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## Minutes of the Regular Meeting of the Academic Council

Thursday October 18, 2007

Paula McClain (Political Science, Chair of the Council): Our first order of business is to approve the minutes of the September 20<sup>th</sup> meeting. [The minutes were approved by voice vote without dissent.]

As indicated on your agenda, President Brodhead and ECAC are hosting a reception immediately outside this room following the meeting. Please do stay around and eat and drink. Otherwise I have to take it all home (not good!).

We are now going to go into Executive Session.

### Executive Session: Honorary Degrees

Paula McClain: Today we have two proposals to create two different degrees. Both will be presented and discussed today but will be brought back for further discussion and a vote on the November 15<sup>th</sup> meeting. So we will vote on these on November 15<sup>th</sup>.



#### *Proposal for a joint PhD degree in German studies with the University of North Carolina at Chapel Hill*

The first proposal is a request from the Department of Germanic Language and Literature to create a joint PhD degree in German studies with the University of North Carolina at Chapel Hill. Ann Marie Rasmussen, Chair of Duke's Germanic Language and Literature Department, is here to present the proposal.

Ann Marie Rasmussen (Germanic Language and Literature): Good afternoon, my name is Ann Marie Rasmussen and I am Chair of the Department of Germanic Languages and Literature here at Duke University. I am honored to be addressing my colleagues here at the Academic Council today about the Carolina-Duke Graduate Program in German Studies, a fully-merged graduate program with a joint-admissions process and a single diploma bearing the names of both institutions. This occasion represents the culmination of almost 5 years of work. On behalf of the faculty members of the German Departments at Carolina and



Duke, I wish to thank the Duke deans, Gregson Davis, David Bell, JoRae Wright, and George McLendon, for their unstinting support – especially for believing in this faculty-driven and faculty-initiated initiative from the beginning, when it was nothing more than yet another wild faculty idea. I also wish to thank my colleagues in the German Departments at Duke and Carolina, and especially the Chair of German at Carolina, Professor Clayton Koelb, who could not be with us today, for their hard work, their vision, their personal commitment and engagement, and their firm resolve to address the inevitable difficulties and disagreements that arose in a spirit of mutual respect and civility.

The Carolina-Duke graduate program in German studies was initiated by faculty and it has been driven by faculty motivated, I believe, by dedication to their field, by a determination to create circumstances in

which this field of study can thrive in the University of the 21<sup>st</sup> century.

The faculties of the German Departments at Duke and Carolina knew that there were many things that made our work easier, or at any rate made the goals seem more attainable. These included the excellent cross-institutional administrative relationships, the Robertson bus schedule, the coordinated academic calendars, and existing inter-institutional agreements. The faculties know that this initiative brings benefits to both departments and to both universities, and we can assure you that the process of ironing out academic and practical details has taught us a lot, and has increased our understanding of the ways in which our institutions can successfully collaborate. Finally, it is our hope, that this pioneering, cross-institutional, collaborative initiative in the humanities may point the way for our colleagues in other units, departments, and programs at Carolina and Duke – not to do things the same way as we have, that is to say, not only as a model, although for some our initiative may be that – but above all as a precedent that by seeking out those complementary and unique strengths that advance the common good and our common goals we can build together for our future. Thank you, and I welcome questions.

### *Questions*

James Dobbins (Radiology): What would be the advantages of having a combined program as opposed to two distinct programs?



Rasmussen: The advantages are two. One of the advantages is that the ranking of the two programs singly is probably in the double-digits; but together it is the consensus in the field that we will become one of the top three programs in graduate study in the United States.

Another benefit is that we would have – we would go to a relatively large faculty of about 11, we currently now have about 4 faculty – a large, robust department. With present faculty strengths, we will have strengths in many fields. So we go from being a niche department to being a department that can offer broad coverage.

Kerry Haynie (Political Science): Administrative Reporting: Will there be a chair in both departments who will report to deans on both campuses?

Rasmussen: The departments are not merged. This is a graduate program, so the departments remain separate. It is the idea, right now, that there will be two Directors of Graduate Studies.

Steve Baldwin (Chemistry): There is a general issue for future hiring – will it be institutional-specific?

Rasmussen: They're institution-specific, but we are very proud to have initiated a new practice for each German department, the one at Carolina and the one at Duke. We each have a junior search going on, this year and we have each appointed a member of the other university to our search committees, on the principle that more good advice is always a good thing.

Ron Gallant (Fuqua): What is the size of the program: the number of PhD students combined?

Rasmussen: Combined, we will probably be admitting a class of about 6-7 students each year.

Judith Ruderman (Vice Provost Acad. & Adm. SVCS): So there will be one transcript with both schools. Is that how it will work; it's a true joint-degree, not a dual degree?

Rasmussen: The registrars have assured u that they can create a system by which students will have one number which will be the same number at both universities and that each university will maintain a transcript, the same transcript.

Ruderman: I meant to say diploma, actually. Will it be a single diploma?

Rasmussen: It's a single diploma, the color of the diploma...?

Ruderman: I ask not with the color in mind so much ...from what I understand this is Duke's first true joint degree, though we have tended to fling the term around when we really meant dual degree. This is our first joint degree, and as such it will require submission of much paperwork to our accrediting body.

Rasmussen: Right, and we've had that in mind. In fact, the timetable of this degree – implementation and launch of the degree – is such that it will not interfere with the accreditation process.

Provost Lange: You failed to mention that we're so looking forward to that submission of paperwork....

### *Proposal to create a Doctor of Nursing Practice Degree*

Paula McClain: Thank you Ann Marie. Next you will hear a proposal from Dean Catherine Gilliss and Professor Barbara Turner from the School of Nursing, on a proposal to create a Doctor of Nursing Practice Degree.

Catherine Gilliss: Thank you very much, colleagues. I stand before you, three years after, almost to the day, presenting to you a proposal for the PhD in nursing. Three years ago you reviewed that proposal and approved it, and I am pleased to say that the faculty have been hard at work preparing our first group

of students. We have brought in 4 in the first class and 4 in the second class.

I am pleased also that the President recognized the hard work of our faculty over the last few years. Certainly our school has appreciated the interdisciplinarity of this campus and that has made our ability to contribute to you even greater than it would be on many other campuses. Today we bring forward the proposal for the Doctor of Nursing Practice. I stand before only to say that as the Dean of the School, I am fully in support of this proposal, for reasons that will



be explained to you in greater detail by Dr. Turner. I also want to say that Barbara Turner, who was the co-chair of the task force that developed this proposal, is to be congratulated, as are all of our faculty, but particularly those on the task force. They have done, I think, a beautiful job of incorporating national criteria that have been developed for this degree into a proposal that is extremely carefully written and quite innovative. Duke will have a distinctive approach to this degree. I present Dr Barbara Turner.

Barbara Turner: Thank you Dean Gilliss. I recognize two things: One, I am the only thing between you and a glass of wine. Secondly I recognize that you have a an 81 or 82 page document – I also recognize you did not have time to read the entire document. I will start with page one, paragraph one...no, I will not do that (!).

We come before you seeking discussion about a proposal for the Doctor of Nursing Practice Degree. This is a fairly new degree. Right now the School of Nursing offers a baccalaureate degree, a second degree for those students who have already earned a baccalaureate in another field, this is a baccalaureate in nursing. We also offer a Master's degree, primarily in specialization in advanced-practice nursing, nurse practitioners, nurse and ethics and those kinds of things. And as the Dean referenced we also offer a research degree, a PhD, with our second group of students.

So now we're asking permission for a DNP. Why a DNP? The DNP is a Doctor of Nursing Practice. It is a practice degree. It is not a research degree. Why are we doing it? There's a series of reports from the Institute of Medicine that says we need to think about new leaders in health care, we need to think

about the way we're doing things. We need to focus on quality, we need to focus on safety, we need to focus on patient-centered care, we need to focus on outcomes, and we need a new group of leaders to do that.

AACN, the American Association of Colleges of Nursing, has looked at these data also and said we need to do this. And advanced-practice nurses, those nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, by the year 2015, it is recommended that they be prepared at the Doctor of Nursing Practice level. So there's a national movement to move to the Doctor of Nursing Practice. What's the status in the country? Are we ahead of the curve? Behind the curve? In the middle of the curve?

There are about 378 schools of nursing that offer the Master's degree in nursing. 200 are moving to the DNP. Over 60 have started the DNP, enrolled students in the DNP, graduated in the DNP. Over 140 are planning for the DNP, right where we are.

Why should we do it? It's a fit with our mission. It's a fit with our strategic plan. And the Dean, in collaboration with Duke Hospital, is planning a nursing translational research institute. It's a beautiful fit with that where we can look at changes in practice and see how they use it – as a test bed for evaluating changes in nursing practice.

Why now? The School of Nursing Faculty have worked for two years to assess, should we do a Doctor of Nursing Practice? We looked at the resources of the School, we sought consultation from other DNP programs across the country. And the consensus among the faculty was that we need to move forward with that. It is the emerging trend in schools of nursing. I've discussed that; we've had applicants inquiring weekly: When are you going to offer one? Not only do we have applicants inquiring weekly, we have our Master's enrollment decreasing. Why is the Master's Enrollment decreasing? Because they're seeking a Doctorate of Nursing Practice. They know by 2015 they're going to need a DNP. They need to get into a program. Our current students are interested. They asked me even today in class. What's the status? When are you going to have it? How can I get into this program? When we surveyed the advanced practice nurses at the hospital, they said count me in, I want to be the first. I want to be part of that program.

Right now, in this state, there are no DNP Programs in Nursing – there are, of course, across the nation. We would be the first one in this state. And when Dean Gilliss talked with Dr. Fulkerson, he said, I can hire them. If you prepare them, I can hire them.

Why Duke? We have a history of leadership in innovative programs. We address existing and emerging health care needs and address the educational programs. We can offer a rigorous program. We have the talent to offer this program. We have the faculty and the staff. Our most recent faculty hire is a doctorally prepared nurse whose focus is in quality and safety – what a perfect match for what we're offering. Clearly

we have an interested applicant pool. If we build it they will come.

The question we get asked most is, what's the difference? What's the difference between a PhD nurse and a DNP Nurse? Both are terminal degrees. One is a practice degree and one is a research degree. And as you look at the healthcare professions, more of the health care professions have been moving to practice degrees. Certainly medicine and dentistry had practice degrees, but pharmacy has moved to a practice degree, audiology has moved to a practice degree, physical therapy here has moved to a practice doctorate.

We know the PhD deals with knowledge, discovery, and dissemination, the DNP takes the other half of the circle, which I'm going to show you on the next slide, that deals with the identification, the evaluation, the translation, the application, and evaluation of the research findings to the practice setting, so we can improve health care outcomes. So if one were to look at the research practice, in the upper corner there, you see that there's the identification of clinical questions. The PhD-prepared nurse addresses the conduct of the research and the dissemination of the research finding. They add to the scientific knowledge base of nursing. What happens as it's disseminated? What happens when they're at conferences or published in peer review journals? Who picks them up and moves them into practice? Right now that's been a deficit.

So the doctorally prepared nurse, the DNP, the practice doctorate, would be able to evaluate the evidence, consider its application to practice as appropriate, implement practice changes, evaluate results. And then their scholarship is the dissemination of findings and together with the PhD and the DNP-prepared nurse, addressing clinical questions.

In our program, will they have interactions? Of course they'll have interactions, in seminars and in presentations, because we see them as very synergistic. What are the proposed foci of the School of Nursing DNP? Translation, transformation of health care systems, understanding what goes into health care systems in terms of health policy, health-care systems organizationally, not only locally, nationally, but internationally, leadership and advanced practice specialization.

What about the curriculum? It articulates well with our current Master's curriculum. And the American Association of Colleges of Nursing has said if you are going to offer a DNP it must meet the essentials that we have set out for the doctorate of nursing practice degree; ours does. Ours articulates very nicely, and I think it was Appendix B in that, for all of you who have read it.

Who grants the degree? This is not a degree of the graduate school; this is a degree of the School of Nursing. So the School of Nursing will grant the degree. How many students? We hope to start small, we know there's a ton of people who want to come in. We don't want to overload initially so we intend to start small and then build up over the next few years.

When will the first class be admitted? It depends on what you decide. If it is approved by the university, we want to enroll students in the Fall of 2008. So a year from now we hope to have a class of students in the DNP program.

What are the final deliverables that integrate practice and scholarship? Advance-practice nurses, nurse practitioners, nurse midwives, nurse domesticates, have a synthesis course of advanced practice residency that really hones the skills that they've learned over the past couple of years. For the DNP, rather than the dissertation, there will be a 4-semester capstone project that will be overseen by a committee of three faculty members, and the capstone project will look at what's the need within the institution or the practice setting, what program are we going to implement, how we will evaluate it, what will be the outcome of that.

The final deliverables will be certainly an oral public presentation, as well as papers and abstracts for conferences and the affirmative vote of the committee.

Who will accredit the DNP program? The CCNE which accredits our Master's program – we will submit documents to have it accredited by them. We will be beginning accreditation in the year 2008, right about a year from now.

Is this program fiscally viable? Sure. It's tuition-driven. We have done a 5 year fiscal plan that shows that the first year we may lose a little money, \$68,000, but after that it's a profit. Do you have any questions?

### *Questions*

Ann Brown (Medicine): I have a question about this. As you're talking I can understand how this fits the circle within the nursing, within nursing practice. And I want you to talk a little about what problem this solves in healthcare. You'll be doing a lot of what physicians do, I think, in terms of prescribing and taking care of patients – you'll be providing healthcare as a DNP.

Turner: Right, which we do now.

Brown: Right, as a Masters, as a Nurse practitioner, as a practitioner, you currently prescribe. So I get part of the picture, about leadership within nursing and needing to complete that circle. What I'm wanting to



understand is how this integrates with the physician workforce and what problem does it solve in health-care today to have doctorally trained nurses when currently you have nurse practitioners who can prescribe and see patients independently?

The other thing I just want to throw out is this more global question of what do you think this might do to the economics of healthcare? I'm almost embarrassed to ask the question, but if you have more doctorally trained nurses, they are going to be higher paid.

Turner: That's not been decided

Brown: What would happen to the economics? Well, presumably they should be higher paid if they have a doctorate, so there may be people who say that we need to train more nurse practitioners. So how would you answer those issues?

Turner: Ann, I would say these are good questions. First of all the issue of overlapping care; this is not a degree that will change the scope of practice. The additional value to having the practice doctorate is really the addition of having a set of scholarly tools so that as someone who practices at an advanced level, you now understand better how to innovate, test the innovations, and then, as a leader in the system, transform it so that best practices are used by others. And I would say that that would particularly impact on safety and quality of care. And I certainly wouldn't try to make the case that nurses are the only ones who do it. I would in fact argue that other professions might take a look at doing this and doing more of it as well because there are lots of errors and safety problems that we need to find and correct.

On the issue of the economic impact, what we have been told by the people who are interested in coming into the program, and this will sound naïve and oh so "nursy"! but they have said "this will transform the quality of my life as a worker. And I'm not so concerned about whether it has an initial impact on my salary; it will change my ability to contribute, to contribute effectively, and to improve the environment in which I practice."

Ultimately, if you take a larger perspective on that, I think you could argue that by finding problems with quality and safety and correcting them in advance and also innovating and finding more economical and efficient and effective ways to do our work, that we will wind up saving systems of care, additional money – and I see some of my other healthcare colleagues in the audience nodding.

Prasad Kasibhatla (Nicholas School): So my understanding is that people with this degree go into the practice of nursing, but I'm just curious where do the people who have the PhD degree of nursing, do they go to practice?

Barbara Turner: Excellent question, sorry I didn't address that. Right now in the US nurses who get a PhD number about 400 per year; it's been in a steady state for about a decade. Not all of those go into academia. Some of them go into service of the industry, because, to be very honest with you, those two pay

more than academia. We have 16,000 nurses prepared at the PhD level, only 9,000 in schools of nursing and faculty. So I would say the majority of them, yes, are in schools of nursing. Some of them do go into industry and some do go into service. And they can act in advanced practice where their focus is really on research.

Kasibhatla: I guess what I was trying to get at is, will this degree bring a pool of people in who are trained in research, and who are able to identify at least the significance of research findings?

Turner: Correct. They are not researchers, but they are people that will utilize research to change their practice. What I did not mention is they will also assume, if they're interested, clinical faculty positions in schools of nursing, so there will be doctorally prepared nurses who are advanced practice nurses, nurse practitioners don't teach other nurse practitioners.

In case you don't know, we have a huge problem of nursing faculty – there just aren't enough, and last year we turned away 43,000 eligible and qualified applicants to our nursing program because we did not have enough faculty.

Kerry Haynie: I have a question about faculty. How much would the faculty at the Nursing School grow as a result of this program? And when you say self-sustained in terms of making a little profit, would that take into account the increase in faculty?

Turner: I defer all financial information...

Catherine Gilliss: We hypothesize that as the doctorate of nursing practice grows, the Master's enrollment will decrease, because that is the trend we're starting to see throughout the country. Strategically, we would like to make sure that there is an opportunity for some of our interested faculty to be among the first who complete this program. We would also like to make sure that we have some leaders and strategically placed people from within the healthcare and the health system, to be among the early completers, so that they are able to help transform, they are able to do the pre-cepting. That said, we believe that there will be a steady state, with a reduction and an increase, and shift of responsibilities.

In terms of faculty size, we are now at about 50 in the School of Nursing. We've grown from 38 in 2004. We have about 12 positions posted. The shortages makes it very difficult for us to recruit to these positions, but I imagine us getting to be about 60 in number, and with the change in the work that needs to be done, I think that will accommodate. Barb mentioned that our expectation is that there will be a small deficit in the first year, however there is a pot of federal support for which we're prepared to apply, and that would more than offset that initial deficit. I think we see this as a revenue producer for us over time.

Dona Chikaraishi (Neurobiology): I have a mundane question about the nature of your students. You told us yesterday at ECAC that you think most of your students will be part-time students. They'd be working as nurses, maybe two days a week, and then going to

school. This is unlike most of the other professional schools where you have full-time PhD students. Do you think that that will pose any difficulties?

Turner: Right now our students are both full and part time, so we're very used to working with that applicant pool. Most of our students are women, most of our students are not, I don't want to say young, but are mature, have children and mortgages and so need to work.

Martha Adams (Medicine): I was going to ask, I'm a physician clinician...I look forward to the analytical mind that your leaders will bring to nursing in my environment. What I would encourage for President Brodhead and the university is to be cross-disciplinary in the campus. For example, in the Fuqua School we train all these health-management experts, but we're not in the Medical Center taking advantage of their expertise, so our students often wind up in the venture capital sector as opposed to the health sector. I encourage them and you-all to be on the ground with us all to move through to new models in healthcare delivery.

President Brodhead: I think I would basically say "Amen!" The point is that we've highlighted, or the discussion has highlighted, that the problem has more than one part. It has the problem of the training, and then it has the problem of the retention of the people in a place where you get the benefit that we most had in mind for the training.

You know, we don't have a history of indentured servitude in the modern history of our country whereby people can be obliged to practice careers. Actually people go through law school, they're supported by the ...and we support them too. But we need to figure out both how to train the people to develop the relevant expertise and surely too, when I talked about the partnerships within Duke University, these are areas where people can need cross-training in medical research and healthcare, and the administrative, managerial aspects of healthcare. But you're right that it's a great problem in our world, first-off to find that care and second we need people to actually practice on the basis of the scope you're developing.

Gilliss: I was just going to add that a particular problem that Martha's question highlights, and has prompted questions for us during presentations of our program to others in the health system, is about the career pathway of these people – because what we have seen in the combination of physician MBAs is

that there is an out-migration of a very precious resource, and we do want to be mindful of that as well as capitalize on the interdisciplinarity of the campus co-training. We can do better.

Ann Brown: I'm still stuck. If there's currently a shortage, this projected physician workforce shortage and so people are gearing up their enrollment in certain medical schools, so this position, this doctorate degree helps solve that particular shortage as well in terms of providing, training providers to supply the health care workforce? Or are you thinking of this mostly as a job that would be administrative in the sense of analyzing healthcare delivery problems and solving them?

Barbara Turner: That's a good question. These are primary care healthcare providers that will be able to look at data differently. Now I'll just give you a very simple example. I was in Lumberton not too long ago and ran across one of our family nurse-practitioner graduates, and she's a family nurse practitioner and she deals a lot with diabetic patients and she says, you know, I'm having so much trouble, I'm seeing so many foot ulcers in these patients, problems with the foot, and I said, "Well is the whole practice seeing that or is it just you?" And she says well I don't know, I guess we should look at some data on that, but she said one of the things we could do is implement a program where every visit, every patient would have their feet checked. And therefore we could prevent lots of healthcare errors, and lots of healthcare complications, by doing something very proactively.

So we need people to look at problems differently, with a different skill set, and be able to look at data differently and be able to implement changes that could be very low-cost – under 5 minutes in an exam- that could prevent significant healthcare complications in populations of patients. So yes they are healthcare providers.

Ann Brown: The other reason for raising that issue is that it sounds like we're developing work forces that can both provide healthcare, that is the physician workforce and the nursing workforce, that we should make sure at a national level, that there's a cross-fertilization of ideas.

Kathy Turner: I'm Kathy Turner with the School of Nursing, and I'm lucky enough to be a Master's-prepared faculty-member at this school, so this program is ideal for me. I'm not a nurse practitioner though, so my administration background and my clinical and more specialist background would put me in a different perspective in terms of providing that



care, but hopefully add stronger research base skills to make me a stronger collaborator in improving health-care outcomes.

Paula McClain: Any other questions? I do want to thank you for your time and attention. I'm very appreciative of it.

The meeting is now adjourned. Please join us for the reception outside.

Respectfully submitted,

John Staddon  
Faculty Secretary, November 6, 2007