Middle Georgia State College
New Degree and/or Major
Proposal Form

Instructions: All degree and/or major proposals must be signed by the Chair and Dean and submitted to the Vice President for Academic Affairs.

Faculty Initiating Request: Lawanda Greene  Submission Date: 10/29/14

Department/School: Department of Nursing/ School of Health Sciences

Effective Date: Fall 2015  Degree: Master of Science

Major(s): Nursing

Provide a description of the new degree and/or major exactly as it will appear in the catalog.

The Adult/Gerontology Acute Care Nurse Practitioner program will prepare nurses to provide care to a broad population base (Adolescent to Geriatric populations) in a variety of acute/sub-acute care settings. The curriculum content will focus on health promotion, health maintenance, differential diagnosis, disease management, and the use and prescription of pharmacologic and non-pharmacologic interventions. Learning activities are designed to promote the transference of Lean Management skills and Six Sigma principles into the advanced practice nursing and healthcare environment. Graduates will possess the skills to care for the adult patient in acute healthcare environments including emergency rooms, intensive care units, trauma units, and in advanced diagnostic areas. Graduates will be eligible for certification as an advanced practice nurse through examination by the American Nurses Credentialing Center (ANCC).

Lawanda Greene  10.30.14
Faculty Member  Date

Chair  10.30.14
Date

Dean  10.30.14
Date

Assistant Provost for Academic Planning & Policy  Date

Provost for Academic Affairs  Date

Chair of Academic Affairs Committee  Date

Chair of Faculty Senate  Date
Program Student Learning Outcomes: see attached document

How does this program align with the Mission of Middle Georgia State College?

The mission of Middle Georgia State College is to serve the educational needs of a diverse population through high quality programs connected to community needs in a global context and to serve as a leader for the intellectual, economic, and cultural life of the region.

As the first nursing master's degree this program builds upon the highly respected pre-licensure nursing and RN-BSN programs offered at the college. This program will be uniquely positioned in Central Georgia to address the mission and meet the needs of the student, employer, and to fuel the regional economy by producing top-quality graduates who will be successful in 21st century careers. Nursing require leaders with both the critical reasoning skills achieved through a quality liberal education and the career-specific skills that will enable graduates to be competitive in the work force. (cont'd)

Will the new degree and/or major(s) require new faculty lines or other institutional resources?  
☐ Yes  ☐ No

If yes, explain:

Attach appropriate USG Formal Proposal for a new Degree Program form (http://www.usg.edu/academic_programs/new_programs).
(Student Learning Outcomes Cont’d)

The successful graduate will be able to:

1. Synthesize nursing and related sciences into the delivery of patient-centered advanced professional nursing care to diverse adult populations in various acute care settings.
2. Lead multidisciplinary team collaboration, communication, and coordination to achieve health promotion and disease prevention, with the goal of improving patient and population health outcomes.
3. Integrate current evidence, expert opinion, and clinical expertise as a basis for nursing practice and clinical judgment.
4. Incorporate quality improvement principles in the monitoring, analyzing, and prioritizing of health care outcomes.
5. Formulate advanced nursing measures to reduce risks and support safe, cost effective practices within a legal and ethical framework to improve health outcomes.
6. Integrate the use of appropriate information technology resources into the provision of patient care to enhance care outcomes.
7. Model a commitment to the professional, ethical, and legal aspects of the adult-gerontology acute care Nurse Practitioner role.
8. Develop an active leadership role in promoting health, shaping health care delivery systems and advancing values through policy development and advocacy at the local, state, national and global levels.
9. Communicate effectively and appropriately to build therapeutic relationships with diverse individuals and families who face acute or chronic complex physical and psychological conditions.
10. Synthesize critical thinking strategies when using advanced knowledge in physical assessment, pharmacology, and pathophysiology to assess, diagnose, plan, intervene, evaluate and revise patient care to positively affect healthcare outcomes for individuals, families, communities, populations or systems in a multicultural society.
11. Perform competently in the teaching and coaching role in the plan of care for complex acute, critical, and critically ill patients.

(Alignment with the Mission of Middle Georgia State College cont’d)

Caring for an adult and elderly population is an area of critical need for the region, the state and the nation. There is urgent regional need for additional advanced practice nurse practitioners with the knowledge and skills to provide quality care to the adult and elderly populations. The Administration on Aging (AOA) documented a 21% increase in the population of adults aged 65 and older from 2002 to 2012. Furthermore, this population is projected to more than double in size by the year 2060. Georgia is one of only 12 states reporting over 1 million adults aged 65 and
older, and together; these 12 states comprise 59% of the total population of older adults in the United States.

Increased age is associated with the increased incidence of chronic illnesses, patient hospitalizations, average lengths of stay while hospitalized, and physician office visits (AOA, 2013). Auerhahn, Mezey, Stanley, and Wilson (2012) identify the “core business” of hospitals as care of older adults. Advanced nursing care of this specific population of patients requires advanced understanding of complex physical, social, and cognitive needs to maintain optimum health and functional independence, and to reduce the risk of complications associated with chronic illness and comorbid conditions. Advanced practice nurses are well-suited to serve this population, yet few programs exist in Georgia to prepare Nurse Practitioners to meet the complex needs of the adult and elderly population.

References


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

Institution: Middle Georgia State College

Approval by President or Vice President for Academic Affairs:

_____________________________________
Date: 10/23/2014

School/Division: School of Health Sciences

Department: Nursing

Departmental Contact: Donna Ingram

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

Degree: Master of Science

Major: Nursing

CIP Code: 51.1600

Anticipated Implementation Date: Fall, 2015

Indicate whether the program will be nominated for inclusion with the SREB Electronic Campus (Yes or No): Yes

Note: The institution will submit all approved online programs for inclusion in the Georgia On My Line (GoML) directory. Yes

Approval by Chief Business Officer (or designee):

_________________________________________
Contact Information:
Approval by Chief Information Officer or designee:

_________________________________________
Contact Information:

Form Revised 07/11/2014
Contents:
1. Program Fit with Instructional Mission and Existing Degrees.........................................................3
2. Program Description and Goals........................................................................................................4
   a. Institutional Priority....................................................................................................................4
   b. Brief Program Description.........................................................................................................5
   c. Goals and Objectives of the Program.........................................................................................5
   d. Location of the Program............................................................................................................6
3. Curriculum........................................................................................................................................6
   a. New Courses...............................................................................................................................6
   b. Course Descriptions....................................................................................................................7
   c. Perquisites...................................................................................................................................10
   d. Institutional Program Approval................................................................................................10
   e. Accrediting Agency Standards................................................................................................10
   f. Program Consistency with Nationally Accepted Trends and Standards...................................10
   g. Internships................................................................................................................................10
   h. Adequacy of Course Offerings................................................................................................10
   i. Methods of Instructional Delivery.............................................................................................11
4. Admission Criteria............................................................................................................................11
5. Availability of Assistantships..........................................................................................................11
6. Evaluation and Assessment..............................................................................................................12
   a. Student Learning Outcomes......................................................................................................12
   b. Monitoring and Ensuring Quality.............................................................................................12
7. Administration of the Program.........................................................................................................13
   a. Program Home..........................................................................................................................13
   b. Program Administration............................................................................................................13
8. Waiver to Degree-Credit Hour........................................................................................................13
9. Accreditation.....................................................................................................................................14
10. External Reviews............................................................................................................................15
11. Enrollment Projections and Monitoring......................................................................................15
12. Comprehensive Review Process....................................................................................................16
13. Actions if Enrollment fails to Meet Projections............................................................................16
14. Faculty Qualifications and Capacity.............................................................................................16
15. Budget...........................................................................................................................................18
16. Facilities.........................................................................................................................................22
17. Online Format and Instructional Delivery .....................................................................................24
   a. Rationale to offer online............................................................................................................24
   b. Curriculum and Instruction.......................................................................................................24
   c. Faculty......................................................................................................................................25
18. References.....................................................................................................................................26
19. Appendices.....................................................................................................................................27
1. Description of the program’s fit with the institutional mission, existing degrees and majors.

The mission of Middle Georgia State College (MGSC) is to serve the educational needs of a diverse population through high quality programs connected to community needs in a global context and to serve as a leader for the intellectual, economic, and cultural life of the region.

As the first nursing master’s degree this program builds upon the highly successful and respected pre-licensure nursing and RN-BSN programs offered at the college. This program will be uniquely positioned in Central Georgia to address MGSC's mission and meet needs of the students, employers, and community as well as to fuel the regional economy by producing top-quality graduates who will be successful in 21st century careers. Many baccalaureate programs at MGSC focus on careers in the greatest demand regionally and nationally: business, information technology, nursing, health care and teacher education. These careers require leaders with both the critical reasoning skills achieved through a quality liberal education and the career-specific skills that will enable graduates to be competitive in the work force.

The proposed program, which focuses on care for an adult and elderly population, responds to a critical need for the region, the state, and the nation. There is an urgent regional need for advanced practice Nurse Practitioners with the knowledge and skills to provide quality care to the adult and elderly populations. The Administration on Aging (AOA) documented a 21% increase in the population of adults aged 65 and older from 2002 to 2012. Furthermore, this population is projected to more than double in size by the year 2060. Georgia is one of twelve states reporting greater than 1 million adults aged 65 and older. These 12 states combined, comprise 59% of the total population of older adults in the United States.

Aging is associated with increased: incidence of chronic illnesses, number of hospital admissions, length of stay, and physician office visits (AOA, 2013). Auerhahn, Mezey, Stanley, and Wilson (2012) identify the “core business” of hospitals as care of older adults. Specialized nursing care for this specific population requires in-depth understanding of complex physical, social, and cognitive needs to maintain optimum health and functional independence, and to reduce the risk of complications associated with chronic illness and co-morbid conditions. Advanced practice nurses are well-suited to serve this population, yet few programs exist in Georgia to prepare Nurse Practitioners to meet the complex needs of the elderly population.
2. Program Description and Goals:

   a. Institutional Priority: Describe how the proposed program is aligned with the institution’s academic strategic plan. Indicate where this program falls in terms of the institution’s top priorities for new degrees.

   Middle Georgia State College’s Strategic Plan supports the mission of Middle Georgia State College and is aligned with the University System of Georgia’s Strategic Plan, as approved by the Board of Regents in August 2013. The USG’s Strategic Plan included the following three Strategic Imperatives:

   - Academic Excellence and Degree Completion
   - Economic Development and World Class Research
   - Accountability and Efficiency and Leadership in Higher Education Innovation

   The MGSC Strategic Plan includes seven action items to guide the institution.

   **MGSC Strategic Imperative 1:** Foster an environment conducive to student success and degree completion.
   - *MGSC action item:* Reaffirm commitment to collegiate access and affordability
   - *MGSC action item:* Ensure student support for at-risk populations
   - *MGSC action item:* Commit to high-quality programs, teaching and learning

   **MGSC Strategic Imperative 2:** Respond to an increasingly complex and competitive global economy by partnering in the economic development of the Middle Georgia region.
   - *MGSC action item:* Lead in community development partnerships

   **MGSC Strategic Imperative 3:** Foster and support a culture of accountability, operational efficiency and innovation.
   - *MGSC action item:* Commitment to measures of performance and accountability
   - *MGSC action item:* Continue to seek operational efficiencies
   - *MGSC action item:* Embrace goals of currency, relevance, and innovation

   The proposed MSN program supports all three MGSC Strategic Imperatives. The program combines traditional essentials with a unique sequence of Lean courses preparing students for rapid changes in role expectations of the nurse in the 21st century. MGSC is strongly committed to quality education and student success through excellence.
and innovation in teaching. Historically the college has sought to make education affordable for students while maintaining a high standard of excellence in its program offerings. This master’s program will build on the tradition of affordability and excellence. The MGSC nursing programs have strong community partnerships with various healthcare agencies across the region. The proposed MSN program will further expand other current School of Health Science's partnerships in the areas of long term care and acute care.

b. Brief description of the program and how it is to be delivered

The advanced practice program, consisting of 43 semester hours, will prepare nurses to provide care to a broad population base (Adolescent to Geriatric populations) in a variety of acute/sub-acute care settings. The curriculum content will focus on health promotion, health maintenance, differential diagnosis, disease management, and the use and prescription of pharmacologic and non-pharmacologic interventions. Learning activities are designed to promote the transference of Lean Management skills and Six Sigma principles into the advanced practice nursing and healthcare environment. Graduates will possess the skills to provide and manage advanced nursing care for the adult patient in acute healthcare environments including emergency rooms, intensive care units, trauma units, and in advanced diagnostic areas.

Three one-day intensive/immersion sessions will be held the first semester and one two-day intensive/immersion sessions each following semester to facilitate transition to graduate study, professional role integration and to familiarize students with the software to be used to document and evaluate clinical experiences and course requirements. Instructional resources and on-going course materials will be offered online. Clinical practice will be planned in a variety of settings and will be designed to address the program and course objectives.

c. Goals/objectives of the Program

Middle Georgia State College proposes the establishment of the master’s program: the Masters of Science in Nursing (MSN) with a focus on Adult-Gerontological Acute Care Nurse Practitioner incorporating principles of lean health care. The major objectives of this program are to:

- increase the number of Masters’ prepared nurses providing advanced care to the adult and elderly populations in the Central Georgia region.
• provide advanced practice Masters' prepared nurses with lean, quality, and entrepreneurial skills to ensure success in environments of scarce resources.

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

The program will be housed on the Warner Robins campus of Middle Georgia College. There will also be online courses and clinicals arranged with regional health care facility partners.

3. Curriculum: List the entire course of study required and recommended to complete the degree program. Provide a sample program of study that would be followed by a representative student. Include Area F requirements (if applicable).

Nursing Courses: NURS

<table>
<thead>
<tr>
<th>YEAR I</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NURS 5000 Advanced Pathophysiology</td>
<td>NURS 5300 Advanced Pharmacology/Therapeutic Interventions</td>
</tr>
<tr>
<td></td>
<td>3-0-3</td>
<td>3-0-3</td>
</tr>
<tr>
<td></td>
<td>NURS 5100 Professional Concepts</td>
<td>NURS 5400 Adult/Gero Acute Care I</td>
</tr>
<tr>
<td></td>
<td>2-0-2</td>
<td>3-9-6</td>
</tr>
<tr>
<td></td>
<td>NURS 5200 Advanced Health Assessment/Diagnostic Reasoning</td>
<td>Prerequisites: NURS 5000, 5100, 5200</td>
</tr>
<tr>
<td></td>
<td>3-3-4</td>
<td></td>
</tr>
<tr>
<td>Total Credit Hours/Semester</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

| Summer              |                                          |                                            |
|                     | NURS 5500 Research and Evidence Based Practice |                                            |
|                     | 3-0-3                                     |                                            |
|                     | NURS 5600 Quality/Safety/Improvement Processes |                                            |
|                     | 3-0-3                                     |                                            |
| Total Credit Hours/Semester | 6                                        |                                            |

<table>
<thead>
<tr>
<th>YEAR II</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NURS 6200 Leadership/Management &amp; Healthcare Policy</td>
<td>NURS 6500 Adult/Gero Acute Care III</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-15-7</td>
</tr>
<tr>
<td>3-0-3</td>
<td><strong>Prerequisite: NURS 5400</strong></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>NURS 6400 Adult/Gero Acute Care II</td>
<td>Prerequisite: NURS 6400</td>
<td></td>
</tr>
<tr>
<td>2-12-6</td>
<td>NURS 6600 Project Management in Healthcare</td>
<td></td>
</tr>
<tr>
<td><em>Total Credit Hours /Semester</em></td>
<td><em>Total Credit Hours/Semester</em></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL PROGRAM HOURS</strong></td>
<td><strong>43</strong></td>
<td></td>
</tr>
</tbody>
</table>

a. Append course descriptions for all courses (existing and new courses).

Appendix II lists all program courses, indicating those that are new and those that are existing.

b. When describing required and elective courses, list all course prerequisites.

Descriptions of all program courses are included in Appendix I.

c. Provide documentation that the program and all courses in the proposed curriculum have been approved by all relevant campus curriculum governance bodies.

The M.S. in Adult/Gerontology Acute Care Nurse Practitioner and all associated new courses were approved by the MGSC Academic Affairs Committee on November 5, 2014 and by the Faculty Senate on November 7, 2014. Minutes from these meetings are included in Appendix II. The relevant MGSC proposals that were approved at these meetings are listed below. [To be added upon approval]

**New Program Proposal**

M-P-NURS-01-AA-2014-2015

**New Course Proposals**

M-C-NURS-01-AA-2014-2015
M-C-NURS-02-AA-2014-2015
M-C-NURS-03-AA-2014-2015
M-C-NURS-04-AA-2014-2015
M-C-NURS-05-AA-2014-2015
M-C-NURS-06-AA-2014-2015
M-C-NURS-07-AA-2014-2015
M-C-NURS-08-AA-2014-2015
d. Append materials available from national accrediting agencies or professional organizations as they relate to curriculum standards for the proposed program.

See Appendix III and IV

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

Middle Georgia State College's adult-gerontology acute care Nurse Practitioner program will be consistent with the Accrediting Commission for Education in Nursing (ACEN) standards of Master's level nursing education. The curriculum is in compliance with the American Association of Colleges of Nursing (AACN), the National Organization of Nurse Practitioner Faculties (NONPF), and the Georgia Board of Regents academic program policy.

f. If internships or field experiences are required as part of the program, provide information documenting internship availability as well as how students will be assigned, supervised, and evaluated.

Students will complete 630 clinical practice hours, which exceeds the minimum of 500 clinical practice hours required to sit for the national certification exam. Each student will be precepted by a certified Nurse Practitioner or in some cases a physician who will provide one to one supervision during their clinical practice. Faculty will collaborate with preceptors in evaluation of student outcomes in the clinical practice setting. Clinical practice sites will include: acute, sub-acute, and long-term care facilities in the Central Georgia area who have Memoranda of Understanding (MOU) with the college.

g. Indicate the adequacy of core offerings to support the new program.

N/A

h. Indicate the method of instructional delivery.

Courses will be offered online using MGSC’s learning platform and through intensive/immersion sessions in classrooms as well as through formal clinicals.
4. Admissions criteria. Please include required minima scores on appropriate standardized tests and grade point average requirements.

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

5. Availability of assistantships (if applicable).
   N/A

6. Evaluation and Assessment:
   a. Provide the student learning outcomes and other associated outcomes of the proposed program.

   The specific learning outcomes of the program are congruent with the AACN Essentials of Masters Education in Nursing and the AACN Adult-Gerontology Acute Care Nurse Practitioner Competencies. This advanced practice graduate will be prepared to fulfill leadership positions and offer advanced practice in a variety of healthcare settings to a full spectrum of adult clients with an emphasis on gerontological clients. The successful graduate will be able to:
1. Synthesize nursing and related sciences into the delivery of patient-centered advanced professional nursing care to diverse adult populations in various acute care settings.

2. Lead multidisciplinary team collaboration, communication, and coordination to achieve health promotion and disease prevention, with the goal of improving patient and population health outcomes.

3. Integrate current evidence, expert opinion, and clinical expertise as a basis for nursing practice and clinical judgment.

4. Incorporate quality improvement principles in the monitoring, analyzing, and prioritizing of health care outcomes.

5. Formulate advanced nursing measures to reduce risks and support safe, cost effective practices within a legal and ethical framework to improve health outcomes.

6. Integrate the use of appropriate information technology resources into the provision of patient care to enhance care outcomes.

7. Model a commitment to the professional, ethical, and legal aspects of the adult-gerontology acute care Nurse Practitioner role.

8. Develop an active leadership role in promoting health, shaping health care delivery systems and advancing values through policy development and advocacy at the local, state, national and global levels.

9. Communicate effectively and appropriately to build therapeutic relationships with diverse individuals and families who face acute or chronic complex physical and psychological conditions.

10. Synthesize critical thinking strategies when using advanced knowledge in physical assessment, pharmacology, and pathophysiology to assess, diagnose, plan, intervene, evaluate and revise patient care to positively affect healthcare outcomes for individuals, families, communities, populations or systems in a multicultural society.

11. Perform competently in the teaching and coaching role in the plan of care for complex acute, critical, and critically ill patients.

b. Describe how the institution will monitor and ensure the quality of the degree program.

The quality of the degree program will be monitored on a student, course, and program level. Student achievement will be monitored by pass rates on the professional certification exam. Course objectives will be evaluated through graded assignments, clinical performance, exams and projects. Program objectives will be monitored through student confidential assessment and unit assessment plans. The program will seek ACEN accreditation. Student learning outcomes that are specific to the program will be included in a yearly assessment plan and data will be collected annually to measure and monitor program success and identify areas for continuous improvement.
improvement. Yearly assessment reports will be submitted to the Office of Academic Affairs.

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

7. Administration of the program:

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

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

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

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

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

The program length of five semesters is within the range of existing Master's level Nurse Practitioner programs within the region, state and nation. Therefore, there will be no significant impact on students. Faculty workloads will be within the range approved by the college.

9. Accreditation (if applicable): Describe the program’s alignment with disciplinary accreditation requirements and provide a time line for pursuing accreditation. Indicate the source of institutional funding that will be used, if needed, for the accreditation process (Nancy Stroud to make a statement re institutional funding).

Timeline for ACEN Accreditation Process for MSN:

Jan 8 2015(tentative) Once Approved by SACS/BOR---Candidacy Application sent to ACEN
Jan 22 2015 Two Weeks after Candidacy Submitted:
   a. Answer from ACEN regarding continuing with Candidacy
Jan 29, 2015: One Week after go ahead from ACEN:
   b. Candidacy Presentation submitted
Mar 26, 2015: Written Answer from ACEN re Candidacy
   c. If granted Candidacy status—can admit first class while completing full self-study
Apr 30, 2015: ACEN Self Study completed/submitted to ACEN

Fall Semester, 2015
   d. Admit First Class
   e. Schedule ACEN Site Visit for Spring Semester, 2017

Spring Semester, 2017
   f. ACEN Site Visit
   g. If Successful—Full Accreditation

10. External Reviews (This item only applies to doctoral level programs): Provide a list of five to eight reviewers, external to the System, from aspirational or comparable programs/institutions. This list should contain contact information for each reviewer, and include an explanation of why the reviewer was suggested. The list should not include individuals for whom the department or institution has consulted during the process of program proposal development.
11. Enrollment Projections and Monitoring:
   a. Provide projected enrollment for the program during the first three years of implementation. (NOTE: These projections will be used to monitor enrollment following program implementation.)
   b. Explain the specific methodology used to determine these projections and verify their accuracy, especially if new student enrollment will be needed to sustain funding for the program. Indicate whether enrollments will be cohort-based.

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

The enrollment is determined by the number of faculty in existing faculty lines with appropriate credentials and qualifications. The enrollment will be cohort based.

<table>
<thead>
<tr>
<th></th>
<th>First FY</th>
<th>Second FY</th>
<th>Third FY</th>
<th>Fourth FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Majors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shifted from other programs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New to the institution</td>
<td>15</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Total Majors</td>
<td>15</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>--------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Course Sections Satisfying Program Requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previously existing</td>
<td>0</td>
<td>7</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>New</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Program Course Sections</td>
<td>7</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Credit Hours Generated by Those Courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing enrollments</td>
<td>0</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>New enrollments</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Total Credit Hours</td>
<td>375</td>
<td>1290</td>
<td>1290</td>
<td>1290</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Rank</th>
<th>Highest Degree</th>
<th>Degrees Earned</th>
<th>Academic Discipline</th>
<th>Area of Specialization</th>
<th>Current Workload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Title</td>
<td>Degree</td>
<td>Major</td>
<td>Concentration</td>
<td>Credit Hours</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------</td>
<td>-----------------</td>
<td>------------------------</td>
<td>---------------------------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Ard, Cheryl*</td>
<td>Assistant Professor</td>
<td>MSN, BSN</td>
<td>Nursing</td>
<td>Adult and Family Nurse Practitioner</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Camp, Shirley*</td>
<td>Assistant Professor</td>
<td>JD, BSN, MSN</td>
<td>Nursing Law</td>
<td>Family Nurse Practitioner, Nursing and the Law, End of Life</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Greene, Lawanda</td>
<td>Assistant Professor</td>
<td>DNP, BS, BSN, MPH, MSN</td>
<td>Nursing and Public Health</td>
<td>Adult-Gerontology Acute Care NP, Population Health</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Rozier, Sylvia*</td>
<td>Assistant Professor</td>
<td>MSN, BSN, MSN</td>
<td>Nursing</td>
<td>Adult-Gerontology, Leadership, Quality Improvement</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Saxon, Jo Ann</td>
<td>Assistant Professor</td>
<td>DNP, ASN, BSN, MSN, MHA</td>
<td>Nursing and Healthcare Administration</td>
<td>Adult-Gerontology Acute Care NP, Leadership</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Thompson, Darrell</td>
<td>Associate Professor</td>
<td>DNP, BS, BSN, MS, MSN, Post MSN Nurse ED, Acute Care</td>
<td>Nursing, Psychology</td>
<td>Acute Care NP, Family NP, Acute Care, Public Health, Mental Health, Leadership</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>New Faculty**</td>
<td>Assistant/Associate Professor</td>
<td>Ed D, Ph D, DNP</td>
<td>Nursing</td>
<td>Nursing Leadership, Quality Improvement</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Note 1* Will teach part time in graduate program and part time in undergraduate program
b. If it will be necessary to add faculty to support the program, give the desired qualifications of the persons to be added, and a timetable for adding new faculty.

The faculty qualifications will be as follows:

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

c. If existing faculty will be used to deliver the new program, include a detailed faculty load analysis that explains how additional courses in the new program will be covered and what impact the new courses will have on faculty current workloads. (For example, if program faculty are currently teaching full loads, explain how the new course offerings will be accommodated.)

MSN faculty positions will be filled by reassigning qualified pre-licensure BSN faculty. Those pre-licensure BSN program faculty will be replaced by filling vacant faculty lines. Currently, there are six vacant faculty lines in the department of nursing.

15. Budget – Complete the form below and **provide a narrative to address the following:**

a. For Expenditures:
   i. Provide a description of institutional resources that will be required for the program (e.g., personnel, library, equipment, laboratories, supplies, and capital expenditures at program start-up and recurring).
   ii. If the program involves reassigning existing faculty and/or staff, include the specific costs/expenses associated with reassigning faculty and staff to support the program (e.g. cost of part-time faculty to cover courses currently being taught by faculty being reassigned to the new program or portion of full-time faculty workload and salary allocated to the program).

b. For Revenue:
i. If using existing funds, provide a specific and detailed plan indicating the following:
   1. Source of existing funds being reallocated
   2. How the existing resources will be reallocated to specific costs for the new program
   3. The impact the redirection will have on units that lose funding.

ii. Explain how the new tuition amounts are calculated.

iii. Explain the nature of any student fees listed (course fees, lab fees, program fees, etc.). Exclude student mandatory fees (i.e., activity, health, athletic, etc.).

iv. If revenues from Other Grants are included, please identify each grant and indicate if it has been awarded.

v. If Other Revenue is included, identify the source(s) of this revenue and the amount of each source.

c. When Grand Total Revenue is not equal to Grand Total Costs:
   i. Explain how the institution will make up the shortfall. If reallocated funds are the primary tools being used to cover deficits, what is the plan to reduce the need for the program to rely on these funds to sustain the program?

   ii. If the projected enrollment is not realized, provide an explanation for how the institution will cover the shortfall.
### I. EXPENDITURES

<table>
<thead>
<tr>
<th>Personnel – reassigned or existing positions</th>
<th>First FY Dollars</th>
<th>Second FY Dollars</th>
<th>Third FY Dollars</th>
<th>Fourth FY Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty (see 15.a.ii)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time Faculty (see 15 a.ii)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Assistants (see 15 a.ii)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrators (see 15 a.ii)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Staff (see 15 a.ii)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Personnel Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Existing Personnel Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EXPENDITURES (Continued)

<table>
<thead>
<tr>
<th>Personnel – new positions (see 15 a.i)</th>
<th>First FY Dollars</th>
<th>Second FY Dollars</th>
<th>Third FY Dollars</th>
<th>Fourth FY Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time Faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Assistants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other personnel costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total New Personnel Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start-up Costs (one-time expenses) (see 15 a.i)</th>
<th>First FY Dollars</th>
<th>Second FY Dollars</th>
<th>Third FY Dollars</th>
<th>Fourth FY Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library/learning resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Facilities: construction or renovation (see section on Facilities)</th>
<th>First FY Dollars</th>
<th>Second FY Dollars</th>
<th>Third FY Dollars</th>
<th>Fourth FY Dollars</th>
</tr>
</thead>
</table>

| **Total One-time Costs**                                                  |                  |                  |                  |                  |

### Operating Costs (recurring costs – base budget) (see 15 a.i)

<table>
<thead>
<tr>
<th>Supplies/Expenses</th>
<th>First FY Dollars</th>
<th>Second FY Dollars</th>
<th>Third FY Dollars</th>
<th>Fourth FY Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library/learning resources</td>
<td>First FY Dollars</td>
<td>Second FY Dollars</td>
<td>Third FY Dollars</td>
<td>Fourth FY Dollars</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Total Recurring Costs**                                                 |                  |                  |                  |                  |

| **GRAND TOTAL COSTS**                                                     |                  |                  |                  |                  |
### III. REVENUE SOURCES

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reallocations of existing funds <em>(see 15 b.i)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New student workload</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Tuition <em>(see 15 b.ii)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other grants <em>(see 15 b.iv)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student fees <em>(see 15 b.iii)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclude mandatory fees <em>(i.e., activity, health, athletic, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other <em>(see 15 b.v)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New state allocation requested for budget hearing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GRAND TOTAL REVENUES

<table>
<thead>
<tr>
<th>Nature of Revenues</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring/Permanent Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One-time funds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Projected Surplus/Deficit | | |
| (Grand Total Revenue – Grand Total Costs) | | |
| *(see 15 c.i. & c.ii)* | | |

Please remember to include a detailed narrative explaining the projected expenditures and revenues following the instructions appearing at the beginning of the Budget section.
16. Facilities—Complete the table below.

<table>
<thead>
<tr>
<th>Type of Space</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Indicate the floor area required for the program in gross square feet (gsf). When addressing space needs, please take into account the projected enrollment growth in the program over the next 10 years.</td>
<td></td>
</tr>
<tr>
<td>b. Indicate if the new program will require new space or use existing space. (Place an “x” beside the appropriate selection.)</td>
<td></td>
</tr>
<tr>
<td>i. Construction of new space is required</td>
<td></td>
</tr>
<tr>
<td>ii. Existing space will require modification</td>
<td></td>
</tr>
<tr>
<td>iii. If new construction or renovation of existing space is anticipated, provide the justification for the need.</td>
<td></td>
</tr>
<tr>
<td>iv. Are there any accreditation standards or guidelines that will impact facilities/space needs in the future? If so, please describe what the impact will be.</td>
<td></td>
</tr>
<tr>
<td>v. Will this program cause any impacts on the campus infrastructure, such as parking, power, HVAC, etc. If so, indicate the nature of the impact, estimated cost and source of funding.</td>
<td></td>
</tr>
<tr>
<td>vi. Existing space will be used as is</td>
<td></td>
</tr>
<tr>
<td>c. If new space is anticipated, provide information in space below.</td>
<td></td>
</tr>
<tr>
<td>i. Estimated construction cost</td>
<td></td>
</tr>
<tr>
<td>ii. Estimated total project budget cost</td>
<td></td>
</tr>
<tr>
<td>iii. Proposed source of funding</td>
<td></td>
</tr>
<tr>
<td>iv. Availability of funds</td>
<td></td>
</tr>
<tr>
<td>v. When will the construction be completed and ready for occupancy? (Indicate semester and year).</td>
<td></td>
</tr>
<tr>
<td>vi. How will the construction be funded for the new space/facility?</td>
<td></td>
</tr>
<tr>
<td>vii. Indicate the status of the Project Concept Proposal submitted for consideration of project authorization to the Office of Facilities at the BOR. Has the project been authorized by the BOR or appropriate</td>
<td></td>
</tr>
</tbody>
</table>
d. If existing space will be used, provide information in space below.

Provide the building name(s) and floor(s) that will house or support the program. Indicate the campus, if part of a multi-campus institution and not on the main campus. Please do not simply list all possible space that could be used for the program. We are interested in the actual space that will be used for the program and its availability for use.

<table>
<thead>
<tr>
<th>No. of Spaces</th>
<th>Type of Space</th>
<th>Number of Seats</th>
<th>Assignable Square Feet (ASF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Classrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Labs (dry)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Labs (wet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meeting/Seminar Rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Offices</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Assignable Square Feet (ASF)**

ii. If the program will be housed at a temporary location, please provide the information above for both the temporary space and the permanent space. Include a time frame for having the program in its permanent location.

<table>
<thead>
<tr>
<th>Chief Business Officer or Chief Facilities Officer Name &amp; Title</th>
<th>Phone No.</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature**

*Note: A Program Manager from the Office of Facilities at the System Office may contact you with further questions separate from the review of the new academic program.*
17. Online Format and Institutional Delivery Questions

A. Provide a rationale for the need to offer the program online.

The program is designed to fit the lifestyle of busy, working professionals.

B. Curriculum and Instruction

i. Demonstration that the selected delivery technology is compatible with the nature and objectives of the program and courses.

One of the major objectives of this program is to increase the number of master's prepared nurses providing advanced care to the adult and elderly population of the Central Georgia Region. Using the college's existing distance learning platform and other current resources such as Echo 360 Personal Capture, the department intends to facilitate learning on demand and promote learner-centered instruction.

ii. Identification of whether instruction will be offered synchronously or asynchronously; online only or blended.

Asynchronous with one to two on campus intensive days per semester.

iii. For collaborative programs, demonstration that changes to the curriculum will be coordinated and communicated among institutional partners.

Not Applicable

iv. Delineation of how grade disputes and other academic matters will be adjudicated within the collaborative.

Not Applicable

v. Description of the involvement of various departments in the development and coordination of the program.

Not applicable

vi. Description of how increased demand for online instruction will affect the institution’s infrastructure inclusive of facilities.

No impact to the institution’s infrastructure from the increased demand for online instruction is anticipated. The existing online applications will not be negatively impacted.
C. Faculty

i. Description of the online teaching experience of faculty who will teach in the program.

The faculty who teach in this program have experience teaching undergraduate online courses. One faculty member has experience in teaching graduate nursing courses in an online format.

ii. Description of the online training of faculty who will teach in the program.

University System of Georgia funded Middle Georgia State College Center for Teaching Innovation is responsible for providing training of faculty teaching online courses.

References

Appendix I

Course Descriptions with Prerequisites

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

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

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

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

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

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

Prerequisites:
Description: The course is designed to assist students to refine history taking, psychosocial, cultural, interviewing and physical assessment skills acquired during their baccalaureate education. Content focuses on assessment of individuals throughout adulthood and into older adulthood with attention to common conditions encountered in primary care practice. Emphasis is placed on detailed health history taking including ethnic variations, and differentiation, interpretation, and documentation of normal and abnormal findings. Additional course content will incorporate interpreting diagnostic study results, and using clinical reasoning to formulate diagnoses and appropriate diagnostic codes. All students will perform physical assessments in laboratory and clinical settings.
Lecture/Lab Hours: Three hours lecture and three hours lab per week.

NURS 5300 – Advanced Pharmacology/Therapeutic Interventions: 3 hours (New Course)

Prerequisites:
Description: This course will focus on classifications of pharmacologic agents as well as herbal and natural substances used in treating and preventing disease. Pharmacokinetics, pharmacodynamics, mechanism and transport will be discussed with particular emphasis on the adult and elderly adult populations. The mechanism of action, therapeutic effects, clinical applications, contraindications, and adverse effects as well as a description of current drug development and approval will be included. Special consideration will be given to the unique medication considerations for the elderly adult. Non-pharmacologic as well as pharmacologic therapeutic interventions will be addressed.
Lecture/Lab Hours: Three hours per week.

NURS 5400 – Adult/Gero Care I: 6 hours (New Course)

Prerequisites: NURS 5000, 5100, 5200
Description: Novice adult-gerontology acute care Nurse Practitioner students, under the supervision of Certified Nurse Practitioners, will focus on the application of the diagnostic/clinical reasoning process in the diagnosis and management of acute and chronic conditions of adult and elderly clients commonly encountered in acute care settings. The course incorporates therapeutic, diagnostic and pharmacological interventions into the plan of care to improve outcomes of the adult and aging clients with complex chronic and acute illnesses.
Lecture/Lab Hours: Three hours lecture and nine hours lab per week.

NURS 5500 – Research and Evidence Based Practice: 3 hours (New Course)

Prerequisites:
Description: This course addresses research design, data analysis, and clinical/ethical issues associated with health services research. The course focuses on clinical outcomes research in advanced practice nursing and related disciplines with an emphasis on clinical trial design and testing of theory driven interventions and application of evidenced based practice.
Lecture/Lab Hours: Three hours lecture per week

NURS 5600 – Quality/Safety/Improvement Processes: 3 hours (New Course)
Prerequisites:
Description: This course is designed to provide students with knowledge and skills in managing the care of patients with particular attention to delivery of care and patient outcomes. The course will incorporate theory, evidence based practice and strategic management to meet the demands of the evolving healthcare system. Students will use quality improvement concepts to develop and implement processes that will maximize patient outcomes and satisfaction. Considering the dynamics of the healthcare environment, this course focuses on effective and efficient management strategies from various sectors to ensure delivery of safe quality care.
Lecture/Lab Hours: Three hours lecture per week

NURS 6200 – Leadership/Management & Healthcare Policy: 3 hours (New Course)

Prerequisites:
Description: This course examines leadership and change from various historical, theoretical, and practical perspectives. Core competencies, environmental dynamics, culture, quality improvement, systems thinking are the foundations for this course.
Lecture/Lab Hours: Three hours lecture per week

NURS 6400 – Adult/Gerontology Acute Care II: 6 hours (New Course)

Prerequisites:
Description: Intermediate adult-gerontology acute care Nurse Practitioner students, under the supervision of Certified Nurse Practitioners, will focus on the wellness promotion, health maintenance, diagnosis, and management of acute and chronic health conditions for adults and elderly clients in acute and critical healthcare settings. Students will develop algorithms for use in critical reasoning.
Lecture/Lab Hours: Two hours lecture and twelve hours lab per week

NURS 6500 – Adult/Gerontology Acute Care III: 7 hours (New Course)

Prerequisites:
Description: This course focuses on the synthesis of previous knowledge and integration of the adult/gerontology Nurse Practitioner role in acute care as students move from novice to expert. Students will integrate the knowledge from previous clinical and didactic experiences to care for persons with complex acute and chronic health conditions. The Advanced Practice Nurse Certification and Licensure process will be explored. The issues of third party billing, reimbursement for services and prescriptive privileges will be discussed.
Lecture/Lab Hours: Two hours lecture and fifteen hours lab per week
NURS 6600 – Project Management in Healthcare: 3 hours (New Course)

Prerequisites:
Description: This course introduces the concepts of efficiency, error, risks, process improvement, and production of healthcare services with an emphasis on quality assurance. Through reflective leadership, organizational analysis and strategic planning, students will evaluate the impact of professional norms, policy and competition on organizational strategies.
Lecture/Lab Hours: Two hours lecture per week
STANDARD 4*
Curriculum

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

4.1 The curriculum is congruent with established standards for master's/post-master's programs, including appropriate advanced nursing practice competencies, role-specific professional standards and guidelines, and certification requirements, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.

4.2 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.

4.4 The curriculum is designed to prepare graduates to be information literate and to practice from an evidence-based approach in their direct and indirect advanced nursing roles.

4.5 The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society.

4.6 The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.

4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.

4.8 Program length is congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.

4.9 Practice learning environments support the achievement of student learning outcomes and program outcomes.

4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.
4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.

4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.
*For nursing education units offering the post-master's certificate, all criteria apply.
The Essentials of Master’s Education in Nursing
March 21, 2011

The Essentials of Master’s Education in Nursing reflect the profession’s continuing call for imagination, transformative thinking, and evolutionary change in graduate education. The extraordinary explosion of knowledge, expanding technologies, increasing diversity, and global health challenges produce a dynamic environment for nursing and amplify nursing’s critical contributions to health care. Master’s education prepares nurses for flexible leadership and critical action within complex, changing systems, including health, educational, and organizational systems. Master’s education equips nurses with valuable knowledge and skills to lead change, promote health, and elevate care in various roles and settings. Synergy with these Essentials, current and future healthcare reform legislation, and the action-oriented recommendations of the Initiative on the Future of Nursing (IOM, 2010) highlights the value and transforming potential of the nursing profession.

These Essentials are core for all master’s programs in nursing and provide the necessary curricular elements and framework, regardless of focus, major, or intended practice setting. These Essentials delineate the outcomes expected of all graduates of master’s nursing programs. These Essentials are not prescriptive directives on the design of programs. Consistent with the Baccalaureate and Doctorate of Nursing Practice Essentials, this document does not address preparation for specific roles, which may change and emerge over time. These Essentials also provide guidance for master’s programs during a time when preparation for specialty advanced nursing practice is transitioning to the doctoral level.

Master’s education remains a critical component of the nursing education trajectory to prepare nurses who can address the gaps resulting from growing healthcare needs. Nurses who obtain the competencies outlined in these Essentials have significant value for current and emerging roles in healthcare delivery and design through advanced nursing knowledge and higher level leadership skills for improving health outcomes. For some nurses, master’s education equips them with a fulfilling lifetime expression of their mastery area. For others, this core is a graduate foundation for doctoral education. Each preparation is valued.
Introduction

The dynamic nature of the healthcare delivery system underscores the need for the nursing profession to look to the future and anticipate the healthcare needs for which nurses must be prepared to address. The complexities of health and nursing care today make expanded nursing knowledge a necessity in contemporary care settings. The transformation of health care and nursing practice requires a new conceptualization of master’s education. Master’s education must prepare the graduate to:

- Lead change to improve quality outcomes,
- Advance a culture of excellence through lifelong learning,
- Build and lead collaborative interprofessional care teams,
- Navigate and integrate care services across the healthcare system,
- Design innovative nursing practices, and
- Translate evidence into practice.

Graduates of master’s degree programs in nursing are prepared with broad knowledge and practice expertise that builds and expands on baccalaureate or entry-level nursing practice. This preparation provides graduates with a fuller understanding of the discipline of nursing in order to engage in higher level practice and leadership in a variety of settings and commit to lifelong learning. For those nurses seeking a terminal degree, the highest level of preparation within the discipline, the new conceptualization for master’s education will allow for seamless movement into a research or practice-focused doctoral program (AACN, 2006, 2010).

The nine Essentials addressed in this document delineate the knowledge and skills that all nurses prepared in master’s nursing programs acquire. These Essentials guide the preparation of graduates for diverse areas of practice in any healthcare setting.

- **Essential I: Background for Practice from Sciences and Humanities**
  - Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

- **Essential II: Organizational and Systems Leadership**
  - Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.

- **Essential III: Quality Improvement and Safety**
Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

• **Essential IV: Translating and Integrating Scholarship into Practice**
  o Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

• **Essential V: Informatics and Healthcare Technologies**
  o Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.

• **Essential VI: Health Policy and Advocacy**
  o Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.

• **Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes**
  o Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

• **Essential VIII: Clinical Prevention and Population Health for Improving Health**
  o Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

• **Essential IX: Master’s-Level Nursing Practice**
  o Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice.
  
  Nursing practice interventions include both direct and indirect care components.

**Master’s Education in Nursing and Areas of Practice**

Graduates with a master’s degree in nursing are prepared for a variety of roles and areas of practice. Graduates may pursue new and innovative roles that result from health reform and changes in an evolving and global healthcare system. Some graduates will pursue direct care practice roles in a variety of settings (e.g., the Clinical Nurse Leader, nurse educator). Others may choose indirect care roles or areas of practice that focus on
aggregate, systems, or have an organizational focus, (e.g. nursing or health program management, informatics, public health, or clinical research coordinator). In addition to developing competence in the nine Essential core areas delineated in this document, each graduate will have additional coursework in an area of practice or functional role. This coursework may include more in-depth preparation and competence in one or two of the Essentials or in an additional/ supplementary area of practice.

For example, more concentrated coursework or further development of the knowledge and skills embedded in Essential IV (Translational Scholarship for Evidence-Based Practice) will prepare the nurse to manage research projects for nurse scientists and other healthcare researchers working in multi-professional research teams. More in-depth preparation in Essential II (Organizational and System Leadership) will provide knowledge useful for nursing management roles.

In some instances, graduates of master’s in nursing programs will seek to fill roles as educators. As outlined in Essential IX, all master’s-prepared nurses will develop competence in applying teaching/learning principles in work with patients and/or students across the continuum of care in a variety of settings. However, as recommended in the Carnegie Foundation report (2009), *Educating Nurses: A Call for Radical Transformation*, those individuals, as do all master’s graduates, who choose a nurse educator role require preparation across all nine Essential areas, including graduate-level clinical practice content and experiences. In addition, a program preparing individuals for a nurse educator role should include preparation in curriculum design and development, teaching methodologies, educational needs assessment, and learner-centered theories and methods. Master’s prepared nurses may teach patients and their families and/or student nurses, staff nurses, and variety of direct-care providers. The master’s prepared nurse educator differs from the BSN nurse in depth of his/her understanding of the nursing discipline, nursing practice, and the added pedagogical skills. To teach students, patients, and caregivers regarding health promotion, disease prevention, or disease management, the master’s-prepared nurse educator builds on baccalaureate knowledge with *graduate-level content in the areas of health assessment, physiology/pathophysiology, and pharmacology* to strengthen his/her scientific background and facilitate his/her understanding of nursing and health-related information. Those master’s students who aspire to faculty roles in baccalaureate and higher degree programs will be advised that additional education at the doctoral level is needed (AACN, 2008).

**Context for Nursing Practice**

Health care in the United States and globally is changing dramatically. Interest in evolving health care has prompted greater focus on health promotion and illness prevention, along with cost-effective approaches to high acuity, chronic disease management, care
coordination, and long-term care. Public concerns about cost of health care, fiscal sustainability, healthcare quality, and development of sustainable solutions to healthcare problems are driving reform efforts. Attention to affordability and accessibility of health care, maintaining healthy environments, and promoting personal and community responsibility for health is growing among the public and policy makers.

In addition to broad public mandates for a reformed and responsive healthcare system, a number of groups are calling for changes in the ways all health professionals are educated to meet current and projected needs for contemporary care delivery. The Institute of Medicine (IOM), an interprofessional healthcare panel, described a set of core competencies that all health professionals regardless of discipline will demonstrate: 1) the provision of patient-centered care, 2) working in interprofessional teams, 3) employing evidence-based practice, 4) applying quality improvement approaches, and 5) utilizing informatics (IOM, 2003).

Given the ongoing public trust in nursing (Gallup, 2010), and the desire for fundamental reorganization of relationships among individuals, the public, healthcare organizations and healthcare professionals, graduate education for nurses is needed that is wide in scope and breadth, emphasizes all systems-level care and includes mastery of practice knowledge and skills. Such preparation reflects mastery of higher level thinking and conceptualization skills than at the baccalaureate level, as well as an understanding of the interrelationships among practice, ethical, and legal issues; financial concerns and comparative effectiveness; and interprofessional teamwork.

**Master’s Nursing Education Curriculum**

The master’s nursing curriculum is conceptualized in Figure 1 and includes three components:

1. Graduate Nursing Core: foundational curriculum content deemed essential for all students who pursue a master’s degree in nursing regardless of the functional focus.
2. Direct Care Core: essential content to provide direct patient services at an advanced level.
3. Functional Area Content: those clinical and didactic learning experiences identified and defined by the professional nursing organizations and certification bodies for specific nursing roles or functions.

This document delineates the graduate nursing core competencies for all master’s graduates. These core outcomes reflect the many changes in the healthcare system occurring over the past decade. In addition, these expected outcomes for all master’s
degree graduates reflect the increasing responsibility of nursing in addressing many of the gaps in health care as well as growing patient and population needs.

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

**Figure 1: Model of Master’s Nursing Curriculum**

*All master’s degree programs that prepare graduates for roles that have a component of direct care practice are required to have graduate level content/coursework in the following three areas: physiology/pathophysiology, health assessment, and pharmacology. However, graduates being prepared for any one of the four APRN roles (CRNA, CNM, CNS, or CNP), must complete three separate comprehensive, graduate level courses that meet the criteria delineated in the 2008 Consensus Model for APRN Licensure, Accreditation, Certification and Education. ([http://www.aacn.nche.edu/education/pdf/APRNReport.pdf](http://www.aacn.nche.edu/education/pdf/APRNReport.pdf)). In addition, the expected outcomes for each of these three APRN core courses are delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (pg. 23-24) ([http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf](http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf)).

+ The nursing educator is a direct care role and therefore requires graduate-level content in the three Direct Care Core courses. *All graduates of a master’s nursing program must have supervised practice experiences that are sufficient to demonstrate mastery of the Essentials*. The term “supervised” is used broadly and can include precepted experiences with faculty site visits. These learning experiences may be accomplished through diverse teaching methods, including face-to-face or simulated methods.

In addition, development of clinical proficiency is facilitated through the use of focused and sustained clinical experiences designed to strengthen patient care delivery skills, as well as system assessment and intervention skills, which will lead to an enhanced understanding of organizational dynamics. These immersion experiences afford the student an opportunity to focus on a population of interest or may focus on a specific role. Most often, the immersion experience occurs toward the end of the program as a culminating synthesis experience.
The Essentials of Master’s Education in Nursing

Essential I: Background for Practice from Sciences and Humanities

Rationale

Master’s-prepared nurses build on the competencies gained in a baccalaureate nursing program by developing a deeper understanding of nursing and the related sciences needed to fully analyze, design, implement, and evaluate nursing care. These nurses are well prepared to provide care to diverse populations and cohorts of patients in clinical and community-based systems. The master’s-prepared nurse integrates findings from the sciences and the humanities, biopsychosocial fields, genetics, public health, quality improvement, health economics, translational science, and organizational sciences for the continual improvement of nursing care at the unit, clinic, home, or program level. Master’s-prepared nursing care reflects a more sophisticated understanding of assessment, problem identification, design of interventions, and evaluation of aggregate outcomes than baccalaureate-prepared nursing care.

Students being prepared for direct care roles will have graduate-level content that builds upon an undergraduate foundation in health assessment, pharmacology, and pathophysiology. Having master’s-prepared graduates with a strong background in these three areas is seen as imperative from the practice perspective. It is recommended that the master’s curriculum preparing individuals for direct care roles include three separate graduate-level courses in these three content areas. In addition, the inclusion of these three separate courses facilitates the transition of these master’s program graduates into the DNP advanced-practice registered-nurse programs.

Master’s-prepared nurses understand the intersection between systems science and organizational science in order to serve as integrators within and across systems of care. Care coordination is based on systems science (Nelson et al., 2008). Care management incorporates an understanding of the clinical and community context, and the research relevant to the needs of the population. Nurses at this level use advanced clinical reasoning for ambiguous and uncertain clinical presentations, and incorporate concerns of family, significant others, and communities into the design and delivery of care. Master’s-prepared nurses use a variety of theories and frameworks, including nursing and ethical theories in the analysis of clinical problems, illness prevention, and health promotion strategies. Knowledge from information sciences, health communication, and health literacy are used to provide care to multiple populations. These nurses are able to address complex cultural issues and design care that responds to the needs of multiple populations, who may have potentially conflicting cultural needs and preferences. As healthcare technology becomes more sophisticated and its use more widespread, master’s-prepared nurse are able to evaluate when its use is appropriate for diagnostic, educational, and therapeutic interventions. Master’s-prepared nurses use improvement science and quality processes to evaluate outcomes of the aggregate of patients,
community members, or communities under their care, monitor trends in clinical data, and understand the implications of trends for changing nursing care.

The master’s-degree program prepares the graduate to:

1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.

2. Incorporate current and emerging genetic/genomic evidence in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment.

3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences.

4. Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.

5. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.

6. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.

7. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.

8. Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.

**Sample Content**

- Healthcare economics and finance models
  - Advanced nursing science, including the major streams of nursing scientific development
- Scientific bases of illness prevention, health promotion, and wellness
- Genetics, genomics, and pharmacogenomics
  - Public health science, such as basic epidemiology, surveillance, environmental science, and population health analysis and program planning
- Organizational sciences
  - Systems science and integration, including microsystems, mesosystems, and macro-level systems
- Chaos theory and complexity science
- Leadership science
- Theories of bioethics
Essential II: Organizational and Systems Leadership

Rationale

Organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making. The master’s-prepared nurse’s knowledge and skills in these areas are consistent with nursing and healthcare goals to eliminate health disparities and to promote excellence in practice. Master’s-level practice includes not only direct care but also a focus on the systems that provide care and serve the needs of a panel of patients, a defined population, or community.

To be effective, graduates must be able to demonstrate leadership by initiating and maintaining effective working relationships using mutually respectful communication and collaboration within interprofessional teams, demonstrating skills in care coordination, delegation, and initiating conflict resolution strategies. The master’s-prepared nurse provides and coordinates comprehensive care for patients—individuals, families, groups, and communities—in multiple and varied settings. Using information from numerous sources, these nurses navigate the patient through the healthcare system and assume accountability for quality outcomes. Skills essential to leadership include communication, collaboration, negotiation, delegation, and coordination.

Master’s-prepared nurses are members and leaders of healthcare teams that deliver a variety of services. These graduates bring a unique blend of knowledge, judgment, skills, and caring to the team. As a leader and partner with other health professionals, these nurses seek collaboration and consultation with other providers as necessary in the design, coordination, and evaluation of patient care outcomes.

In an environment with ongoing changes in the organization and financing of health care, it is imperative that all master’s-prepared nurses have a keen understanding of healthcare policy, organization, and financing. The purpose of this content is to prepare a graduate to provide quality cost-effective care; to participate in the implementation of care; and to assume a leadership role in the management of human, fiscal, and physical healthcare resources. Program graduates understand the economies of care, business principles, and how to work within and affect change in systems.
The master’s-prepared nurse must be able to analyze the impact of systems on patient outcomes, including analyzing error rates. These nurses will be prepared with knowledge and expertise in assessing organizations, identifying systems’ issues, and facilitating organization-wide changes in practice delivery. Master’s-prepared nurses must be able to use effective interdisciplinary communication skills to work across departments identifying opportunities and designing and testing systems and programs to improve care. In addition, nurse practice at this level requires an understanding of complexity theory and systems thinking, as well as the business and financial acumen needed for the analysis of practice quality and costs.

The master’s-degree program prepares the graduate to:

1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery and outcomes.

2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.

3. Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal, and political factors that influence health care.

4. Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.

5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis, and marketing, to develop a business plan.

6. Design and implement systems change strategies that improve the care environment.

7. Participate in the design and implementation of new models of care delivery and coordination.

Sample Content

• Leadership, including theory, leadership styles, contemporary approaches, and strategies (organizing, managing, delegating, supervising, collaborating, coordinating)
• Data-driven decision-making based on an ethical framework to promote culturally responsive, quality patient care in a variety of settings, including creative and imaginative strategies in problem solving
• Communication—both interpersonal and organizational—including elements and channels, models, and barriers
• Conflict, including conflict resolution, mediation, negotiation, and managing conflict
• Change theory and social change theories
• Systems theory and complexity science
• Healthcare systems and organizational relationships (e.g., finance, organizational structure, and delivery of care, including mission/vision/philosophy and values)
• Healthcare finance, including budgeting, cost/benefit analysis, variance analysis, and marketing
• Operations research (e.g., queuing theory, supply chain management, and systems designs in health care)
• Teams and teamwork, including team leadership, building effective teams, and nurturing teams

Essential III: Quality Improvement and Safety

Rationale

Continuous quality improvement involves every level of the healthcare organization. A master’s-prepared nurse must be articulate in the methods, tools, performance measures, culture of safety principles, and standards related to quality, as well as prepared to apply quality principles within an organization to be an effective leader and change agent.

The Institute of Medicine report (1998) *To Err is Human* defined patient safety as “freedom from accidental injury” and stated that patients should not be at greater risk for accidental injury in a hospital or healthcare setting than they are in their own home. Improvement in patient safety along with reducing and ultimately eliminating harm to patients is fundamental to quality care. Skills are needed that assist in identifying actual or potential failures in processes and systems that lead to breakdowns and errors and then redesigning processes to make patients safe.

Knowledge and skills in human factors and basic safety design principles that affect unsafe practices are essential. Graduates of master’s-level programs must be able to analyze systems and work to create a just culture of safety in which personnel feel comfortable disclosing errors—including their own—while maintaining professional accountability. Learning how to evaluate, calculate, and improve the overall reliability of processes are core skills needed by master’s-prepared nurses.

Knowledge of both the potential and the actual impact of national patient safety resources, initiatives, and regulations and the use of national benchmarks are required. Changes in healthcare reimbursement with the introduction of Medicare’s list of “never events” and the regulatory push for more transparency on quality outcomes require
The master’s-prepared nurse provides leadership across the care continuum in diverse settings using knowledge regarding high reliability organizations. These organizations achieve consistently safe and effective performance records despite unpredictable operating environments or intrinsically hazardous endeavors (Weick, 2001). The master’s-prepared nurse will be able to monitor, analyze, and prioritize outcomes that need to be improved. Using quality improvement and high reliability organizational principles, these nurses will be able to quantify the impact of plans of action.

The master’s-degree program prepares the graduate to:

1. Analyze information about quality initiatives recognizing the contributions of individuals and inter-professional healthcare teams to improve health outcomes across the continuum of care.

2. Implement evidence-based plans based on trend analysis and quantify the impact on quality and safety.

3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.

4. Compare and contrast several appropriate quality improvement models.

5. Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and professional writing.

6. Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care.

7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.

8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.

Sample Content

• Quality improvement models differentiating structure, process, and outcome indicators
• Principles of a just culture and relationship to analyzing errors
Essential IV: Translating and Integrating Scholarship into Practice

Rationale

Professional nursing practice at all levels is grounded in the ethical translation of current evidence into practice. Fundamentally, nurses need a questioning/inquiring attitude toward their practice and the care environment.

The master’s-prepared nurse examines policies and seeks evidence for every aspect of practice, thereby translating current evidence and identifying gaps where evidence is lacking. These nurses apply research outcomes within the practice setting, resolve practice problems (individually or as a member of the healthcare team), and disseminate results both within the setting and in wider venues in order to advance clinical practice. Changing practice locally, as well as more broadly, demands that the master’s-prepared nurse is skilled at challenging current practices, procedures, and policies. The emerging sciences referred to as implementation or improvement sciences are providing evidence about the processes that are effective when making needed changes where the change processes and context are themselves evidence based (Damschroder et al., 2009; Sobo, Bowman, & Gifford, 2008; van Achterberg, Schoonhoven, & Grol, 2008). Master’s-prepared nurses, therefore, must be able to implement change deemed appropriate given context and outcome analysis, and to assist others in efforts to improve outcomes.
Master’s-prepared nurses lead continuous improvement processes based on translational research skills. The cyclical processes in which these nurses are engaged includes identifying questions needing answers, searching or creating the evidence for potential solutions/innovations, evaluating the outcomes, and identifying additional questions.

Master’s-prepared nurses, when appropriate, lead the healthcare team in the implementation of evidence-based practice. These nurses support staff in lifelong learning to improve care decisions, serving as a role model and mentor for evidence-based decision making. Program graduates must possess the skills necessary to bring evidence-based practice to both individual patients for whom they directly care and to those patients for whom they are indirectly responsible. Those skills include knowledge acquisition and dissemination, working in groups, and change management.

The master’s-degree program prepares the graduate to:

1. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.

2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).

3. Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.

4. Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge dissemination, and planning and evaluating knowledge implementation.

5. Apply practice guidelines to improve practice and the care environment.

6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.

Sample Content:

- Research process
- Implementation/Improvement science
- Evidence-based practice:
  - Clinical decision making
  - Critical thinking
Problem identification
Outcome measurement

- Translational science:
  Data collection in nursing practice
  Design of databases that generate meaningful evidence for nursing practice
  Data analysis in practice
  Evidence-based interventions
  Prediction and analysis of outcomes
  Patterns of behavior and outcomes
  Gaps in evidence for practice
  Importance of cultural relevance

- Scholarship:
  Application of research to the clinical setting
  Resolution of clinical problems
  Appreciative inquiry
  Dissemination of results

- Advocacy in research
- Research ethics
- Knowledge acquisition
- Group process
- Management of change
- Evidence-based policy development in practice
- Quality improvement models/methodologies
- Safety issues in practice
- Innovation processes

**Essential V: Informatics and Healthcare Technologies**

*Rationale*

Informatics and healthcare technologies encompass five broad areas:

- Use of patient care and other technologies to deliver and enhance care;
- Communication technologies to integrate and coordinate care;
- Data management to analyze and improve outcomes of care;
- Health information management for evidence-based care and health education; and
- Facilitation and use of electronic health records to improve patient care.
Knowledge and skills in each of these four broad areas is essential for all master’s-prepared nurses. The extent and focus of each will vary depending upon the nurse’s role, setting, and practice focus.

Knowledge and skills in information and healthcare technology are critical to the delivery of quality patient care in a variety of settings (IOM, 2003a). The use of technologies to deliver, enhance, and document care is changing rapidly. In addition, information technology systems, including decision-support systems, are essential to gathering evidence to impact practice. Improvement in cost effectiveness and safety depend on evidence-based practice, outcomes research, interprofessional care coordination, and electronic health records, all of which involve information management and technology (McNeil et al., 2006). As nursing and healthcare practices evolve to better meet patient needs, the application of these technologies will change as well.

As the use of technology expands, the master’s-prepared nurse must have the knowledge and skills to use current technologies to deliver and coordinate care across multiple settings, analyze point of care outcomes, and communicate with individuals and groups, including the media, policymakers, other healthcare professionals, and the public. Integral to these skills is an attitude of openness to innovation and continual learning, as information systems and care technologies are constantly changing, including their use at the point of care.

Graduates of master’s-level nursing programs will have competence to determine the appropriate use of technologies and integrate current and emerging technologies into one’s practice and the practice of others to enhance care outcomes. In addition, the master’s-prepared nurse will be able to educate other health professionals, staff, patients, and caregivers using current technologies and about the principles related to the safe and effective use of care and information technologies.

Graduates ethically manage data, information, knowledge, and technology to communicate effectively with healthcare team, patients, and caregivers to integrate safe and effective care within and across settings. Master’s-prepared nurses use research and clinical evidence to inform practice decisions.

Master’s-degree graduates are prepared to gather, document, and analyze outcome data that serve as a foundation for decision making and the implementation of interventions or strategies to improve care outcomes. The master’s-prepared nurse uses statistical and epidemiological principles to synthesize these data, information, and knowledge to evaluate and achieve optimal health outcomes.

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

Health information is growing exponentially. Health literacy is a powerful tool in health promotion, disease prevention, management of chronic illnesses, and quality of life—all of which are hallmarks of excellence in nursing practice. Master’s-prepared nurses serve as information managers, patient advocates, and educators by assisting others(including patients, students, caregivers and healthcare professionals) in accessing, understanding, evaluating, and applying health-related information. The master’s-prepared nurse designs and implements education programs for cohorts of patients or other healthcare providers using information and communication technologies.

The master’s-degree program prepares the graduate to:

1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.

2. Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes.

3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies.

4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.

5. Use information and communication technologies, resources, and principles of learning to teach patients and others.

6. Use current and emerging technologies in the care environment to support lifelong learning for self and others.

Sample Content

- Use of technology, information management systems, and standardized terminology

Form Revised 07/11/2014
• Use of standardized terminologies to document and analyze nursing care outcomes
• Bio-health informatics
• Regulatory requirements for electronic data monitoring systems
  • Ethical and legal issues related to the use of information technology, including copyright, privacy, and confidentiality issues
  • Retrieval information systems, including access, evaluation of data, and application of relevant data to patient care
• Statistical principles and analyses of outcome data
• Online review and resources for evidence-based practice
• Use and implementation of technology for virtual care delivery and monitoring
  • Electronic health record, including policies related to the implementation of and use to impact care outcomes
  • Complementary roles of the master’s-prepared nursing and information technology professionals, including nurse informaticist and quality officer
  • Use of technology to analyze data sets and their use to evaluate patient care outcomes
• Effective use of educational/instructional technology
• Point-of-care information systems and decision support systems

Essential VI: Health Policy and Advocacy

Rationale

The healthcare environment is ever-evolving and influenced by technological, economic, political, and sociocultural factors locally and globally. Graduates of master’s degree nursing programs have requisite knowledge and skills to promote health, help shape the health delivery system, and advance values like social justice through policy processes and advocacy. Nursing’s call to political activism and policy advocacy emerges from many different viewpoints. As more evidence links the broad psychosocial, economic, and cultural factors to health status, nurses are compelled to incorporate these factors into their approach to care. Most often, policy processes and system-level strategies yield the strongest influence on these broad determinants of health. Being accountable for improving the quality of healthcare delivery, nurses must understand the legal and political determinants of the system and have the requisite skills to partner for an improved system. Nurses’ involvement in policy debates brings our professional values to bear on the process (Warner, 2003). Master’s-prepared nurses will use their political efficacy and competence to improve the health outcomes of populations and improve the quality of the healthcare delivery system.
Policy shapes healthcare systems, influences social determinants of health, and therefore determines accessibility, accountability, and affordability of health care. Health policy creates conditions that promote or impede equity in access to care and health outcomes. Implementing strategies that address health disparities serves as a prelude to influencing policy formation. In order to influence policy, the master’s-prepared nurse needs to work within and affect change in systems. To effectively collaborate with stakeholders, the master’s-prepared nurse must understand the fiscal context in which they are practicing and make the linkages among policy, financing, and access to quality health care. The graduate must understand the principles of healthcare economics, finance, payment methods, and the relationships between policy and health economics.

Advocacy for patients, the profession, and health-promoting policies is operationalized in divergent ways. Attributes of advocacy include safeguarding autonomy, promoting social justice, using ethical principles, and empowering self and others (Grace, 2001; Hanks, 2007; Xiaoyan & Jezewski, 2006). Giving voice and persuasion to needs and preferred direction at the individual, institution, state, or federal policy level is integral for the master’s-prepared nurse.

The master’s-degree program prepares the graduate to:

1. Analyze how policies influence the structure and financing of health care, practice, and health outcomes.

2. Participate in the development and implementation of institutional, local, and state and federal policy.

3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes.

4. Interpret research, bringing the nursing perspective, for policy makers and stakeholders.

5. Advocate for policies that improve the health of the public and the profession of nursing.

Sample Content

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

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

Rationale

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

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

The IOM also recognized the need for care providers to demonstrate a greater awareness to “patient values, preferences, and cultural values,” consistent with the Healthy People 2010 goal of achieving health equity through interprofessional approaches (USHHS, 2000). In this context, knowledge of broad determinants of health will enable the master’s graduate to succeed as a patient advocate, cultural and systems broker, and to lead and coordinate interprofessional teams across care environments in order to reduce barriers, facilitate access to care, and improve health outcomes. Successfully leading these teams is achieved through skill development and demonstrating effective communication, planning, and implementation of care directly with other healthcare professionals (AACN, 2007).
Improving patient and population health outcomes is contingent on both horizontal and vertical health delivery systems that integrate research and clinical expertise to provide patient-centered care. Inherently the systems must include patients’ expressed values, needs, and preferences for shared decision making and management of their care. As members and leaders of interprofessional teams, the master’s-prepared nurse will actively communicate, collaborate, and consult with other health professionals to manage and coordinate care across systems.

The master’s-degree program prepares the graduate to:

1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.

2. Understand other health professions’ scopes of practice to maximize contributions within the healthcare team.

3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.

4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.

5. Mentor and coach new and experienced nurses and other members of the healthcare team.

6. Functions as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.

Sample Content

- Scopes of practice for nursing and other professions
- Differing world views among healthcare team members
- Concepts of communication, collaboration, and coordination
- Conflict management strategies and principles of negotiation
- Organizational processes to enhance communication
- Types of teams and team roles
- Stages of team development
- Diversity of teams
- Cultural diversity
- Patient-centered care
Essential VIII: Clinical Prevention and Population Health for Improving Health

Rationale

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

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

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

As the diversity of the U.S. population increases, it is crucial that the health system provides care and services that are equitable and responsive to the unique cultural and ethnic identity,
socio-economic condition, emotional and spiritual needs, and values of patients and the population (IOM, 2001; 2003). Nursing leadership within health systems is required to design and ensure the delivery of clinical prevention interventions and population-based care that promotes health, reduces the risk of chronic illness, and prevents disease. Acquiring the skills and knowledge necessary to meet this demand is essential for nursing practice (Allan et al., 2004; Allan et al., 2005).

The master’s-prepared nurse applies and integrates broad, organizational, patient-centered, and culturally responsive concepts into daily practice. Mastery of these concepts based on a variety of theories is essential in the design and delivery (planning, management, and evaluation) of evidence-based clinical prevention and population care and services to individuals, families, communities, and aggregates/clinical populations nationally and globally.

The master’s-degree program prepares the graduate to:

1. Synthesize broad ecological, global and social determinants of health; principles of genetics and genomics; and epidemiologic data to design and deliver evidence-based, culturally relevant clinical prevention interventions and strategies.

2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.

3. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to individuals, families, communities, and aggregates/clinical populations.

4. Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts.

5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies, and interventions.

Sample Content

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

Essential IX: Master’s-Level Nursing Practice

Rationale

Essential IX describes master’s-level nursing practice at the completion of the master’s program in nursing. Nursing practice at the master’s level is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an expanded level of understanding of nursing and related sciences built on the Essentials of Baccalaureate Education for Professional Nursing Practice. Master’s-prepared nurses have developed a deeper understanding of the nursing profession based on reflective practices and continue to develop their own plans for lifelong learning and professional development.

Nursing-practice interventions include both direct and indirect care components. As a practice discipline, clinical care is the core business of nursing practice whether the graduate is focused on the provision of care to individuals, population-focused care, administration, informatics, education or health policy. Master’s nursing education prepares graduates to implement safe, quality care in a variety of settings and roles.

This Essential includes the practice-focused outcomes for all master’s-prepared nurses. Master’s level nursing practice builds upon the practice competencies delineated in the
Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).
Master’s-prepared nurses possess a mastery level of understanding of nursing theory, science and practice. Recent and evolving trends in health care require integration of key concepts into all master’s-prepared nursing practice. This includes concepts related to quality improvement, patient safety, economics of health care, environmental science, epidemiology, genetics/genomics, gerontology, global healthcare environment and perspectives, health policy, informatics, organizations and systems, communication, negotiation, advocacy, and interprofessional practice.

Master’s nursing education prepares graduates to influence the delivery of safe, quality care to diverse populations in a variety of settings and roles. The realities of a global society, expanding technologies, and an increasingly diverse population require these nurses to master complex information, to coordinate a variety of care experiences, to use technology for healthcare information and evaluation of nursing outcomes, and to assist diverse patients with managing an increasingly complex system of care. The master’s-prepared nurse is accountable for assessing the impact of research and advocates for participants, personnel, and systems integrity. As master’s-prepared nurses practicing in any setting or role, graduates must understand the foundations of care and the art and science of nursing practice as it relates to individuals, families, and clinical populations within an increasingly complex healthcare system. The extraordinary explosion of knowledge in the field also requires an increased emphasis on lifelong learning.

Essential IX specifies the foundational practice competencies that cut across all areas of practice and are seen as requisite for all master’s level nursing practice. Master’s-degree nursing programs provide learning experiences that are based in a variety of settings. These learning experiences will be integrated throughout the master’s program of study, to provide additional practice experiences beyond those acquired in a baccalaureate or entry-level nursing program.

The master’s-degree program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment as a foundation for decision making.

2. Apply the best available evidence from nursing and other sciences as the foundation for practice.

3. Advocate for patients, families, caregivers, communities and members of the healthcare team.
4. Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes.

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

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

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

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

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

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

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

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

13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care.

14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice.

15. Integrate an evolving personal philosophy of nursing and healthcare into one’s nursing practice.

Sample Content
• Principles of leadership, including horizontal and vertical leadership
• Effective use of self
• Advocacy for patients, families, and the discipline
• Conceptual analysis of the master’s-prepared nurse’s role(s)
• Principles of lateral integration of care
  • Clinical Outcomes Management, including the measurement and analysis of patient outcomes
• Epidemiology
• Biostatistics
  • Health promotion and disease reduction/prevention management for patients and clinical populations
• Risk assessment
• Health literacy
• Principles of mentoring, coaching and counseling
• Principles of adult learning
• Evidence-based practice:
  o Clinical decision making and judgment
  o Critical thinking
  o Problem Identification
  o Outcome measurement
• Care environment management
  • Team coordination, including delegation, coaching, interdisciplinary care, group process
• Negotiation, understanding group dynamics, conflict resolution
• Healthcare reimbursement and reform and how it impacts practice
• Resource allocation
• Use of healthcare technologies to improve patient care delivery and outcomes
• Healthcare finance and socioeconomic principles
• Principles of quality management/risk reduction/patient safety
  • Informatics principles and use of standardized language to document care and outcomes of care
• Educational strategies
• Learning styles
• Cultural competence/awareness
• Global health care environment, international law, geopolitics, and geo-economics
• Nursing and other scientific theories
• Appreciative inquiry
• Reflective practices

Clinical/Practice Learning Expectations for Master’s Programs
All graduates of a master’s nursing program must have supervised clinical experiences, which are sufficient to demonstrate mastery of the Essentials. The term “supervised” is used broadly and can include precepted experiences with faculty site visits. These learning experiences may be accomplished through diverse teaching methodologies, including face-to-face and simulated means. The primary goals of clinical learning experiences are the opportunities to:

- Lead change to improve quality care outcomes,
- Advance a culture of excellence through lifelong learning
- Build and lead collaborative interprofessional care teams,
- Navigate and integrate care services across the healthcare system,
- Design innovative nursing practices, and
- Translate evidence into practice.

Mastery in nursing practice is acquired by the student through a series of applied learning experiences designed to allow the learner to integrate cognitive learning with the affective and psychomotor domains of nursing practice. The clinical/practice experiences allow the learner to experiment and acquire competence with new knowledge and skills. These experiences provide the opportunity for delivery of services or programs of wide diversity and focus and may occur in multiple settings including hospitals, community settings, public health departments, primary care practice offices, integrated health care systems, and an array of other settings.

The clinical experience is an opportunity to integrate didactic learning, promote innovative thinking, and test new potential solutions to clinical/practice or system issues. Therefore, the development of new skills and practice expectations can be facilitated through the use of creative learning opportunities in diverse settings. These learning opportunities may include experiences in business, industries, and with disciplines that are recognized as innovators in safety, quality, finance, management, or technology. Through these experiences, the student may develop an appreciation and use the wisdom from other industries and disciplines in nursing practice that can occur through application of knowledge or evidence developed in other industries.

These learning experiences also can occur using simulation designed as a mechanism for verifying early mastery of new levels of practice or designed to create access to data or health
care situations that are not readily accessible to the student. These experiences may include simulated mass casualty events, simulated database problems, simulated interpersonal communication scenarios, and other new emerging learning technologies. The simulation is an adjunct to the learning that will occur with direct human interface or human experience learning.

Development of mastery also is facilitated through the use of focused and sustained clinical experiences, which provide the learner with the opportunity to master the patient care delivery skills as well as the system assessment and intervention skills which require an understanding of organizational dynamics. These immersion experiences afford the student an opportunity to focus on a population of interest and a specific role. Most often, the immersion experience occurs toward the end of the program as a culminating synthesis experience for the program. In some instances, the master’s student may engage in a clinical experience at the student’s employing agency. This arrangement requires a systematic assessment of that setting’s ability to allow the student to engage in new practice activities, framed by the learning objectives of the program, and overseen or supervised by a mentor/preceptor or faculty member. This type of learning experience will be designed to assist the learner to acquire master’s-degree nursing knowledge and practice master’s-degree roles.

Supervised clinical experiences will be verified and documented. One example of such documentation is the use of a professional portfolio. This portfolio may also provide a foundation or template for the graduate’s future professional career trajectory and experiences.

**Summary**

*The Essentials of Master’s Education in Nursing* serves to transform nursing education and is critical to the innovations needed in health care. Due to the ever-changing and complex healthcare environment, this document emphasizes that the master’s-prepared nurse will be able to: 1) lead change for quality care outcomes; 2) advance a culture of excellence through lifelong learning; 3) build and lead collaborative interprofessional care teams; 4) navigate and integrate care services across the healthcare system; 5) design innovative nursing practices; and 6) translate evidence into practice. Master’s degree nursing programs prepare graduates with enhanced nursing knowledge and skills to address the evolving needs of the healthcare system.

Essentials I-IX delineate the outcomes expected of graduates of master’s nursing programs. Achievement of these outcomes will enable graduates to lead and practice in complex
healthcare systems in a variety of direct and/or indirect care roles. The breadth of knowledge, the extent of experiential learning, and therefore the time needed to accomplish each Essential will vary, and each Essential does not require a separate course for achievement of the outcomes.

Clinical experiences in master’s programs are opportunities to integrate didactic learning, promote innovative thinking and test new potential solutions to clinical/practice or system issues. Therefore, the development of new skills and practice expectations can be facilitated through the use of creative learning opportunities in diverse settings. In addition, the extraordinary explosion of knowledge in the healthcare field requires the master’s-prepared nurse to have an increased emphasis on lifelong learning and professional development.