

### Program Modification Proposal Form

Name of Institution: Medical University of South Carolina

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.): To offer a new concentration within the Doctor of Nursing Practice (DNP) program to meet the growing demand for acute care pediatric nurse practitioners.

Current Name of Program (include degree designation and all concentrations, options, and tracks):  
Doctorate in Nursing Program (DNP) with the following concentrations: (1) Adult-Gerontology, (2) Family, (3) Pediatric, (4) Psychiatric Mental Health, (5) Palliative Care.

Proposed Name of Program (include degree designation and all concentrations, options, and tracks):

Add sixth track: (6) Pediatric Nurse Practitioner Acute Care

Program Designation:

- |  |   |
|--|---|
| <input type="checkbox"/> Associate's Degree  | <input type="checkbox"/> Master's Degree                              |
| <input type="checkbox"/> Bachelor's Degree: 4 Year   | <input type="checkbox"/> Specialist                                   |
| <input type="checkbox"/> Bachelor's Degree: 5 Year<br>Ph.D. and DMA)   | <input type="checkbox"/> Doctoral Degree: Research/Scholarship (e.g., |
| <input checked="" type="checkbox"/> Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.) |   |

Does the program currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes  
☒ No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes  
☒ No

Proposed Date of Implementation: Fall 2026

CIP Code: 51.3818

Current delivery site(s) and modes:  
85750 (for all DNP tracks)

Proposed delivery site(s) and modes:  
85750 (no change)

Program Contact Information (name, title, telephone number, and email address):

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Institutional Approvals and Dates of Approval:

1. College of Nursing: 10/09/24
2. Education Advisory Council: 1/30/25
3. Provost's Council: 2/13/25 [highest approval needed for Program Modifications]

### **Background Information**

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

The College of Nursing (CON) at the Medical University of South Carolina (MUSC) proposes the addition of an Acute Care Pediatric Nurse Practitioner (PNP-AC) track to the existing Doctor of Nursing Practice (DNP) program. This new track is designed to educate and train pediatric nurse practitioners for advanced nursing practice in acute care settings. The program offers both part-time and full-time study plans, spanning 3 to 4 years, to accommodate the diverse needs of prospective students. The program will be available both to BSN and MSN level nurses.

The program targets licensed nurses interested in working in pediatric acute care settings.

This proposed modification aligns with MUSC's mission to increase access to high-quality care for the citizens of South Carolina and beyond. By offering premier educational programs, MUSC aims to prepare highly competent healthcare professionals who can meet the complex needs of pediatric patients in acute care settings. This initiative supports MUSC's commitment to preserving and optimizing human life through advanced healthcare education and practice.

The addition of the pediatric acute care track is closely aligned with MUSC's strategic plan, which emphasizes the integration of educational programs with clinical practice. This alignment is part of the broader goal of realizing "One MUSC," an integrated health system that leverages educational excellence to enhance clinical outcomes. The program's focus on evidence-based practice and innovative teaching strategies ensures that graduates are well-prepared to contribute to the institution's objectives of building strength and impact through an integrated health system.

#### **Program Highlights**

- **Specialization Beyond Primary Care:** The PNP-AC track allows students to specialize beyond primary care, focusing on acute care settings.
- **Nationally Ranked DNP Program:** MUSC's DNP program is recognized for its innovative teaching strategies tailored to 21st-century learners.
- **Expert Faculty:** Faculty members are highly trained in the science of teaching and learning, with active clinical practices in their specialized fields, ensuring that students receive education grounded in current clinical practice.
- **Hybrid/Online Education:** MUSC CON has a proven track record in hybrid/online education, being the first in the country to offer a hybrid/online DNP program since 2010. This format meets the needs of adult learners while maintaining academic rigor.

By expanding into the acute care environment, this new track not only enhances the educational offerings of MUSC CON but also supports the institution's mission and strategic objectives, ultimately contributing to the health and well-being of the community.

#### **Assessment of Need**

Projections for job growth indicate a favorable outlook for Advanced Practice Registered Nurses employment throughout the US at 44.5% growth expected from 2022 to 2032 (<https://projectionscentral.org/longterm>). Opportunities for pediatric NPs continue to rise, thanks to the overall growth of the NP workforces. In general, the number of nurse practitioners has been rising to meet the growing need for healthcare. In the 2022 [US News Best Jobs Report](#), NPs ranked #1 in healthcare

jobs and #2 in overall jobs. As of 2022, there are 234,690 NPs in the workforce, and the Bureau of Labor & Statistics has predicted a 52.2 percent employment growth for NPs from 2020-2030. According to a [white paper](#) published in the May/June 2019 Journal of Pediatric Health Care issue, a growing number of healthcare organizations understand the value of pediatric expertise.

“Health care systems are increasingly recognizing the importance of hiring providers with pediatric expertise for the care of children,” wrote Kristin Hittle Gigli, Ph.D., RN, CPNP-AC, CCRN, et al. “Providers without pediatric education and certification require longer orientation, resulting in loss of provider productivity and reimbursement for postgraduate pediatric education.” The authors also warn of a “forecasted critical shortage of PNPs over the next decade.” The areas where pediatric expertise may be in the most demand are underserved and rural areas, which are already struggling with provider shortages.

### **Institutional Need**

MUSC recognizes a critical need to address the shortage of acute care nurse practitioners (NPs) trained in interprofessional, team-based clinical care models. The shortage of Acute Care-Pediatric Nurse Practitioners impacts the institution's ability to provide optimal, team-based patient care. Conversations with nurse practitioner students, nursing professionals, faculty, and nurse leaders across the healthcare system reveal a strong support for adding this acute care track. By introducing the Acute Care Pediatric Nurse Practitioner track, MUSC aims to fill this gap, ensuring that its healthcare workforce is equipped to meet the complex needs of pediatric patients within our healthcare system.

### **Statewide Need**

South Carolina is predicted to have the seventh-largest shortage of Registered Nurses in the nation by 2036, with predicted vacancies of 13,600, leaving more than 1 in 5 positions unfilled. The SC Legislature has given \$30 million into collegiate nursing programs in South Carolina over the past three years in an effort to mitigate a potential health care crisis. At the same time, our workforce demands continue to increase, including the priority need for qualified Acute Care Pediatric Nurse Practitioners.

In South Carolina, 23% of children have special healthcare needs, a higher percentage than the national average of 20%. These children are more likely to require hospitalization and higher acuity care, such as that provided in pediatric ICUs. South Carolina currently has Pediatric Intensive Care Units at: MUSC Shawn Jenkins Children's Hospital (Charleston), Prisma Health (Columbia & Greenville), Novant Health (Greenville), Spartanburg Medical Center, and McLeod Children's Hospital (Myrtle Beach). Currently, there are no pediatric acute care training programs in the state, making this proposed program the first of its kind. As the only Academic Health Sciences Center in the state, we acknowledge the critical need for developing a specialized workforce capable of delivering high-quality care to South Carolina's most vulnerable pediatric populations.

### **Regional and National Need**

The regional and national need for an acute care pediatric nurse practitioner (NP) program is becoming increasingly urgent due to the growing medical complexity of pediatric patients. More children are living with chronic healthcare conditions, necessitating a workforce skilled in managing these complexities. Nurse practitioners have a long-standing reputation for providing quality, safe, and equitable care to patients in the United States and beyond. According to the American Association of Colleges of Nursing (AACN), the demand for nurse practitioners, including those specialized in acute care, continues to grow. The U.S. Bureau of Labor Statistics projects that nurse practitioners will be the third fastest-growing occupation in the country from 2023 to 2033.

By establishing this program, The Medical University of South Carolina (MUSC) will contribute to addressing the national shortage of acute care NPs, thereby enhancing the quality of pediatric care across the region and beyond. Since 2008, the nursing profession has emphasized the need for alignment of APRN's education, certification, licensure, and clinical practice setting (APRN Consensus

Workgroup & National Council of State Boards of Nursing APRN Advisory Committee, 2008). However, there has been limited growth in program availability to meet the need for specialty-trained NPs, especially for pediatric patients in acute care settings (Gigli et al., 2020). Opportunities exist to grow the presence of acute care pediatric NP programs in partnership with hospitals that have Pediatric Intensive Care Units (PICUs) and might reasonably employ these providers after graduation, such as MUSC. The acute care pediatric NP specialty has not experienced significant growth in the size of the workforce (AANP, 2019a; Freed et al., 2010). However, inpatient pediatric physicians across multiple clinical specialties want to increase the integration of pediatric NPs (Freed et al., 2011). In pediatric critical care, where acute care certification is clearly aligned with the clinical roles, the demand to increase NP presence is greatest (Freed et al., 2011; Giglie et al., 2018a; Haut & Madden, 2015).

In the past 15 years, the number of PICUs employing NPs has doubled (Horak et al., 2019). Yet, because the vast majority of NP graduates are family NPs, pediatric acute care hospitals face two unenviable options: either forgo hiring NPs despite the unmet need or hire NPs who are not formally educated or certified in pediatric acute care. Currently, NPs work in less than half (44%) of PICUs, typically providing coverage only during a portion of the 24-hour intensive care unit day, indicating opportunities for expansion of NP presence in PICUs (Horak et al., 2019).

Nurse practitioner misalignment places a demand on hospitals to provide role-relevant "on the job training" and may increase liability for NPs considered to be practicing outside of their scope (Buppert, 2017; Hoffman & Guttendorf, 2017). Factors preventing the growth and proliferation of the acute care PNP workforce are multifactorial, but the availability of acute care PNP programs is likely an important determinant of workforce growth. In recent years, acute care PNP programs have expanded capacity and new programs have opened, but these programs are likely not keeping pace with the growth of other NP specialties or with the unmet demand for acute care PNPs (Freed et al., 2015).

### Strategic Partnerships

The Shawn Jenkins Children's Hospital (SJCH) at MUSC, the premier children's hospital in South Carolina, is a highly engaged partner in this initiative. SJCH administrators are committed to supporting the PNP-AC program through clinical placement opportunities, ensuring that students receive hands-on training in a leading pediatric healthcare facility. Dr. Kiersten LeBar, Associate Chief Nursing Officer (ACNO) of Women's, Children's, and Psychiatry at the Medical University of South Carolina is intricately involved in the development of this program and has provided a letter of support (Appendix A). This partnership underscores the program's alignment with MUSC's strategic objectives and its mission to optimize human life through advanced healthcare education and practice.

### Transfer and Articulation

The Pediatric Nurse Practitioner-Acute Care (PNP-AC) track will not require any special articulation agreements for the proposed program.

### Description of the Program

Projected Enrollment						
Year	Summer Headcount		Fall Headcount		Spring Headcount	
	New	Total	New	Total	New	Total
2026			6	6	0	6
2027	0	6	12	18	0	18
2028	0	18	18	36	0	36
2029	0	30	18	48	6	54

We anticipate that we can enroll an initial cohort of 6 well-qualified students (6 in FA26). This is a conservative projection based on our current enrollment trends in our Advanced Practice programs. We average 18 new enrollees per program each Fall and 10 new enrollees per program each Spring. We anticipate steady, rapid growth after the first year due to it being the only AC-PNP in the state and also because of the strong support from our practice partners. We believe many of the current Registered Nurses working in pediatric acute care settings will be encouraged and supported in obtaining this valuable degree to better meet the needs of the community. If students enroll in the track full time, the BSN to DNP program can be completed in 8 semesters; and the MSN to DNP program can be completed in 5 semesters.

### Curriculum

Attach a curriculum sheet identifying the courses required for the program.

### Curriculum Changes

Courses Eliminated from Program	Courses Added to Program	Core Courses Modified
N/A	N/A	<ul style="list-style-type: none"> <li>NRDNP 864</li> <li>NRDNP 865</li> <li>NRDNP 866</li> </ul>

The modifications below are all to expressly include content relevant to acute care settings in each of these courses. Acute care content and problem-based learning (PBL) content will be delivered to separate student groups of acute care pediatric nurse practitioner students enrolled in these courses. The different population foci, primary and acute care tracks run alongside each other in the same broad courses. The acute care focus will only be a separate pediatric program at this point. We will continue our primary care pediatric MSN and DNP programs as well as all other primary care tracks listed above.

Course Name & Number	Modified Description	Original Description
<b>NRDNP 864: Advanced Care Management I (6 Credit Hours)</b>	The focus of the first clinical course is on novice-level assessment, diagnosis, and management of common episodic and chronic medical, behavioral, and psychosocial conditions that includes pharmacotherapy for the specific population and setting (acute or non-acute) foci within the context of their families, social environment, genetics, and culture. Emphasis is on generating sound healthcare decisions within the scope of APRN practice that are grounded in evidence-based health promotion, prevention and risk-reduction recommendations, epidemiology, and knowledge of symptom complexes as they relate to pathophysiology. Knowledge of social determinants of health, health	The focus of the first clinical course is on novice-level assessment, diagnosis, and management of common episodic and chronic medical, behavioral, and psychosocial conditions that includes pharmacotherapy for the specific population foci within the context of their families, social environment, genetics, and culture. Emphasis is on generating sound healthcare decisions within the scope of APRN practice that are grounded in evidence-based health promotion, prevention and risk-reduction recommendations, epidemiology, and knowledge of

	<p>disparities, palliative care, and ethics provides the foundation for developing an unbiased, comprehensive plan of care that incorporates evidence-based guidelines, anticipatory guidance, models of provider-patient communication, and provision of educational resources. The practicum provides precepted experiences working within the specific population and setting (acute or non-acute) foci at the novice level to assess, diagnosis, and manage pathophysiologic states, developing initial as well as ongoing treatment plans using evidence-based guidelines. NRDNP 838, NRDNP 860, NRDNP 854, NRDNP 856, NRDNP 842.</p>	<p>symptom complexes as they relate to pathophysiology. Knowledge of social determinants of health, health disparities, palliative care, and ethics provides the foundation for developing an unbiased, comprehensive plan of care that incorporates evidence-based guidelines, anticipatory guidance, models of provider-patient communication, and provision of educational resources. The practicum provides precepted experiences working within the specific population foci at the novice level to assess, diagnosis, and manage pathophysiologic states, developing initial as well as ongoing treatment plans using evidence-based guidelines. NRDNP 838, NRDNP 860, NRDNP 854, NRDNP 856, NRDNP 842.</p>
<p><b>NRDNP 865: Advanced Care Management II (6 Credit Hours)</b></p>	<p>The focus of the second clinical course is on the advanced-beginner-level of assessment, diagnosis, and management of common episodic and chronic medical, behavioral, and psychosocial conditions that includes pharmacotherapy for the specific population and setting (acute or non-acute) foci within the context of their families, social environment, genetics, and culture. Emphasis is on generating sound healthcare decisions within the scope of APRN practice that are grounded in evidence-based health promotion, prevention and risk-reduction recommendations, epidemiology, and knowledge of symptom complexes as they relate to pathophysiology. Knowledge of social determinants of health, health disparities, palliative care, and ethics provides the foundation for developing an unbiased, comprehensive plan of care that incorporates evidence-based guidelines, anticipatory guidance, models of patient-provider communication, and provision of educational resources. The practicum provides precepted experiences working within the specific population and setting (acute or non-acute) foci at</p>	<p>The focus of the second clinical course is on the advanced-beginner-level of assessment, diagnosis, and management of common episodic and chronic medical, behavioral, and psychosocial conditions that includes pharmacotherapy for the specific population foci within the context of their families, social environment, genetics, and culture. Emphasis is on generating sound healthcare decisions within the scope of APRN practice that are grounded in evidence-based health promotion, prevention and risk-reduction recommendations, epidemiology, and knowledge of symptom complexes as they relate to pathophysiology. Knowledge of social determinants of health, health disparities, palliative care, and ethics provides the foundation for developing an unbiased, comprehensive plan of care that incorporates evidence-based guidelines, anticipatory guidance, models of patient-provider communication, and</p>

	the advanced beginner level to assess, diagnose, and manage pathophysiologic states, developing initial as well as ongoing treatment plans using evidence-based guidelines. Prerequisite: NRDNP 838, NRDNP 860, NRDNP 854, NRDNP 856, NRDNP 842, NRDNP 836, NRDNP 864.	provision of educational resources. The practicum provides precepted experiences working within the specific population foci at the advanced beginner level to assess, diagnose, and manage pathophysiologic states, developing initial as well as ongoing treatment plans using evidence-based guidelines. Prerequisite: NRDNP 838, NRDNP 860, NRDNP 854, NRDNP 856, NRDNP 842, NRDNP 836, NRDNP 864.
<b>NRDNP 866: Advanced Care Management III (6 Credit Hours)</b>	The focus of the third clinical course is on developing competence in the assessment, diagnosis, and management of common episodic and chronic medical, behavioral, and psychosocial conditions that includes pharmacotherapy for the specific population and setting (acute or non-acute) foci within the context of their families, social environment, genetics, and culture. Emphasis is on generating sound healthcare decisions within the scope of APRN practice that are grounded in evidence-based health promotion, prevention and risk-reduction recommendations, epidemiology, and knowledge of symptom complexes as they relate to pathophysiology. Knowledge of social determinants of health, health disparities, palliative care, and ethics provides the foundation for developing an unbiased, comprehensive plan of care that incorporates evidence-based guidelines, anticipatory guidance, models of patient-provider communication, and provision of educational resources. The practicum provides precepted experiences working within the specific population and setting (acute or non-acute) foci to develop competence in assessing, diagnosing, and managing pathophysiologic states, developing initial as well as ongoing treatment plans using evidence-based guidelines. Prerequisite: NRDNP 838, NRDNP 860, NRDNP 854, NRDNP 856, NRDNP 842, NRDNP 836, NRDNP 864, NRDNP 858, NRDNP 865.	The focus of the third clinical course is on developing competence in the assessment, diagnosis, and management of common episodic and chronic medical, behavioral, and psychosocial conditions that includes pharmacotherapy for the specific population foci within the context of their families, social environment, genetics, and culture. Emphasis is on generating sound healthcare decisions within the scope of APRN practice that are grounded in evidence-based health promotion, prevention and risk-reduction recommendations, epidemiology, and knowledge of symptom complexes as they relate to pathophysiology. Knowledge of social determinants of health, health disparities, palliative care, and ethics provides the foundation for developing an unbiased, comprehensive plan of care that incorporates evidence-based guidelines, anticipatory guidance, models of patient-provider communication, and provision of educational resources. The practicum provides precepted experiences working within the specific population foci to develop competence in assessing, diagnosing, and managing pathophysiologic states, developing initial as well as ongoing treatment plans using

		evidence-based guidelines. Prerequisite: NRDNP 838, NRDNP 860, NRDNP 854, NRDNP 856, NRDNP 842, NRDNP 836, NRDNP 864, NRDNP 858, NRDNP 865.
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Appended to this application (Appendix B) is a four year plan of study

### New Courses

List and provide course descriptions for new courses. N/A

### Similar Programs in South Carolina offered by Public and Independent Institutions

Identify the similar programs offered and describe the similarities and differences for each program. There are no similar programs in the state of SC. The programs below are offered by institutions in the region.

Program Name and Designation	Total Credit Hours	Institution	Similarities	Differences
Master of Science or Doctor of Science in Nursing Pediatric Acute Care Program	43-45 for MSN; 61-63 for Post-BSN DNP	Vanderbilt University	Curriculum follows 2021 AACN Essentials Has MSN and DNP Options, full-time, part-time	Has a post-Master's certificate option Acute care courses run concurrent to Primary Care courses rather than a section of acute care PNP students within the overall MSN/DNP curriculum
Pediatric Acute Care Nurse Practitioner Master of Science in Nursing	48	Emory University	Curriculum follows 2021 AACN Essentials Has part-time and full-time options	Has a post-Master's certificate option and a Master's Exit. There is no DNP exit Acute care courses run concurrent to Primary Care courses rather than a section of acute care PNP students within the overall MSN curriculum

### Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

The CON will need to hire a subject matter expert (consultant) early in the planning phase to assist in program development, including curriculum revisions. This is a temporary hire. Additionally, we will need



to hire 1 FTE 6 months prior to program offering to assist in finalizing curriculum and faculty preparations. This new FTE will teach the initial cohort of 6 students in the modified courses. The workload will be monitored to determine if additional personnel are needed as the program continues to grow and develop. Existing faculty will be leveraged to teach courses not specific to the acute care PNP clinical role and per the American Association of Colleges of Nursing we will maintain a ratio of 1 acute care certified pediatric nurse practitioner for every 6 students in the program.

## Resources

Identify new library, instructional equipment and facilities needed to support the modified program.

**Library Resources:** No new library resources needed. We will continue to engage our college's reference librarian to assist with library resources necessary for the program.

**Equipment:** No new space or equipment are needed.

**Facilities:** The CON has established affiliations and partnerships throughout the MUSC Enterprise, including the Shawn Jenkins Children's Hospital Emergency Department, to provide exceptional clinical experiences for the ACPNP learners. The program is taught in a hybrid format with mandatory, on campus learning intensives experiences. During these experiences students will have access to the new CON simulation/skills experiential learning center as well as MUSC's high-fidelity simulation center.

## Impact on Existing Programs

Will the proposed program impact existing degree programs or services at the institution (e.g., course offerings or enrollment)? If yes, explain

☐ Yes

☒ No

### Financial Support

Estimated Sources of Financing for the New Costs						
Category	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Total
Tuition Funding	\$0.00	\$0.00	\$812,700.00	\$942,776.00	\$921,060.00	\$2,676,536.00
Program-Specific Fees	\$0.00	\$0.00	\$83,025.00	\$95,940.00	\$94,095.00	\$273,060.00
Special State Appropriation	N/A	N/A	N/A	N/A	N/A	N/A
Reallocation of Existing Funds	N/A	N/A	N/A	N/A	N/A	N/A
Federal, Grant, or Other Funding	\$179,145	\$528,396.50	\$0.00	\$0.00	\$0.00	\$707,541.50
<b>Total</b>	\$179,145	\$528,396.50	\$877,648.00	\$1,020,639.00	\$1,006,116.00	\$3,657,137.50
Estimated New Costs by Year						
Category	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Total
Program Administration and Faculty and Staff Salaries	\$372,462.92	383,577.06	394,724.16	405,612.47	416,730.43	1,973,107.04
Facilities, Equipment, Supplies, and Materials	17,000.00	12,100.00	13,310.00	14,641.00	16,105.00	73,156.00
Library Resources	N/A	N/A	N/A	N/A	N/A	N/A
Administrative & Support	\$87,933.85	\$196,749.85	\$306,074.32	\$350,406.37	\$348,353.46	\$1,289,517.85
MUSC Investment Fund	\$30,454.65	\$89,827.40	\$149,200.16	\$173,508.63	\$171,039.80	\$614,030.64
<b>Total</b>	\$507,851.42	\$682,254.31	\$863,308.64	\$944,168.47	\$952,228.69	\$3,949,811.53
<b>Net Total</b> (i.e., Sources of Finance Minus Estimated New Costs)	-\$328,706.42	-\$153,857.81	\$14,339.36	\$76,470.53	\$53,887.31	-\$292,674.03

## Budget Justification

The initial high expenses in years one and two are due mainly to three key issues: new program enrollment, administrative and support costs for central university services, and faculty salaries.

1. Enrollment: We expect growth in enrollment to reach its peak after year 2. In year three we expect to obtain our desired enrollment with little change year to year. Year 1 students (starting Fall of 2026) and Year 2 students starting Fall of 2027) will not pay tuition or fees in the first two years and first year of their program, respectively (see grant information below). This benefit is conferred to them because they are enrolling in a concentration that is launching new, and the grant funding below is meant to attract new students into careers where need is high.
2. Central service costs: These expenses are incurred by all programs/colleges as part of Funds Flow at MUSC.
3. Faculty Salaries: Salaries will be the single largest expense for this new program. Existing faculty will take on additional duties to open and sustain this new pediatric acute care track. Existing faculty will teach this cohort of students in non-clinical courses. We will need to hire a full FTE who is a certified acute care pediatric nurse practitioner each time we admit six students into the program in order to be adherent to a 1:6 student to faculty ratio per the Commission on Collegiate Nursing Education (CCNE). In order to create, grow and maintain this new track we will require the coordination efforts of 11 different individuals, both faculty and staff. These 11 individuals include both existing faculty and staff and those that we plan to recruit and hire to teach the clinical components of the program. These salaries must be paid before students enroll into the new track.

Revenue will be primarily from student tuition. For the first two years, 100% of tuition will be covered via Medicaid's Health Access, Workforce, and Quality (HAWQ) funds. HAWQ funding is a financial initiative aimed at enhancing healthcare access, workforce development, and quality of care within the Medicaid program. This funding supports various healthcare projects and programs, particularly those that address high-needs areas and underserved populations. These scholarships are designed to alleviate the financial burden on students, encouraging them to commit to working in high-needs areas across the healthcare enterprise upon graduation. For this reason, the tuition revenue line for the first two years in the budget table above shows \$0; the HAWQ funding is reflected in the federal, grant, or other funding line.

The HAWQ funding also plays a crucial role in workforce development by increasing the number of Advanced Practice Registered Nurses (APRNs) and other healthcare professionals. This, in turn, improves access to care for patients, many of whom are covered by Medicaid. The funding helps ensure that graduates from these programs are well-prepared to serve in various healthcare settings, thereby generating positive revenue and enhancing the overall quality of care. Additionally, the HAWQ funding supports the alignment of certification programs with clinical needs, ensuring that healthcare professionals are equipped with the necessary skills and knowledge to meet the demands of the healthcare system. This includes the development of new curriculum and the establishment of clinical partnerships to provide hands-on training and experience.

## Evaluation and Assessment

The End-of-Program Student Learning Outcomes (EPSLOs) are the same for all of the APRN tracks (adult-gerontology, family, pediatric, psychiatric mental-health, and palliative care) per accreditation requirements.

*Graduates of the DNP Program will demonstrate competence as advanced practice nurses within a specialized area of knowledge derived from a strong scientific foundation to:*

1. Generate, synthesize, translate, apply, and disseminate nursing knowledge to improve health and transform health care.
2. Coordinate resources to provide and manage safe, compassionate, equitable care for diverse populations across the lifespan.
3. Apply analytical methods, systems thinking, and leadership competencies to improve quality and safety in health care at the individual patient and systems level.
4. Provide person-centered care in multiple contexts within interprofessional partnerships to optimize care, coordinate resources, lead complex systems, enhance the healthcare experience, and strengthen outcomes.
5. Utilize Informatics, Artificial Intelligence, and Healthcare Technologies to provide safe, high-quality care, gather data, support decision-making, and implement innovative strategies for continuous quality improvement.
6. Participate in the development and interpretation of health care policy to improve financing, regulation, access to, and delivery of safe, high quality, and equitable healthcare.
7. Cultivate a professional identity that reflects nursing's characteristics and values, including a commitment to ethical leadership, personal health, well-being, moral courage, resilience, and lifelong learning.

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment
1. Generate, synthesize, translate, apply, and disseminate nursing knowledge to improve health and transform health care.	Generate, synthesize, translate, apply, and disseminate nursing knowledge to improve health and transform health care.	Problem-based learning cases, quizzes and exams, clinical, reflection, DNP Project and process
2. Coordinate resources to provide and manage safe, compassionate, equitable care for diverse populations across the lifespan.	Coordinate resources to provide and manage safe, compassionate, equitable care for diverse populations across the lifespan.	Cultural competence assignments and groupwork, social determinants of health Quizzes and exams, epidemiology and statistics exercises, evidence-based research, root cause analysis, quality and process improvement, DNP Project
3. Apply analytical methods, systems thinking, and leadership competencies to improve quality and safety in health care at the individual patient and systems level.	Apply analytical methods, systems thinking, and leadership competencies to improve quality and safety in health care at the individual patient and systems level.	Quizzes and exams, epidemiology and statistics exercises, evidence-based research, root cause analysis, quality and process improvement, DNP Project
4. Provide person-centered care in multiple contexts within interprofessional partnerships to optimize care, coordinate resources, lead complex systems,	Provide person-centered care in multiple contexts within interprofessional partnerships to optimize care, coordinate resources, lead complex systems, enhance the	Interprofessional competencies, TeamSteps, Interprofessional clinical experiences, reflection, clinical entries, case review

enhance the healthcare experience, and strengthen outcomes.	healthcare experience, and strengthen outcomes.	
5. Utilize Informatics, Artificial Intelligence, and Healthcare Technologies to provide safe, high-quality care, gather data, support decision-making, and implement innovative strategies for continuous quality improvement.	Utilize Informatics, Artificial Intelligence, and Healthcare Technologies to provide safe, high-quality care, gather data, support decision-making, and implement innovative strategies for continuous quality improvement.	Quality improvement, research, manipulation of data and evidence, DNP Project
6. Participate in the development and interpretation of health care policy to improve financing, regulation, access to, and delivery of safe, high quality, and equitable healthcare.	Participate in the development and interpretation of health care policy to improve financing, regulation, access to, and delivery of safe, high quality, and equitable healthcare.	Health policy assignments and scholarly paper, finance and budget assignments including DNP Project budget
7. Cultivate a professional identity that reflects nursing's characteristics and values, including a commitment to ethical leadership, personal health, well-being, moral courage, resilience, and lifelong learning.	Cultivate a professional identity that reflects nursing's characteristics and values, including a commitment to ethical leadership, personal health, well-being, moral courage, resilience, and lifelong learning.	Problem-based learning cases, discussions and reflections, DNP Project and process, professional identity assignment

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

☐ Yes

☒ No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

☐ Yes

☒ No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

☒ Yes Pediatric Nursing Certification Board, Acute Care

☐ No

Explain how the program will prepare students for this licensure or certification.

The Acute Care Pediatric Nurse Practitioner program incorporates professional nursing standards and guidelines per Core Competencies for Professional Nursing Education (AACN, 2021).

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

☐ Yes

☒ No

Appendix A



18 McLeod Banks Drive  
Charleston, SC 29425  
musckids.org

**February 27, 2025**

**To:** Office of Academic Affairs and Licensing, South Carolina Commission on Higher Education  
**From:** Dr. Kiersten LeBar - Associate Chief Nursing Officer of Women's, Children's, and Psychiatry; Medical University of South Carolina

I am writing to express my strong support for the proposed modification to the Doctor of Nursing Practice (DNP) program at the Medical University of South Carolina's College of Nursing, specifically the addition of the Acute Care Pediatric Nurse Practitioner (PNP-AC) track. This initiative is a significant step towards addressing the growing demand for specialized pediatric acute care practitioners and aligns perfectly with MUSC's mission to provide high-quality healthcare education and services, especially as there are no other similar programs in South Carolina.

The proposed PNP-AC track is designed to educate and train pediatric nurse practitioners for advanced nursing practice in acute care settings. By targeting licensed nurses interested in pediatric acute care, this program will fill a critical gap in our healthcare system, particularly in underserved and rural areas where the need for pediatric expertise is most acute. The addition of the PNP-AC track will enhance our ability to prepare highly competent healthcare professionals who can meet the complex needs of pediatric patients in acute care settings. The program's focus on evidence-based practice and innovative teaching strategies ensures that graduates are well-prepared to contribute to MUSC's objectives of building strength and impact through an integrated health system.

The Shawn Jenkins Children's Hospital (SJCH) at MUSC, a premier children's hospital in South Carolina, is a highly engaged partner in this initiative. SJCH administrators are committed to supporting the PNP-AC program through clinical placement opportunities, ensuring that students receive hands-on training in a leading pediatric healthcare facility. This partnership underscores the program's alignment with MUSC's strategic objectives and its mission to optimize human life through advanced healthcare education and practice.

In conclusion, the addition of the Acute Care Pediatric Nurse Practitioner track to the DNP program is a crucial development that will significantly benefit our healthcare system. I fully support this proposal and am confident that it will contribute to the health and well-being of our community.

Sincerely,

A handwritten signature in blue ink that reads "Kiersten LeBar".

**Dr. Kiersten LeBar**

Associate Chief Nursing Officer of Women's, Children's, and Psychiatry  
Medical University of South Carolina

*An equal opportunity employer, promoting workplace diversity.*



Appendix B

		<b>Acute Care PNP DNP 4 Year Plan</b>	
<b>Year 1</b>		<b>Fall Semester</b>	
NRDNP	836	Informatics in Health Care Delivery	3 sh
NRDNP	830	Applied Health Care Economics and Finance	3 sh
			<b>6sh</b>
<b>Year 1</b>		<b>Spring Semester</b>	
NRDNP	846	Frameworks for Leadership	3 sh
NRPHD	708	Advanced Health Policy and Advocacy	3 sh
OR	2x	ELECTIVE	<b>6sh</b>
<b>Year 1</b>		<b>Summer Semester</b>	
NRDNP	860	Applied Epidemiology and Biostatistics	4 sh
			<b>4sh</b>
<b>Year 2</b>		<b>Fall Semester</b>	
NRDNP	838	Advanced Pathophysiology	3 sh
NRDNP	856A	Advanced Clinical Assessment and Reasoning for Neonates and Pediatrics I	3 sh
			<b>6sh</b>
<b>Year 2</b>		<b>Spring Semester</b>	
NRDNP	856B	Advanced Clinical Assessment and Reasoning for Neonates and Pediatrics II	3 sh
NRDNP	842	Advanced Pharmacotherapeutics	4 sh
			<b>7sh</b>
<b>Year 2</b>		<b>Summer Semester</b>	
NRDNP	864	Advanced Care Management I	6 sh
			<b>6sh</b>
<b>Year 3</b>		<b>Fall Semester</b>	
NRDNP	865	Advanced Care Management II	6 sh
NRDNP	873	Scientific Underpinnings	3 sh
			<b>9sh</b>
<b>Year 3</b>		<b>Spring Semester</b>	
NRDNP	866	Advanced Care Management III	6 sh
NRDNP	858	Evidenced Based Practice, Quality and Safety	3 sh
			<b>9sh</b>
<b>Year 3</b>		<b>Summer Semester</b>	
NRDNP	848B	Role Practicum	7 sh
NRDNP	862	Practice Inquiry and IRB	3 sh
			<b>10sh</b>
<b>Year 4</b>		<b>Fall Semester</b>	
NRDNP	890	Residency	5 sh
NRDNP	850	Organizational Theory and Health Care Systems	3 sh
			<b>8sh</b>
<b>Year 4</b>		<b>Spring Semester</b>	
NRDNP	890	Residency	5 sh
		<b>Minimum DNP course work =</b>	<b>76 sh</b>