated that the education of advanced nursing practice should be at the doctoral rather than master’s level by 2015. While this change in educational level was mandated only by the nurse anesthetists’ accrediting body, the movement to establish the DNP as the degree required for other advanced practice nursing programs has accelerated.

Therefore, RIC maintains that it is necessary for all of the advanced practice nursing programs offered by the college, including the nurse anesthetist program, to transition to the DNP. The proposal acknowledges its

specific aim is to offer the MSN to DNP program by fall 2016, and then it is the intent of the college to transition the program to add a BSN to DNP program by fall 2019, which will ensure that nurse anesthetist students meet the Council on Accreditation requirements for graduation at the DNP-level by 2022.

RIC references the Institute of Medicine Future of Nursing Report from 2010 that emphasized the need for more advanced practice nurses in the state and recommended doubling the number of advanced practice nurses by 2020. The proposal notes that Rhode Island is expected to face a nursing shortage of 2,100 nurses through 2025. The MSN to DNP program will provide more advanced practice nurses and nurse educators, which is the intent of the joint nursing facility under development.

The college contends that given the number of nurses who would be required to earn the DNP and the increased interest in doctoral education for nurses, the DNP program at RIC would be needed, even though a DNP program already exists at URI. By allowing RIC to offer the DNP degree, choice in selecting a higher education option is maintained as earning the DNP becomes the standard. RIC reports that a needs assessment was conducted by the School of Nursing, and of the 122 students who completed the form, 66 % (80) indicated an interest in completing the DNP within the next three years and most of the respondents preferred a program offered in a hybrid format.

Accrediting agencies and professional organizations have announced that the Doctorate in Nursing Practice (DNP) is now the desired degree for the preparation of advanced practice nursing, including the nurse practitioners, clinical nurse specialists, and nurse anesthetists. The AACN member institutions endorsed the Position Statement on the Practice Doctorate in Nursing (2004), which advocated for moving the education of advanced nursing practice from the master's to the doctorate by 2015. Although still a recommendation rather than a requirement, nationally advanced practice nursing programs (APN) are moving to doctorate degrees. However, the accrediting agency for nurse anesthetists (COA) requires that students be prepared at the doctoral graduate level by 2025. Therefore, for RIC to continue offering the nurse anesthetist program, the college must grant the DNP. When the Advanced Practice Nurse Anesthetist program was approved in 2012, the external reviewer noted that the program would be of tremendous benefit to local and state communities on many different levels. In addition, the nurse anesthesia to the MSN degree option will strengthen and complement the School of Nursing graduate program.

While the interest in the DNP increases especially among APN nurses, and many schools of nursing are implementing the DNP, only a quarter have met the national goal of replacing the master's with the doctorate for entry into practice. The MSN continues as the dominant entryway into practice, as approximately two-thirds of the institutions offering advanced practice nursing (APRN) education only offer the MSN.¹ The movement to making the DNP predominant degree for APRNs is impacted by two major findings: 1) there is uncertainty of market demand since employers generally do not differentiate between the MSN and DNP prepared APN, and 2) there is a lack of research demonstrating a difference in quality or outcomes of care between the DNP and the MSN-prepared APRN.

C. Institutional Role

RIC provides the mission of the college and the School of Nursing. RIC notes that the curriculum is built upon the strengths of the current MSN degree and to support this includes a chart of MSN program goals and MSN to DNP Program goals. The proposal notes that the goal of the MSN to DNP program is consistent

¹ David Auerbach, et al., *The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program*, AACN and Rand Health, 2014, pp. 51-52.

with the mission of the college, “to prepare graduate students for career attainment,” and the mission of the School of Nursing, “to prepare advanced practice nurses as leaders, clinical scholars, and experts with the knowledge, skills, and attitudes needed to negotiate and influence the health care system to improve health outcomes of individuals, systems, and populations.”

RIC is accurate in citing the approved role, scope, and mission statements above. However, the mission statement then continues with the following: “The college has a special mission in teaching undergraduates and in serving underserved populations, especially, first generation college students seeking access to a baccalaureate education.” The Council will determine whether approving the offering of the DNP at RIC goes beyond its current mission, and if so, whether the Council finds this alteration of the mission acceptable, and whether it allows the college to offer other practice-based doctoral degrees (such as DNP or DPT or other doctoral degrees).

D. Interinstitutional Considerations

RIC argues that given the need for advanced practice nurses, the interest in additional graduate study by those practicing in the field, and the establishment of the DNP as the standard for the terminal degree for advanced practice nurses, there is great need for a second program in the state that offers a DNP and an affordable and quality choice in educational preparation for students. As part of the Nursing Education Center, RIC and URI have committed to increasing enrollment in all programs. It is important that these students then have a choice in DNP programs. The state has benefited from having two MSN program in terms of growth enrollment and outcomes.

RIC notes that the School of Nursing prepares students for three of the four advanced practice roles: clinical nurse specialist, nurse practitioner, and nurse anesthetist, and therefore argues that the program must transition to the DNP. In the proposal, RIC emphasizes that the DNP is a practice-focused doctorate rather than the research-focused doctorate (Ph.D.) offered at URI. The practice-based doctorate graduates are prepared to analyze practice needs, evaluate and synthesize research, and adapt evidence-based intervention.

RIC states that having a second DNP program will not have any impact on the URI DNP program. The two programs educate APNs in different program options, with the exception of adult gerontology acute care practice. RIC foresees that the only outcome will be more highly trained and better educated nurses who meet diverse needs of students and employers. RIC argues that while the RIC and URI DNP programs both meet the requirements of the *DNP Essentials*, they do so in philosophically and programmatically distinctive ways.

There are no nurse anesthetist programs currently in New Hampshire or Vermont, and therefore, students living in those states may be eligible to attend under the New England Board of Higher Education Regional Student Program (RSP).

The Council will determine whether approving the offering of the DNP at RIC goes beyond its current mission and if so, whether this change in the mission is advantageous for the system.

E. Program

Plans of study are available for full-time and part-time students; the full-time plan may be completed in two years including one summer session and the part-time plan in three years with one summer session.