

Development of a Competency-Based Adult-Gerontology Acute Care Nurse Practitioner

Program

Jennifer A. Johnson

Department of Nursing, Lourdes University

Acknowledgements

I would like to thank Dr Heidi Shank, my project chair and Director of the Doctor of Nursing Practice (DNP) Program at Lourdes University. Additionally, I would like to thank Dr Barbara Grover, DNP faculty at Lourdes. I would also like to thank each of my DNP cohort classmates for tirelessly supporting each other in this journey.

Table of Contents

Abstract.....	5
Introduction.....	7
Theoretical Framework.....	11
Program Goals and Outcomes.....	12
Literature Review.....	14
Competency-Based Curriculum.....	14
AG-ACNP Skills, Procedures, and Topics within Curriculum.....	15
Curriculum.....	16
Exit Point for Licensure/ Master of Science in Nursing Option.....	16
Online Delivery of Curriculum	17
Admission Requirements.....	17
Method	
Implementation Model	18
Ethical and Legal Considerations	19
Program Budget.....	19
Program Evaluation Plan	20
Marketing Plan	20

Stakeholders21

Anticipated Barriers & Facilitators21

Clinical Affiliations22

Significance to Nursing.....22

Implications for Practice.....23

Limitations.....23

Recommendations and Suggestions for Future Projects.....23

Conclusion.....24

References25

Appendices32

Abstract

Development of an Acute Care Nurse Practitioner Program using a Competency-Based Curriculum

Problem Statement: Northwest Ohio has no local program to educate Adult- Gerontology Acute Care Nurse Practitioners (AG-ACNPs), which are needed in this area. AG-ACNPs are registered nurses educated at the graduate-level to provide continuous advanced nursing care to acutely ill young adults, older adults, and frail elderly experiencing episodic illness, exacerbation of chronic illness, or terminal illness (AACN, 2019). AG-ACNPs are educationally prepared to provide disease prevention, critical care to stabilize a patient’s condition, prevent complication, restore maximum health, and provide palliative care.

Purpose: The purpose of this Quality Improvement (QI) Project was to develop, describe, and propose an online Bachelor of Science in Nursing to Doctor of Nursing Practice (BSN to DNP) AG-ACNP curriculum.

Methods: The American Association of Critical Care Nurses (AACN, 2018) “A Competency-Based Curriculum for Critical Care Nurse Practitioners’ Transition to Practice” served as the baseline for the competency-based curriculum. The remainder of the curriculum utilized the established DNP degree at Lourdes University. Utilizing the AACN Synergy Model for theoretical basis (AACN, 2019), the curriculum was developed with the understanding that the needs of patients determine the nurse competencies required for patient care. The premise of the Synergy Model is that synergy results when the needs of the patient align with the competencies of the nurse.

Results: The result of this QI project is the development of an Adult- Gerontology Acute Care Nurse Practitioner Program to be implemented in an online format as a BSN to DNP track at a small local university. The curriculum is competency-based, using the AACN's curriculum as a platform for cultivating new acute care providers.

Development of a Competency-Based Adult-Gerontology Acute Care Nurse Practitioner Program

Northwest Ohio lacks a local program to educate Adult-Gerontology Acute Care Nurse Practitioners (AG-ACNPs), which are needed in this area, and across the nation. AG-ACNPs are registered nurses educated at the graduate-level to provide continuous advanced nursing care to acutely ill young adults, older adults, and frail elderly experiencing episodic illness, exacerbation of chronic illness, or terminal illness (AACN, 2019).

The Nurse Practitioner (NP) role was initiated in Colorado in 1965 by a nurse/physician team, with the goal of focusing on Pediatric and Primary Care. This role eventually expanded to meet the needs of acutely and critically ill adults, with the first Acute Care Nurse Practitioner (ACNP) programs available in the 1990s. By 2016, certifying bodies reported that there are more than 15,500 ACNPs (Hoffman & Guttendorf, 2017).

As outlined by the Advanced Practice Registered Nurse (APRN) Consensus Model (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008), there are different population foci and educational tracks within the realm of Nurse Practitioners (NPs): Adult-gerontology, family, pediatrics, neonatal, psychological/mental health, and women's health. Acute care is then subdivided into adult-gerontology and pediatrics. Refer to Figure 1 below for the Consensus Model.

Figure 1

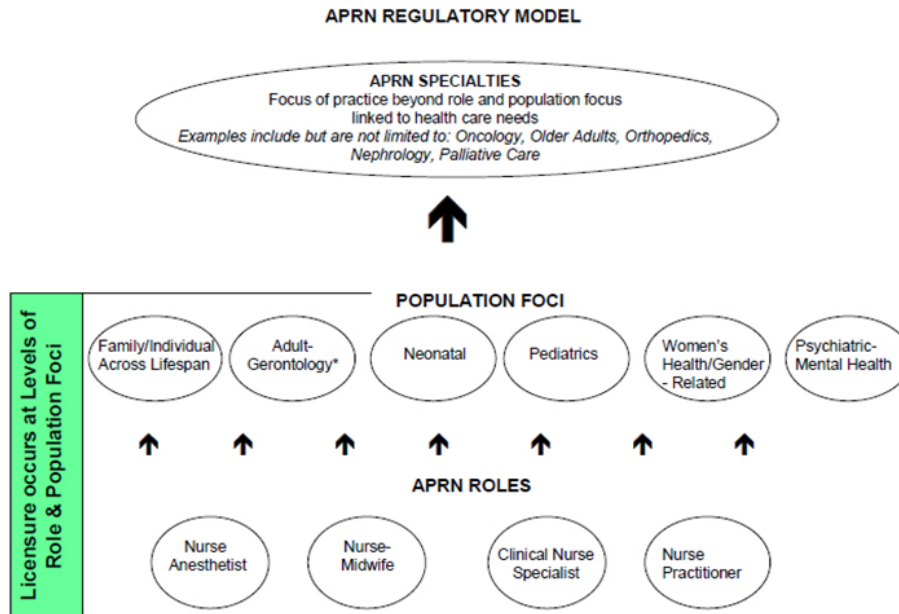


Diagram 1: Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (2008). (<http://www.aacn.nche.edu/education-resources/APRNReport.pdf>.)

AG-ACNPs are educationally prepared to provide disease prevention, critical care to stabilize a patient's condition, prevent complication, restore maximum health, and provide palliative care. The AG-ACNP's population scope is directed by the needs of a population, more so than the physical setting in which care occurs (AACN, 2016). AG-ACNPs provide care to adults and older adults with acute, critical, and complex chronic physical and mental illnesses across the entire age spectrum, with a focus on the physiologically unstable, technologically dependent, multi-morbidity patients, all which are highly vulnerable to complication. The AG-ACNP provides services ranging from disease prevention, to critical care to stabilize a patient's condition, to restore maximum health, or provide palliative care (AACN, 2016; NONPF, 2016).

The National Organization of Nurse Practitioner Faculties (NONPF, 2012) released a statement on Acute Care and Primary Care Certified Nurse Practitioner Practice. NP educational

programs prepare NPs to provide acute care or primary care based on population, either adult-gerontology or pediatrics. The primary care NP educational preparation focuses on comprehensive, chronic, continuous care characterized by the long-term relationship between the patient and the primary care NP. The acute care NP educational preparation focuses on restorative care characterized by rapidly changing clinical conditions. The NONPF reiterates the point that boundaries by setting are inappropriate and restrictive to acute and primary care NPs, and should not be considered, as there is great overlap between settings. Regulation, instead, should be based in educational preparation, certification, and scope of practice. Formal educational preparation and subsequent certification in primary or acute care should be the key determinants of the NP scope of practice. As an example, a nurse who completes a primary care NP program, but has experience as a registered nurse in critical care, is not prepared to practice as an acute care NP. It is also important to note that while some employers may be willing to credential NPs to practice beyond educational preparation and certification, it is the joint responsibility of the NP and the employer to adhere to scope of practice. Patient safety may be jeopardized when clinicians practice beyond their scope of practice (NONPF, 2012).

The AG-ACNP program is necessary to meet the needs not only of the growing population of adults over age 65, but also to meet the needs of the increasingly complexity of critically ill patients. The number of Americans age 65 and over is expected to nearly double by 2060, from 52 million in 2018 to 95 million by 2060. This age group's total share of the population is predicted to increase from 16 to 23 percent. Additionally, with a reduction in mortality, the average life expectancy increased to 78.6 years in 2018 from 68 in 1950 (Population Reference Bureau, 2019). The increasing numbers of the aging population led to a rise in chronic medical conditions. Many patients can be referred to as having multimorbidity, or

the state of suffering more than one illness, which is associated with increased healthcare use, decreased quality of life, and higher mortality (Zador et al., 2019).

The role of NPs has evolved significantly, along with the care provided by NPs. As patient complexity and longevity increases, attentive coordination of care can promote positive patient outcomes. NPs are trained in one of several population foci, and sit for board certification, in the population foci in which training allows. However, in the past, there was minimal role differentiation, on behalf of NPs and employers, because these population foci did not exist. In turn, NPs who were trained in primary care could theoretically take on roles in acute care (Knestrick & Edwards-Tuttle, 2017).

The Northwest Ohio area is underserved with NP programs in general, with no local AG-ACNP programs. In neighboring cities, such as Ann Arbor, MI and Cleveland, OH, there are such programs. Therefore, hindered by distance, cost, and other responsibilities, some nurses must opt to complete an online acute care program based in another state. Rather than send local nurses and resources elsewhere, the proposed evidence-based program will help serve our local economy and health care systems. There are several hospitals in the Toledo area, each with multiple intensive care unit (ICU) beds. For example, ProMedica Toledo Hospital now has 92 total adult ICU beds across six ICUs, with the potential for many more in the future (ProMedica.org, 2019).

Practice in this region, from an anecdotal standpoint, has been that of staffing AG-ACNP positions with primary care nurse practitioners. This historical trend is falling out of practice, based on The Ohio Administrative Code dictating that the standard of practice for advanced practice registered nurses (APRNs) is that each APRN shall practice in accordance with the APRN's education and clinical experience, and national certification (Ohio Board of Nursing,

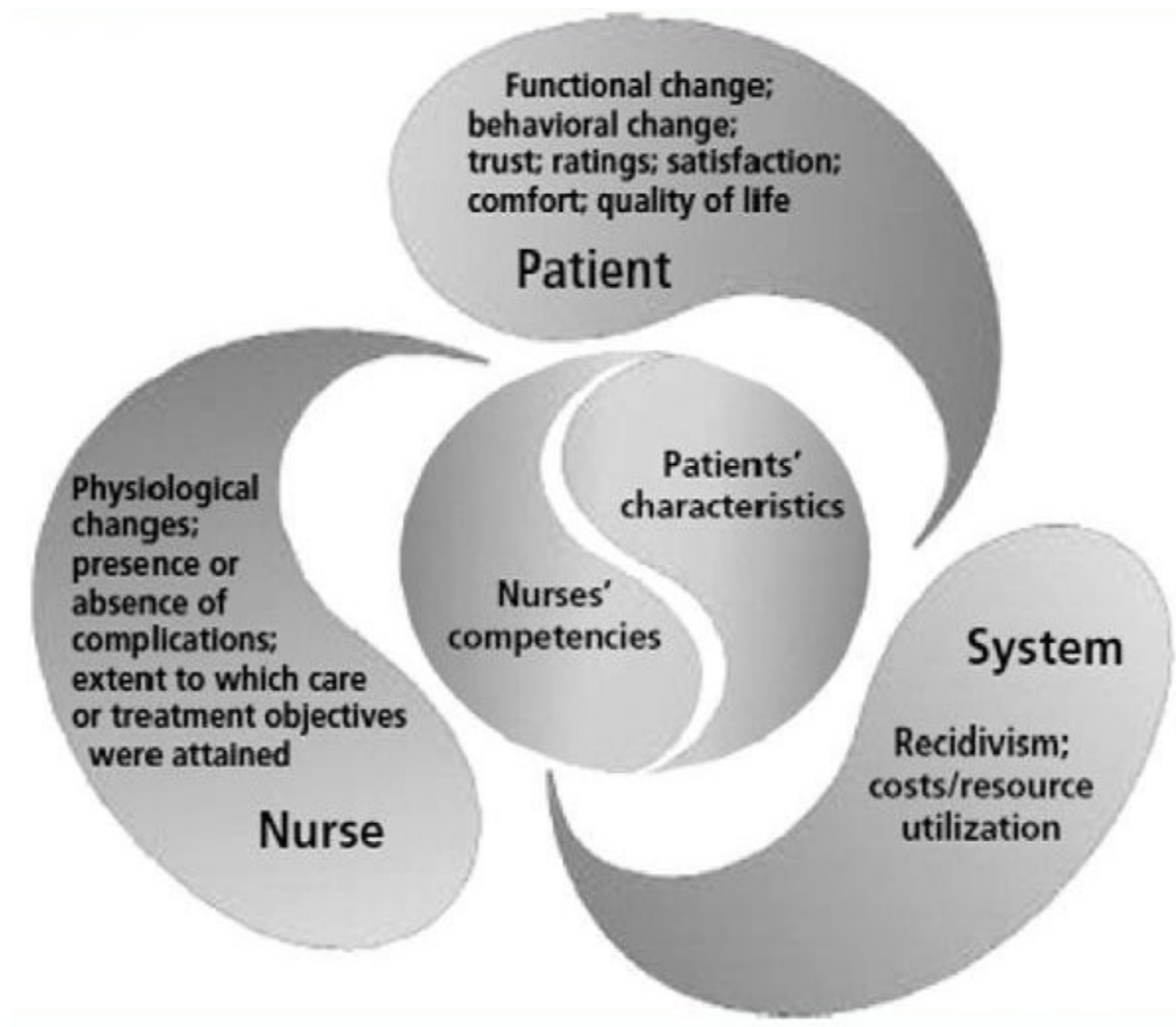
2016). Implementing an AG-ACNP program aids to eliminate this practice and aligns with the practice regulations set forth by the state and national governing and certifying bodies.

The purpose of this project was to design and describe an online Bachelor of Science in Nursing to Doctor of Nursing Practice (BSN to DNP) Program, with a master's level end-point for licensure. This proposed curriculum holds the goal of implementation at a local school of Nursing in the Northwest Ohio Region. Additionally, the purpose of the degree is to set the stage for our region to have the best possible care in place as the population age increases and comorbidities and multimorbidity continue to increase.

Theoretical Framework

The theoretical underpinning of the AG-ACNP program developed is the AACN's Synergy Model. The central idea of this model is that the patient's needs should determine, or match, the nurse competencies required for patient care. Synergy results when the needs and characteristics of the patient, clinical unit, or system are matches with a nurse's competencies (AACN, 2019). Each patient has unique characteristics to every care situation, and these span the health-wellness continuum. Differing levels of resiliency, vulnerability, stability, complexity, resource availability, participation in care, participation in decision making, and predictability encompass each patient encounter. Nursing competencies, regarding patient care, are also on a continuum, and are derived from patient needs. These competencies include clinical judgement, advocacy and moral agency, caring practices, collaboration, systems thinking, response to diversity, facilitation of learning, and clinical inquiry (AACN, 2019).

Figure 2- AACN Synergy Model



The prospective AG-ACNP program utilizes the Synergy Model with developing the proposed curriculum. Varying levels of characteristics, as described above, from both the patient and the nurse, dictate what is needed in the clinical relationship for the best outcome. For the needs of critically ill patients, the best use of APRNS are NPs prepared within the acute care foci and prepared to practice to the top of the scope of designated area of practice.

Program Goals and Outcomes

The long-term goal of this project is for the curriculum to be approved and adopted by a local School of Nursing for implementation. The goals and objectives for program completion by students include the following overarching areas of competency as developed through collaboration by the American Association of Colleges of Nursing (2016) and the National Organization of Nurse Practitioner Faculties (2016): Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics; and Independent Practice. These competencies are mapped progressively throughout the curriculum, in a baccalaureate nursing-to-Doctor of Nursing Practice (BSN to DNP), novice-to-entry-level to practice format.

The outcomes of the proposed program and curriculum and are based upon the development of competencies by the AG-ACNP upon completion of clinical and virtual classroom experiences: Professional Development, Scientific Foundation, Procedural skills, Diagnostic Studies, Mechanical Ventilation, Management of Complex Diseases, End of Life Care, Patient Safety, and Pharmacology. These competencies were published by the American Association of Critical Care Nurses (AACN) as developed through evidence-based expert review by Kopf, Watts, Meyer, and Moss (2018). Each of these competencies is multifaceted, with many components of knowledge, skills, and attitudes necessary for the attainment of each of these competencies.

Upon completion of the program, the competencies gained and developed by graduating AG-ACNP students would be assessed by: Successful completion of the graduate AG-ACNP program; Successful completion of Nurse Practitioner Board Certification in Adult-Gerontology Acute Care; and Completion of a survey by the graduating students and preceptors using a Likert-scale self-rating system to assess perceived competencies (and subcategories) in each of

the outcomes listed above. Based on the perceptions of graduating students and preceptors, the curriculum can be tailored to make this program meaningful and efficient for the demographic and to meet program objectives.

Student and program success will be evaluated by the competency-based evaluation methods developed as the curriculum is designed with the help of field experts. Students, faculty, staff, clinical faculty, and other resources involved in the program will have ongoing opportunities to evaluate the program. Student attrition, enrollment, completion rates, board passage rates, and employment following graduation will also be collected and monitored for program success.

Literature Review

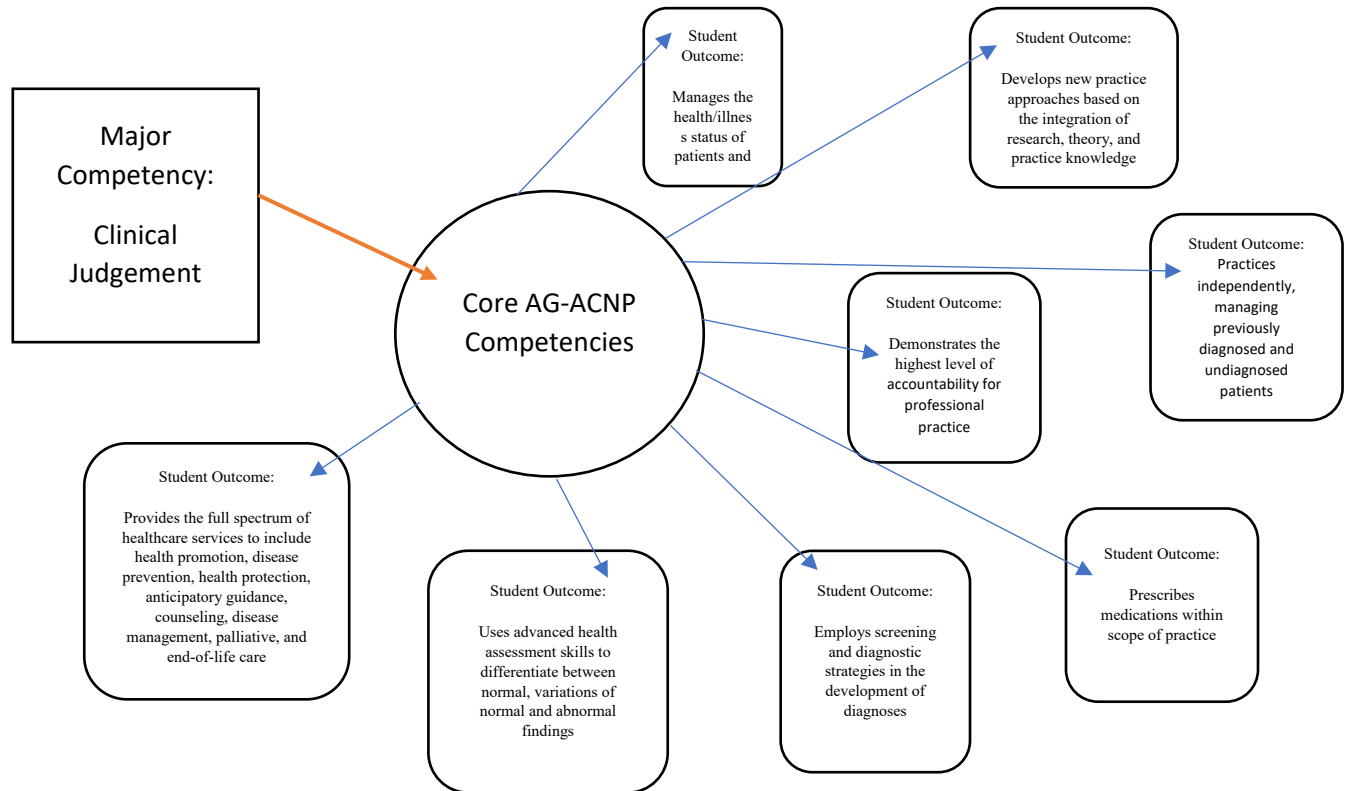
Through the literature review, key areas were identified. The topics identified are as follows; Competency based curriculum, Skills, Procedures, and Topics common to AG-ACNP curriculums, Curriculum plans, Master of Science in Nursing exit point for licensure option, Online curriculum delivery, and AG-ACNP common themes for admission requirements.

Competency-Based Curriculum

A competency-based approach is gaining momentum for use within NP programs. The competency-based educational approach is an outcomes-based approach to the design, implementation, assessment, and evaluation of an education program, using an organizing framework of competencies. The competency-based approach is a move away from traditional teaching approaches, with an emphasis on curriculum design which reduces student dependence, seat time, and credit hours, with the ability to identify observable and measurable competencies (Schumacher, G., & Risco, K. (2017). Below is an example of a competency-based student

outcome plan for one of the major areas of competencies based on the AACN's (2020) test plan for AG-ACNPs:

Figure 3



The AACN's (2018) Guidelines for Transitioning AG-ACNPs to Practice served as the baseline for the competency-based curriculum. The full scope of competencies for Critical Care Nurse Practitioners as set forth by Kopf, Watts, Meyer, and Moss (2018) will be used to guide and evaluate this program. The list of competencies can be seen in Appendix C. Permissions from the AACN for use of these competencies can be found in Appendix B.

Skills, Procedures, and Topics Within Curriculum

AG-ACNPs provide a perform a variety of diagnostic and therapeutic interventions for various acute and critical health problems by virtue of the focus in stabilization of complex acute

care conditions. AG-ANCPs are significantly more likely than other NPs to engage in activities related to initiating and managing complex technologic support in hemodynamically unstable patients in initiating and managing technologic support in chronically ill patients. These activities frequently involve performing procedures to stabilize or monitor acutely ill patients (Kleinpell et al., 2006). These skills can include endotracheal intubation, nasotracheal intubation, chest tube insertion and removal, arterial puncture, central line placement, pulmonary arterial line placement, needle thoracostomies, and cricothyrotomies (Kleinpell et al., 2006). Additional procedures may include suturing, stapling, electrocardiogram interpretation, interpretation of imaging, joint aspiration, and use of ultrasound in various modalities, procedural and diagnostic.

A comprehensive list of topics, skills, procedures, and specialty pharmacology to be covered within the curriculum can be seen in Appendix D. The data extraction table for these topics can be found in Appendices E and F.

Curriculum

The proposed curriculum was derived utilizing the Lourdes University DNP and MSN courses (Lourdes University, 2020), with integration of AG-ACNP courses and developed through the design of this project. The proposed curriculum plan can be seen in Appendix G and H. Example Course Syllabi can be found in Appendix Q.

Exit point for Licensure/ Master of Science in Nursing Option

Built into the AG-ACNP curriculum will be a Master of Science in Nursing (MSN) exit point for those needing the option based on life events and circumstances. This is only to be granted on a case-by-case basis and only while the certifying bodies continue to allow the MSN as an entry-level to practice for nurse practitioners. It should be noted here that the National

Organization of Nurse Practitioner Faculties (NONPF, 2018) has made a commitment to move all entry-level Nurse Practitioner education to the DNP program by 2025. The NONPF supports an integrated, seamless curriculum without a master-level exit point; The DNP is not viewed as an add-on to the MSN, but it is the entry point to practice. However, having the exit point will allow the student to obtain an entry-level to practice degree and the ability to take the national certification exams to obtain the Adult-Gerontology Acute Care Nurse Practitioner credential. Refer to Appendix H for the proposed curriculum plan with MSN end-point after six semesters.

Online Delivery of Curriculum

The AG-ACNP curriculum will be delivered in an online format learning management system. At Lourdes University, the prospective school to adopt the new AG-ACNP program, the online format is in place and functioning for the DNP Program. The Core courses (Pathophysiology, Pharmacology, Informatics, etc., listed in Appendix G and H) also exist in the online format as well at Lourdes within the MSN degree. The AG-ACNP- specific courses will be developed for online delivery.

Admission Requirements

The admission requirements were extrapolated from Lourdes University's (2020) DNP admission requirements and from a consensus of admission requirements for AG-ACNP programs in the region (Rush University, Wright State University, Kent State University, University of Michigan, and University of Pennsylvania). The CCRN credential (an AACN trademark examination name, which does not stand for Critical Care Registered Nurse), granted upon passage of the CCRN examination (AACN, 2020), is also referenced as a required criterion for admission, in lieu of other graduate-level standardized testing. CCRN certification confers

and validates a knowledge of nursing care of acutely and critically ill patients and promotes continuing excellence in the critical care nursing field (AACN, 2020). The proposed admission requirements may be seen in Appendix I. A data extraction table follows in Appendix J.

Methods

Implementation Model

The Synergy Model (AACN, 2019) is utilized as a method for implementation for this project of curriculum development. For patient care, the Synergy Model operates on the basis that patient outcomes are enhanced when the nurses' competencies are compatible with the needs or characteristics of the patient. For education, that premise translates to the student learning outcomes, which are enhanced when faculty competencies are aligned with the learning needs of the students. Refer to Figure 4 (Zungalo & Leonardo, 2007).

Figure 4

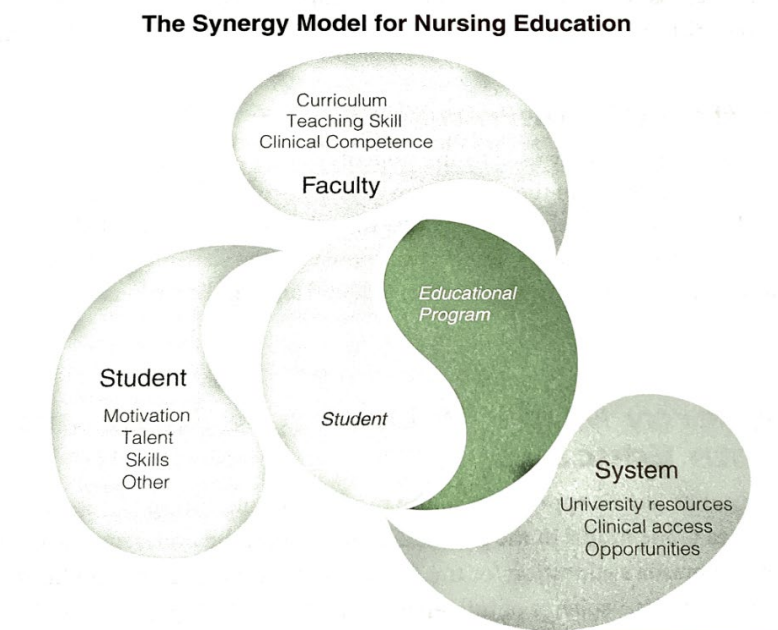


Figure 11.2. The Synergy Model in Nursing Education.
Adapted with permission. (Curley, 1998).

Ethical and Legal Considerations

There were no foreseen ethical or legal concerns. This program upholds many of the ethical frameworks and principles for program planning, including resource-sensitive approaches. Resource-sensitive, or a cost-sensitive ethic helps solve common health problems with inexpensive solutions (Issel & Wells, 2018). The reinforcement of the local acute care workforce with AG-ACNPs can help reduce costs in the face of an intensivist shortage.

Institutional Review Board deemed this project exempt from review. Refer to Appendix A for documentation.

Program Budget

For the initial startup of an AG-ACNP BSN-DNP program, the budget will include the following items: Faculty and staff salary; Facilities costs; Simulation center costs; Supplies and materials, graduation expenses; and Library resources. These will be funded by tuition costs, state funding, and Federal funding (CHE.se.gov, 2016).

These factors are highly variable depending on the School of Nursing in which this program will be implemented. For example, salaries and tuitions costs obviously vary from institution to institution. The school of nursing may already have appropriate facilities to house an additional graduate nursing program. Some include an existing Doctor of Nursing Practice Program (DNP) already in place, a simulation center, clinical sites, library resources, etc., similar to what is available at Lourdes University. The final budget for the AG-ACNP program is dependent on the setting in which it is adopted.

The online delivery of this degree could save money for students and the institution, while maintaining profitability. Lederman (2019) explains there is less cost associated with

online higher educational offerings than traditional brick-and-mortar institutions, in part because there are less facility-related expenses and upkeep. Additionally, the savings may be passed on to the student, in offering a reduced-rate tuition for online education. This can be justified based on the larger number of students who may be served without the limits of lecture hall accommodations. These factors offer a great deal of promise for Lourdes University in the future development of additional foci Nurse Practitioner Programs (Family, Pediatrics, Pediatric Acute Care, Adult-Gerontology Primary Care, etc.).

Refer to Appendix K for an example of a budget to implement this program.

Program Evaluation Plan

The courses and program will be evaluated continuously through evaluations completed by the students, preceptors at clinical sites, and by faculty and staff. At the end of each course, students will rate their knowledge, skills, and attitudes as coursework progresses, and cumulatively at the end of the program. The ultimate demonstration of program efficacy will be the passage of certifying body board examination by the students. The curriculum adjustment follows university standards for curriculum and program review, as set forth by the Higher Learning Commission.

Refer to Appendix L for an example of the Knowledge, Skills, and Attitudes assessment to be utilized for students. This is based on the competencies developed by Kopf, Watts, Meyer, and Moss (2018). These are administered at appropriate semester mid points and end points.

Refer to Appendix M for an example of an AG-ACNP Clinical Evaluation. Refer to Appendix N for Lourdes University DNP program templates for evaluation.

Marketing Plan

To market this program, a tuition-reduction contract should be made with local Health Care systems, which already exists for other programs. This will allow for nurses at these health systems to be made aware of the program and the reduced cost of attendance as a benefit. A flyer should be constructed and disseminated to each of the local hospital systems to announce the availability of the program. An example of the tuition-reduction program at Lourdes University can be seen in Appendix O.

The School of Nursing adopting this program should have a well-planned web page for this specific program. This website should also offer a way to contact the program director with questions. The program should offer informal information sessions at monthly intervals using multimedia and in-person options to help provide clear information to nurses showing interest in the program. The School of Nursing should additionally have a booth and poster presentation at the local (held in Northwest Ohio) Critical Care Nursing Conference in October of each year.

Stakeholders

The stakeholders for this program first include the School of Nursing and the faculty. Additionally, the stakeholders include the sites for clinical practicum experiences. The secondary stakeholders are the registered nurses selected to complete this program. The tertiary stakeholders are the population for which the AG-ACNPs will be providing care.

Anticipated Barriers & Facilitators

An anticipated barrier of this program is the time from curriculum development to acceptance and implementation in a School of Nursing. Depending on which School of Nursing accepts this program, there may be barriers such as ability to obtain and maintain clinical sites, acceptance of students at the clinical sites, difficulty finding acute care trained providers for

practicum experiences, potential cost restraints with affordable tuition for students, possible limited state and federal funding, possible limited simulation laboratory experiences, and poor acceptance of students regarding an extended length program (BSN to DNP) versus a traditional Master's-level Nurse Practitioner program.

Facilitators of this program will initially include School of Nursing and DNP faculty and staff. Local acute care hospitals will hopefully become proponents of this program to support clinical excellence and practice in accordance with state guidelines. Other facilitators include clinical partnership sites, preceptors, and patients.

Clinical Affiliations and Clinical Placements

Clinical and educational affiliations have been identified as a topic of consideration while developing this project. These affiliations will be necessary for the future students to engage in clinical experiences. Upon adoption of this program by a local university, the process of gaining affiliations will be addressed case-by-case to create a baseline relationship and assure sustainability of the program.

A comparative of clinical placements for AG-ACNP students in other programs can be reviewed in Appendix P. This review yielded useful information about the clinical sites typical to the AG-ACNP student. Hospital-based teams, intensive care unit-based teams, and both medical and surgical specialties were common themes.

Significance to Nursing

Local implementation of an AG-ACNP program has the potential to impact nursing in many ways. Specialty advanced practice training will allow the AG-ACNPs to practice to the maximum authority of their licenses. This will elevate the profession, elevate the standard of

care, and provide a specialty delineation of AG-ACNPs from other Nurse Practitioner population foci. Additionally, the AG-ACNP role can allow for a new avenue for expert bedside nurse clinicians to expand upon knowledge and practice. Locally, AG-ACNPs could possibly offer a new method for intensive care unit management and medical oversight, lending an expertise that may not be commanded by a baccalaureate-prepared registered nurse.

Implications for Practice

The implications for practice have the potential to be quite drastic at a local level. Staffing positions designed for AG-ACNPs with Nurse Practitioners trained in other foci should be a diminishing practice, with the availability of a local AG-ACNP program. On a patient safety level, the change in local practice with the availability of acute-care trained advance practice nurses will allow for rapid assessment of high-acuity conditions, rapid procurement of care, and an increase in overall safety and the prevention of further complication.

Limitations

Limitations of implementation of an AG-ACNP program locally include institutionally-imposed timeframes and the priorities of higher education. Additionally, implementation of a program of this nature, which will require clinical sites to include high-acuity patients, may pose difficulty without direct affiliation with a level-one trauma center, for example. Other limitations identified include changes in timeline with program implementation, student enrollment factors, creating and filling faculty positions, endorsement by board of trustees, and other internal academic processes.

Recommendations and Suggestions for Future Projects

Through the process of researching the subject of AG-ACNP education including competency-based methods, curriculum development, and AG-ACNP student training, it can be noted that there is limited evidence-based information available. While useful, but not always applicable to novice students, there is a reasonable amount of information on Critical Care residencies for AG-ACNPs to complete. Information gained through this project and future program implementation could be utilized to provide others with a baseline for curriculum development for AG-ACNPs.

Conclusion

The AG-ACNP competency-based curriculum is to be developed and implemented in a local School of Nursing. The program is needed because there is no local source for AG-ACNPs. The state board of Nursing in Ohio, supported by national certifying bodies, supports the use of Nurse Practitioners to practice in patient populations in which their education and training have taken place. This program will fill a local educational gap, and hopefully stave off the impending shortage of critical care providers as the population ages and becomes more medically complex.

References

- American Association of Colleges of Nursing (2008). Consensus model. Retrieved from [https://www.aacnnursing.org/Education-Resources/APRN Education/APRN-Consensus-Model](https://www.aacnnursing.org/Education-Resources/APRN-Education/APRN-Consensus-Model)
- American Association of Colleges of Nursing (2016). Adult-Gerontology Acute Care and Primary Care and Primary Care NP competencies. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/files/np_competencies_2.pdf
- American Association of Critical Care Nurses (AACN) (2019). Certification. Retrieved from <https://www.aacn.org/certification/get-certified/acnpc-ag>.
- American Association of Critical Care Nurses (AACN) (2020). Frequently asked questions about CCRN certification. Retrieved from <https://www.aacn.org/certification/get-certified/ccrn-frequently-asked-questions>.
- American Association of Critical Care Nurses (AACN) (2019). Synergy model. Retrieved from <https://www.aacn.org/nursing-excellence/aacn-standards/synergy-model>.
- American Association of Critical Care Nurses (AACN) (2020). ACNPC-AG test plan, Adult-Gerontology Acute Care Nurse Practitioner Overview. Retrieved from AACN website.
- APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee (2008). Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education. Retrieved from

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/consensus_model/aprnconsensusmodelfinal09.pdf

American Association of Colleges of Nursing, National Organization of Nurse Practitioner

Faculties ([AACN, NONPF], 2016). Adult-Gerontology Acute Care and Primary Care Nurse Practitioner competencies. Retrieved from

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/files/np_competencies_2.pdf.

The Citadel Graduate College New Program Proposal (2016). Bachelor of science in nursing program proposal. Retrieved from <https://www.che.sc.gov>

Curley, M.A.Q. (2007). The synergy model: from theory to practice. In: Curley Martha AQ, editor. Synergy: The unique relationship between nurses and patients. Indianapolis, IN: Sigma Theta Tau International; 2007. p. 4.

Curran, C.R., & Roberts, W.D. (2002). Columbia University's competency and evidence-based acute care nurse practitioner program. *Nurse Outlook* 2002: 50, (6).

Columbia University (2020). DNP Acute Care. Retrieved

from <https://www.nursing.columbia.edu/academics/academic-programs/doctor-nursing-practice/adult-gerontology-acute-care-nurse-practitioner>

Donaworth, S.L. (2017). Making the case for Adult-Gerontology Critical Care Nurse Practitioner fellowships. *The Online Journal of Issues in Nursing*, 22 (3).

Duke University (2019). Adult-Gerontology Nurse Practitioner- Acute Care. Retrieved from

<https://nursing.duke.edu/academic-programs/msn-master-science-nursing/adult-gerontology-nurse-practitioner-acute-care>

Hoffman, L.A., & Guttendorf, J. (2017). Preparation and evolving role of the Acute Care Nurse Practitioner. *Chest* 2017, 152 (6).

Issel, L. M., & Wells, R. (2018). Health program planning and evaluation: A practical, systematic approach for community health (4th ed.). Burlington, MA: Jones & Bartlett.

Kent State University School of Nursing (2020). Adult-Gerontology Acute Care Nurse Practitioner MSN admission. Retrieved from <https://www.kent.edu/nursing/programs/masters/adult-gerontology-acute-care-nurse-practitioner>.

Kent State University School of Nursing (2020). Nursing MSN. Retrieved from <http://catalog.kent.edu/colleges/nu/nursing-msn/#programrequirementstext>

Kleinpell, R.M., Hravnak, M., Werner, K.E., & Guzman, A. (2006). Skills taught in acute care NP programs: A national survey. *The Nurse Practitioner*, 31 (2). Retrieved from <https://www.mc.vanderbilt.edu/documents/CAPNAH/files/skills%20taught%20in%20acute%20care%20np%20programs.pdf>

Knestruck, J., & Edwards-Tuttle, C. (2017). Should primary care nurse practitioners be permitted to work in acute care settings? *The Journal for Nurse Practitioners*, 13 (5). Retrieved from [https://www.npjournals.org/article/S1555-4155\(17\)30180-0/fulltext](https://www.npjournals.org/article/S1555-4155(17)30180-0/fulltext)

Kopf, R.S., Watts, P.I., Meyer, E.S., & Moss, J.A. (2018). A competency-based curriculum for

critical care nurse practitioners' transition to practice. *AJCC*, 27 (5). Retrieved from <http://ajcc.aacnjournals.org/content/27/5/398.full.pdf+html>.

Lederman, D. (2019). Cost, price, and competition in online learning. *Inside Higher Education*, digital format. Retrieved from <https://www.insidehighered.com/digital-learning/article/2019/07/31/panel-explores-how-costs-and-price-intersect-online-learning>.

Lourdes University (2018). Course evaluations. Created and supplied by university faculty.

Lourdes University (2020). Admission Requirements, Doctor of Nursing Practice in Leadership for Population Health, Post-Masters. Retrieved from <https://www.lourdes.edu/admissions/graduate-admissions/doctor-of-nursing-practice/admissions-requirements/>.

Lourdes University (2020). Curriculum and learning outcomes, Doctor of Nursing Practice (DNP) in Leadership for Population Health, Post-Masters. Retrieved from <https://www.lourdes.edu/admissions/graduate-admissions/doctor-of-nursing-practice/curriculum-learning-outcomes/>.

Lourdes University (2020). Lourdes Advantage Partnership Program. Retrieved from <https://www.lourdes.edu/about-lourdes/lourdes-advantage-partnership/premium-partners/>.

The National Organization of Nurse Practitioner Faculties ([NONPF], 2012). Statement on Acute Care and Primary Care Certified Nurse Practitioner Practice. Retrieved from https://www.pncb.org/sites/default/files/2017-02/NONPF_AC_PC_Statement.pdf

The National Organization of Nurse Practitioner Faculties ([NONPF], 2016). Adult Gerontology

Acute Care and Primary Care NP competencies. Retrieved from

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/NP_Adult_Geri_c ompetencies_4.pdf.

The National Organization of Nurse Practitioner Faculties ([NONPF], 2018). The Doctor of

Nursing Practice Degree: Entry to Nurse Practitioner practice by 2025. Retrieved from

<https://www.nonpf.org/page/DNPResources>

Ohio Board of Nursing (2016). Certified nurse practitioners in primary care or acute care.

Momentum Magazine. Retrieved from

<http://www.nursing.ohio.gov/PDFS/Mom/2016FallMom.pdf>.

Population Reference Bureau ([PRB], 2019). Fact sheet: aging in the United States. Retrieved from

<https://www.prb.org/aging-unitedstates-fact-sheet/>.

ProMedica.Org (2019). About us. Retrieved from

<https://www.promedica.org/toledo-hospital/pages/about-us/default.aspx>.

Rush University (2020). Adult-Gerontology Acute Care Nurse Practitioner (DNP) Admission

Guidelines. Retrieved from <https://www.rushu.rush.edu/college-nursing/programs-admissions/adult-gerontology-acute-care-nurse-practitioner-dnp/adult-gerontology-acute-care-nurse-practitioner-dnp-admissions-guidelines>

Rush University (2020). Program: Doctor of Nursing Practice Adult Gerontology Acute Care

Nurse Practitioner. Retrieved from

http://catalog.rush.edu/preview_program.php?catoid=9&poid=957&returnto=675&_ga=2.268155982.1131655398.1580259710-114987927.1580259710

Schumacher, G. & Risco, K. (2017). Nurse Practitioner program curriculum development: A

competency-based approach. *The Journal for Nurse Practitioners*, 13 (2). Retrieved from

[https://journals-ohiolink-edu.lc.opal-](https://journals-ohiolink-edu.lc.opal-libraries.org/pg_200?::NO:200:P200_ARTICLEID:345967790)

[libraries.org/pg_200?::NO:200:P200_ARTICLEID:345967790](https://journals-ohiolink-edu.lc.opal-libraries.org/pg_200?::NO:200:P200_ARTICLEID:345967790)

St Francis Medical Center College of Nursing (2020). Adult gerontology acute care nurse

practitioner. Retrieved from

<https://www.osfhealthcare.org/sfmcon/academics/graduate/msn/agacnp/>

St Louis University School of Nursing (2020). School of nursing, course descriptions.

Retrieved from <https://www.slu.edu/nursing/degrees/course-descriptions.php>

University of Michigan School of Nursing (2019). Course Details. Retrieved from

https://nursing.umich.edu/academics/program_plans/details?id=25

University of Michigan School of Nursing (2020). Post-Baccalaureate DNP Program. Retrieved

from [https://nursing.umich.edu/admissions-aid/application-](https://nursing.umich.edu/admissions-aid/application-information/requirements/MSN-post-baccalaureate-DNP)

[information/requirements/MSN-post-baccalaureate-DNP](https://nursing.umich.edu/admissions-aid/application-information/requirements/MSN-post-baccalaureate-DNP)

University of Pennsylvania (2020). Master of Science in Nursing. Retrieved from

[https://www.nursing.upenn.edu/admissions/msn-and-post-masters/.](https://www.nursing.upenn.edu/admissions/msn-and-post-masters/)

Vanderbilt University School of Nursing (2020). School of Nursing Curriculum. Retrieved

from <https://nursing.vanderbilt.edu/curriculum/index.php###6105>.

Wright State University (2019). Academic catalog. Retrieved From

https://catalog.wright.edu/preview_program.php?poid=6328&catoid=9

Zador, Z., Landry, A., Cusimano, M.D., & Geifman, N. (2019). Multimorbidity associated with

higher mortality rates in organ dysfunction and sepsis: A data-driven analysis in critical care. *Critical Care*, 23. Retrieved from

<https://ccforum.biomedcentral.com/articles/10.1186/s13054-019-2486-6>.

Zungalo, E. & Leonardo, M. (2007). The Synergy Model as a framework for nursing

curriculum. In Curley, M.A.Q. (Ed), *Synergy: The unique relationship between nurses and patients; The AACN Synergy Model for Patient Care* (pp. 141-155). Sigma Theta Tau International.

Appendix A

Hello Ms. Johnson, the IRB has reviewed your protocol and determined that it is not considered human-subjects research and thus does not fall under the purview of the IRB. You may begin your project immediately.

Thank you,

Dr. Lancaster

Matthew E. Lancaster, Ph.D.

Assistant Professor of Psychology

Psychology Program Director

Chair, Institutional Review Board

Lourdes University

Appendix B

AACN Permission



January 30, 2020

Jennifer Johnson
7330 Hunters Chase
Maumee, OH 43537
jarps81@gmail.com

Dear Ms. Johnson:

Thank you for your reuse request. We hereby grant permission for your reuse of the AACN copyrighted content below, free of charge, subject to the following conditions:

1. Content will be used in a DNP project undertaken in partial fulfillment of degree requirements at Lourdes University in Sylvania, Ohio.
2. Suitable acknowledgment to the original source must be made, preferably as follows: Kopf RS, Watts PI, Meyer S, Moss JA. A competency-based curriculum for critical care nurse practitioners' transition to practice. *Am J Crit Care*. 2018;27(5):398-406. ©2018 by AACN. All rights reserved. Used with permission.
3. Permission is granted for the following one-time use case: chart/graph/table/figure, academic institution, print, United States, original language, current edition and up to 5 years, 999 viewers or fewer, no editing privileges. For other use cases, please reapply.

Thank you for your interest in the American Association of Critical-Care Nurses.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Muscat", is written above the typed name.

Michael Muscat
AACN Publishing Manager

Accepted:

A handwritten signature in black ink, appearing to read "Jennifer Johnson", is written above the typed label "SIGNATURE".

SIGNATURE

CNP

TITLE

2-5-20

DATE

Appendix C

Knowledge	Skills	Attitudes
Competency topic: Professional development		
<ol style="list-style-type: none"> 1. Describes the components of professional behavior. 2. Describes the importance of adhering to professional standards of practice. 3. Recognizes the importance of ongoing professional development and how it helps improve patient care. 4. Explains the importance of appropriate billing based on services provided. 5. Explains the importance of continued education in personal professional development. 6. Describes the educational requirements needed for continued certification and licensure. 7. Describes scope of practice standards established on a national, state, and institutional level. 8. Explains the importance of working in a collaborative manner and using a multidisciplinary approach. 	<ol style="list-style-type: none"> 1. Maintains all appropriate certifications (eg, ANCC, ACLS, BLS). 2. Adheres to basic ethical principles: autonomy, beneficence, nonmaleficence, justice. 3. Maintains accountability to patients and profession: (punctual, reliable, communicates, prioritizes patient needs above self-interest). 4. Maintains empathetic but professional relationships with patients and other health care members. 5. Recognizes personal limitation and seeks assistance or supervision. 6. Bills according to the level of service and maintains comprehensive, timely, accurate, and legible medical records. 7. Functions within national, state, and institutional credentialing and scope of practice guidelines based on education, certification, and licensure criteria. 8. Ensures continuity of care through effective handoff of clinical information. 9. Interacts and collaborates with the ICU staff in a professional way and participates in leading a multidisciplinary team in patient care. 	<ol style="list-style-type: none"> 1. Appreciates the necessity for maintaining professional standards in clinical practice. 2. Accepts and conveys constructive criticism to improve care provided in the ICU. 3. Exhibits compassion, integrity, and respect for others. 4. Values input and functions that each health care provider plays in the care of ICU patients.
Competency topic: Scientific foundation		
<ol style="list-style-type: none"> 1. Describes the role EBP plays in clinical practice. 2. Understands how to perform a literature search to find clinical practice guidelines and up-to-date evidence for clinical practice. 3. Introduced to the concept of the different levels of evidence. 4. Defines quality improvement. 5. Expresses understanding of quality improvement measures and how participation leads to improved patient care. 	<ol style="list-style-type: none"> 1. Demonstrates use of scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in patient's condition. 2. Critically analyzes data and available EBP for clinical practice in the ICU. 3. Adheres to EBP guidelines in the formulation of patients' plan of care. 4. Uses best available evidence to continuously improve quality of clinical practice. 5. Participates in quality improvement efforts to enhance quality and safety among ICU patients (ie, root cause analysis, morbidity and mortality reviews). 6. Integrates EBP guidelines to improve practice. 	<ol style="list-style-type: none"> 1. Conveys an understanding of the importance of the use of EBP guidelines in providing care for the ICU patient. 2. Expresses value in using EBP to determine the best clinical action for the critically ill patient. 3. Conveys importance of staying up-to-date with clinical research to provide best practice guidelines for patient care in the ICU. 4. Values their own contributions that can lead to process improvement in the ICU.
Competency topic: Procedural skills		
<ol style="list-style-type: none"> 1. Explains the indications and contraindications for common procedures performed in the ICU. 2. Distinguishes what procedures can be performed in the ICU to help guide the management of critically ill patients. 3. Explains the benefits and use of point-of-care ultrasound to guide clinical management in the ICU. 4. Understands the implications of ultrasonography results in guiding the management of patients in the ICU. 	<ol style="list-style-type: none"> 1. Demonstrates competence in performing common procedures used in the ICU while using simulation for training (eg, CVL, LP, intubation, cardiac ultrasound, vascular ultrasound). 2. Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments, and interventions that are evidence based. 3. Adheres to institutional, state, and national standards of practice for procedures performed in the ICU. 4. Uses bedside ultrasound to help guide clinical management and decision-making. 	<ol style="list-style-type: none"> 1. Conveys an understanding of how and when to perform advanced procedures in the ICU. 2. Respects patient's autonomy to refuse any or all procedures intended to be performed in the ICU. 3. Conveys availability to provide emotional support to patients/family experiencing a difficult situation. 4. Allows time for patients/families to ask questions regarding diagnostic findings following a procedure in the ICU.

Continued

Knowledge	Skills	Attitudes
Competency topic: Diagnostic studies		
<ol style="list-style-type: none"> 1. Discusses the importance of knowing the correct diagnostic test to order based on the disease-specific process. 2. Discusses the importance of correct interpretation of diagnostic studies to assist in the patient's plan of care. 3. Reports the risk factors associated with common diagnostic studies in the ICU. 4. Describes the importance of cost containment in the ICU. 	<ol style="list-style-type: none"> 1. Demonstrates ability to interpret and/or perform common diagnostic and therapeutic interventions in the ICU (eg, ECG, echocardiography, radiology, hemodynamics, SOFA scores). 2. Uses institutional resources to identify infectious disease trends (eg, antibiograms, common pathogens). 3. Recognizes what is host defense and what leads to antimicrobial resistance. 4. Plans diagnostic strategies and appropriate use of diagnostic tools to screen for and prevent acute and critical illness based on risk stratification. 5. Evaluates risk-benefit ratio for adverse outcomes due to acute care treatment, including under- and overtreatment. 	<ol style="list-style-type: none"> 1. Appreciates importance of the proper use, ordering practices, and interpretation of diagnostics studies in the ICU. 2. Appreciates patients' autonomy to participate or refuse any/all diagnostic studies ordered by the NP.
Competency topic: Mechanical ventilation		
<ol style="list-style-type: none"> 1. Describes normal and abnormal respiratory physiology. 2. Describes the indications for the use of mechanical ventilation. 3. Differentiates between noninvasive and invasive types of mechanical ventilation (eg, BiPAP, CPAP, volume cycle, pressure cycle). 4. Describes the criteria for weaning from mechanical ventilation. 	<ol style="list-style-type: none"> 1. Demonstrates an understanding of normal respiratory physiology and symptoms of respiratory pathophysiology. 2. Demonstrates ability to collaboratively manage complex respiratory failure conditions that require both noninvasive and invasive mechanical ventilation. 3. Adheres to best practice standards when initiating and maintaining mechanical ventilation (eg, lung protective ventilation). 4. Demonstrates ability to troubleshoot ventilator alarms (eg, high-pressure alarms, low tidal volumes, apnea). 5. Recognizes when to escalate to advanced modes of therapy when standard mechanical ventilation is unsuccessful (eg, prone ventilation, ECMO). 6. Weans patients appropriately from mechanical ventilation. 	<ol style="list-style-type: none"> 1. Conveys a level of competence and experience with the initiation, management, and removal of mechanical ventilatory support. 2. Conveys confidence and provides reassurance for patients and family members of individuals who require mechanical ventilatory support. 3. Expresses concern for patient safety while requiring mechanical ventilatory support.
Competency topic: Management of complex diseases		
<ol style="list-style-type: none"> 1. Possesses in-depth knowledge of complex medical conditions and accompanying treatment plans. 2. Describes the relationship of comorbid conditions and their association with risk of clinical deterioration in the ICU patient. 3. Recognizes components of a plan of care that is individualized and reflective of the patient's condition, age, and clinical needs. 4. Recognizes the presence of comorbid conditions that will affect health and lead to rapid deterioration of life-threatening conditions. 5. Recognizes the signs and symptoms of deteriorating patient conditions in the ICU. 6. Describes the importance of nutrition in critically ill patients. 7. Explains the differences between enteral and parenteral nutrition and describes the indications for both. 	<ol style="list-style-type: none"> 1. Demonstrates how to effectively manage acute and chronic complex clinical conditions that are common in the ICU. 2. Formulates differential diagnosis for patients based on the disease-specific presentation and synthesis of clinical data. 3. Conducts advanced comprehensive and holistic health assessment relevant to ICU practice. 4. Assesses patients for urgent and emergent conditions (eg, cardioversion, cardiopulmonary resuscitation). 5. Outlines a treatment regimen for common conditions encountered in the ICU (ie, sepsis, ARDS, ACS, heart failure, encephalopathy). 6. Develops a nutritional plan for critically ill patients with the assistance of a nutritional consultation. 7. Distinguishes between different modes of nutrition delivery in the ICU (enteral, parenteral). 8. Recognizes alterations in nutrition on the basis of clinical condition (eg, risk of aspiration, swallowing disorders). 	<ol style="list-style-type: none"> 1. Conveys empathy when communicating the plan of care to patients and families in the ICU setting. 2. Values and accepts patients/families' cultural beliefs and how they affect clinical management.

Continued

Knowledge	Skills	Attitudes
Competency topic: End-of-life care		
<ol style="list-style-type: none"> 1. Describes palliative and end-of-life care. 2. Explains the importance of offering end-of-life care when patients have terminal illness or illness that will result in diminished quality of life. 3. Defines the terms <i>autonomy</i>, <i>self-determination</i>, <i>dignity</i>, and <i>quality of life</i>. 	<ol style="list-style-type: none"> 1. Participates in code-status discussions with patients, families, and caregivers. 2. Demonstrates an understanding of the available options to alleviate suffering in end-of-life care. 3. Counsels patients and families/caregivers about the range of options for palliative and end-of-life care. 4. Initiates comfort measures and end-of-life care in collaboration with the patient, family, and members of the health care team. 5. Uses hospital resources to help transition patient to a palliative care approach in consultation with the palliative care team. 	<ol style="list-style-type: none"> 1. Expresses support for the patients and families making end-of-life care decisions. 2. Values patient and family autonomy in end-of-life care decisions. 3. Conveys empathy when discussing end-of-life care. 4. Expresses both cultural and spiritual sensitivity when counseling patients/families. 5. Advocates for patient/family choice in deciding to terminate medical management.
Competency topic: Patient safety		
<ol style="list-style-type: none"> 1. Define iatrogenic processes that are common in the ICU (ie, CLABSI, CAUTI, VTE, delirium, pressure ulcers). 2. Describe the current types of patient safety events in the institution. 3. Outlines the risk factors for patients in the ICU that predispose them to patient safety events. 4. Lists the components of a patient safety culture in the ICU. 5. Discusses the importance of early mobility in the ICU. 	<ol style="list-style-type: none"> 1. Demonstrates methods to prevent and/or limit the adverse effects associated with the development of iatrogenic events (eg, delirium monitoring, judicious use of catheters/lines/restraints, monitoring devices). 2. Applies best practice standards in the treatment of any iatrogenic events that afflicts the patient in the ICU. 3. Identifies system errors and potential solutions to iatrogenic events. 4. Demonstrates the ability to assess and prevent common iatrogenic conditions in the ICU (eg, fall, dehydration, delirium, CLABSI, CAUTI). 5. Monitors and evaluates the safety and efficacy of pharmacologic and therapeutic interventions. 6. Maintains patient privacy and confidentiality. 7. Demonstrates the ability to access and report patient safety events. 8. Orders physical therapy consultation to assist in early mobility of critically ill patients. 	<ol style="list-style-type: none"> 1. Acknowledges own potential to contribute to measures to reduce iatrogenic events. 2. Appreciates the importance of a team-based approach to reduce the amount of iatrogenic complications in the ICU.
Competency topic: Pharmacology		
<ol style="list-style-type: none"> 1. Describes the different pharmacologic and nonpharmacologic regimens for treatment of acute illness in the ICU setting. 2. Explains the importance of antibiotic stewardship in clinical practice. 3. Describes the mechanism of action of common drugs used in the management of the critically ill patients (eg, antibiotics, vasopressors, inotropic agents, antiarrhythmics, anticoagulants). 4. Describes the adverse events related to pharmacologic agents in the ICU and understands measures to reduce adverse events. 5. Describes the importance of pain management and sedation management for critically ill patients. 6. Differentiates between appropriate measures (pharmacologic and nonpharmacologic) to manage pain in the ICU. 7. Explains the common adverse effects associated with opiate pain management regimens (eg, opioid toxicity, constipation). 	<ol style="list-style-type: none"> 1. Adheres to clinical guidelines in the prescription of pharmacologic agents in the ICU. 2. Prescribes appropriate pharmacologic and nonpharmacologic agents for the treatment of symptoms and/or disease in the ICU on the basis of best practice standards. 3. Demonstrates age-related changes in pharmacokinetics, pharmacodynamics, and responses to dosages of medications prescribed. 4. Recognizes and monitors for the adverse effects and interactions associated with pharmacologic therapies (eg, QTc prolongation, nephrotoxicity, hepatic toxicity, opioid toxicity). 5. Adheres to institutional formulary guidelines for the use of antibiotics and the proper duration of use based on clinical diagnosis. 6. Demonstrates types and treatment approaches for fluid and electrolyte imbalances in the ICU. 7. Develops a pain-treatment plan based on benefits and risks of available treatments. 8. Includes patients and family members in the plan of care for pain management. 	<ol style="list-style-type: none"> 1. Conveys an appreciation of the importance of judicious use of pharmacotherapy in the treatment of ICU patients. 2. Expresses importance of preventing and monitoring for the adverse effects associated with the use of pharmacologic agents. 3. Values the importance of making age-related dosage adjustments of pharmacologic agents used in the ICU. 4. Appreciates the importance of controlling pain in patients who are acutely ill in the ICU. 5. Conveys respect and empathy for patients who are experiencing pain in the ICU. 6. Respects patient's right to refuse pharmacologic therapies.
<p>Abbreviations: ACLS, advanced cardiac life support; ACS, acute coronary syndrome; ANCC, American Nurses Credentialing Center; ARDS, acute respiratory distress syndrome; BiPAP, bilevel positive airway pressure; BLS, basic life support; CLABSI, central catheter-associated bloodstream infection; CAUTI, catheter-associated urinary tract infection; CPAP, continuous positive airway pressure; CVL, central venous catheter; EBP, evidence-based practice; ECG, electrocardiogram; ECMO, extracorporeal membrane oxygenation; ICU, intensive care unit; LP, lumbar puncture; NP, nurse practitioner; SOFA, Sequential Organ Failure Assessment; VTE, venous thromboembolism.</p>		

Appendix D

Course Descriptions for Proposed AG-ACNP Theory Courses I and II and AG-ACNP Skills, Procedures, Diagnostics and**Topics at Lourdes University:**

AG-ACNP Theory Course I (3 credit hours)	Course focuses on the pathophysiology, assessment, diagnoses, and collaborative management of adults and older adults with selected episodic/chronic health problems in acute/critical care with renal, fluid and electrolyte, pulmonary, and cardiovascular disorders.
AG-ACNP Skills, Procedures, and Diagnostics (1 credit hour)	Focus on ordering and interpreting varying modalities of imaging, analysis of electrocardiograms, overviews of procedures including, but not limited to, suturing, central line placement, arterial line placement, chest tube placement, and lumbar puncture.
AG-ACNP Theory Course II (3 credit hours)	Course focuses on the pathophysiology, assessment, diagnoses, and collaborative management of adults and older adults with selected episodic/chronic health problems in acute/critical care with gastrointestinal, hematologic, neurological, oncological and endocrine disorders.

AG-ACNP

Appendix E

Program Comparative for Topics, Skills, Procedures Specific to the AG-ACNP Curriculum

Institution	Course Descriptions
Vanderbilt University School of Nursing (2020)	3-course sequence of Pathophysiology and Collaborative Management in Acute Care for the AG-ACNP. Includes, at an advanced level, pathophysiology, assessment, diagnoses, and collaborative management of adults and older adults with selected episodic/chronic health problems in acute/critical care. Includes oncology and renal and fluid and electrolyte disorders, hematologic, hepatic, endocrine, and gastrointestinal disorders as well as psychosocial needs
Wright State University (2019)	<p>Common Acute and Emergent Adult Health Problems I (8 Credit hours)</p> <p>1) Focus is on complex symptom management related to acute and emergent physiological alterations in renal, cardiovascular, pulmonary, and integumentary function, along with multisystem disorders. Health promotion, maintenance and restoration are emphasized with risk assessment and prevention. Pharmacological management of complex symptomatology and advanced role development are incorporated.</p> <p>Common Acute and Emergent Adult Health Problems II (8 Credit hours)</p> <p>2) Focus is on complex symptom management related to acute and emergent physiological alterations in endocrine, gastrointestinal, genital urinary, hematological, immunological and neurological function. Health promotion, maintenance and restoration are emphasized, along with risk assessment and preventative strategies. Advanced practice role development is incorporated into the course through patient care management seminars, case study presentations and clinical practice.</p> <p>12 Lead EKG Interpretation (1 credit hour) The interpretation and clinical significance of abnormalities of the twelve-lead electrocardiogram.</p> <p>Adult Gerontology Acute Care Diagnostics & Procedures (2 Credit Hours) This course provides theoretical knowledge and emphasizes psychomotor skills.</p>
Kent University School of Nursing (2020)	2-course sequence. The student will be instructed about pharmacotherapeutic and non-pharmacotherapeutic treatment for acute, acute on chronic and chronic illness. The student will apply therapeutic measures for patients with specialty needs as it relates to acute, acute on chronic and chronic illness. Additionally, the student will review therapeutic conversation with patient and patient's family via case studies and role-play. Students will synthesize information on billing, coding, credentialing and certification requirements.
University of Michigan School of Nursing (2019)	3-course sequence: 1) Evidence-based, advanced practice nursing interventions (consistent with the AGACNP role) will be discussed to assess and manage acutely ill adults and older adults. Issues of age, culture, race, gender, sexuality, genetics, psychosocial well-being and socioeconomic status will be addressed. Health promotion, stress and coping, and cultural theories are integrated throughout the course. Primary, secondary, and tertiary levels of health promotion and

AG-ACNP

	<p>disease prevention will be evaluated within inpatient/hospital settings and across hospital to clinic settings. (e.g. ED, ICU, acute care units and specialty clinics.) Coordination of comprehensive care in and across care settings to ensure that the acute and chronic illness needs of patients are met during care transitions are also addressed. Other key concepts include diagnostic reasoning and decision-making skills, healthy lifestyle, patient and family education/counseling, and treatment seeking decisions of acutely ill adults and older adults.</p> <p>2) The second management course focuses on complex chronic health conditions and their acute exacerbations in adults and older adults, including multiple co-morbidities and functional losses. Evidence-based, advanced practice nursing interventions consistent with the CNS and NP roles will be discussed to assess and manage complex chronic health conditions and the impact on self-care management practices, family care giving, surrogate decision-making, quality of life, and end-of-life. Issues of age, culture, race, gender, sexuality, genetics, psychosocial well-being and socioeconomic status will be addressed. Other key concepts include patient and family education/counseling, ethical principles/standards, interdisciplinary collaboration, and community resource utilization. Students will utilize conceptual and theoretical frameworks and evidence-based knowledge to develop an advanced practice management plan of care to address the chronic complex health care needs of adults and older adults. Emphasis will be placed on maximizing quality of life and minimizing the negative sequelae associated with acute exacerbations of chronic illnesses and managed within tertiary acute care and sub-acute care settings.</p> <p>3) ADVANCED PRACTICE SPECIALTY PROCEDURES AND SKILLS FOR ACUTE CARE This course introduces the Nurse Practitioner student to the principles of advanced diagnostic and treatment modalities commonly utilized in the Advanced Practice Nursing role. It will highlight an understanding of the rationale for choosing specific diagnostic and treatment practices in the patient care setting, instruction on performing selected diagnostic and treatment procedures, and analysis and interpretation of findings based on these interventions. Content will include analysis of relevant laboratory data, interpretation of radiographs and EKGs. The student will have faculty supervised instruction and hands-on practice of selected and procedures that is specific to the patient population and practice sites related to the area of certification. Procedures such as wound repair, orthopedic splinting and casting, intubation, lumbar puncture, and others relevant to the specialty patient population will be offered.</p>
Rush University School of Nursing (2020)	<p>This course addresses the diagnosis and management of selected common acute and chronic health care problems in the late adolescent through older adult populations. Prevention, screening, diagnosis, treatment, and counseling adult patients form the framework for students to refine evidenced-based clinical decision-making and reasoning skills. Quality, cost-effectiveness and safety are integrated in the development of patient-centered management plans. The major focus of this course is: cardiovascular, pulmonary, endocrine, women's health problems and gerontological considerations.</p> <p>This course addresses the diagnosis and management of selected acute, chronic, and critical health care problems in the late adolescent (16 years) through older adult populations. Prevention, screening, diagnosis, treatment, and counseling adult patients form the framework for students to refine evidence-based clinical decision-making and reasoning skills. Quality, cost-effectiveness and safety are integrated in the development of patient-centered management plans. This is the third clinical management course that focuses on the advanced management of the critically ill adult patient. This course addresses the synthesis of critical illness management.</p>
St Louis University School of Nursing (2020)	<p>1) Critical Appraisal of Technology: Acute Care. Content in this course focuses on the acutely ill client with complex illness. Identification of client conditions requiring the application of technology in order to provide comprehensive</p>

AG-ACNP

	<p>assessment data or to stabilize the physiological condition are described. The evaluation of these resources and clinical outcomes are also described.</p> <p>2) Advanced Clinical Studies in the Acute Care Setting I: This course addresses short-term goals including minimizing or preventing complications, attending to co-morbidities, and promoting physical and psychological well-being. Discussion will relate to palliative care, end-of-life care and evaluation of risk factors to address maximizing health outcomes. Specific skill sets for the Acute Care Nurse Practitioner are developed dependent on the patient population and specialty- based area of practice. The practicum component of this course provides the nurse practitioner student the opportunity to master and apply the theory, knowledge and skills in a variety of acute care settings across the life span.</p> <p>3) Advanced Clinical Studies in the Acute Care Setting II: Specific concepts in this course that will be addressed are the management of adult and the older adult with complex acute and unstable conditions in the hospital setting. Discussion will relate to the utilization of invasive interventions and procedures that promote physiologic stability in acute and life-threatening conditions. In caring for patients and their family's strategies in the physiological, psychological, sociocultural and spiritual dimensions will be implemented. The practicum component of this course provides the nurse practitioner student the opportunity to master and apply the knowledge and skills in a variety of hospital subspecialties.</p>
St Francis Medical Center College of Nursing (2020).	<p>AG-Acute Care Nurse Practitioner Theory I. This didactic course is designed to engage students in learning the science undergirding the practitioner's clinical practice. Content will focus on the advanced knowledge of common acute, critical and chronic illnesses confronting adults of all ages. The students will learn to assess the complex interplay of pathophysiologic and sociocultural factors on the treatment of the patient in various care continuum settings. Students will integrate advanced health assessment, pathophysiology and pharmacology in diagnostic reasoning and the therapeutic management of patients.</p> <p>AG-Acute Care Nurse Practitioner Practicum I. In this course, students will begin applying knowledge from previous courses to assess patients and make diagnoses of common acute and chronic health issues in young, middle-aged and older adults based on findings from the history, physical exam, lab findings and other test results. Students will determine the appropriate, individualized management plan incorporating knowledge of evidence-based best practices and patient safety to provide high quality, culturally responsive, cost effective care for patients in acute and/or critical care settings. Students will hone communication skills. The student will collaborate with other disciplines to promote coordinated care. A preceptor(s) will guide the student in the role of the AG-Acute Care Nurse Practitioner for 128 practicum hours</p> <p>AG-Acute Care Nurse Practitioner Theory II. This didactic course is designed to engage students in learning the science undergirding the practitioner's clinical practice. Content will focus on the advanced knowledge of common acute, critical and chronic illnesses confronting adults of all ages. The students will learn to assess the complex interplay of pathophysiologic and sociocultural factors on the treatment of the patient in various care continuum settings. Students will integrate advanced health assessment, pathophysiology and pharmacology in diagnostic reasoning and the therapeutic management of patients. This is the second course in the series of theory courses for AG ACNPs and builds on knowledge gained in the first theory course.</p> <p>AG-Acute Care Nurse Practitioner Practicum II. In this course, students will apply knowledge from previous courses to assess patients and make diagnoses of common acute and chronic health issues in young, middle-aged and older adults based on findings from the history, physical exam, lab findings and other test results. Students will determine the appropriate, individualized management plan incorporating knowledge of The first number is credit hours for theory. The second number is credit hours for clinical practicum. Graduate Course Descriptions 95 evidence-based best practices</p>

AG-ACNP

	<p>and patient safety to provide high quality, culturally responsive, cost effective care for patients in acute and/or critical care settings. Students will hone communication skills. The student will collaborate with other disciplines to promote coordinated care. A preceptor(s) will guide the student in the role of the AG-Acute Care Nurse Practitioner for 128 practicum hours.</p> <p>AG-Acute Care Nurse Practitioner Theory III. This didactic course is designed to engage students in learning the science undergirding the practitioner's clinical practice. Content will focus on the advanced knowledge of common acute, critical and chronic illnesses confronting adults of all ages. The students will learn to assess the complex interplay of pathophysiologic and sociocultural factors on the treatment of the patient in various care continuum settings. Students will integrate advanced health assessment, pathophysiology and pharmacology in diagnostic reasoning and the therapeutic management of patients. This is the third course in the series of theory courses for AG ACNPs and builds on knowledge gained in the first and second theory courses.</p> <p>AG-Acute Care Nurse Practitioner Practicum III. In this course, students will apply knowledge from previous courses to assess patients and make diagnoses of common acute and chronic health issues in young, middle-aged and older adults based on findings from the history, physical exam, lab findings and other test results. Students will determine the appropriate, individualized management plan incorporating knowledge of evidence-based best practices and patient safety to provide high quality, culturally responsive, cost effective care for patients in acute and/or critical care settings. Students will hone communication skills. The student will collaborate with other disciplines to promote coordinated care. A preceptor(s) will guide the student in the role of the AG-Acute Care Nurse Practitioner for 128 practicum hours.</p> <p>AG-Acute Care Nurse Practitioner Practicum IV. In this course, students will apply knowledge from previous courses to assess patients and make diagnoses of common acute and chronic health issues in young, middle-aged and older adults based on findings from the history, physical exam, lab findings and other test results. Students will determine the appropriate, individualized management plan incorporating knowledge of evidence-based best practices and patient safety to provide high quality, culturally responsive, cost effective care for patients in acute and/or critical care settings. Students will hone communication skills. The student will collaborate with other disciplines to promote coordinated care. Students should be functioning nearly independently. A preceptor(s) will support the student in the role of the AG-Acute Care Nurse Practitioner for 256 practicum hours.</p>
--	---

AG-ACNP

Appendix F

Specific Knowledge, Topics, Skills and Procedures Comparative

Institution	Knowledge/ Topics	Skills	Procedures
Vanderbilt University School of Nursing (2020) AG-ACNP Intensivist Focus	Focus on caring for critically ill patients with, for example, cardiac arrest, shock, respiratory failure, multiple organ failure, sepsis, stroke, and brain injury. Students complete the Fundamentals of Critical Care Support Course through the Society of Critical Care Medicine.	Students are introduced to skills such as bed management, ethical issues, and legal issues involving critical care patients.	Students are introduced to a variety of common critical care procedures, such as airway management, central line placement, arterial line placement, and bedside bronchoscopy.
Vanderbilt University School of Nursing (2020) AG-ACNP Hospitalist Focus	Focus is to prepare AG-ACNPs for the hospitalist role.	Students are introduced to skills such as bed management, ethical issues, and legal issues involving critical care patients.	Students are introduced to common procedures such as airway management, lumbar puncture, orthopedic injections, paracentesis, and tissue biopsy.
University of Michigan School of Nursing (2019)	Focus is to prepare AG-ACNPs to be acute care nursing leaders in the most complex situations and environments.	Analysis of laboratory data, interpretation of radiographs and electrocardiograms.	Procedures such as wound repair, orthopedic splinting and casting, intubation, lumbar puncture, and other procedures relevant to the specialty population are offered.
St Francis Medical Center College of Nursing (2020).	Focus is to prepare AG-ACNPs to assess, diagnose, and manage acutely ill patients in hospital and hospital-to-clinic settings.	Most coursework is online, with a once-semester, on-campus component to learn hands-on skills.	Not specifically discussed.

AG-ACNP

Appendix G

Adult Acute Care Nurse Practitioner BSN-DNP Program Proposed Plan of Study

MTH 212 Statistics (Prior to starting program)

NUR 700 Introduction to the Doctor of Nursing Practice Degree (1)

NUR 710 Population Health Across Diverse Cultures (3)

NUR 715 DNP Practice I-Quality and Safety (variable 1-2 or prior learning credit); 150 Clinical Hours

NUR 716 DNP Practice II-Synthesis (variable 1-2 or prior learning credit); 150 Clinical Hours

NUR 717 DNP Practice III-Evaluation (variable 1-2 or prior learning credit); 150 Clinical Hours NUR 720 Translational Research for Advanced Practice (3)

NUR 725 Program Planning and Evaluation (3)

NUR 735 Epidemiology (3)

NUR 740 Information Systems Science, Theory, and Technology (3)

NUR 745 Leadership for Transitional Health Systems (3)

NUR 750 Translational Research Design (3)

NUR 755 Translational Research Implementation (3)

NUR 760 Translational Research Project (1)

= 33 hours

Core Courses

AG-ACNP

NUR 616 Pathophysiology Across the Lifespan for the Nurse in an Advanced Role (3)

NUR 637 Pharmacology Across the Lifespan for Advanced Nursing Roles (3)

NUR 625 Nursing Informatics (3)

NUR 619 Advanced Physical Assessment Across the Lifespan (3)

NUR 612 Health Care Policy in a Diverse Community (3)

= 15 hours

AG-ACNP Courses

Adult-Gerontology Acute Care Nurse Practitioner Theory I (3 credit hours)

AG-ACNP Skills, Procedures, and Diagnostics (1 credit hour)

Adult-Gerontology Acute Care Nurse Practitioner Theory II (3 credit hours)

Adult-Gerontology Acute Care Nurse Practitioner Clinical 1 (300 clinical hours, 3 credit hours)

Adult-Gerontology Acute Care Nurse Practitioner Clinical II (300 hours, 3 credit hours)

= 13 hours

Total Program Clinical Hours = 1050 clock hours

Appendix H

BSN to DNP Proposed Plan of Study Grid

Prerequisites: NUR 670 Graduate Nursing Writing Preparation (3); NUR 620 Advanced Statistic and Data Analysis (3)

<p>Semester 1 (7 credit hours) NUR 616 Pathophysiology Across the Lifespan for the Nurse in an Advanced Role (3); (14 Weeks). NUR 625 Nursing Informatics (3); (7 Weeks). NUR 700 Introduction to the Doctor of Nursing Practice Degree (1); (4 weeks).</p>	<p>Semester 2 (6 credit hours) NUR 637 Pharmacology Across the Lifespan for Advanced Nursing Roles (3); (14 weeks). NUR 612 Health Care Policy in a Diverse Community (3); (7 weeks).</p>	<p>Semester 3 (6 credit hours) NUR 619 Advanced Physical Assessment Across the Lifespan (3); (14 weeks). NUR 710 Population Health Across Diverse Cultures (3); (7 weeks).</p>
<p>Semester 4 (7 credit hours) Adult-Gerontology Acute Care Nurse Practitioner Theory I (3 credit hours); (14 weeks). AG-ACNP Skills, Procedures, and Diagnostics (1 credit hour); (14 weeks). NUR 720 Translational Research for Advanced Practice (3); (7 weeks).</p>	<p>Semester 5 (6 credit hours) Adult-Gerontology Acute Care Nurse Practitioner Clinical 1 (300 clinical hours, 3 credit hours); (14 weeks). NUR 725 Program Planning and Evaluation (3); (7 weeks).</p>	<p>Semester 6 (6 credit hours) Adult-Gerontology Acute Care Nurse Practitioner Theory II (3 credit hours); (14 weeks). Adult-Gerontology Acute Care Nurse Practitioner Clinical II (300 hours, 3 credit hours); (14 weeks). MSN degree conferred (if eligible). Eligible for Certification and Licensure.</p>
<p>Semester 7 (7-8 credit hours) NUR 715 DNP Practice I-Quality and Safety (variable 1-2 or prior learning credit); 150 Clinical Hours. (14 weeks). NUR 740 Information Systems Science, Theory, and Technology (3); (7 weeks). NUR 750 Translational Research Design (3); (7 weeks).</p>	<p>Semester 8 (4-5 credit hours) NUR 716 DNP Practice II-Synthesis (variable 1-2 or prior learning credit); 150 Clinical Hours. (14 weeks). NUR 745 Leadership for Transitional Health Systems (3); (7 weeks).</p>	<p>Semester 9 (4-5 credit hours) NUR 717 DNP Practice III-Evaluation (variable 1-2 or prior learning credit); 150 Clinical Hours. (14 weeks). NUR 735 Epidemiology (3); (7 weeks).</p>
<p>Semester 10 (4 credit hours) NUR 755 Translational Research Implementation (3);(7 weeks). NUR 760 Translational Research Project (1); (14 weeks) DNP degree conferred: Adult-Gerontology Acute Care Nurse Practitioner for Leadership and Population Health.</p>	<p>Total required credit hours: 57-60 Total required credit hours including prerequisites: 63-66</p>	<p>ELECTIVE courses for those who would like to pursue education: NUR 640* Perspectives on Teaching and Learning (3) NUR 643* Curriculum Design (3)</p>

Appendix I

Proposed Admission Requirements for BSN to DNP AG-ACNP at Lourdes University (Lourdes, 2020).

- Graduated from an accredited college or university with a bachelor's degree in nursing
- Minimum one year of critical care nursing experience. Settings will be considered by faculty case-by-case.
- CCRN certification.
- Official transcripts from all colleges and universities attended

-Unofficial transcripts of undergraduate courses may be reviewed by program advisor prior to application process at applicant's request.

- Cumulative GPA of 3.0 or higher
 - A current, unrestricted license as a registered nurse in attendee's state of residence.
 - Complete a satisfactory interview (by invitation only).
 - Complete and submit the Graduate Application for Admission and pay a non-refundable \$100 application fee. For more information please contact Student Accounts at 419-824-3727.
1. Three recommendations using the Lourdes University recommender form supporting the applicant's potential success in the BSN to DNP AG-ACNP program from graduate prepared nurses or faculty members who can address the applicant's potential or ability for functioning in the advanced practice role (clinical skills, critical thinking, independent decision making, collaborative skills with other health professionals, and nursing leadership). Applicants currently enrolled in a nursing program must submit at least one (1) recommendation from a faculty member in that program or a current manager/supervisor.
 2. Resume or CV that includes work experience, educational, leadership and professional organization activities, and scholarly activities including publications, presentations, research, honors and awards.
 3. Official transcripts from all previous higher education institutions attended.

Appendix J

Admission Requirement Comparative

<p>Lourdes University (2020), DNP Admission criteria</p>	<ul style="list-style-type: none"> • Graduated from an accredited college or university with a master’s degree in nursing • Completed a graduate level statistics course prior to admission • Official transcripts from all colleges and universities attended Unofficial transcripts of undergraduate courses may be reviewed by program advisor prior to application process at applicant’s request. • Cumulative GPA of 3.0 or higher • A current, unrestricted license as a registered nurse in attendee’s state of residence. • Complete a satisfactory interview (by invitation only). • Complete and submit the Graduate Application for Admission and pay a non-refundable \$100 application fee. For more information please contact Student Accounts at 419-824-3727. <ol style="list-style-type: none"> 4. One recommendation using the Lourdes University recommender form supporting the applicant’s potential success in the DNP program from graduate prepared nurses or faculty members who can address the applicant’s potential or ability for functioning in the advanced practice role (clinical skills, critical thinking, independent decision making, collaborative skills with other health professionals, and nursing leadership). Applicants currently enrolled in a nursing program must submit at least one (1) recommendation from a faculty member in that program or a current manager/supervisor. 5. Resume or CV that includes work experience, educational, leadership and professional organization activities, and scholarly activities including publications, presentations, research, honors and awards. 6. Official transcripts from all previous higher education institutions attended. 7. Documentation of post baccalaureate clinical hours completed in Master’s program. All DNP graduates are expected to complete a minimum of 1,000 post-baccalaureate clinical hours. This requirement may be met wholly or partly by clinical hours completed in the student’s MSN program with verified documentation from the academic institution where they were completed. Participation in NUR 715, NUR 716, and NUR 717 will be waived or the credit hours will be assigned and the Plan of study will be updated based upon the verification of practice hours assessment of each student. Students may need to complete additional requirements of specific clinical sites at their own expense prior to commencing clinical hours. <p>Students located in California, Rhode Island and Massachusetts are not eligible for the Lourdes DNP Program at this time.</p>
<p>Wright State University (2019). BSN to MSN, AG-ACNP Admission Requirements</p>	<ul style="list-style-type: none"> • Graduate School application (online) • Transcripts from all colleges/universities attended • Resume/curriculum vitae • Meaningful clinical experience essay (2 pages maximum) • Statement of professional goals (250 words maximum) • Provide name and email address of two references for letters of recommendation

AG-ACNP

	<ul style="list-style-type: none"> ○ Current or most recent supervisor ○ Faculty member from your nursing program or previous employer <ol style="list-style-type: none"> 1. Be a bachelor's prepared nurse, having earned a BSN in nursing from an accredited institution. 2. Have a cumulative grade point average of 3.0 or higher on a 4.0 scale for your baccalaureate degree and any subsequent graduate work 3. Have an unencumbered nursing license. 4. Have a minimum of two years of recent critical care nursing experience. 5. Provide evidence of no criminal record on file through a clear BCI/FBI background screen. 6. International students <ul style="list-style-type: none"> ○ Must provide proof of English proficiency by achieving at least the minimum score in one of the following: <ul style="list-style-type: none"> ▪ TOEFL IBT: 79 ▪ IELTS: 6.0 ▪ Pearson PTE: 57 ▪ LEAP: 4 ○ Must have an unencumbered United States nursing license. ○ Must have two years of United States recent critical care nursing experience.
University of Michigan (2020). BSN to DNP, AG-ACNP Admission Requirements	<ul style="list-style-type: none"> • Earned a BS in nursing or are in the process of completing a BS in nursing from a CCNE, AACN or NLN-accredited institution. Note: Successful completion of the BS in nursing must occur prior to the desired term of admission. • Minimum B average in all undergraduate coursework (this includes all courses taken to satisfy the degree requirements for a BS in nursing; an overall B average is usually equivalent to a 3.0 GPA on a 4.0 scale). • Prior to their first term of enrollment, all admitted students must have a valid RN license in the state where they will be completing their clinical experiences. <p>The Graduate Record Exam (GRE) is not required for admission consideration to the post-baccalaureate DNP program.</p>
Rush University (2020). BSN to DNP, AG-ACNP Admission Requirements	<ul style="list-style-type: none"> • A minimum of a Bachelor of Science in Nursing from an accredited institution. • GPAs of 3.0 or higher (on a 4.0 scale) - Rush will receive GPA calculations from NursingCAS only after they have received all of your official transcripts. <ul style="list-style-type: none"> ○ Cumulative GPA - all college level coursework ○ Prelicensure Nursing GPA - only nursing courses before licensure • Substantive answers to personal essay questions (included in Program Materials section of NursingCAS). • Three professional letters of recommendation. One letter must come from current supervisor/manager (the person who is responsible for your performance evaluation). Two letters should come from individuals in leadership positions who can speak to your clinical abilities (i.e. an APRN, CNS, nurse educator, medical director). One academic faculty member may be used if the coursework has been completed within the past two years. It is important that you choose recommenders who know you well and can evaluate your current or prospective clinical and leadership abilities, critical thinking, and potential for successfully completing graduate

AG-ACNP

	<p>school. Recommendations from friends, relatives, or co-workers will not be accepted and will cause your application to be delayed or denied.</p> <ul style="list-style-type: none"> • Resume or CV that includes the following information: <ul style="list-style-type: none"> ○ Community service. ○ Educational, leadership and professional organization activities. ○ Scholarly activities, including publications, presentations, research, honors and awards. ○ Work experience. • Registered nurse licensure in the United States. • <u>GRE scores</u>, if required. • <u>TOEFL scores</u>, if required. • Personal interview(s) with faculty. • Minimum of six months of recent adult critical care or adult acute care nursing experience by the application deadline.
Kent State University (2020). BSN to MSN, AG-ACNP Admission Requirements	<ul style="list-style-type: none"> • Bachelor's and/or graduate degree from an accredited registered nursing program.¹ • Minimum 3.000 undergraduate/graduate GPA on a 4.000 point scale.² • The completion of an undergraduate statistics course with a minimum C grade. • Active, unrestricted registered nurse license in the state in which clinical coursework will be completed. • A résumé or curriculum vita. • Essay (2-3 pages) describing reasons for seeking the master's degree in the identified specialty and professional goals. • Three letters of reference from a health care professional or academic faculty who can speak to the applicant's professional and academic abilities. • English language proficiency - all international students must provide proof of English language proficiency (unless they meet specific exceptions) by earning one of the following: <ul style="list-style-type: none"> ○ Minimum 560 TOEFL PBT score (paper-based version) ○ Minimum 83 TOEFL IBT score (Internet-based version) ○ Minimum 78 MELAB score ○ Minimum 6.5 IELTS score ○ Minimum 55 PTE score

<p>University of Pennsylvania (2020). BSN to MSN, AG-ACNP Admission Requirements</p>	<p>All applicants must have completed a BSN at an accredited college or university and a statistics course. Generally speaking, competitive applicants have a minimum GPA of 3.0 in their BSN program. Applicants who have completed their BSN program in the United States with a GPA of 3.2 or greater on a 4.0 scale are eligible to have the GRE requirement waived.</p> <p>All students at Penn Nursing must fulfill our immunization requirements as well as CPR certification, drug screen and background checks, licensure requirements, and other program-specific qualifications.</p> <p>AG-ACNP applicants must have A minimum of 1 year RN experience in acute care setting at time of application.</p>
--	---

Appendix K

DNP Program Creation- Budget Item Example Considerations

ITEM	Estimated EXPENSES
Wages & benefits	\$88,000-99,000/full time 12-month faculty
Part-time Instructors	\$50,000 per year
Independent Contractors	\$5,000
Computer Tech Support	\$3,000
Printing	\$1,000
Postage, mail, and shipping	\$1,000
Supplies	\$5,000
Advertising	\$10,000
Special purchases (Books)	\$1,500
Instructional supplies	\$5,000
Dues and Memberships	\$2,000
Recruitment Expenses	\$5,000
Conferences	\$1,500
Travel	\$4,500
Meals	\$1,750
Course Development	\$20,000

AG-ACNP

Appendix L

Example Knowledge, Skills, and Attitudes AG-ACNP student survey (Derived from Kopf et al., 2018, “Curriculum for Critical Care Nurse Practitioners”). For ratings, “1” is the lowest, or least competent, “4” is the highest, or most competent.

Competency Topic: Professional Development

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes the components of professional behavior.	1 2 3 4	Maintains all appropriate certifications.	1 2 3 4	Appreciates the necessity for maintaining professional standards in clinical practice.	1 2 3 4
Describes the importance of adhering to professional standards of practice.	1 2 3 4	Adheres to basic ethical principles: autonomy, beneficence, non-maleficence, justice.	1 2 3 4	Accepts and conveys constructive criticism to improve care provided in the ICU.	1 2 3 4
Recognizes the importance of ongoing professional development and how it helps improve patient care.	1 2 3 4	Maintains accountability to patients and profession (punctual, reliable, communicates, prioritizes patient needs above self-interest).	1 2 3 4	Exhibits compassion, integrity, and respect for others.	1 2 3 4
Explains the importance of appropriate billing based on services provided.	1 2 3 4	Maintains empathetic but professional relationships with patients and other health care members.	1 2 3 4	Values input and functions that each health care provider plays in the care of ICU patients.	1 2 3 4
Explains the importance of continued education in personal professional development.	1 2 3 4	Recognizes personal limitation and seeks assistance or supervision.	1 2 3 4		
Describes the educational requirements needed for continued certification and licensure.	1 2 3 4	Bills according to level of service and maintains comprehensive, timely, accurate, and legible medical records.	1 2 3 4		
Describes scope of practice standards established on a national, state, and institutional level.	1 2 3 4	Functions within national, state, and institutional credentialing and scope of practice guidelines based on education, certification, and licensure criteria.	1 2 3 4		
Explains the importance of working in a collaborative manner and using a multidisciplinary approach.	1 2 3 4	Ensures continuity of care through effective handoff of clinical information.	1 2 3 4		
		Interacts and collaborates with the ICU staff in a professional way and participates in leading multidisciplinary team in patient care.	1 2 3 4		

Competency Topic: Scientific Foundation

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes the role EBP plays in clinical practice.	1 2 3 4	Demonstrates use of scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in patient's condition.	1 2 3 4	Conveys an understanding of the importance of the use of EBP guidelines in providing care for the ICU patient.	1 2 3 4
Understands how to perform a literature search to find clinical practice guidelines and up-to-date evidence for clinical practice.	1 2 3 4	Critically analyzes data and available EBP for clinical practice in the ICU.	1 2 3 4	Expresses value in using EBP to determine the best clinical action for the critically ill patient.	1 2 3 4
Introduced to the concept of the different levels of evidence.	1 2 3 4	Adheres to EBP guidelines in the formulation of patients' plan of care.	1 2 3 4	Conveys importance of staying up to date with clinical research to provide best practice guidelines for patient care in the ICU.	1 2 3 4
Defines quality improvement.	1 2 3 4	Uses the best available evidence to continuously improve quality of clinical practice.	1 2 3 4	Values their own contributions that can lead to process improvement in the ICU.	1 2 3 4
Expresses understanding of quality improvement measures and how participation leads to improved patient care.	1 2 3 4	Participates in quality improvement efforts to enhance quality and safety among ICU patients (i.e. root cause analysis, morbidity and mortality reviews).	1 2 3 4		
		Integrates EBP guidelines to improve practice.	1 2 3 4		

Competency Topic: Procedural Skills

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Explains indications and contraindications for common procedures in the ICU.	1 2 3 4	Demonstrates competence in performing common procedures while in the ICU while using simulation for training (for example, CVL, LP, intubation, cardiac ultrasound, vascular ultrasound).	1 2 3 4	Conveys an understanding of how and when to perform advanced procedures in the ICU.	1 2 3 4
Distinguishes what procedures can be performed in the ICU to help guide the management of critically ill patients.	1 2 3 4	Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments, and interventions which are evidence-based.	1 2 3 4	Respects patient's autonomy to refuse any and all procedures intended to be performed in the ICU.	1 2 3 4
Explains the benefits and use of point-of-care ultrasound to guide clinical management in the ICU.	1 2 3 4	Adheres to institutional, state, and national standards of practice for procedures performed in the ICU.	1 2 3 4	Conveys ability to provide emotional support to patients/family experiencing a difficult situation.	1 2 3 4
Understands the implications of ultrasonography results in guiding the management of patients in the ICU.	1 2 3 4	Uses bedside ultrasound to help guide clinical management and decision-making.	1 2 3 4	Allows time for patients/families to ask questions regarding diagnostic findings following a procedure in the ICU.	1 2 3 4

Competency Topic: Diagnostic Studies

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Discusses the importance of knowing the correct diagnostic test to order based on the disease-specific process.	1 2 3 4	Demonstrates ability to interpret and/or perform common diagnostic and therapeutic interventions in the ICU (ECG, echocardiography, radiology, hemodynamics, SOFA scores).	1 2 3 4	Appreciate importance of the proper use, ordering practices, and interpretation of diagnostic studies in the ICU.	1 2 3 4
Discusses the importance of correct interpretation of diagnostic studies to assist in the patient's plan of care.	1 2 3 4	Uses institutional resources to identify infectious disease trends (e.g. antibiograms, common pathogens).	1 2 3 4	Appreciates patients' autonomy to participate or refuse any/all diagnostic studies ordered by the NP.	1 2 3 4
Reports the risk factors associated with common diagnostic studies in the ICU.	1 2 3 4	Recognizes what is host defense and what leads to antimicrobial resistance.	1 2 3 4		
Describes the importance of cost containment in the ICU.	1 2 3 4	Plans diagnostic strategies and appropriate use of diagnostic tools to screen for and prevent acute and critical illness based on risk stratification.	1 2 3 4		
		Evaluates the risk-benefit ratio for adverse outcomes due to acute care treatment, including under- and overtreatment.	1 2 3 4		

Competency Topic: Mechanical Ventilation

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes normal and abnormal respiratory physiology.	1 2 3 4	Demonstrates an understanding of normal respiratory physiology and symptoms of respiratory pathophysiology.	1 2 3 4	Conveys a level of competence and experience with the initiation, management, and removal of mechanical ventilatory support.	1 2 3 4
Describes the indications for the use of mechanical ventilation.	1 2 3 4	Demonstrates ability to collaboratively manage complex respiratory failure conditions that require both noninvasive and invasive mechanical ventilation.	1 2 3 4	Conveys confidence and provide reassurance for patients and family members of individuals who require mechanical ventilatory support.	1 2 3 4
Differentiates between noninvasive and invasive types of mechanical ventilation (e.g. bipap, cpap, volume cycle, pressure cycle).	1 2 3 4	Adheres to best practice standards when initiating and maintaining mechanical ventilation (e.g. lung protective ventilation)	1 2 3 4	Expresses concern for patient safety while requiring mechanical ventilatory support.	1 2 3 4
Describes the criteria for weaning from mechanical ventilation.	1 2 3 4	Demonstrates ability to troubleshoot ventilator alarms (e.g. high- pressure alarms, low tidal volumes, apnea).	1 2 3 4		
		Recognizes when to escalate to advanced modes of therapy when standard mechanical ventilation is unsuccessful (e.g. prone therapy, ECMO).	1 2 3 4		
		Weans patients appropriately from mechanical ventilation.	1 2 3 4		

Competency Topic: Management of Complex Diseases

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Possesses in-depth knowledge of complex medical conditions and accompanying treatment plans.	1 2 3 4	Demonstrates how to effectively manage acute and chronic complex clinical conditions that are common in the ICU.	1 2 3 4	Conveys empathy when communicating the plan of care to patients and families in the ICU setting.	1 2 3 4
Describes the relationship of comorbid conditions and their association with risk of clinical deterioration in the ICU patient.	1 2 3 4	Formulates differential diagnosis for patients based on the disease-specific presentation and synthesis of clinical data.	1 2 3 4	Values and accepts patients/families' cultural beliefs and how they affect clinical management.	1 2 3 4
Recognizes components of a plan of care that is individualized and reflective of the patient's condition, age, and clinical needs.	1 2 3 4	Conducts advanced comprehensive and holistic health assessment relevant to ICU practice.	1 2 3 4		
Recognizes the presence of comorbid conditions that will affect health and lead to rapid deterioration of life-threatening conditions.	1 2 3 4	Assess patients for urgent and emergent conditions (e.g. cardioversion, cardiopulmonary resuscitation).	1 2 3 4		
Recognizes the signs and symptoms of deteriorating patient conditions in the ICU.	1 2 3 4	Outlines a treatment regimen for common conditions encountered in the ICU (i.e. sepsis, ARDS, ACS, heart failure, encephalopathy)	1 2 3 4		
Describes the importance of nutrition in critically ill patients.	1 2 3 4	Develops a nutritional plan for critically ill patients with the assistance of a nutritional consultation.	1 2 3 4		
Explains the differences between enteral and parenteral nutrition and describes the indications for both.	1 2 3 4	Distinguishes between different modes of nutrition delivery in the ICU (enteral, parenteral).	1 2 3 4		
		Recognizes alterations in nutrition on the basis of clinical condition (e.g. risk of aspiration, swallowing disorders).	1 2 3 4		

Competency Topic: End-of-Life Care

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes palliative and end-of-life care.	1 2 3 4	Participates in code-status discussions with patients, families, and caregivers.	1 2 3 4	Expresses support for the patients and families making end-of-life care decisions.	1 2 3 4
Explains the importance of offering end-of-life care when patients have terminal illness that will result in diminished quality of life.	1 2 3 4	Demonstrates an understanding of the available options to alleviate suffering in end-of-life care.	1 2 3 4	Values patient and family autonomy in end-of-life care decisions.	1 2 3 4
Defines the terms autonomy, self-determination, dignity, and quality of life.	1 2 3 4	Counsels patients and families/caregivers about the range of options for palliative and end-of-life care.	1 2 3 4	Conveys empathy when discussing end-of-life care.	1 2 3 4
		Initiates comfort measures and end-of-life care in collaboration with the patient, family, and members of the health care team.	1 2 3 4	Expresses both cultural and spiritual sensitivity when counseling patients/families.	1 2 3 4
		Uses hospital resources to help transition patient to a palliative care approach in consultation with the palliative care team.	1 2 3 4	Advocates for patient/family choice in deciding to terminate medical management.	1 2 3 4

Competency Topic: Patient Safety

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Define iatrogenic processes that are common in the ICU (I.e. CLABSI, CAUTI, VTE, delirium, pressure ulcers).	1 2 3 4	Demonstrates methods to prevent and/or limit the adverse effects associated with the development of iatrogenic events (e.g. delirium monitoring, judicious use of catheters, lines/restraints, monitoring devices).	1 2 3 4	Acknowledges own potential to contribute to measures to reduce iatrogenic events.	1 2 3 4
Describe the current types of patient safety events in the institution.	1 2 3 4	Applies best practice standards in the treatment of any iatrogenic events that afflict the patient in the ICU.	1 2 3 4	Appreciates the importance of a team-based approach to reduce the amount of iatrogenic complications in the ICU.	1 2 3 4
Outlines the risk factors for patients in the ICU that predispose them to patient safety events.	1 2 3 4	Identifies system errors and potential solutions to iatrogenic events.	1 2 3 4		
Lists the components of a patient safety culture in the ICU.	1 2 3 4	Demonstrates the ability to assess and prevent common iatrogenic conditions in the ICU (e.g. fall, dehydration, delirium, CLABSI, CAUTI).	1 2 3 4		
Discusses the importance of early mobility in the ICU.	1 2 3 4	Monitors and evaluates the safety and efficacy of pharmacologic and therapeutic interventions.	1 2 3 4		
		Maintains patient privacy and confidentiality.	1 2 3 4		
		Demonstrates the ability to access and report patient safety concerns.	1 2 3 4		
		Orders physical therapy consultation to assist in early mobility of critically ill patients.	1 2 3 4		

Competency Topic: Pharmacology

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes the different pharmacologic and nonpharmacologic regimens for treatment of acute illness in the ICU setting.	1 2 3 4	Adheres to clinical guidelines in the prescription of pharmacologic agents in the ICU.	1 2 3 4	Conveys an appreciation of the importance of judicious use of pharmacotherapy in the treatment of ICU patients.	1 2 3 4
Explains the importance of antibiotic stewardship in clinical practice.	1 2 3 4	Prescribes appropriate pharmacologic and nonpharmacologic agents for the treatment of symptoms and/or disease in the ICU on the basis of best practice standards.	1 2 3 4	Expresses importance of preventing and monitoring for the adverse effects associated with the use of pharmacologic agents.	1 2 3 4
Describes the mechanism of action of common drugs used in the management of critically ill patients e.g. antibiotics, vasopressors, inotropic agents, antiarrhythmics, anticoagulants).	1 2 3 4	Demonstrates age-related changes in pharmacokinetics, pharmacodynamics, and responses to dosages of medications prescribed.	1 2 3 4	Values the importance of making age-related dosage adjustments of pharmacologic agents used in the ICU.	1 2 3 4
Describes the adverse events related to pharmacologic agents in the ICU and understands measures to reduce adverse events.	1 2 3 4	Recognizes and monitors for the adverse effects and interactions associated with pharmacologic therapies (e.g. QTc prolongation, nephrotoxicity, hepatic toxicity, opioid toxicity).	1 2 3 4	Appreciates the importance of controlling pain in patients who are acutely ill in the ICU.	1 2 3 4
Describes the importance of pain management and sedation management for critically ill patients.	1 2 3 4	Adheres to institutional formulary guidelines for the use of antibiotics and the proper duration of use based on clinical diagnosis.	1 2 3 4	Conveys respect and empathy for patients who are experiencing pain in the ICU.	1 2 3 4
Differentiates between appropriate measures (pharmacologic and nonpharmacologic) to manage pain in the ICU.	1 2 3 4	Demonstrates types and treatment approaches for fluid and electrolyte imbalances in the ICU.	1 2 3 4	Respects patient's right to refuse pharmacologic therapies.	1 2 3 4
Explains the common adverse effects associated with opiate pain management regimens (e.g. opioid toxicity, constipation)	1 2 3 4	Develops a pain-treatment plan based on benefits and risks of available treatments.	1 2 3 4		
		Includes patients and family members in the plan of care for pain management.	1 2 3 4		

Refer to Kopf et al., 2018, "Curriculum for Critical Care Nurse Practitioners," Appendix __ for explanation of abbreviations utilized in these tables.

Appendix M

AG-ACNP student Clinical Evaluation, to be completed by AG-ACNP preceptors (Derived from Kopf et al., 2018, “Curriculum for Critical Care Nurse Practitioners”). For ratings, “1” represents requiring guidance, "5" represents competence or independent performance of activity.

Competency Topic: Professional Development

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes the components of professional behavior.	1 2 3 4 5	Maintains all appropriate certifications.	1 2 3 4 5	Appreciates the necessity for maintaining professional standards in clinical practice.	1 2 3 4 5
Describes the importance of adhering to professional standards of practice.	1 2 3 4 5	Adheres to basic ethical principles: autonomy, beneficence, non-maleficance, justice.	1 2 3 4 5	Accepts and conveys constructive criticism to improve care provided in the ICU.	1 2 3 4 5
Recognizes the importance of ongoing professional development and how it helps improve patient care.	1 2 3 4 5	Maintains accountability to patients and profession (punctual, reliable, communicates, prioritizes patient needs above self-interest).	1 2 3 4 5	Exhibits compassion, integrity, and respect for others.	1 2 3 4 5
Explains the importance of appropriate billing based on services provided.	1 2 3 4 5	Maintains empathetic but professional relationships with patients and other health care members.	1 2 3 4 5	Values input and functions that each health care provider plays in the care of ICU patients.	1 2 3 4 5
Explains the importance of continued education in personal professional development.	1 2 3 4 5	Recognizes personal limitation and seeks assistance or supervision.	1 2 3 4 5		
Describes the educational requirements needed for continued certification and licensure.	1 2 3 4 5	Bills according to level of service and maintains comprehensive, timely, accurate, and legible medical records.	1 2 3 4 5		
Describes scope of practice standards established on a national, state, and institutional level.	1 2 3 4 5	Functions within national, state, and institutional credentialing and scope of practice guidelines based on education, certification, and licensure criteria.	1 2 3 4 5		
Explains the importance of working in a collaborative manner and using a multi-disciplinary approach.	1 2 3 4 5	Ensures continuity of care through effective handoff of clinical information.	1 2 3 4 5		
		Interacts and collaborates with the ICU staff in a professional way and participates in leading multidisciplinary team in patient care.	1 2 3	4 5	

Competency Topic: Scientific Foundation

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes the role EBP plays in clinical practice.	1 2 3 4 5	Demonstrates use of scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in patient's condition.	1 2 3 4 5	Conveys an understanding of the importance of the use of EBP guidelines in providing care for the ICU patient.	1 2 3 4 5
Understands how to perform a literature search to find clinical practice guidelines and up-to-date evidence for clinical practice.	1 2 3 4 5	Critically analyzes data and available EBP for clinical practice in the ICU.	1 2 3 4 5	Expresses value in using EBP to determine the best clinical action for the critically ill patient.	1 2 3 4 5
Introduced to the concept of the different levels of evidence.	1 2 3 4 5	Adheres to EBP guidelines in the formulation of patients' plan of care.	1 2 3 4 5	Conveys importance of staying up to date with clinical research to provide best practice guidelines for patient care in the ICU.	1 2 3 4 5
Defines quality improvement.	1 2 3 4 5	Uses the best available evidence to continuously improve quality of clinical practice.	1 2 3 4 5	Values their own contributions that can lead to process improvement in the ICU.	1 2 3 4 5
Expresses understanding of quality improvement measures and how participation leads to improved patient care.	1 2 3 4 5	Participates in quality improvement efforts to enhance quality and safety among ICU patients (i.e. root cause analysis, morbidity and mortality reviews).	1 2 3 4 5		
		Integrates EBP guidelines to improve practice.	1 2 3 4 5		

Competency Topic: Procedural Skills

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Explains indications and contraindications for common procedures in the ICU.	1 2 3 4 5	Demonstrates competence in performing common procedures while in the ICU while using simulation for training (for example, CVL, LP, intubation, cardiac ultrasound, vascular ultrasound).	1 2 3 4 5	Conveys an understanding of how and when to perform advanced procedures in the ICU.	1 2 3 4 5
Distinguishes what procedures can be performed in the ICU to help guide the management of critically ill patients.	1 2 3 4 5	Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments, and interventions which are evidence-based.	1 2 3 4 5	Respects patient's autonomy to refuse any and all procedures intended to be performed in the ICU.	1 2 3 4 5
Explains the benefits and use of point-of-care ultrasound to guide clinical management in the ICU.	1 2 3 4 5	Adheres to institutional, state, and national standards of practice for procedures performed in the ICU.	1 2 3 4 5	Conveys ability to provide emotional support to patients/family experiencing a difficult situation.	1 2 3 4 5
Understands the implications of ultrasonography results in guiding the management of patients in the ICU.	1 2 3 4 5	Uses bedside ultrasound to help guide clinical management and decision-making.	1 2 3 4 5	Allows time for patients/families to ask questions regarding diagnostic findings following a procedure in the ICU.	1 2 3 4 5

Competency Topic: Diagnostic Studies

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Discusses the importance of knowing the correct diagnostic test to order based on the disease-specific process.	1 2 3 4 5	Demonstrates ability to interpret and/or perform common diagnostic and therapeutic interventions in the ICU (ECG, echocardiography, radiology, hemodynamics, SOFA scores).	1 2 3 4 5	Appreciate importance of the proper use, ordering practices, and interpretation of diagnostic studies in the ICU.	1 2 3 4 5
Discusses the importance of correct interpretation of diagnostic studies to assist in the patient's plan of care.	1 2 3 4 5	Uses institutional resources to identify infectious disease trends (e.g. antibiograms, common pathogens).	1 2 3 4 5	Appreciates patients' autonomy to participate or refuse any/all diagnostic studies ordered by the NP.	1 2 3 4 5
Reports the risk factors associated with common diagnostic studies in the ICU.	1 2 3 4 5	Recognizes what is host defense and what leads to antimicrobial resistance.	1 2 3 4 5		
Describes the importance of cost containment in the ICU.	1 2 3 4 5	Plans diagnostic strategies and appropriate use of diagnostic tools to screen for and prevent acute and critical illness based on risk stratification.	1 2 3 4 5		
		Evaluates the risk-benefit ratio for adverse outcomes due to acute care treatment, including under- and overtreatment.	1 2 3 4 5		

Competency Topic: Mechanical Ventilation

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes normal and abnormal respiratory physiology.	1 2 3 4 5	Demonstrates an understanding of normal respiratory physiology and symptoms of respiratory pathophysiology.	1 2 3 4 5	Conveys a level of competence and experience with the initiation, management, and removal of mechanical ventilatory support.	1 2 3 4 5
Describes the indications for the use of mechanical ventilation.	1 2 3 4 5	Demonstrates ability to collaboratively manage complex respiratory failure conditions that require both noninvasive and invasive mechanical ventilation.	1 2 3 4 5	Conveys confidence and provide reassurance for patients and family members of individuals who require mechanical ventilatory support.	1 2 3 4 5
Differentiates between noninvasive and invasive types of mechanical ventilation (e.g. bipap, cpap, volume cycle, pressure cycle).	1 2 3 4 5	Adheres to best practice standards when initiating and maintaining mechanical ventilation (e.g. lung protective ventilation)	1 2 3 4 5	Expresses concern for patient safety while requiring mechanical ventilatory support.	1 2 3 4 5
Describes the criteria for weaning from mechanical ventilation.	1 2 3 4 5	Demonstrates ability to troubleshoot ventilator alarms (e.g. high- pressure alarms, low tidal volumes, apnea).	1 2 3 4 5		
		Recognizes when to escalate to advanced modes of therapy when standard mechanical ventilation is unsuccessful (e.g. prone therapy, ECMO).	1 2 3 4 5		
		Weans patients appropriately from mechanical ventilation.	1 2 3 4 5		

AG-ACNP

Competency Topic: Management of Complex Diseases

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Possesses in-depth knowledge of complex medical conditions and accompanying treatment plans.	1 2 3 4 5	Demonstrates how to effectively manage acute and chronic complex clinical conditions that are common in the ICU.	1 2 3 4 5	Conveys empathy when communicating the plan of care to patients and families in the ICU setting.	1 2 3 4 5
Describes the relationship of comorbid conditions and their association with risk of clinical deterioration in the ICU patient.	1 2 3 4 5	Formulates differential diagnosis for patients based on the disease-specific presentation and synthesis of clinical data.	1 2 3 4 5	Values and accepts patients/families' cultural beliefs and how they affect clinical management.	1 2 3 4 5
Recognizes components of a plan of care that is individualized and reflective of the patient's condition, age, and clinical needs.	1 2 3 4 5	Conducts advanced comprehensive and holistic health assessment relevant to ICU practice.	1 2 3 4 5		
Recognizes the presence of comorbid conditions that will affect health and lead to rapid deterioration of life-threatening conditions.	1 2 3 4 5	Assess patients for urgent and emergent conditions (e.g. cardioversion, cardiopulmonary resuscitation).	1 2 3 4 5		
Recognizes the signs and symptoms of deteriorating patient conditions in the ICU.	1 2 3 4 5	Outlines a treatment regimen for common conditions encountered in the ICU (i.e. sepsis, ARDS, ACS, heart failure, encephalopathy)	1 2 3 4 5		
Describes the importance of nutrition in critically ill patients.	1 2 3 4 5	Develops a nutritional plan for critically ill patients with the assistance of a nutritional consultation.	1 2 3 4 5		
Explains the differences between enteral and parenteral nutrition and describes the indications for both.	1 2 3 4 5	Distinguishes between different modes of nutrition delivery in the ICU (enteral, parenteral).	1 2 3 4 5		
		Recognizes alterations in nutrition on the basis of clinical condition (e.g. risk of aspiration, swallowing disorders).	1 2 3 4 5		

Competency Topic: End-of-Life Care

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes palliative and end-of-life care.	1 2 3 4 5	Participates in code-status discussions with patients, families, and caregivers.	1 2 3 4 5	Expresses support for the patients and families making end-of-life care decisions.	1 2 3 4 5
Explains the importance of offering end-of-life care when patients have terminal illness that will result in diminished quality of life.	1 2 3 4 5	Demonstrates an understanding of the available options to alleviate suffering in end-of-life care.	1 2 3 4 5	Values patient and family autonomy in end-of-life care decisions.	1 2 3 4 5
Defines the terms autonomy, self-determination, dignity, and quality of life.	1 2 3 4 5	Counsels patients and families/caregivers about the range of options for palliative and end-of-life care.	1 2 3 4 5	Conveys empathy when discussing end-of-life care.	1 2 3 4 5
		Initiates comfort measures and end-of-life care in collaboration with the patient, family, and members of the health care team.	1 2 3 4 5	Expresses both cultural and spiritual sensitivity when counseling patients/families.	1 2 3 4 5
		Uses hospital resources to help transition patient to a palliative care approach in consultation with the palliative care team.	1 2 3 4 5	Advocates for patient/family choice in deciding to terminate medical management.	1 2 3 4 5

Competency Topic: Patient Safety

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Define iatrogenic processes that are common in the ICU (I.e. CLABSI, CAUTI, VTE, delirium, pressure ulcers).	1 2 3 4 5	Demonstrates methods to prevent and/or limit the adverse effects associated with the development of iatrogenic events (e.g. delirium monitoring, judicious use of catheters, lines/restraints, monitoring devices).	1 2 3 4 5	Acknowledges own potential to contribute to measures to reduce iatrogenic events.	1 2 3 4 5
Describe the current types of patient safety events in the institution.	1 2 3 4 5	Applies best practice standards in the treatment of any iatrogenic events that afflict the patient in the ICU.	1 2 3 4 5	Appreciates the importance of a team-based approach to reduce the amount of iatrogenic complications in the ICU.	1 2 3 4 5
Outlines the risk factors for patients in the ICU that predispose them to patient safety events.	1 2 3 4 5	Identifies system errors and potential solutions to iatrogenic events.	1 2 3 4 5		
Lists the components of a patient safety culture in the ICU.	1 2 3 4 5	Demonstrates the ability to assess and prevent common iatrogenic conditions in the ICU (e.g. fall, dehydration, delirium, CLABSI, CAUTI).	1 2 3 4 5		
Discusses the importance of early mobility in the ICU.	1 2 3 4 5	Monitors and evaluates the safety and efficacy of pharmacologic and therapeutic interventions.	1 2 3 4 5		
		Maintains patient privacy and confidentiality.	1 2 3 4 5		
		Demonstrates the ability to access and report patient safety concerns.	1 2 3 4 5		
		Orders physical therapy consultation to assist in early mobility of critically ill patients.	1 2 3 4 5		

Competency Topic: Pharmacology

Knowledge	Rating	Skills	Rating	Attitudes	Rating
Describes the different pharmacologic and nonpharmacologic regimens for treatment of acute illness in the ICU setting.	1	Adheres to clinical guidelines in the prescription of pharmacologic agents in the ICU.	1	Conveys an appreciation of the importance of judicious use of pharmacotherapy in the treatment of ICU patients.	1
	2		2		2
	3		3		3
	4		4		4
	5		5		5
Explains the importance of antibiotic stewardship in clinical practice.	1	Prescribes appropriate pharmacologic and nonpharmacologic agents for the treatment of symptoms and/or disease in the ICU on the basis of best practice standards.	1	Expresses importance of preventing and monitoring for the adverse effects associated with the use of pharmacologic agents.	1
	2		2		2
	3		3		3
	4		4		4
	5		5		5
Describes the mechanism of action of common drugs used in the management of critically ill patients e.g. antibiotics, vasopressors, inotropic agents, antiarrhythmics, anticoagulants).	1	Demonstrates age-related changes in pharmacokinetics, pharmacodynamics, and responses to dosages of medications prescribed.	1	Values the importance of making age-related dosage adjustments of pharmacologic agents used in the ICU.	1
	2		2		2
	3		3		3
	4		4		4
	5		5		5
Describes the adverse events related to pharmacologic agents in the ICU and understands measures to reduce adverse events.	1	Recognizes and monitors for the adverse effects and interactions associated with pharmacologic therapies (e.g. QTc prolongation, nephrotoxicity, hepatic toxicity, opioid toxicity).	1	Appreciates the importance of controlling pain in patients who are acutely ill in the ICU.	1
	2		2		2
	3		3		3
	4		4		4
	5		5		5
Describes the importance of pain management and sedation management for critically ill patients.	1	Adheres to institutional formulary guidelines for the use of antibiotics and the proper duration of use based on clinical diagnosis.	1	Conveys respect and empathy for patients who are experiencing pain in the ICU.	1
	2		2		2
	3		3		3
	4		4		4
	5		5		5
Differentiates between appropriate measures (pharmacologic and nonpharmacologic) to manage pain in the ICU.	1	Demonstrates types and treatment approaches for fluid and electrolyte imbalances in the ICU.	1	Respects patient's right to refuse pharmacologic therapies.	1
	2		2		2
	3		3		3
	4		4		4
	5		5		5
Explains the common adverse effects associated with opiate pain management regimens (e.g. opioid toxicity, constipation)	1	Develops a pain-treatment plan based on benefits and risks of available treatments.	1		
	2		2		
	3		3		
	4		4		
	5		5		
		Includes patients and family members in the plan of care for pain management.	1		
	2				
	3				
	4				
	5				

Refer to Kopf et al., 2018, "Curriculum for Critical Care Nurse Practitioners," Appendix ___ for explanation of abbreviations utilized in these tables.

AG-ACNP

Appendix N

Lourdes DNP Evaluations

Group/Course Items: _____

1. Course Name, Number and Section: (for example - EDU 610 L Learning Theory and Instruction) *This question is required.

2. Name of Instructor: *This question is required.

3. I have had the opportunity for participatory learning.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. I have been provided opportunities to share my ideas and learning.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I received timely feedback on my course work.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. The instructor comes to class prepared and well organized.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. The instructor was knowledgeable about the subject matter.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. The instructor's teaching was effective for the course.

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. The instructor demonstrates respect and concern for students.

Strongly Agree Agree Neutral Disagree Strongly Disagree

10. Instructional materials were appropriate for the course.

Strongly Agree Agree Neutral Disagree Strongly Disagree

11. Having completed the course, I feel knowledgeable in the subject.

Strongly Agree Agree Neutral Disagree Strongly Disagree

12. Overall, the course and instructor met my expectations.

Strongly Agree Agree Neutral Disagree Strongly Disagree

13. The readings from the textbook(s) and distributed/recommended articles were...

14. Course assignments were...

AG-ACNP

15. Members of my cohort contribute to my learning experience by...

16. I would describe my instructor as...

17. The format of the class is...

18. Changes (if any) for this class would be...

19. Comments/Concerns...

Group/Course Items:

1. Course Number and Title:

2. Instructor:

3. I have missed more than 20% of the class requirements.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree

4. How much time did you spend per week on this course?

- 1-3
- 4-6
- 7-9
- 10-12

AG-ACNP

 13+**5. I read all the assigned materials in preparation for class.** Strongly disagree Disagree Uncertain Agree Strongly agree**6. I submitted all homework assignments on time.** Strongly disagree Disagree Uncertain Agree Strongly agree**7. I regularly participate in online class discussions.** Strongly disagree Disagree Uncertain Agree Strongly agree**8. My technology skills were sufficient to successfully meet the requirement of this online course.** Strongly disagree Disagree Uncertain Agree Strongly agree**9. The instructor presents/provides the material in a clear and understandable manner.** Strongly disagree Disagree Uncertain Agree Strongly agree N/A**10. The instructor provides sufficient opportunities to ask questions.** Strongly disagree Disagree Uncertain Agree Strongly agree

AG-ACNP

 N/A

11. The instructor is responsive to questions.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

12. The instructor provides prompt and useful feedback on exams and assignments .

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

13. The instructor managed online class discussions to facilitate focused communication.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

14. The instructor is available for individual help.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

15. The instructor demonstrates respect and concern for students.

 Unsatisfactory Inadequate Adequate Good Excellent N/A

16. The instructor was effective in teaching this online course.

 Strongly disagree

AG-ACNP

- Disagree
- Uncertain
- Agree
- Strongly agree
- N/A

17. The course materials were available in a timely manner.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree
- N/A

18. The syllabus was a valuable tool for class preparation.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree
- N/A

19. The required textbook(s) and materials are valuable for the course.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree
- N/A

20. The assignments and exams are relevant to the course material.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree
- N/A

21. Directions for assignments were clear and complete.

- Strongly disagree
- Disagree
- Uncertain
- Agree
- Strongly agree

AG-ACNP

 N/A

22. Supplemental course materials and resources (websites, databases and online course reserve documents available through the library) are easy to access.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

23. The course was well-designed and well-organized.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

24. The technology employed to facilitate the course was easy to use.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

25. The technical support was accessible and helpful.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

26. Technology problems hindered my learning experience.

 Strongly disagree Disagree Uncertain Agree Strongly agree N/A

27. I would take another online course.

 Strongly disagree

AG-ACNP

- Disagree
- Uncertain
- Agree
- Strongly agree
- N/A

28. What are the major strengths and weaknesses of this course?

29. How has this course been helpful to you?

30. How could this course be improved?

31. Comment on the grading system and exams.

32. Please add any additional comments relevant to this course.

Group/Course Items:

1. Course Number and Title:

2. Instructor

I. Objectives

3. Clinical objectives were clearly stated and related to course objectives.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

4. Clinical objectives were realistic given the time frame.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

II. Facilities/Services

5. Parking, lockers, and dining facilities were available.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

6. Library and conference rooms were accessible.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

7. Opportunities were present for participation in facility sponsored education.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

III. Clinical Laboratory Structure

8. Learning experiences were of sufficient variety to meet clinical objectives.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

9. Learning experiences were appropriate to meet clinical objectives.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

10. Time and day scheduled for clinical laboratory experience were satisfactory.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

11. Clinical laboratory staff were supportive and receptive to student learning.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

12. Clients were accessible.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

IV. Faculty

13. Clinical instructor was available to assist in problem solving.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

14. Clinical instructor was able to enhance the clinical laboratory experience.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

15. Clinical instructor evidenced skill in clinical judgement and leadership.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

16. Clinical instructor fostered a collaborative relationship between students and clinical laboratory staff.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

17. Clinical instructor provided timely feedback regarding the attainment of clinical objectives.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

18. Clinical instructor demonstrated an effective working relationship with the clinical agency personnel.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

V. Pre/Post Conference

19. This time provided the opportunity to express thoughts and feelings about events of the day.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

20. This time allowed for clarification of the plan to meet clinical objectives.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

21. This time allowed for the evaluation of student performance relative to clinical objectives.
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

AG-ACNP

VI. Orientation

22. An opportunity was provided to become familiar with the physical layout and key personnel at the beginning of clinical lab experience.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

23. The health care organization analysis was useful.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

24. The clinical agency valued students.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

VII. Evaluation Methods

25. The collaborative self and faculty evaluation process for the evaluation and grading of clinical performance was appropriate.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

26. Written weekly logs were useful in validating progress towards clinical objectives.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

27. The clinical evaluation scale was objective and reliable.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

28. Evaluation methods were clearly defined and provided at the beginning of the clinical laboratory course.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

29. VIII. Additional Comments.

AG-ACNP

Appendix O

Marketing Plan / Flyer

LOURDES ADVANTAGE PARTNERSHIP PROGRAM (LOURDES, 2020).

As valued friends, the following companies and organizations are recognized as partners.

Premium

ProMedica

ProMedica and Lourdes University are proud to offer ProMedica employees The Lourdes Advantage Partnership. Through this distinctive program, ProMedica employees will receive an excellent education at an affordable price. As a Lourdes Advantage Partner, ProMedica employees have the option of pursuing both undergraduate and master's level degrees at reduced tuition.

ProMedica recognizes that Lourdes University's relevant curriculum provides information and insight that their employees can apply in their current and future roles.

Take advantage of all the benefits provided including partner tuition rates. Start earning your degree from Lourdes University and take your career to the next level.

Check with the ProMedica Human Resources department for potential additional savings through the ProMedica tuition reimbursement program.

Employee Enrollment Form

To learn more about this opportunity, contact:

Tara Hanna
Director of Graduate Admissions
419-517-8908

Email

Partners

Aptus

The Andersons

The Center for Non-Profit Resources

Chick-fil-A

Directions Credit Union

Diocese of Toledo

Enterprise Holdings

Great Lakes Credit Union

Kingston Healthcare Company

Medical Mutual

Savage and Associates

St. Luke's Hospital

Toledo Public Schools

Appendix P

AG-ACNP Clinical Placements Comparative

Institution	Clinical Placements
Vanderbilt University School of Nursing (2020) AG-ACNP Hospitalist Focus	Ambulatory Medicine, Hospital Medicine, Cardiovascular/Heart Failure, Critical Care/Pulmonary, Diabetes/Endocrinology, Gastroenterology/Hepatology, Geriatric, Hematology/Oncology, Infectious Disease, Nephrology, Neurology/Neurosurgery, Ortho/Trauma.
Vanderbilt University School of Nursing (2020) AG-ACNP Intensivist Focus	Critical Care Teams, Rapid Response Teams, Shock Teams, Burn Care Units, Cardiovascular Intensive Care Units, Medical Intensive Care Units, Neurological Intensive Care Units, Surgical Intensive Care Units.
Kent University School of Nursing (2020)	A variety of hospital settings such as specialty clinics, emergency departments and acute, sub-acute and intensive/critical care areas.
Wright State University (2019)	Emergency departments, intensive care units, acute care units, or specialty labs, clinics or physician practices; critical care, cardiology, pulmonary, neurology, oncology, trauma, as well as additional specialty areas.
Columbia University (2020)	Cardiothoracic ICU, CCU, Surgical ICU, Medical ICU, Transplant ICU, Neurosurgical ICU, Rapid Response Team, Emergency Department, Palliative Care, Acute Pain Management, CT Surgery, Short-Stay Surgical, Advanced Heart Failure, Gynecologic Oncology, Neurologic Oncology.

Appendix Q

Syllabi for:

- **Adult-Gerontology Acute Care Nurse Practitioner Theory I (3 credit hours)**
- **AG-ACNP Skills, Procedures, and Diagnostics (1 credit hour)**
- **Adult-Gerontology Acute Care Nurse Practitioner Clinical 1 (300 clinical hours, 3 credit hours)**
- **Adult-Gerontology Acute Care Nurse Practitioner Theory II (3 credit hours)**
- **Adult-Gerontology Acute Care Nurse Practitioner Clinical II (300 hours, 3 credit hours)**

Course Syllabi

Adult-Gerontology Acute Care Nurse Practitioner Theory I

Department: Nursing

Credit Hours: 3

Prerequisites: Admission to the Graduate School; Completion of AG-ACNP plan of study commensurate to the start of this course.

College Learning Outcomes: Graduate Learning Goals

Instructor:

I. Course Description:

This course provides an introduction and foundation to advanced practice nursing interventions consistent with the Adult-Gerontology Acute Care Nurse Practitioner Role in managing adolescent patients from age 13 through frail elderly patients. This course brings the focus of the AG-ACNP, which is to provide comprehensive care to acutely ill adults experiencing episodic illness, exacerbation of chronic illness, or terminal illness, to the student in the format of online lectures, weekly quizzes, discussions, and a scholarly paper.

II. Purpose of the Course:

The purpose of this course is to provide AG-ACNP students with foundational knowledge to provide advanced practice care to adults. The course, in conjunction with AG-ACNP Skills, Procedures, and Diagnostics, will provide the AG-ACNP student with the ability and skill set to begin AG-ACNP clinical the following semester.

III. Graduate College Learning Outcomes and Objectives:

1. Students acquire and utilize specialized knowledge in their area of study.
2. Students gain intellectual and practical communication, analytic inquiry, and information fluency skills appropriate to their area of study.
3. Students develop a person and professional ethic consistent with the Franciscan values of learning, reverence, and service.
4. Students demonstrate a commitment to social responsibility, diversity, and the standards of their professions/disciplines.
5. Students exhibit the professional development, work practices, global perspectives, and dispositions of lifelong learners.
6. Students integrate knowledge by engaging in meaningful graduate-level scholarly activities appropriate to their area of study.

II. DNP Student Program Learning Outcomes (SPLO):

1. Display a professional commitment to the Franciscan values of community, learning, reverence, and service when leading care of diverse populations in the advanced practice nursing role. (Essential II, VIII, Lourdes Mission)
2. Utilize interdisciplinary sciences to establish professional standards that provides safe, effective, efficient, evidence based care in an advanced practice nursing role. (Essential I, VIII)
3. Apply evidence based knowledge in the design and use of theoretical and technological systems to manage individual and aggregate level information to improve and transform healthcare. (Essential I, II, IV)
4. Employ communication, leadership, and cultural principles to collaborate with multidisciplinary teams in the provision of quality and safety initiatives to improve outcomes at the individual and systems level. (Essential II, VI, VIII)
5. Utilize epidemiology to translate evidence-based practice models to improve individual, aggregate, and population health. (Essential III, V, VII)
6. Synthesize, evaluate, and discuss the impact of ethical, political, economic, legal, and moral issues as related to healthcare in society. (Essential V, VII)

III. Course Objectives (CO):

1. Focus on the pathophysiology, assessment, diagnoses, and collaborative management of adults and older adults with selected episodic/chronic health problems in acute/critical as a novice AG-ACNP.
2. AG-ACNP Competency in the following topical areas: Renal, Cardiac, Pulmonary, ENT disorders, Psychiatric disorders, Geriatric considerations, Infection/Sepsis/SIRS, and Perioperative management.

IV. Policies:

1. **Policies on Emergency Response, Statement on Disabilities, Academic Honesty, Code of Conduct & Non-discrimination, Academic Grievance, and others can be found in the College of Nursing Graduate Student Handbook <http://www.lourdes.edu/wp-content/uploads/2018/02/LU-Nursing-Grad-Student-Handbook-18-19.pdf>. It is your responsibility to read, understand and abide by the university standards.**

The university is an equal opportunity educational institution.

Note: In case of an emergency response situation for online students, please ensure your safety by following your onsite emergency plan.

2. Attendance Policy: *Each course has different requirements for attendance which are clearly identified in the course syllabus. Attendance and participation are very important. All courses involve extensive interaction and discussion on the part of students. Students will need to consistently attend class and have read and reflected upon the assigned readings for each class meeting. Class attendance is accompanied by informed, thoughtful, and reflective participation. See further Attendance specifics for this course in the **Discussion & Responses** section below.*

3. Technology: *Please visit the Canvas technical support areas within Canvas, our course management system. The Canvas support team can be contacted for technical problems related to Canvas at <https://community.canvaslms.com/welcome> . To review the Canvas privacy statement visit <https://www.canvaslms.com/policies/privacy>*

4. Communicating with Faculty: For questions related to an assignment, please contact the faculty. All direct communication from faculty to students is done only through their Lourdes University email account, Canvas or in- person or virtually connected scheduled appointments. It is the student's responsibility to regularly check their email and Canvas for correspondence from faculty. Faculty response to emails can be expected within 24-48 hours. Faculty response to discussions or posts can be expected within 24-48 hours of the discussion or post unless otherwise noted by faculty. In most cases, Faculty grading will be completed within 72 hours of due date/time unless otherwise noted by faculty.

5. Evaluation: Online evaluation of presentations, online group discussion, readings, integration of text and various reference materials along with the use of web-based resources may be included in the overall evaluation of the DNP program. This course is a web-based 100% online course. See further evaluation specifics in the Discussion & Responses section below as well as the specifics of each assignment.

Grading Scale

The final grade for this course visible in Canvas will be assigned as a letter grade as follows:

- a. The grading scale is A (100-90), B (89-80), C (79-70), D (60-69) and F (below 60).
- b. Numeric grades are calculated to the tenths place and rounded to the next higher number if five or above.
- c. For the courses that use satisfactory or unsatisfactory the parameters for each are determined by the individual instructor.
- d. Students in jeopardy of failing at midterm are identified, provided written notice of performance, and actions necessary to improve/pass the course.

AG-ACNP

- e. Faculty reserves the right to change course requirements with fair notice to students.
- f. All written assignments are submitted within Canvas in the course “Assignment Drop Box” and will be reviewed for quality content, adherence stated to criteria/guidelines, APA format, and original thought on the subject. Ten percent (5%) of the assignment points will be deducted for a late submission and an additional 10% for each 24 hours an assignment is late thereafter. Proactive discussions are encouraged and considered by faculty for possible assignment of alternative due dates. Faculty does not read drafts of any written assignment, but will answer all asked questions related to any assignment.
- g. Students must complete all the course required evaluation methods to pass the course.
- h. All students are encouraged to participate in the course evaluations at the end of each semester. The Program Director receives aggregate results as well as the individual comments and shares evaluative feedback with the faculty after grades have been assigned.
- i. In their 4th and final semester each cohort is invited to an evaluation forum. This forum is moderated by someone other than course faculty and in such a way as to allow students an opportunity to provide open and honest feedback. Each student also assesses the achievement of the MSN-DNP Program Student Learning Outcome.
- j. Each MSN-DNP course is reviewed and evaluated each semester by the faculty. The Course Instructor leads this effort and submits the Course Report to the Program Director who summarizes all reports. Copies of individual course reports are to be placed in each electronic course specific file.

V. Bibliography for all AG-ACNP Courses:

Harris, C. (2019). *Adult-Gerontology Acute Care practice guidelines*. Springer Publishing, New York.

ISBN: 9780826170040

Marino, P.L. (2014). *The ICU book*. Lippincott Williams & Wilkins. Philadelphia, PA.

ISBN: 1451121180

Owens, W. (2018). *The ventilator book (2nd Ed.)*. First Draught Press, Columbia, S.C.

ISBN-10: 0985296542

Other Required Resources:

Online presentations, online group discussion, readings, integration of text and various reference materials along with the use of web-based resources is required for this course. This course is a web-based course.

Suggested Recommended Texts/Resources:

American Psychological Association (2001). Publication Manual of the American Psychological Association (6th ed.). Washington D.C.: American Psychological Association.

VI. Topical Outline/Course Schedule:

Week	Topic
1	AG-ACNP Role; Types of Shock
2	Acute Kidney Injury
3	Chronic Kidney Disease
4	Electrolyte Disorders; Metabolic acidosis
5	Acute Coronary Syndromes; Angina; Cardiac Arrest; Targeted Temperature Management
6	Heart Failure; Valvular Disease; Arrhythmias; Hypertension; Dyslipidemia
7	Respiratory Failure; COPD; Asthma; ARDS ; Pneumonia
8	Pulmonary Embolism; Pleural effusions; Restrictive Lung Disease
9	ENT
10	Psychiatric
11	Geriatric
12	Fever Management; Infection
13	Infection, continued
14	Perioperative Management

COURSE ASSIGNMENTS

ASSIGNMENTS & Alignments	DUE DATE	POINTS	% OF GRADE
<i>Discussions</i>	Weekly (as assigned)	300	30%
<i>Weekly Quizzes</i>	By End of each week	500	50%
<i>Scholarly Paper</i>	By End of Week 13	200	20%
	Total	1000	100%

Discussion and Responses: 20%

As a reflection of the Lourdes University guiding principles of community, reverence, learning, and service students will work with faculty to establish classroom norms at the beginning of each

AG-ACNP

semester. These norms encompass, at a minimum, issues of civility and respect in addressing and working with students, staff and faculty. Weekly participation includes participating in weekly discussion, attending virtual presentations and submission of an end of course and faculty evaluation. Weekly participation in the online discussion board is located within Canvas. Discussion questions will be posted by the instructor in a weekly discussion thread. Students should come to the online course discussion prepared for informed discussion by formulating possible questions to pose during weekly discussions based on assigned reading, previous knowledge, and professional experience related to the theory portion of the course. Active Participation for weekly participation points includes all of the following:

1. Academic week is Monday – Friday unless otherwise stated in the course schedule. Students are free to post to the discussion board the up and coming week assignment over the weekend. However, doing so does not excuse students from active participation during the week.
2. Post discussion board responses to assignments by Wednesday 5pm of each week.
3. Respond to a minimum of two or as noted peer discussion board postings related to the weekly topic by Friday 5pm.
4. Participation points will be awarded as described in the criteria guidelines below.

Collegial professional responses should for the most part be factual rather than personal opinion. Points are based on the **quality**, and not simply the amount of your input. *You cannot earn points for discussions you did not participate in.*

POINTS	CRITERIA
50 points	Consistently participates with thoughtful discussion and well composed questions / responses
40 points	Consistently participates; however, discussion is often superficial and/or questions / responses are vague or unformed.
30 points	Frequently participates with thoughtful discussion and well composed questions / responses
20 points	Frequently participates; however, discussion tends to be superficial and/or questions / responses are vague or unformed
10 points	Rarely participates; however, presents thoughtful discussion and well composed

AG-ACNP

	questions / responses when student does participate.
5 points	Rarely participates and discussion is often superficial and/or questions / responses are vague or unformed.
0 points	No participation or completes initial post, but does not respond to others

Course Syllabi

Adult-Gerontology Acute Care Nurse Practitioner Skills, Procedures, and Diagnostics

Department: Nursing

Credit Hours: 1

Prerequisites: Admission to the Graduate School; Completion of AG-ACNP plan of study commensurate to the start of this course.

College Learning Outcomes: Graduate Learning Goals

Instructor:

I. Course Description:

This course provides an introduction and foundation to advanced practice nursing interventions consistent with the Adult-Gerontology Acute Care Nurse Practitioner Role in managing adolescent patients from age 13 through frail elderly patients. This course brings the focus of the AG-ACNP, which is to provide comprehensive care to acutely ill adults experiencing episodic illness, exacerbation of chronic illness, or terminal illness, to the student in the format of online lectures, weekly quizzes, discussions, and a scholarly paper.

II. Purpose of the Course:

The purpose of this course is to provide AG-ACNP students with foundational knowledge to provide advanced practice care to adults. The course, in conjunction with AG-ACNP Skills, Procedures, and Diagnostics, will provide the AG-ACNP student with the ability and skill set to begin AG-ACNP clinical the following semester.

III. Graduate College Learning Outcomes and Objectives:

1. Students acquire and utilize specialized knowledge in their area of study.
2. Students gain intellectual and practical communication, analytic inquiry, and information fluency skills appropriate to their area of study.
3. Students develop a person and professional ethic consistent with the Franciscan values of learning, reverence, and service.
4. Students demonstrate a commitment to social responsibility, diversity, and the standards of their professions/disciplines.
5. Students exhibit the professional development, work practices, global perspectives, and dispositions of lifelong learners.

6. Students integrate knowledge by engaging in meaningful graduate-level scholarly activities appropriate to their area of study.

II. DNP Student Program Learning Outcomes (SPLO):

1. Display a professional commitment to the Franciscan values of community, learning, reverence, and service when leading care of diverse populations in the advanced practice nursing role. (Essential II, VIII, Lourdes Mission)
2. Utilize interdisciplinary sciences to establish professional standards that provides safe, effective, efficient, evidence based care in an advanced practice nursing role. (Essential I, VIII)
3. Apply evidence based knowledge in the design and use of theoretical and technological systems to manage individual and aggregate level information to improve and transform healthcare. (Essential I, II, IV)
4. Employ communication, leadership, and cultural principles to collaborate with multidisciplinary teams in the provision of quality and safety initiatives to improve outcomes at the individual and systems level. (Essential II, VI, VIII)
5. Utilize epidemiology to translate evidence-based practice models to improve individual, aggregate, and population health. (Essential III, V, VII)
6. Synthesize, evaluate, and discuss the impact of ethical, political, economic, legal, and moral issues as related to healthcare in society. (Essential V, VII)

III. Course Objectives (CO):

1. Focus on learning the theory and practice of selected procedures, skills, and diagnostics important to the role of the AG-ACNP.
2. Competency as a novice AG-ACNP in the areas in the topical outline below:

Weekly Topical Outline

Week	Topic
1	ECG analysis
2	Imaging
3	Imaging, continued
4	Suturing
5	Lumbar Puncture
6	Chest tube insertion and removal; Thoracentesis
7	Use of Ultrasound
8	Ventilators
9	Central Line Insertion
10	Arterial line insertion
11	Endotracheal intubation
12	Endotracheal Intubation, continued. Bronchoscopy.
13	Simulation
14	Simulation

Course Syllabi

Adult-Gerontology Acute Care Nurse Practitioner Clinical 1 (300 clinical hours, 3 credit hours)

Department: Nursing

Credit Hours: 3

Prerequisites: Admission to the Graduate School; Completion of AG-ACNP plan of study commensurate to the start of this course.

College Learning Outcomes: Graduate Learning Goals

Instructor:

I. Course Description:

This course, the first in a sequence of two clinical courses, provides clinical experiences consistent with the Adult-Gerontology Acute Care Nurse Practitioner Role in managing adolescent patients from age 13 through frail elderly patients.

Activity	Due	Points/ % Grade
History and Physical with Problem-based assessment and plan	Week 3	300 / 30
History and Physical with Problem-based assessment and plan	Week 6	300 / 30
History and Physical with Problem-based assessment and plan	Week 9	300 / 30
Weekly clinical journals	Compilation due at week 13	100 / 10
Completion of clinical Hours	Due by week 14	0
Student and preceptor evaluations	Due by week 14	0
----	----	1000 points total / 100%

Course Syllabi

Adult-Gerontology Acute Care Nurse Practitioner Theory II

Department: Nursing

Credit Hours: 3

Prerequisites: Admission to the Graduate School; Completion of AG-ACNP plan of study commensurate to the start of this course.

College Learning Outcomes: Graduate Learning Goals

Instructor:

I. Course Description:

This course provides a continued introduction and foundation to advanced practice nursing interventions consistent with the Adult-Gerontology Acute Care Nurse Practitioner Role in managing adolescent patients from age 13 through frail elderly patients. This course brings the focus of the AG-ACNP, which is to provide comprehensive care to acutely ill adults experiencing episodic illness, exacerbation of chronic illness, or terminal illness, to the student in the format of online lectures, weekly quizzes, discussions, and a scholarly paper.

II. Purpose of the Course:

The purpose of this course is to provide AG-ACNP students with continued foundational knowledge to provide advanced practice care to adults.

III. Graduate College Learning Outcomes and Objectives:

1. Students acquire and utilize specialized knowledge in their area of study.
2. Students gain intellectual and practical communication, analytic inquiry, and information fluency skills appropriate to their area of study.
3. Students develop a person and professional ethic consistent with the Franciscan values of learning, reverence, and service.
4. Students demonstrate a commitment to social responsibility, diversity, and the standards of their professions/disciplines.
5. Students exhibit the professional development, work practices, global perspectives, and dispositions of lifelong learners.
6. Students integrate knowledge by engaging in meaningful graduate-level scholarly activities appropriate to their area of study.

II. DNP Student Program Learning Outcomes (SPLO):

AG-ACNP

1. Display a professional commitment to the Franciscan values of community, learning, reverence, and service when leading care of diverse populations in the advanced practice nursing role. (Essential II, VIII, Lourdes Mission)
2. Utilize interdisciplinary sciences to establish professional standards that provides safe, effective, efficient, evidence based care in an advanced practice nursing role. (Essential I, VIII)
3. Apply evidence based knowledge in the design and use of theoretical and technological systems to manage individual and aggregate level information to improve and transform healthcare. (Essential I, II, IV)
4. Employ communication, leadership, and cultural principles to collaborate with multidisciplinary teams in the provision of quality and safety initiatives to improve outcomes at the individual and systems level. (Essential II, VI, VIII)
5. Utilize epidemiology to translate evidence-based practice models to improve individual, aggregate, and population health. (Essential III, V, VII)
6. Synthesize, evaluate, and discuss the impact of ethical, political, economic, legal, and moral issues as related to healthcare in society. (Essential V, VII)

III. Course Objectives (CO):

1. Focus on the pathophysiology, assessment, diagnoses, and collaborative management of adults and older adults with selected episodic/chronic health problems in acute/critical as a novice AG-ACNP.
2. AG-ACNP Competency in the following topical areas: Gastrointestinal, Hepatobiliary, Neurological, Endocrine, Oncological, Hematological, Vascular, and Trauma.

Weekly Topical Outline

Week	Topic
1	Acute Abdomen; GI Bleeding; Peptic Ulcer Disease; GERD; Inflammatory Bowel Disease
2	Hepatitis; Pancreatitis; Cirrhosis
3	Strokes; Transient Ischemic Attack; Intracerebral Hemorrhage
4	Status Epilepticus; Anoxic Brain injury; Brain Death; Headaches
5	Adrenal Insufficiency; Diabetes Type 1 & 2; Diabetic Ketoacidosis; Hyperglycemic Hyperosmolar State.
6	Thyroid Disorders; Metabolic Syndrome; Pheochromocytoma

AG-ACNP

7	Malignancies of the neurologic system; Breast cancer; Gastrointestinal cancer; Gynecological Cancers.
8	Head and neck cancers; Leukemias; Lung Cancer; Lymphomas; Multiple myeloma; Sarcoma; Skin cancer.
9	Osteoarthritis; Rheumatoid arthritis; Systemic Lupus Erythematosus; Vasculitis; Back pain; Joint pain.
10	Anemia; Bleeding diatheses; coagulopathies; Deep Vein Thrombosis; Sickle Cell crisis; Acute chest syndrome.
11	Acute Limb ischemia; Aortic Disease; Carotid artery disease.
12	Peripheral vascular disease
13	Chest Trauma; Penetrating chest injury; penetrating intracranial injury.
14	Shock; Spinal cord injury; Traumatic brain injury.

Course Syllabi

Adult-Gerontology Acute Care Nurse Practitioner Clinical 2 (300 clinical hours, 3 credit hours)

Department: Nursing

Credit Hours: 3

Prerequisites: Admission to the Graduate School; Completion of AG-ACNP plan of study commensurate to the start of this course.

College Learning Outcomes: Graduate Learning Goals

Instructor:

V. Course Description:

This course, the second in a sequence of two clinical courses, provides clinical experiences consistent with the Adult-Gerontology Acute Care Nurse Practitioner Role in managing adolescent patients from age 13 through frail elderly patients.

Activity	Due	Points/ % Grade
History and Physical with Problem-based assessment and plan	Week 3	300 / 30
History and Physical with Problem-based assessment and plan	Week 6	300 / 30
History and Physical with Problem-based assessment and plan	Week 9	300 / 30
Weekly clinical journals	Compilation due at week 13	100 / 10
Completion of clinical Hours	Due by week 14	0
Student and preceptor evaluations	Due by week 14	0
----	----	1000 points total / 100%

