"This is a detailed yet practical guide to planning, developing, and evaluating nursing curricula and educational programs. It provides a comprehensive and critical perspective on the totality of variables impacting curricular decisions...This book provides readers with a comprehensive overview of curriculum development, redesign, and evaluation processes.”

—Doody’s Book Reviews

Reorganized and updated to deliver practical guidelines for evidence-based curricular change and development, the fourth edition of this classic text highlights current research in nursing education as a springboard for graduate students and faculty in their quest for research projects, theses, dissertations, and scholarly activities. It also focuses on the specific sciences of nursing education and program evaluation as they pertain to nursing educators. New chapters address the role of faculty regarding curriculum development and approval processes in changing educational environments; course development strategies for applying learning theories, educational taxonomies, and team-building; needs assessment and the frame factors model; ADN and BSN and pathways to higher degrees; and planning for doctoral education.

The fourth edition continues to provide the detailed knowledge and practical applications necessary for new and experienced faculty to participate in essential components of the academic role—instruction, curriculum, and evaluation. At its core, the text discusses the importance of needs assessment and evidence as a basis for revising or developing new programs and highlights requisite resources. With a focus on interdisciplinary collaboration, the book addresses the growth of simulation, how to help new faculty transition into the academic role, and use of curriculum in both practice and academic settings. Additionally, the book describes the history and evolution of current nursing curricula and presents the theories, concepts, and tools necessary for curriculum development. Chapters include objectives, discussion points, and learning activities.

New to the Fourth Edition:
- Reorganized and updated to reflect recent evidence-based curricular changes and developments
- Highlights current research
- New chapter on curriculum planning for undergraduate programs
- New content on needs assessment and the frame factors model
- New content on planning for doctoral education in nursing
- New content on curriculum evaluation, financial support, budget management, and use of evidence

Key Features:
- Supports new faculty as they transition to academe
- Addresses the need for preparing more faculty educators as defined by the Institute of Medicine, the Affordable Care Act, and the APRN Consensus Model
- Describes the scope of academic curriculum models at every practice and academic level
- Threads the concept of interdisciplinary collaboration in education throughout
- Serves as a CNE certification review
Curriculum Development and Evaluation in Nursing Education
Sarah B. Keating, EdD, MPH, RN, C-PNP, FAAN, retired as endowed professor, Orvis School of Nursing, University of Nevada, Reno, where she taught Curriculum Development and Evaluation in Nursing, Instructional Design and Evaluation, and the Nurse Educator Practicum, and was the director of the DNP program. She has taught nursing since 1970 and received her EdD in curriculum and instruction in 1982. Dr. Keating was previously director of graduate programs at Russell Sage College (Troy, New York) and chair of nursing, San Francisco State University, dean of Samuel Merritt-Saint Mary’s Intercollegiate Nursing Program (1995–2000), adjunct professor at Excelsior College, and chair of the California Board of Registered Nursing Education Advisory Committee (2003–2005). She has received many awards and recognitions, has published in numerous journals, and has been the recipient of 15 funded research grants, two from Health Resources and Services Administration (HRSA). Dr. Keating led the development of numerous educational programs including nurse practitioner, advanced practice community health nursing, clinical nurse leader, case management, entry-level MSN programs, nurse educator tracks, the DNP, and MSN/MPH programs. She served as a consultant in curriculum development and evaluation for undergraduate and graduate nursing programs and serves as a reviewer for substantive change proposals for the Western Association of Schools and Colleges (WASC) accrediting body. Dr. Keating published the first through third editions of *Curriculum Development and Evaluation in Nursing*.

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Curriculum Development and Evaluation in Nursing Education

FOURTH EDITION

Sarah B. Keating, EdD, MPH, RN, C-PNP, FAAN
Stephanie S. DeBoor, PhD, APRN, ACNS-BC, CCRN
Editors
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Preface

It is gratifying to reflect upon nursing education and its tremendous growth over the past decade since the first edition of this text was published (2006). Even more astonishing is the fact that nursing is moving into higher levels of education by creating more accessible pathways for existing nurses to continue their education and, at the same time, increasing opportunities for students to enter into practice at the baccalaureate and master’s levels. Nursing educators are recognizing the complexity of the health care system and the health care needs of the population and moving advanced practice and leadership roles into the doctoral level, offering programs that create nursing researchers, scholars, and faculty to keep the profession current and ready for the future.

As with previous editions of the text, Stephanie and I organized the chapters in what we consider logical order so that nursing educators and graduate students may use it to guide their activities as they review an existing program and assess it for its needs to determine if revision of the curriculum or perhaps a new program or track is indicated. A discussion of the finances related to curriculum development and budget management provides practical, but necessary, information for support of curriculum development activities. This edition places a fictitious case study of a needs assessment and subsequent program development in the Appendix. It provides an opportunity for readers to review the processes involved in curriculum development and there are additional data in the study for readers to develop curricula other than the one presented. The case study brings into play international possibilities for nursing programs to build collaborative nursing curricula through the use of web-based, online platforms.

The core of the text is Section III, which begins with a description of the classic components of the curriculum, discusses learning theories, educational taxonomies, and critical thinking as they apply to nursing, and then proceeds to describe the current undergraduate and graduate programs available in nursing in the United States. A unified nursing curriculum and its implications follow those chapters and the section ends with the impact of technology, informatics, and online learning. An overview of program evaluation, regulatory agencies, and accreditation follows the section to close the loop on the processes of curriculum development and evaluation. It is necessary for nursing educators to be familiar with the various systems that either regulate, accredit, or set standards to ensure the quality of educational programs. Nursing educators need to be aware of not only state board regulations and professional accreditation standards, but also those that reflect upon their home institutions, such as regional accrediting bodies. Participating in these activities as well as routinely assessing and evaluating the program as it is implemented ensures the quality of the end product and the integrity of the curriculum. A case study depicting the preparation for an accreditation report and visit illustrates the activities necessary for achieving accreditation.

The final section of the text reviews the literature for research on nursing education as it relates to curriculum development and evaluation. Research questions are raised...
from the review and suggestions offered for further study based on the National League for Nursing’s identification of research priorities for nursing education. It is gratifying to see the increase in studies over the past decade but additional work needs to be done, especially replication of studies for generalizability and theory building. The final chapter of the text summarizes the chapters and raises issues and challenges for nursing educators.

It has been a pleasure to work with Stephanie who will be taking over the text in future editions. She is an expert nursing educator, administrato, and clinician, but most importantly, a dear friend and colleague of mine. For this edition, with an eye to the future, the contributors are young, experienced, expert nursing faculty and clinicians. They represent various nursing education levels, other disciplines’ knowledge, clinical specialties, and the geographical regions of the United States. I am extremely grateful to them and to Stephanie. I know that the future of nursing and its education is promising and secure.

Sarah B. Keating

The face of nursing education is changing at a rapid pace. There is an increasing desire to advance education toward graduate programs. Technological expansions resulted in increased access to education via online and distance-learning programs. Face-to-face, on-site programs are challenged to remain relevant and solvent when online programs offer the same level of education at a faster and more economically enticing price. In addition, courses are offered in ways that meet the needs of the working student. Curriculum development and evaluation are an art and science that go beyond the methodologies of teaching. This text provides content essential for nursing education students, novice educators in academe, and experienced nursing faculty to meet the challenges they face in this changing environment. It describes the evolution of current nursing curricula and provides the theories, concepts, and tools necessary for curriculum development and evaluation in nursing.

I am honored to have had this opportunity to coauthor this text with Sarah. She has been my mentor and biggest supporter, and is now a cherished friend. I would like to believe that I may somehow coax her to contribute to the next edition, although she denies that is even a remote possibility. I am humbled, and excited to accept the torch that is being passed to me. I will treasure this gift. It gives me great pride to contribute to nursing knowledge and support those who pursue nursing education as their future path.

Stephanie S. DeBoor

Qualified instructors may obtain access to ancillary materials, including an instructor’s manual and PowerPoints, by contacting textbook@springerpub.com.
Chapter 3

Needs Assessment: The External and Internal Frame Factors

Sarah B. Keating

CHAPTER OBJECTIVES

Upon completion of Chapter 3, the reader will be able to:

- Appreciate the value of a needs assessment for analysis of factors that influence a nursing education program and its implications for curriculum revision or development
- Identify major external and internal frame factors for a needs assessment
- Apply the guidelines for assessing frame factors to a simulated or actual curriculum development situation

OVERVIEW

Curriculum development activities in the academic setting usually relate to the revision of the educational program based on feedback from staff, clients, students, faculty, administrators, alumni, and consumers of the program’s participants and graduates. Whether curriculum development involves a new program or revisions of an existing curriculum, program planners and faculty must evaluate the external and internal environmental influences that affect the curriculum, their impact on the current program, and what role they play in forecasting the future.

A needs assessment for curriculum development is defined as the process for collecting and analyzing information that contributes to the decision to initiate a new program or revise an existing one. Using the Frame Factors Conceptual model as described in the Overview of Section II, collected information is organized into two major categories: external and internal frame factors (Johnson, 1977). External frame factors are defined as those factors that influence curriculum in the environment outside of the nursing program and the parent institution. Internal frame factors influence curriculum from within the parent institution and the program itself. Figure 3.1 depicts the external frame factors that surround the curriculum when conducting a needs assessment, while Figure 3.2 illustrates internal frame factors.

EXTERNAL FRAME FACTORS

Description of the Community

The first step in developing or revising a curriculum is to provide a description of the community or context in which the program exists (or will exist). A needs assessment
ensures the relevance of the program to the community and predicts its eventual financial viability. Owing to the vast differences in communities served by academic institutions and for the purposes of this discussion, “community” is defined as an entity within a larger network or system. It can be identified by its cluster and distinctive functional structure within the system (Young, Allard, Hébert-Dufresne, & Dubé, 2015). Depending on the nature of the educational program, the community can be global or as narrow as a small town within a state. Most institutions of higher education in the United States identify themselves according to classifications found in the Carnegie Foundation for Advancement of Teaching Classification. The Carnegie classification was first published in 1970 with the most recent classification occurring in 2015 (Indiana University Center for Postsecondary Research, 2016). The 2015 designations are according to Basic, Undergraduate, and Graduate Instructional Program, Enrollment Profile and Undergraduate Profile, and Size and Setting. A listing with a detailed description of each type of classification is available at www.carnegieclassifications.iu.edu/downloads/CCIHE2015-FactsFigures.pdf.

*Source:* Adapted from Johnson (1977).
Large universities or colleges with research notoriety often attract international scholars to campus or to an online program, while some state-supported and private programs attract students who live nearby and intend to spend their professional lives in their home community. With the growth of web-based programs including MOOCs (massive open online courses), campuses have become worldwide and attract students from many different countries and cultures who may never set foot on the physical campus. For some web-based programs that offer degree programs, there may be no physical campus, only a location in which the administration functions with student services, library resources, classroom participation, and so forth, available online. In those instances, a definition of the community to be served is according to its functional structure as a

Source: Adapted from Johnson (1977).
community, for example, a cadre of international nurses wishing to advance their education and practice in their home countries who enroll in an online degree program.

Both web-based and on-site campuses should survey major industries and educational systems in their communities (or networks, in the case of international and Internet programs) as possible sources for students into the program and for potential partnerships such as online resources, scholarships, and learning experiences. Industry has resources for scholarships, financial aid programs, hardware and software resources for web-based learning, and experts in the field who can serve as consultants, faculty, or adjunct faculty. Health care industries, in particular, should be participants in the needs assessment and curriculum planning to bring the reality of the practice setting and the community’s health care needs into planning. For on-site campuses, the major religious affiliations linked to the institution, political parties, and systems such as transportation, communications, government, community services, and utilities in the community are additional external frame factors. These factors have an effect on the curriculum as to its relevance to the community and the support it needs to meet its goal. For example, state-supported schools are very dependent on government funding, while private schools must rely on tuition and endowments.

Demographics of the Population

When considering a new program, or revising an existing curriculum, it is useful to have knowledge of the people with whom the faculty and students will work for clinical experiences and whom the graduates will eventually serve. “Demographics” are the data that describe the characteristics of a population (e.g., age, gender, socioeconomic status, ethnicity, education levels). The demographic information that is vital to program planners includes the age ranges and preponderance of age groups in the population, predicted population changes including immigrant and emigrant statistics, ethnic and cultural groups including major languages, educational levels, and socioeconomic groups. This information identifies potential students and their characteristics and the needs of the population that the students and graduates will serve.

Educational programs and curricula must be geared toward the needs of the learners. If the student body comes from the region surrounding the institution, the characteristics of the students should be analyzed for special learning needs. For example, if there are nurses seeking to advance their careers, the curriculum needs to focus on adult learning theories and modalities. Younger students about to embark on their first professional degree will need curricula that focus on their developmental needs as young adults as well as the content necessary for gaining basic nursing knowledge, clinical skills, and socialization into the professional role. Meeting the learning needs of different generations of learners is a major challenge for curriculum planning. Chapter 6 addresses this issue with several ideas on learning approaches and strategies for reaching various types of learners while implementing the curriculum.

Program planners should survey students coming to the institution from great distances or internationally as to what drew them to the program and if those factors are useful for program planning and recruitment. Faculty should identify potential students with needs for learning resources beyond the usual, for example, a need for tutoring for students whose primary language is not English, or translators, if the program is broadcast internationally. It is useful to learn about the financial resources of the potential student body and if there is a need for major financial aid programs. Ethnicity and cultural values in the community and its beliefs about higher education have an impact on recruitment strategies and are especially important in light of the need for increasing the diversity of the nursing workforce and also the educational level of nurses worldwide. Another consideration related to demographics is the existence of potential faculty
and identification of people who have the credentials to teach. Identifying potential faculty through partnerships with industry and the community is helpful if the program needs to recruit new faculty or seek adjunct faculty and preceptors for clinical experiences.

**Political Climate and Body Politic**

When assessing the community, part of the data describes the public governing structure. For example, if it is urban, it is useful to know if there is a mayor, a chief executive, and a city governing board. Likewise, if it is rural or suburban, vital information includes the type of county or subdivision government, who the chief executive is, if the officials are elected or appointed, and what is the major political party. If the program is geared toward an international clientele, the types and structures of the governmental involved and the place of nursing and education in government regulations are vital sources of information.

Equally, if not more important, is information about the *body politic*. A simple definition for the “body politic” is: the people power(s) behind the official government within a community. It is composed of the major political forces and the people who exert influence within the community. The assessors should identify the major players, their visibility, that is, high profiles or low profiles as the powers behind the scenes. Additional information is how those in power influence decisions in the community and how they exert their power by using financial, personal, political, appointed, or elected positions. Specific information that is useful to educators is how the key politicians view the college or university and during elections and other crucial times, if they recognize the power of its people (i.e., students, faculty, and staff).

Relative to nursing, the politicians’ and the body politics’ specific interests in the profession are helpful. For example, if they have family members who are nurses or they have been recipients of nursing care, they are more apt to support nursing education programs. All educational programs need the support of the community and its power structure. Therefore, the information from the assessment of the political climate is vital to planning for the future and seeking assistance when the call comes for additional resources or for political pressure and support to maintain, revise, or increase the program.

**The Health Care System and Health Needs of the Populace**

Providing nurses to care for the health care needs of the populace is of critical interest to the health care system and the consumers of care. It is obvious that information about these two factors is essential to program planning and curriculum development. To assess the international, national, or regional health care systems, it is necessary to identify the major health care providers, types of organizations, and financial bases for the delivery of health care. In the United States with the implementation of the Affordable Health Care Act (ACA) and its possible repeal or revision, it is unwise to discuss at length the U.S. health care delivery system. Assessors should check governmental and health care systems’ websites for the current and projected future of the system. An overview of the ACA is available at [www.hhs.gov/healthcare/rights/index.html](http://www.hhs.gov) through the U.S. Department of Health and Human Services.

A list of major U.S. health care organizations and their websites is provided for the readers’ convenience in searching for the latest information regarding health care services. The following provides a list of major resources that can provide information on the health care system(s) for the locality, region, or nation that the educational program serves.

- Major governmental health care systems such as Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), Veterans Affairs (VA), and so forth
Non-profit or for-profit health care systems and agencies and eligibility for services
Sectarian and nonsectarian health-related agencies and eligibility for services
City, county, regional, state, and national public health services
Services for the underserved or unserved population groups
Major primary health care systems and agencies and providers
Voluntary health care agencies and their services
Other community-based health-related services staffed by nurses, for example, schools, industry, state institutions, forensic facilities

The assembled list provides an overview of the health care system within which the program is located. It describes the health care resources that are available or not available to the population including the nursing school and institution's populations. It points out the gaps of services in the community and the possibilities for community partnerships including school-based services for the underserved and unserved populations. It identifies trends in health care services and anticipated changes for the future that can influence curriculum development.

It is useful to know if resources within the system such as health care libraries are available to students and faculty during clinical experiences or as resources for students enrolled in distance education programs. A review of the list pinpoints existing clinical experience sites and the potential for new ones. Personnel in the agencies with qualifications as preceptors, mentors, and adjunct faculty are additional resources for possible collaboration opportunities. Scholarship and research opportunities for students and faculty may emerge from the review and can influence curriculum development as well as foster faculty and student development.

An overview of the major health problems in the region contributes to curriculum development as exemplars for health care interventions. The National Center for Health Statistics website (www.cdc.gov/nchs) provides general information on leading causes of death and morbidity. Vital statistics, health statistics, and objectives for 2020 and information on the development of Healthy People 2030 are located at the Healthy People 2020 website (www.healthypeople.gov). For international facts on health in specific countries, the World Health Organization website (www.who.int/en) is a good place to start. It provides information about the various member countries’ health systems and major health problems.

Characteristics of the Academic Setting

Other institutions of higher learning in the nearby community, region, or online competitors have an influence on the program and its curriculum. Identifying other institutions, their levels of higher education (technical schools, associate degree, baccalaureate, and higher degree), financial base (private or public), and affiliations (sectarian or nonsectarian) gives the assessors an idea of the existing competition and the need for programs to continue their graduates’ education. Information about other institutions’ intentions for the future enables developers to understand the gaps in the types of programs and the nature of the competition from other programs. For example, if the institution’s curriculum offers a nurse practitioner program and two other programs in the region offer similar programs, perhaps the curriculum should be revised (e.g., as a specialty primary or acute care program such as an Adult Gerontology Acute Care Nurse Practitioner), discontinued, or possibly entered into a joint venture with the other schools. A private institution that is dependent on tuition and endowments may question whether it should continue to offer a curriculum that is redundant with a state-supported school. Other data to consider are the need for nurses in the area and its surroundings that the institution
serves, and even though there are multiple programs, the success rates of graduates finding employment in the region.

A suggested resource for collecting data on other academic institutions internationally and in the United States is the Council for Higher Education Accreditation website (www.chea.org). National databases may be found at the National Center for Education Statistics website (www.nces.ed.gov). Another source for identifying other nursing programs in the region is the list of approved programs provided by the state board of nursing. A listing of the state boards and their websites and contact information may be found at the National Council of State Boards of Nursing website (www.ncsbn.org/index.htm).

The Need for the Program

An examination of the external environment informs the faculty about the increased or continued need for nurses. The following data points act as guides to document the need for the program.

- Characteristics of the nursing workforce and the extent of a nursing shortage, if it exists
- Predictions for future nursing workforce needs
- Adequate numbers of eligible applicants to the program, currently and in the future
- Specific areas of nursing practice experiencing a shortage
- Employers’ projections for the numbers of nurses needed in the future
- Employers’ views on the types of graduates needed

A brief survey of health care administrators can provide this information, although it is sometimes difficult to expect a good response rate owing to the current pressures on administrators. Another strategy is to conduct focus groups that take no more than 15 minutes in the health agencies. Instructors who use the facilities for students or clinical coordinators are excellent people for collecting the information. There are several resources to identify the national and regional need for nurses. They are the state nurses’ associations that can be located through the American Nurses Association (www.nursingworld.org/FunctionalMenuCategories/AboutANA/WhoWeAre/CMA.aspx) and the U.S. Department of Health and Human Services (http://bhpr.hrsa.gov). For international information, the WHO website provides information on workforce issues worldwide as well as qualifications for nurses and nursing educators.

As described previously in the characteristics of the academic setting, knowledge of other nursing programs in the region and online is useful to avoid curriculum redundancies. The data on the need for the program demonstrate how many of its graduates are currently needed and in the future, the level of education necessary to provide the level of care required, and short- and long-term health care system needs. A current nursing workforce demand indicates the possibility for accelerated programs. Shortages in specialties indicate advanced practice curricula and increased opportunities for registered nurses to continue their education.

The Nursing Profession

In addition to the need for nurses, it is important to learn about the nursing profession in the region or nation. Professional organizations are rich resources for identifying leaders, mentors, and financial support such as scholarship aid. Curriculum developers should survey faculty and colleagues for a list of the nursing professions in the region. Such organizations include local or regional affiliates of the ANA; the National League for Nursing (NLN); Sigma Theta Tau International; educator organizations such as the
American Association of Colleges of Nursing (AACN) and the National Organization of Associate Degree Nursing (NOADN); and the plethora of specialty organizations. Questions to gather information about the profession follow: Who are the nurses in the area? Are there professional organizations with which the program can link? What is the level of education for the majority of the nurses in practice? Are there nurses prepared with advanced degrees who could serve as educators or preceptors? Are scholarship and research activities in nursing and health care underway that present opportunities for students and faculty?

Regulations and Accreditation Requirements

Whether the program is new or under revision, state and national regulations regarding schools of nursing should be reviewed for their requirements and any recent or anticipated changes in them that affect the curriculum. Information on regulations is available through the state boards of nursing. For a listing of specific state boards of nursing, consult the NCSBN website (www.ncsbn.org).

National accreditation is not required of schools of nursing; however, it provides the standards for nursing curricula and demonstrates program quality. Sophisticated applicants to the school will look for accreditation. Alumni find it advantageous to graduate from an accredited institution when applying for positions in the job market, for future advanced education, and positions in the military. Many scholarships and financial aid programs require that students enroll in accredited institutions. Nursing has two major accrediting agencies and a few specialty-accrediting bodies. The Accrediting Commission for Education in Nursing accredits clinical doctorate, master’s/postmaster’s certificate, baccalaureate, associate, diploma, and practical nursing programs. Detailed information on its accrediting process and standards may be found at its website (www.acenursing.org). The Accrediting Commission for Education in Nursing also lists the standards for international programs at www.acenursing.org/resources. The Commission on Collegiate Nursing Education accredits baccalaureate and higher degree programs. Information on it may be found at www.aacn.nche.edu/cne-accreditation. A fairly recent national nursing accrediting agency is the National League for Nursing Commission for Nursing Education Accreditation that accredits nursing programs from the licensed practical nurse/licensed vocational nurse (LPN/LVN) to the clinical doctorate. Its website may be found at www.nln.org/accreditation-services/overview.

In addition to accreditation, there are standards and competencies set by professional organizations that serve as guidelines or organizational frameworks for curricula. Several examples for prelicensure and graduate-level programs are those developed by the AACN in their Essentials Series for baccalaureate and higher degree programs. Access to these documents may be found at www.aacn.nche.edu/education-resources/essential-series.

Another external frame factor that influences the nursing curriculum in the United States is regional accreditation. The parent institution of a nursing program undergoes periodic review by its regional accrediting body. Members of the nursing faculty are involved in the regional accreditation process and should be mindful of the standards set by that organization as well as those set by the professional accrediting body. Information about the regional accrediting agencies may be found at the CHEA website (https://www.chea.org/4DCGI/cms/revie.html?Action=CMS_Document&DocID=38&Menu Key=main). Detailed descriptions of accreditation processes and standards for educational programs are described in Section IV of this text.

Financial Support Systems

An analysis of the finances of the program provides curriculum developers with vital information on the economic health of the program. Indicators of financial health
influence how the curriculum will be delivered. Faculty should recognize signs that demonstrate the program's financial viability. If new sources of income for the program are indicated, possible resources need to be identified. The proposed revisions in the curriculum must be realistic in terms of cost. If it is a new program, adequate resources including start-up funds for its implementation must be available. If it is an existing program, faculty and administration should consider whether to continue it at its present level of financial support or increase or decrease support.

Analyzing external frame factors in light of proposed new programs or curriculum revisions helps faculty and administrators determine the type of new program needed or, in the case of an existing program, the extent to which changes in the curriculum are indicated. A review of the external frame factors provides a check with reality including the community in which the program is located, the industry for which the program prepares graduates, and the economic viability of the program. Other items of study include how the program is financed and the major sources of revenues such as fees, tuition, state support, private contributions, grants, scholarships, or endowments. Knowing if there are adequate resources to support the program to be self-sufficient is a critical element in the analysis of the financial viability. Although this type of information is within the responsibility of administration, curriculum developers must have a basic understanding of the financial support systems that impact curriculum development. Chapter 4 discusses the role of faculty and curriculum planners in procuring funds for support of curriculum development and evaluation and an overview of budgetary planning and management.

**INTERNAL FRAME FACTORS**

Internal frame factors include a description of the organizational structure of the parent academic institution; its mission and purpose, philosophy, and goals; internal economic situation and its influence on the curriculum; resources within the institution (e.g., laboratories, classrooms, library, academic services, instructional technology support, student services); and existing and potential faculty and student characteristics. The information related to these factors is analyzed for its relevance to the program and the findings are weighed as to their importance to the quality of the program, its existence, and possible changes.

**Description and Organizational Structure of the Parent Academic Institution**

When looking at the environment that surrounds a nursing education program, the parent institution in which it resides is examined in light of the scenario it sets for the program. The physical campus and its buildings create the milieu in which the program exists with the nursing program a reflection of its place within the institution or in the case of a web-based program, its Internet features. The nature of the institution influences the structure of the campus and for nursing education programs, can be located in health care agencies, academic medical centers, liberal arts colleges, large research universities, land grant universities, multipurpose state-supported or private universities, community colleges, or an independent Internet entity. In small private institutions, the school of nursing can be one of the largest and most influential constituents, while in statewide university systems, nursing can be a small department within a health-related college that is within the greater university. The history of the institution is important to know such as its growth or change over the years and the role the nursing program had in its political fortunes or misfortunes.

Educational institutions and health care agencies usually have organizational structures of a hierarchal nature. Faculty should analyze the structure of the parent
institution as well as that of the nursing program to describe the hierarchal and formal lines of communication that guide the faculty in developing and revising programs. For example, as described in Chapter 2, curriculum proposals and changes must be approved first on the local level (the nursing curriculum committee and faculty), moved to the next level of organization such as a college curriculum committee and dean, and finally, to an all-college- or university-wide curriculum committee with its recommendations going to the faculty senate (or its like) for final approval. There can be administrative approval along the way from department heads, deans, and perhaps academic vice presidents or provosts, especially in regard to economic and administrative feasibility. Nevertheless, the major approval bodies are those that are composed of faculty and within faculty governance prerogatives.

At the same time, it is useful to include the major players within the faculty and administrative structures in order to discuss with them the plans and rationale for proposed new programs or curriculum revisions. Prior consultation with these key people can help smooth the way when the proposals are ready to enter the formal arena and they can give advice related to changes that might enhance approval or advice on the best presentation formats that facilitate an understanding of the proposal. These contacts can be of a formal or informal nature; however, a word of caution, to avoid disastrous results, never blindside an administrator or decision maker. It is wise to keep them informed of new proposals or possible changes to place them in the advocate role as the approval process wends its way through the system.

Mission, Philosophy, and Goals of the Parent Institution

The mission/vision and purpose, philosophy, and goals of the parent institution determine the character of the nursing program. Most institutions of higher education focus their missions and philosophies on three endeavors: education, service, and scholarship/research. Nursing must examine the mission and philosophy of its parent institution to determine its place within these three basic activities. For example, a state-supported university may have as part of its mission and philosophy the education of the people of the state for professional, leadership, and service roles. Thus, the nursing program could focus its mission and philosophy on the preparation of nurses for leadership roles and provision of health care services to the people of the state. If the statewide system is the predominant preparer of nurses within the state as compared to independent colleges, then the additional mission or purpose might be to provide an adequate nursing workforce for the state.

In contrast, independent or private colleges and universities may have missions and philosophies that have a sectarian flavor such as preparing individuals with strong liberal arts foundations for public service or roles in the helping professions. Again, a nursing program’s mission is usually compatible with this mission. Academic medical centers are yet another example of nursing’s match to health disciplines that are housed in one institution and whose mission is to prepare individuals for the health professions. Community college or junior college missions usually focus on technical education or on prerequisite preparation for entering into upper-division-level colleges and universities.

Internal Economic Situation and Influence on the Curriculum

As stated previously, the economic health of the institution has a significant impact on the nursing program and curriculum. How much of the share of resources, income, and expenditures that the nursing program has can affect program stability and room for expansion. For example, nurse-managed clinics must be self-supporting or economic recessions can cause their demise. For state-sponsored programs, the parent institution
is subject to the state economy during periods of recession and prosperity. Independent colleges, unless heavily endowed, depend on tuition, student fees, or other income-generating operations. Some parent institutions allow programs to charge a higher tuition rate for both in- and out-of-state students to cover the additional costs of developing and maintaining web-based programs.

All institutions depend upon endowments and financial aid programs for students including scholarships, loans, and grants. Nursing programs are eligible for many federal grants and have a history of securing other types of grants from private foundations, state-supported programs, and private contributions including those from alumni associations. These income-generating programs illustrate to the parent institution that the nursing program is viable and at the same time, the institution’s reputation and ability to garner external financial resources help the nursing program secure funding.

Institutions usually have support systems for assisting faculty to write grants and to seek outside financial support. Nursing programs should have close relationships with these support systems and have a plan in place for securing additional funds. Faculty plays a major role in writing grants with the perks related to them if funded, of released time for program development and scholarship and research activities. Two sources for U.S. funding to support program development on the national level are the Health Resources and Services Administration (bhpr.hrsa.gov/nursing) and the National Institute of Nursing Research (www.ninr.nih.gov). The latter focuses on clinical research; however, it is possible that faculty may wish to conduct curriculum and educational program research. A listing of other resources can be found at proposalCENTRAL: https://proposalcenral.altum.com.

Assessment of the economic status of the parent institution and the nursing program provides a realistic picture of the potential for program expansion and curriculum revision. When developing curriculum, the first demand for financial support comes with the need for resources to conduct a needs assessment such as the costs of released time for those who are conducting the assessment, review of the literature, and surveys of key stakeholders. A cost analysis for revising a curriculum or mounting a new one requires a business case to justify the costs and to forecast its financial viability. Unless there is a nursing program financial officer, the nursing program administrator and faculty should work closely with the parent institution’s business office or chief financial officer in developing the business case.

Resources Within the Institution and Nursing Program

An analysis of the existing resources within the institution and the nursing program supplies information related to possible program expansion and curriculum revisions. First, there should be adequate classrooms, learning laboratories, library staff and resources, computer facilities, clinical practice simulations, instructional technology support, and distance education resources for the current program. When planning for revisions of the curriculum or for new programs, the need for expansion of these facilities and additional staffing should be identified. If expansion is not possible, then creative approaches to scheduling for the maximum use of these facilities can be examined, for example, evening classes, weekend learning experiences, and online delivery of courses.

Academic support services such as the library, academic advisement, teaching-learning resources, and instructional technology contribute to the maintenance of a quality education program and are internal frame factors that should be assessed when developing new programs or revising existing ones. If there are to be new programs or expansion of current curricula, the library resources must be adequate. Library resources include not only those resources on campus but also services for off-campus programs.
and students. There should be Internet and web-based library access for students and faculty and this is especially true when the campus has a large commuter student population, distance education programs, or proposes new programs. Library and instructional technology support staffing must be large enough and knowledgeable about nursing education needs. Thus, faculty should have strong relationships with librarians and the instructional technology staff in order to build the resources needed to revise the curriculum or develop new programs.

Academic advisement services play an important role in program planning as new programs can require additional staffing. If the curriculum is revised, updates for academic advising are necessary so that the faculty and its support staff that provide the services have current information to impart to the students. Teaching-learning resources need to be available to keep faculty current in instructional strategies, particularly if the revisions to the curriculum have an effect on instructional design. For example, a baccalaureate program may decide to convert its RN program to a web-based delivery system. In this case, faculty needs training in preparing and implementing web-based courses.

Instructional support systems are part of planning as well since the nature of the proposed program or the revised curriculum may call for additional resources. These resources include programmed instructional units, audio-visual aids, hardware and software, computer technologies, high-fidelity and low-fidelity mannequins for simulated clinical situations, and so forth. They can generate large costs to the program and should be calculated into the business case and the costs associated with their maintenance and replacement expenses over time. Some instructional support systems include monthly or annual student fees as well. For new programs or revisions, these costs are often included in requests for additional student lab fees or external funding. If the updating or creation of new laboratory/simulation practice labs involves one-time-only costs, external funding through donations, grants, or endowments are possibilities.

Student support services are equally important to nursing education programs and are an integral part of the curriculum development process. Major student services include enrollment (recruitment, admissions, registrar activities, and graduation records), maintenance of student records, advising and counseling, disciplinary matters, remediation and study skills, work-study programs, career counseling, job placement, and financial aid. Depending on the size of the university or college, these services can be congregated into one department or subdivided into several. Their role in curriculum development is important, as expanding or changing educational programs require student services support. For example, if a new program is proposed, then the recruitment and admissions staff will need to be apprised of the program to best serve the needs of the new program in recruitment and admission activities.

Financial aid programs are crucial to the recruitment, admission, and retention of students and if the proposal brings in new revenues through grants or other financial support structures, the financial aid staff must be cognizant of the proposal. They can provide useful information to program planners and thus, a partnership between the student services staff and the nursing program staff is beneficial.

Work-study programs and job placement information can supplement the curriculum, if these programs are in concert with the educational plan and not in conflict with the program of study. An example of a conflict is a revised curriculum that calls for accelerated study and clinical experiences that disallow student employment and therefore prohibits enrollment in the work-study program. Another aspect is the potential influence of students’ part-time employment on the curriculum and its role in intended and unintended outcomes on the educational experience. With the preponderance of adult learners in nursing programs, the reality of their outside employment while enrolled in studies must be taken into account.
The informal curriculum often takes place through the planned activities of the student services department. Again, partnerships between student services and nursing faculty increase the effectiveness of the formal curriculum. Students who could benefit from remediation or learning skills workshops should be referred to student services. Faculty members work with student services staff to identify the learning needs of nursing students and this is especially relevant when curriculum changes are taking place. Additionally, student services staff work with faculty concerning the special needs of students with learning disabilities and the accommodations they require without imperiling the student’s individual needs nor the safety of the clients for whom the students provide care.

Existing and Potential Faculty and Student Characteristics

When proposing new educational programs or revising existing curricula, thoughts need to go into the characteristics of the existing faculty and the student body who will participate in the educational program. If a new program is proposed, the faculty composition is reviewed. There should be adequate numbers of faculty members to represent diversity in gender and ethnic backgrounds and to reach the desired faculty to student ratio. Depending on the nature of the program, clinical supervision of students requires a low student to faculty ratio but can differ according to program. For example, master’s and doctoral students are usually RNs and therefore, may not need the close supervision required for entry-level students. Although, for some advanced practice roles, there is a need for close faculty supervision. However, in these latter cases, preceptorships or internships are the usual format and a faculty member can supervise more students in collaboration with the clinical preceptors. In entry-level programs, the student to faculty ratio is usually 8–10 to 1; however, in the senior year, it is possible to have preceptorships with approximately 12 to 15 students, depending on the nature of the clinical experiences. While lectures can accommodate many students, seminars and learning laboratories demand fewer numbers of students and therefore additional faculty. Enrollment in online courses can vary with as few as 10 to 12 at the graduate-level and seminar-type courses to didactic online courses that accommodate as many as 30 or more students. In the case of the latter, the format for the course is modified to adjust to the larger number of students and the resultant teaching load for the instructor.

Yet another consideration related to faculty is the match of knowledge to the subject matter, clinical expertise, and pedagogical skills. Information on the numbers and types of faculty members needed, their required educational levels, and scholarship and research history feed into decisions about curriculum development. For international, web-based programs, potential faculty from the participating countries must be surveyed and identified, as well as the conundrum for translation from English (if U.S.-based) into the predominant language spoken. As with faculty considerations, the characteristics of the student body and the types of students the faculty hopes to attract to the new program or the revised curriculum are important. If it is a new program, the potential applicant pool should be identified according to interest, numbers, availability, and competition with other nursing programs. If a new program is contemplated, its type dictates the kind of applicant pool that the program and the admissions department need to target.

The characteristics of the students in the program help tailor the curriculum according to their learning needs. For example, if it is an entry-level associate degree or baccalaureate program, the applicants may be a mix of new high school graduates, transfer students with some college preparation, and adult learners with some work experience. The curriculum is then planned to meet a diversity of learning needs from traditional pedagogical learning theories to adult learning theories. Diversity of racial, ethnic, and
cultural characteristics is the other factor to consider and the educational program must plan to be culturally responsive to students as well as prepare professionals with cultural competence.

SUMMARY

While the external frame factors examine the macroenvironment surrounding the program, the internal frame factors look at factors that are closer to the program and include the parent institution as well as the nursing program itself. Factors to examine include the characteristics of the parent institution and its organizational structure. How the nursing program fits into this structure can determine the economic, political, and resource support for program changes. It sets the stage for the processes that the nursing faculty must undergo to gain approval for the proposed changes. The mission and purpose, philosophy, and goals of the parent institution influence the nature of the nursing program and, to ensure success, the nursing program must be congruent with those of the parent institution. The internal economic status and the available resources of both the parent institution and the nursing program are assessed for the financial viability as well as the necessary additional resources and support services for proposed revisions or new programs. Finally, the characteristics of the faculty and the potential student body are reviewed to determine their match to the proposed change.

This chapter introduced the steps for conducting a needs assessment in curriculum development and revision. Prior to revising or developing new curricula, an assessment of the factors that influence the educational program is necessary. Tables 3.1 and 3.2 serve as guidelines for identifying the frame factors, collecting the data for an assessment, and analyzing the findings to determine if there is a need for a new program or if changes are necessary for an existing program. Appendix A offers a case study illustrating a needs assessment and, based on the needs assessment, a proposed curriculum revision.

THOUGHT QUESTIONS

1. Conducting a needs assessment is time-consuming; discuss the pros and cons of using all faculty members, a representative task force, paid consultants, or a combination of all three to conduct the assessment.
2. How does the process of a needs assessment apply to both curriculum development and curriculum evaluation?

SUGGESTED LEARNING ACTIVITIES

Student-Learning Project

As a student group, examine the community around you for its potential for a nursing program. Use Tables 3.1 and 3.2 to collect data on the factors that you need to consider. After you collect the data, summarize your findings and compare them to the “Desired Outcomes” listed in the tables. Based on the findings, justify why or why not a new or revised nursing program is needed.

Faculty Project

Using Tables 3.1 and 3.2, assess your nursing curriculum. Collect data for each frame factor as it applies to the curriculum. Summarize your findings and compare them to the “Desired Outcomes” listed in the table. In light of your summary, is a curriculum revision or a new program indicated? Explain your reasons for the decision.
<table>
<thead>
<tr>
<th>Frame Factor</th>
<th>Questions for Data Collection</th>
<th>Desired Outcomes</th>
</tr>
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<tbody>
<tr>
<td>Description of the Community</td>
<td>Is the community setting conducive to academic programs? Describe its major characteristics, i.e., distance education and/or on-site, totally or partially web-based, international, national, urban, suburban, or rural. What are the major industries related to the institution and do they offer financial support as well as employment opportunities for graduates? What are the major educational systems and what is the quality of the programs? How do they feed into the parent institution? What community services provide an infrastructure for the institution, i.e., transportation and communications services?</td>
<td>The institution's campus is a safe and supportive environment for its students, faculty, and staff. Industries are stable and have a history of financial support for the institution and employ its graduates. The public, private, and professional school systems provide graduates for the institution and are of high quality. School counselors have strong relationships with the institution's admissions department. Community colleges and higher degree institutions collaborate and have articulation agreements for ease of transfer. Students have access at reasonable cost to public transportation to and from home (for commuter students) and to stores and other community services. The community has multiple media communication networks of high quality for marketing, public relations, and educational purposes. Internet, postal service, and other delivery systems are reliable.</td>
</tr>
<tr>
<td></td>
<td>What services provide an infrastructure for the institution, i.e., recreation, housing, utilities, and human and health services? What type of government is in place in the community and what are its politics? Is the government supportive of the institution in its midst and does it recognize its contributions to the community?</td>
<td>There are varied and multiple recreational sites for students' leisure activities. If there are no student health services, the community has quality health and human services for which students are eligible. The governmental structure is supportive of the parent institution in its community. Key members of the parent institution serve on advisory boards for the local government.</td>
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<table>
<thead>
<tr>
<th>Frame Factor</th>
<th>Questions for Data Collection</th>
<th>Desired Outcomes</th>
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<tbody>
<tr>
<td>Demographics of the Population</td>
<td>What are the characteristics of the general population? What indications are there that the population supports higher education? Within the population, what is the potential for acquiring student, faculty, and staff for the program?</td>
<td>The population reflects multicultural and ethnic characteristics with a wide range of age groups. A majority of the population and the powers structures completed high school or higher levels of education and/or there is growing interest in and need for these levels of education. There is an adequate applicant pool for the program(s). There are potential qualified faculty and staff available.</td>
</tr>
<tr>
<td>Political Climate and Body Politic</td>
<td>Identify the type of government and its structure. Who are the political power brokers in the community? What are the relationships of the parent institution to the political power brokers?</td>
<td>Key politicians and community leaders support the institution and have working relationships with the people within the educational institution.</td>
</tr>
<tr>
<td>The Health Care System and Health Needs of the Populace</td>
<td>Identify the major types of health care systems and the predominant health care delivery patterns. Describe the major health care problems and needs of the populace in the educational program's region. Describe the role of nursing in the health care system.</td>
<td>Currently and for the future, there are ample clinical spaces for nursing student placements in the various health care systems and settings. Major health care problems and needs match the foci of the curriculum. Nursing, as part of the health care workforce, has a strong representation within the health care system.</td>
</tr>
<tr>
<td>Characteristics of the Academic Setting</td>
<td>Identify other institutions of higher learning in the region or on the Internet. Within those institutions, what types of nursing programs are offered, if any? Are there potential or existing competitors?</td>
<td>Other institutions of higher learning in the region or on the Internet have programs not in direct competition with the curriculum and can serve as feeder schools to the program. There are no known future plans that could conflict with the program.</td>
</tr>
<tr>
<td>The Need for the Program</td>
<td>Describe the nursing workforce in the region as well as the state and nation. Describe the numbers and types of nurses needed in the region, state, and nation(s) for the future.</td>
<td>There is a demonstrated need for nurses in the region, state, and nation(s) currently and in the future. The numbers and types of nurses meet the goals and type(s) of preparation available in the educational program for the future.</td>
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<tr>
<td>The Nursing Profession</td>
<td>List the major professional nursing organizations in the region or nation. Describe the characteristics of nurses in the region.</td>
<td>There are at least two major nursing organizations in the region or nation to be served that support the program and provide collegial relationships for students and faculty. The types of nurses in the region match the potential applicant pool for continued education and/or faculty and mentor positions.</td>
</tr>
<tr>
<td>Financial Support</td>
<td>Analyze the present financial health of the parent institution and the nursing program. Develop a list of existing and potential economic resources.</td>
<td>The institution and the nursing program are in solid financial condition and there are either guaranteed state or national support or substantial endowment funds from the local and greater communities for the future. There are adequate economic resources for the present and the future of the program.</td>
</tr>
<tr>
<td>Regulations and Accreditation Requirements</td>
<td>Identify the state board of registered nursing or national regulations for educational programs. List accreditation agencies that impact the parent institution and the nursing education program.</td>
<td>The nursing education program meets the state board or national regulations and has or is eligible for approval. The parent institution is accredited by its regional or national agency and the nursing program meets the standards of a national professional accrediting body.</td>
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### Table 3.2: Guidelines for Assessing Internal Frame Factors

<table>
<thead>
<tr>
<th>Frame Factor</th>
<th>Questions for Data Collection</th>
<th>Desired Outcomes</th>
</tr>
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</table>
| **Description and Organizational Structure of the Parent Academic Institution** | In what type of educational institution is the nursing program located?  
What is the milieu of the parent institution in regard to the nursing program?  
What is the organizational structure of the parent institution? What place in the institution does the nursing program hold? What influence does it have?  
In what order must a program go through the approval process?  
Who are the major players in the various levels of approval processes?  
What are the layers of approval processes for program approval and curriculum revisions? | The nursing program matches the type of educational institution in its purpose, mission, and vision.  
There is a supportive organizational system for program planning and curriculum revision.  
The nursing program is recognized in the institution for its place in education, scholarship, and service to the community.  
A fair, participative, and comprehensive review process begins at the program level and moves through a logical sequence of the governing body for final approval that results in an economically sound and high-quality educational program. |
| **Mission and Purpose, Philosophy, and Goals of the Parent Institution** | What are the mission, philosophy, and goals of the parent institution?  
Are they congruent and supportive of the nursing program? | The mission and purpose, philosophy, and goals of the parent institution are congruent with and supportive of the nursing program. |
| **Internal Economic Situation and Its Influence on the Curriculum** | What is the operating budget of the nursing program? Is it adequate for the support of the existing program?  
Are there resources for program or curriculum development activities?  
Does the program have a financial officer or administrative assistant who can develop a business plan for the proposed program or curriculum revision? If not, are there resources available from the parent institution? | The nursing program has adequate resources for supporting its educational program from the parent institution.  
The nursing program has the resources for program or curriculum development activities.  
The nursing program has a business plan, the resources, and administrative support for mounting a new program or revising the existing curriculum. |
<p>| <strong>Resources within the Institution and Nursing Program</strong> | If the program is on-campus or a combination of on- and off-site, how many classrooms, clinical practice, simulation, and computer laboratories does the nursing program have and are they under its control? Can they accommodate additional students or newer technologies in the proposed program or curriculum revisions? Are there plans for these facilities in the proposal and are the costs calculated in the business plan? | The current physical facilities such as classrooms, offices, clinical practice and simulation laboratories, computer facilities, are adequate and can accommodate curriculum revisions or new programs or there are plans for expansion in place that are part of the business plan and have the support of the financial bodies of the institution. |</p>
<table>
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<tr>
<th><strong>Potential Faculty and Student Characteristics</strong></th>
<th><strong>Analysis of the Data and Decision Making</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the characteristics of the current student body and the history of the applicant pool to the nursing program. Has the program been able to meet its enrollment targets in the past 5 years? If not, what strategies have taken place to meet the target? What are the characteristics of the student body for the proposed program or revised curriculum? Is there an adequate applicant pool to fulfill enrollment targets? Has the nursing program a partnership and plans with the admissions department for recruiting and retaining students? Describe the characteristics of the current faculty. Are the numbers of faculty sufficient? Do they meet program requirements, educational level, clinical expertise, scholarship/research, and teaching experience qualifications? Do they represent diversity? Are there plans to recruit additional faculty if indicated?</td>
<td>Summarize the conclusions by generating a list of positive, negative, and neutral findings that can influence the curriculum and program planning. Develop a final decision statement as to the feasibility for developing a new program or revising the curriculum based on the needs assessment and its findings of the external and internal frame factors.</td>
</tr>
<tr>
<td>The parent institution and the nursing program have the resources to recruit, educate, and graduate the type of student body that the new program or curriculum revision requires. There is a sufficient number of qualified faculty members who represent diversity and meet faculty to student ratio standards as well as academic, accreditation, and professional requirements.</td>
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For both off- and on-site, are the web and technology systems and staff in place for the institution and nursing program? Are they adequate and up-to-date? Are there plans for increasing and updating the systems and staff according to the revised or new program needs? What are the available resources for program planning and curriculum revision? Is there released time available for those involved? Is there staff support available? What teaching-learning continuing education programs are available to faculty? How many texts and journal holdings as well as electronic databases does the library have and will they meet the needs of students and faculty in the future? Is there adequate librarian and technical support? What are the available hours/days and staff support for students and faculty to access the library and other electronic communications? There are technology systems and faculty and staff support systems that facilitate program planning and curriculum revisions. There are adequate instructional and technology support systems and staff available for the current program and for proposed future programs. The current and proposed library and electronic holdings are adequate to meet the needs of the nursing program and proposed curricular revisions. There are reasonable hours/days and staff support for students and faculty to access the library and other electronic communications.
References


Upon completion of Chapter 9, the reader will be able to:

- Differentiate between applied practice/professional doctorates and research-focused degrees
- Describe the role(s) of the doctor of nursing practice (DNP) and PhD in practice, the health care system, and education
- Analyze the components of the research-focused doctoral programs as recommended by the American Association of Colleges of Nursing (AACN)
- Analyze the educational preparation necessary for the DNP and PhD
- Review program evaluation and accreditation requirements for DNP programs

OVERVIEW

In 2010, the Institute of Medicine (IOM) published *The Future of Nursing* report that called for doubling the number of nurses with doctorates by 2020. Many initiatives were developed to support that mission of growth. According to the AACN, as of Fall 2016 there were 353 programs offering doctoral degrees in the United States (AACN, 2015a). In the 2014–2015 AACN Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing report, enrollments in doctoral programs continued to grow with DNP programs showing a 26.2% increase and PhD programs increasing 3.2% (AACN, 2015a). The DNP is the highest level of advanced nursing practice and one of the fastest growing doctorates in the United States (AACN, 2014).

This chapter reviews the purpose of the research-focused doctoral programs in nursing and addresses the curriculum and evaluation of its quality. Issues common to research-focused programs are discussed. In addition, this section reviews the DNP, the nature of the professional doctorate, and differences from research-focused degrees; its role in practice, health care, and education; the essentials of a curriculum for the degree as recommended by AACN; and the standards for accreditation by the Accreditation Commission for Education in Nursing (ACEN) and the Commission on Collegiate Nursing Education (CCNE).
Research-focused doctoral programs prepare students to pursue intellectual inquiry and conduct independent research that results in extension of knowledge (AACN, 2010; National League for Nursing [NLN], 2013; Rice, 2016). From a theoretical perspective, PhD programs are theory based and focus on testing theory, while doctor of nursing science (DNS) programs are oriented more toward clinical practice research (Ponte & Nicholas, 2015). However, AACN does not differentiate the PhD from DNS programs and it is often difficult to tell the difference in the programs based on their curricula. Clearly the commonality in the program designations is the focus on original research that has potential to contribute to the body of knowledge in the discipline. The PhD in the scientific world is the entry-level preparation needed to develop an independent program of research (AACN, 2010). Graduates are scholars (Melnyk, 2013), although the nature of the knowledge and how it contributes to the field is unique to each candidate and may reflect the explicit foci within the various schools.

In reality, the designation as a PhD or DNS program often is determined by the school’s specific mission and philosophy, as well as by institutional criteria for research doctoral program approval. While holding the highest academic degree in the field, nurses from research-focused institutions are prepared and expected to be leaders in nursing as demonstrated by their role in knowledge generation and dissemination, professional organizations, and policy. In fact, graduates of research doctoral programs have been called the stewards of the discipline, those entrusted with preserving the past as the basis for the future of the discipline (AACN, 2010).

In the United States, there are 131 research-focused programs that offer a nursing PhD/DNS; 88 schools are offering baccalaureate to PhD as of Fall 2016 (AACN, 2017). In 2015, there were 4,330 students enrolled in research-focused doctoral programs, 743 graduated, male students constituting 9.6% of the student body, and 69% of the students were White, indicating that one in three is non-White (AACN, 2015b, 2016a). As of Fall 2016, 44 states, the District of Columbia and Puerto Rico have research-focused doctoral programs in nursing (AACN, 2016b). The number of research-focused programs as well as enrollment is stable and growing slowly. Neither the number of programs nor enrollments have increased as rapidly as those of the DNP programs (AACN, 2015a).

Li, Kennedy, and Fang (2017) in a Special Survey on Vacant Faculty Positions for Academic Year 2016–2017 report the following data. There remains a shortage of faculty, illustrated by the fact that 79% of full-time budgeted nursing faculty positions are vacant in the United States. Vacancies in schools vary from 1 to 36 with the average being 1.8 per school. In addition, 16.1% of schools report no full-time vacancies but need additional faculty. In the schools that responded to the AACN survey, barriers to hiring for 2016 through 2017 included lack of funds for salaries (63.9%), unwillingness of administration to commit to full-time positions (49.6%), inability to recruit due to marketplace competition (38.3%), and lack of qualified applicants (24.1%; Li et al., 2017). Furthermore, the top faculty recruitment–related issues identified were the limited number of doctorally prepared faculty (65.8%), noncompetitive salaries (63.0%), finding faculty willing/able to teach in practicum settings, and having faculty with the right specialty mix (65.3%; Li et al., 2017).

Lack of faculty impacts student enrollment. In 2014 AACN reported that 68,938 qualified undergraduate and graduate applicants were denied admission due to faculty shortages (AACN, 2015c). In addition, the faculty in nursing education is aging. Across the various levels of nursing programs, the mean age of professors is 61.6 years, associate professors is 57.6 years, and assistant professors is 51.4 years (AACN, 2015c). This same report identified many statewide initiatives to address the educator and nursing shortages.
Most graduates from research-focused programs work in academia where scholarly activity/research, service to the university and profession, professional competence, and teaching are core criteria for tenure and promotion. Recognizing responsibilities across these various areas, there is no question that research is the focus of research-intensive doctoral education. Pedagogical preparation requires additional course work and practice that focuses on teaching to develop skills and knowledge commensurate with role expectations (Oermann, 2017). Similarly, preparation in health policy may require additional coursework and practice.

PhD/DNS graduates work in research-intensive or teaching-intensive universities. In the research-intensive university, the most highly rewarded activity is research and scholarship. New PhD/DNS faculty members are expected to develop a program of research that is externally funded, publish in peer-reviewed journals, develop a national and, eventually, international reputation as a scholar, provide scientific critique and review for journal articles and grants, and influence policy (Beck, 2016; Smeltzer et al., 2016). The expectation is that they will mentor and teach PhD/DNS students who subsequently will become faculty members who are research scientists. Leadership in the profession, a national reputation (and eventually international), and service to their institution are markers of a successful faculty member at a research-intensive university.

In teaching-intensive programs, PhD/DNS faculty members teach and mentor prelicensure students as well as graduate students. Scholarly activity is required but may be more broadly defined than in the research-intensive university and may include writing textbooks, conducting externally funded quality assurance or education-focused studies, and publishing clinically focused papers. Committee service in the university and leadership in professional organizations and the community are also usual expectations in these schools.

Some PhD/DNS graduates work in industry, government, and policy. While their roles vary, they are hired for their expertise and leadership capacity, much of which is the product of their doctoral education. In industry, they may work in clinical research and direct or monitor research studies. In government, they may assume a role in the National Institute of Nursing Research as well as various other agencies (e.g., Veterans Administration or a branch of the military). Doctorally prepared nurses may work in policy to affect public, industry, or government opinion on health-related issues (e.g., smoking). Some research-focused doctoral graduates seek postdoctoral study. Postdoctoral study focuses on increasing depth in research expertise to help develop a robust program of research. Activities during postdoctoral study may include learning a new method, extending expertise in substantive content, publication of papers from the dissertation, and writing research grants to fund future research.

THE ROLE OF THE DNP IN PRACTICE

The concept of an applied practice doctoral degree in nursing was first introduced in the late 1990s and early 2000s. The launch of the DNP was met with much controversy from inside and outside of the profession related to the role of nurses with doctorates. An issue raised by nursing was the many different nursing doctoral degree programs and titles that confused the public and the profession itself. In October 2004, the members of AACN endorsed the Position Statement on the Practice Doctorate in Nursing. This position identified the need for entry level to practice for advanced practice registered nurses (APRNs) to move from the master’s level to the doctorate level by 2015 (AACN, 2016c). The IOM issued a recommendation in 2010, The Future of Nursing: Leading Change, Improving Health to double the amount of doctorally prepared nurses by 2020.

There are several major roles for DNP-prepared nurses. The DNP-prepared nurse is prepared to work in diverse areas of health care such as direct patient care, academia,
clinical research, or administration throughout the health care system. The following present a few of the current roles where DNP graduates are employed:

- Advanced clinician who is dedicated to a practice career such as clinical specialists, nurse anesthetists, nurse midwives, and nurse practitioners in primary care and specialty practices
- Health care leader in public health and community health centers
- Health care policy leader to improve health care for the populations
- Interdisciplinary leader in health care systems, national organizations, and specialty groups
- Nursing educator (While the focus of the DNP is not to prepare nursing educators, graduates of DNP programs are involved in the clinical education of nurses and DNP students.)
- Leader in applied and translational nursing research

Redman (2015) conducted a literature review to determine the impact DNP-prepared nurses are making in health care. This review revealed that the scholarly work being done is exponentially increasing for DNP-prepared nurses with a rapid increase in scholarly publications related primarily to clinical practice. A pivotal finding of this research was that as of 2014, the goal set forth by the IOM in 2010 to increase doctorally prepared nurses is much closer to becoming reality. Recommendations are made to embrace both the DNP and the PhD as crucial roles in the nursing profession.

THE PhD CURRICULUM

The curriculum of each research-focused doctoral program is unique and is based on the school’s mission and philosophy as interpreted and implemented by the faculty. Usual core coursework includes the history and philosophy of nursing science, theories that guide the discipline and practice, research methods, advanced statistics, substantive nursing in a specific area of expertise, and role-related content (e.g., pedagogy). Depending on the program, required content may include mentoring, leadership, interdisciplinary research teamwork, and health policy. Cognates from supporting disciplines, such as sociology or physiology, are often required. Dreifuerst et al. (2016) found that those who are exploring doctoral education take into consideration the type of program and its delivery, time to complete, faculty expertise and research interests, and the overall cost. Students report that mentors, funding opportunities, and teaching preparation are important in PhD education (Nehls, Barber, & Rice, 2015). The variability in the curriculum among programs is seen in the requirements of research-focused doctoral programs. Surveys of research-focused doctoral programs show that a research practicum was required by 77.1%, attendance at a professional meeting by 36.8%, presentation at a professional meeting by 21.1%, and submitting a paper for publication by 31.6%. Dissertation format was also quite variable whereas traditional format was utilized by the majority of schools (61.4%), while the publication of at least one paper was required by a few schools (6.9%); and some schools (30.7%) allowed either approach (Minnick, Norman, & Donaghey, 2013).

EDUCATIONAL PREPARATION FOR THE DNP

DNP programs continue to grow across the country and according to AACN, enrollment in DNP programs increased substantially across the nation (AACN, 2015a). AACN reports that from 2014 to 2015 the number of students enrolled in DNP programs increased from 18,352 to 21,995 and the number of graduates from DNP programs increased from

These eight *Essentials* are as follows:

1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
5. Health Care Policy for Advocacy in Health Care
6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation’s Health
8. Advanced Nursing Practice

Each of these *Essentials* is described in detail by AACN and specific learning objectives are listed. AACN discusses the incorporation of specialty competencies for programs that prepare DNPs for advanced practice roles such as clinical specialists, nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse leaders, and others. The National Organization of Nurse Practitioner Faculty (2014) lists expected competencies for all advanced practice nurses and nurse practitioners completing the nursing practice doctorate. Academic program developers are directed to specialty organizations for the lists of competencies required for national certification in advanced nursing roles.

There are two entry levels to the DNP program of study. The first is the postmaster’s DNP program that admits nurses with master’s degrees who are nationally certified as an APRN (nurse anesthetists, midwives, practitioners, and clinical nurse specialists). Additionally, nursing administrators, managers, and other nurse leaders with or without national certification enroll in DNP programs to gain additional education and experiences for leadership roles in the health care system. These include administration, informatics, health care systems analysis, development of policies, and academic leadership roles. Many of these programs were first initiated to meet the needs of master’s-prepared nurses wishing to earn a doctorate to advance their practice, act as change agents in the health care system, and increase interprofessional collaboration. While it is expected that advanced practice nurses currently in practice who do not have the DNP will be “grandparented in” for licensure to practice in the states in which they are licensed and recognized, it is anticipated that many will wish to further their education with the DNP degree.

The second entry to DNP education is directly from the postbaccalaureate nursing program (BSN) to the DNP program. These programs prepare BSNs for advanced practice roles similar to the programs for advanced practice nurses at the master’s level, for example, certified registered nurse anesthetists (CRNAs), clinical specialists, nurse midwives, and nurse practitioners. Additional course work related to health care systems management, population health care, and leadership at the doctorate level is included. In addition to the traditional advanced practice courses and roles, some BSN to DNP programs offer other options for roles in informatics and technology, health care management, public health, and/or administration. Supervised clinical experiences are included in the programs to meet professional accreditation and/or certification standards and account for at least 1,000 hours of clinical practice.

Students have courses that include the content of the eight *Essentials* recommended by AACN (2006), as well as completion of the specialty role in which they are enrolled.
Graduates are eligible for national certification depending on the program of study’s specialization and meeting of eligibility requirements for specific certifications. While many schools (65%) want to adopt this plan of study, there are barriers (costs, faculty, securing clinical sites, preceptors, management of capstone projects, and most importantly, obtaining approval from leadership, regional accreditors, and boards; Auerbach et al., 2014). Dennison, Payne, and Farrell (2012) reviewed the history of DNP programs by tracing them from research-focused doctoral degrees to the nursing practice doctorate (DNP). The authors focused on the advanced practice roles of the DNP and linked them to the AACN Essentials (AACN, 2006). This article provides a model for curriculum planners for both the postmaster’s and the BSN to DNP programs with a table that ties the AACN Essentials to program competencies.

Frantz (2013) provides an overview of the resources needed when planning, implementing, and sustaining a DNP program. Identified are the necessary faculty members and their qualifications; resources such as classrooms and simulation facilities; the infrastructure for delivering courses online and on campus; potential collaboration between the PhD and DNP programs’ course faculty and, possibly, other academic institutions; faculty and student practice opportunities; health care agencies’ resources for clinical experiences (both advanced practice and administrative); and administrative and staff support specific to the DNP program.

The final project for DNP education is often a topic of concern. Questions regarding the differentiation between an MSN and DNP project are often posed at national conferences. The intent of the DNP project is to be focused as an application of practice as opposed to a knowledge-generating research effort (AACN, 2006). Current recommendations and clarifications for the DNP project can be found in the AACN Task Force report on the implementation of the DNP (AACN, 2015d). Understanding these issues is important when considering the development of DNP curricula.

**PhD PROGRAM EVALUATION**

There is no professional accreditation for research-focused doctoral programs. However, quality indicators are provided by AACN (2010) to guide the evaluation of these programs. The quality of research-focused doctoral nursing programs is established and maintained by the individual programs. AACN (2010) provides evaluation criteria that are divided into categories of faculty and administration, students, resources and infrastructure, and evaluation plan. Programs often supplement these measures with their own indicators. For example, for a state-supported program, one rubric might be the proportion of state residents in the student body and/or the number of international students enrolled. However, to date, little comparative data exist about quality of programs other than objective measures of enrollment, race/ethnicity and gender of students, length of program, number of grants, and the amount of funding awarded from federal and private grants to nursing faculty.

**DNP PROGRAM EVALUATION AND ACCREDITATION**

Program evaluation and accreditation are essential to the quality of DNP programs. Each school of nursing that has a DNP program usually has a master plan of evaluation for all programs and the DNP is included. DNP programs, in addition to the usual layers of approval within the home institution, are subject to the institution’s governing board’s approval, and if they are preparing entry-level advanced practice nurses, depending on state regulations, they must undergo program approval by their state board of nursing. Program evaluation provides the data for assessing the effectiveness and quality of the program. Developing evaluation plans that incorporate all of the parameters of the
program for assessment are important but it is also essential that plans are in place to implement the assessment. The methods for collecting and analyzing the data, the persons responsible, and when and how the findings from the analysis are used for program improvements are key factors to include.

Specific to DNP program accreditation are the roles of the ACEN (2013) and the CCNE (2017). The Standards for Accreditation of Clinical Doctorate Programs by the ACEN (2013) can be found at www.acenursing.net/manuals/SC2013.pdf.¹ There are six categories of standards:

1. Mission and Administrative Capacity
2. Faculty and Staff
3. Students
4. Curriculum
5. Resources
6. Outcomes

Details concerning these standards are found at the ACEN website.

CCNE (2009) determined that it would accredit doctoral degrees that reflected the terminal practice degree in the profession, not research-focused degrees. This is in line with other professional or applied practice doctoral degrees in other disciplines. To be eligible for CCNE accreditation, programs are required to base their curricula on the AACN Essentials of Doctoral Education for Advanced Practice (2006). In addition, programs must have students enrolled for at least 1 year before hosting an on-site evaluation with a self-study submitted prior to the visit (CCNE, 2015). Action on accreditation takes place after a site visit and during the next scheduled CCNE Board of Commissioners meeting. This usually means that students enrolled in the program will graduate from a CCNE-accredited program. Since the DNP is a relatively new degree, most programs must also have regional accreditation, as a new degree is considered a substantive change. See Chapter 12 for more details on program evaluation and accreditation.

DIFFERENCES BETWEEN PROFESSIONAL AND RESEARCH-BASED DOCTORATES

The movement toward a doctorate in nursing for advanced practice and leadership roles grew tremendously over the past decade. According to the AACN, the DNP is the highest level of advanced nursing practice (AACN, 2015a). DNP programs are continuing to flourish across the nation as graduate nursing programs move graduate advanced practice and clinical leader degrees from master’s preparation to the terminal DNP degree. AACN (2016c) reports a total of 289 existing DNP programs in 49 states, with another 128 new programs that are currently in various planning stages.

The ever-changing landscape of doctoral education identifies the need for collaborative relationships between the research-focused and practice doctorates. There is ongoing debate concerning the role of DNP and the differences in the PhD degree as it pertains to the profession of nursing, advanced practice, and health care. Murphy, Staffileno, and Carlson (2015) describe the roles of the PhD and the DNP degree programs and their specific purposes and differences with implication for collaboration of practice and research. Historically, nursing recognized several doctoral degrees and titles; academe currently recognizes only two of them as terminal degrees of the profession. The first is the research-focused PhD, and its equivalent counterpart the DNS.

¹ The 2013 Standards and Criteria for Clinical Doctorate as presented will be replaced by the 2017 Standards and Criteria for Clinical Doctorate, effective 01/01/2017, mandatory 01/01/2018
Research-focused doctorates foster the development of new knowledge in nursing. The DNP is necessary to the vision of nursing, scholarly clinical practice, and leadership within the nursing profession and health care system. During this complex time in health care, the impetus behind the growing surge of DNP-prepared nurses includes: rapid expansion of knowledge that informs clinical practice, doctorally prepared faculty shortages, increased complexity and acuity of patient care, concerns over quality and safety in health care, and innovative leadership needs in all aspects of health care (AACN, 2016c).

Historically, PhD-prepared faculty members were the sole tenure-track professors in institutions of higher education. The rationale for this was that research-focused institutions prefer faculty members who are prepared to develop new knowledge and theories in their respective disciplines and bring recognition to the university through their scholarly activities. The clinical scholar with an applied practice doctorate DNP prepares graduates for analysis and application of evidence-based research directly into health care and clinical practices. Currently, some DNP-prepared faculty hold tenure-track positions in universities across the nation, yet there are still universities in the United States that limit tenure-track positions to only those PhD-prepared candidates (Auerbach et al., 2014).

Nursing education programs vary in their hiring practices. Oermann, Lynn, and Agger (2016) examined the aims of nursing program directors as they apply to hiring DNP- and PhD-prepared faculty. They found that baccalaureate and higher degree programs have a preference for hiring PhD-prepared faculty. Additionally, they reported that the hiring of DNP faculty was largely due to the university’s interest in adding a DNP program. If the intent of the student is to teach in academia, then both the research-focused (PhD, DNS) and the practice focused (DNP) doctoral students are strongly encouraged to take courses in education. Finally, Oermann et al. (2016) found that there was variance regarding tenure or nontenure-track appointments for DNP faculty among those surveyed.

Tenure is the guarantee of employment based on past and ongoing scientific contributions to a profession and was designed for the research doctorate. The process of promotion and tenure is based on research, scholarship, and service (Nicholes & Dyer, 2012). Some colleges and universities promote DNP clinicians into tenure-track positions recognizing that the DNP focus is on applied research, practice, and translational science practice. The profession of nursing and its educators recognize the role of DNP graduates for providing instruction and clinical-focused education in undergraduate and graduate nursing programs owing to their expertise in evidence-based clinical practice. Many DNP graduates demonstrate extensive scholarly work and research in clinical practice and scholarship that contribute to the science of nursing. DNP graduates who desire to teach in schools of nursing should compare tenure-track policies in potential employing institutions to other types of positions such as clinical faculty that are not research focused, but still offer academic ranks from instructor to full professor.

**SUMMARY**

This chapter reviewed the growth of doctoral programs in the nation, educational preparation, curriculum, roles of both research-focused (PhD, DNS) and practice (DNP) doctorates, program evaluation, and differences between the two. Research-focused doctoral programs produce scientists. Most work in academia after graduation and balance research with the other dimensions of their work (teaching, service). The DNP prepares nurses to translate the science developed by nurse researchers into practice. All nursing doctorates play an important role in the changing and challenging components of health care within the United States. Collaboration between PhD/DNS graduates and DNP graduates contribute to the success of meeting these health care needs of our nation.
DISCUSSION QUESTIONS

- Propose how interdisciplinary research might be supported and developed as part of a PhD/DNS program.
- What are the strengths and limitations of having students admitted to a PhD/DNS with a baccalaureate degree in nursing, a master’s degree in nursing, and a DNP degree?
- To what extent do you believe the DNP as the terminal degree for advanced practice resulted in consensus within the nursing profession?
- Debate research-focused degrees as contrasted to professional degrees and how research activities differ or are the same. What effect do you believe this debate has on the profession of nursing as a discipline?

LEARNING ACTIVITIES

Student-Learning Activities

1. Compare and contrast the PhD and DNP programs. What are the similarities and differences in course work, research training, and available faculty mentorship in your area of expertise?
2. Review the latest research and literature (the past 2 years) to identify the state of debate on the DNP and its role in research and academe.

Nurse Educator/Faculty Development Activities

1. Compare one online and one in-person PhD or DNP program. What are the strengths of each? Consider how you can make the best use of these data in your program.
2. If the student population in your program does not reflect the racial–ethnic or gender mix of the general population, what three things might you consider to rectify this disparity?
3. If your school of nursing has a DNP program, analyze its curriculum for its congruence with the AACN Essentials document. If your school does not have a DNP program, find a school that does and review its program of study to compare to the Essentials.

References


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