

DNP: Where Are We Today?

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Doctors of Nursing Practice

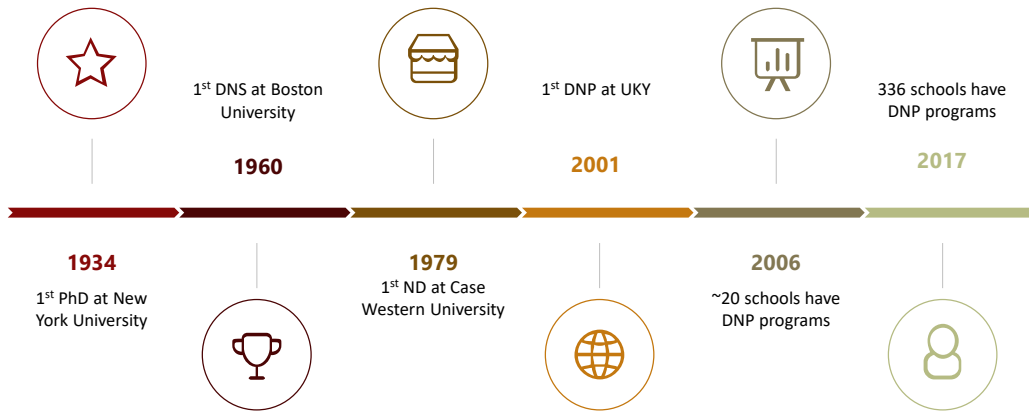
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Objectives

- Describe the current state of the DNP graduate and project
- Discuss data on disseminated DNP projects over 11 years
- Describe implementation and improvement science in DNP programs
- Describe challenges related to the DNP project with recommendations on how to overcome them
- Describe the potential synergy of PhD/DNP collaboration
- Facilitate discussion related to DNP project implementation

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The Evolution of the Practice Doctorate



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DNP- Nearly 20 years in the making

- 2004 AACN Position Statement
- 2006 AACN Doctoral Essentials
- 2015 AACN Taskforce on the Implementation of the DNP
- 2019 AACN Doctoral Essentials under revision
 - Timeline: July 2018 to March 2020
 - 12 Members
 - DNP prepared: 2
 - PhD prepared: 7
 - EdD prepared: 1
 - DNSc prepared: 1
 - No doctorate degree: 1

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DNP by 2025

A BRIEF HISTORY OF THE DNP MOMENTUM



The Doctor of Nursing Practice Degree: Entry to Nurse Practitioner Practice by 2025 May 2018

On April 20, 2018, the National Organization of Nurse Practitioner Faculties (NONPF) made the commitment to move all entry-level nurse practitioner (NP) education to the DNP degree by 2025. Today, there are more than 200 DNP programs throughout the United States (US) (AACN, 2018), and NONPF has led the evolution of NP educational preparation to the DNP degree level (NONPF, 2015). NONPF maintains its dedication to all currently credentialled NPs and faculty members; however, we recognize that as the health care delivery system has grown increasingly complex, the role of NPs has evolved. The DNP degree reflects the rigorous education that NPs receive to lead and deliver quality health care.

NONPF supports a seamless, integrated DNP curriculum without a master's exit point as preparation for entry to the NP role (NONPF, 2010; NONPF, 2018). The DNP NP curriculum is not an add-on to the master's curriculum; instead, the curriculum integrates objectives and learning opportunities for students to achieve the NP core and population-focused competencies that are written for doctoral-level education (NONPF, 2011; NONPF, 2017a; NONPF and AACN, 2016). There are currently 187 post-licensure DNP NP programs in the US, a 24% increase since 2013 (AACN, 2018). NONPF is committed to providing resources and support for faculty members as they embrace curricular change (NONPF, 2018).

Moving all entry-level NP education to the DNP degree by 2025 will take commitment from multiple stakeholders and development of strategy and initiatives yet to be determined. In December 2017, NONPF hosted a DNP summit with representatives from nearly 20 national organizations to have a critical dialogue about moving entry-level NP education to the DNP degree by 2025 (NONPF, 2017b). While not all participants agreed that the DNP should be the entry-level degree for NP practice, everyone agreed to continue the dialogue, stay actively engaged, and take the information back to their organizations. Moving forward, NONPF will continue to work with the DNP Summit participants and additional organizations and stakeholders, as they see critically important to realizing our goal.

As the preeminent leader in NP education that provides timely and critical resources for NP education, NONPF moves forward with an unwavering commitment to create innovative, high-quality educational resources to NP faculty during this transition. Our work will lead and influence NP educators to transform healthcare.

NONPF, 2018

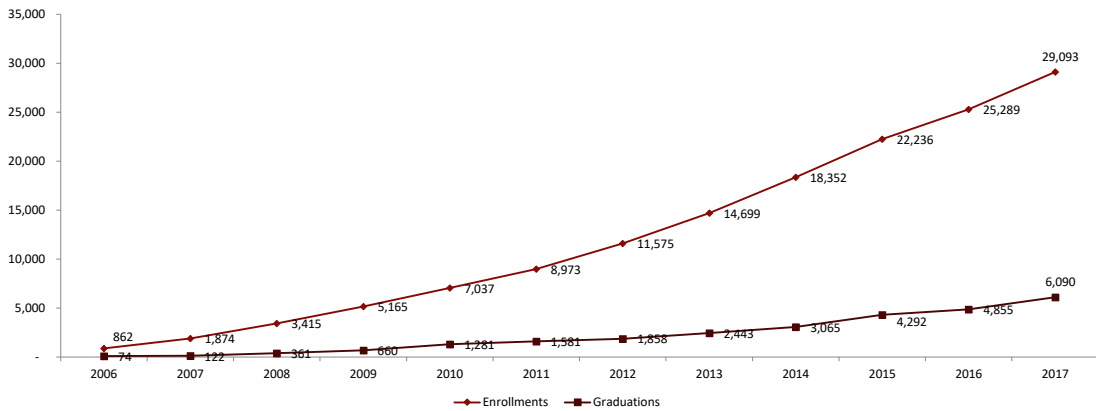
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State of the DNP

- Rapid increase in program growth
- Slow movement to BS-DNP
- Clarification of the degree
- Variability in credit hours and expectations
- Challenges accessing preceptors
- Lack of DNP's faculty involvement in DNP programs

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DNP Enrollment & Graduations: 2006-2017

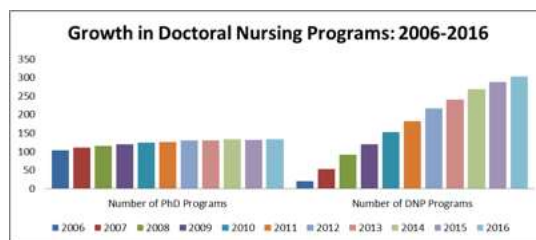


AACN, 2018

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How does this influence DNP sustainability?

- Universities are businesses. Throughput is essential!
- Moody's Investor Services, predicted closure rates of small colleges and universities will triple and mergers will double (2015).
- Harvard Business School predicted that half of American colleges will be bankrupt in 10 to 15 years (2017).



AACN 2017



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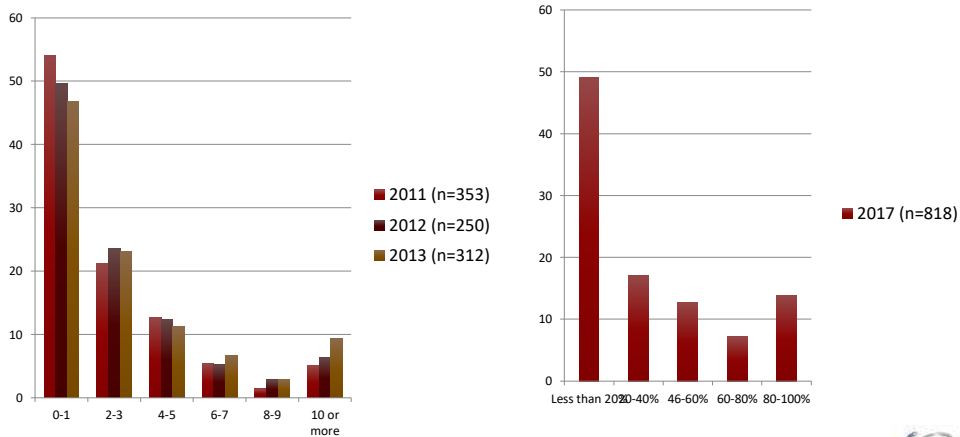
Doctors of Nursing Practice Outcomes Survey

- Results from 2011, 2012, 2016, 2015, 2017
 - Survey of graduates initiated by DNP graduates
 - Collected data regarding practice after graduation
 - Collected data on characteristics of their respective programs



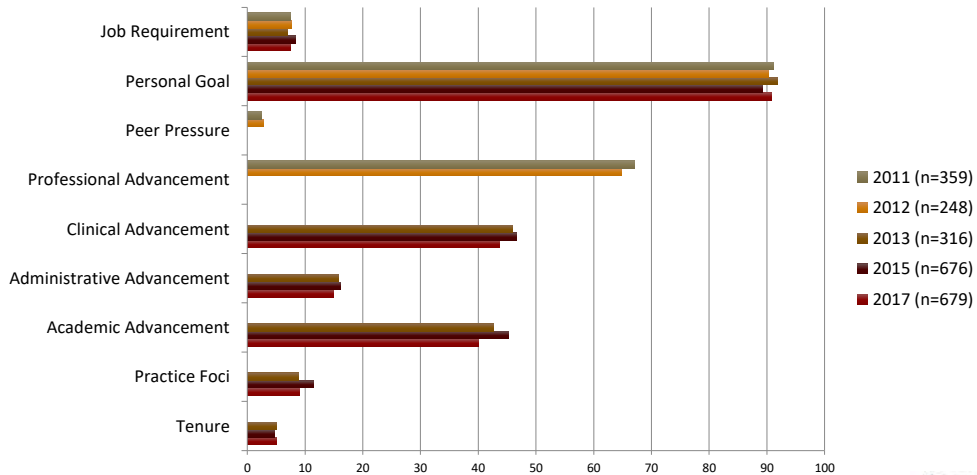
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Number or Percentage of DNP Faculty (2011, 2012, 2013, 2017)

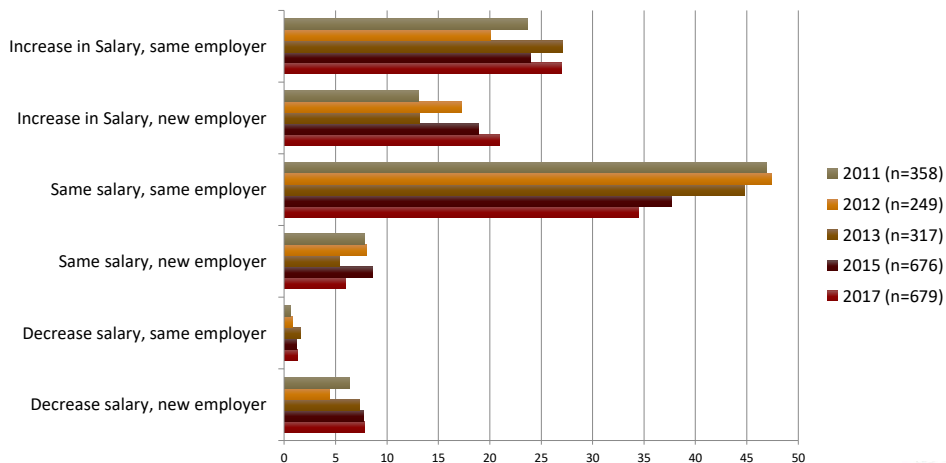


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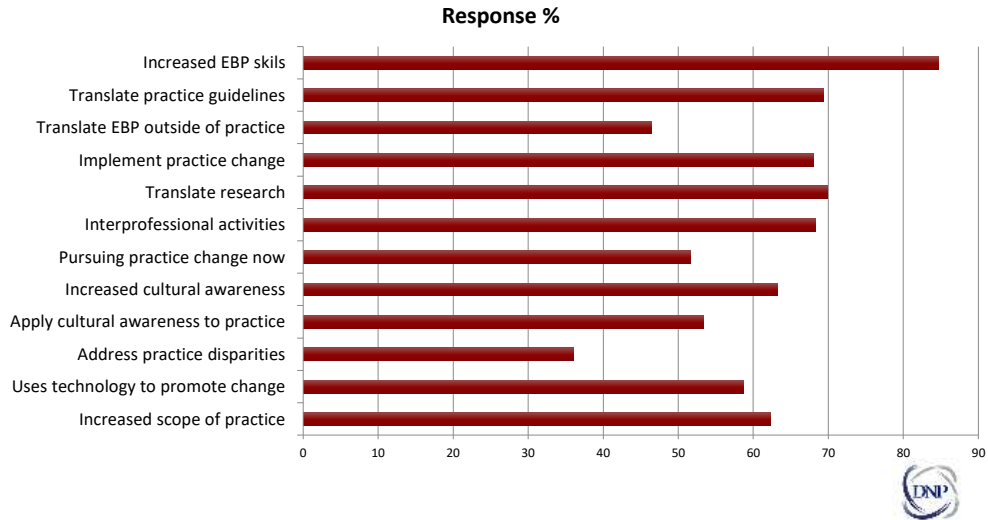
Why do students pursue a DNP Program?



Do colleagues earn a DNP degree for the Money?

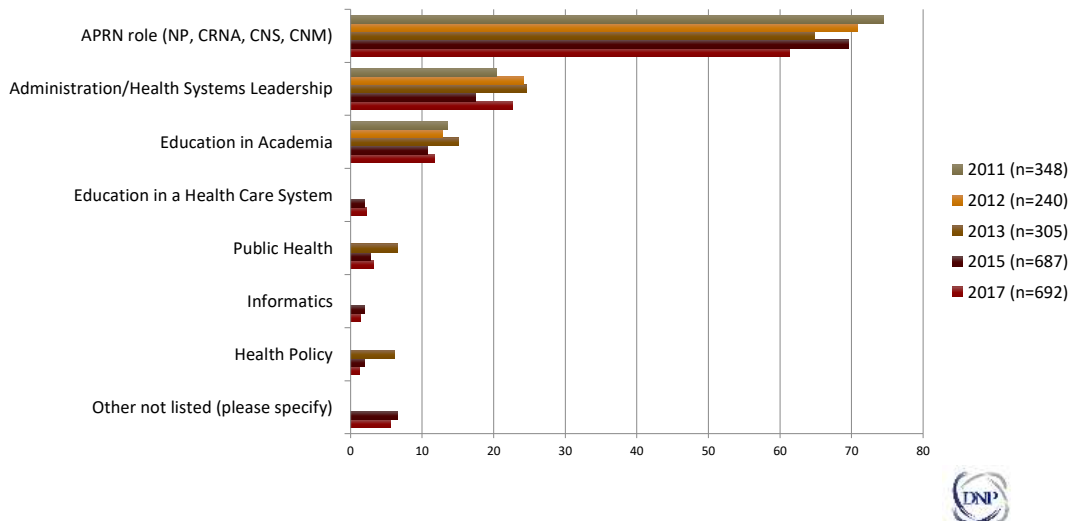


Are DNP prepared skills being used after graduation? (2017 Survey)



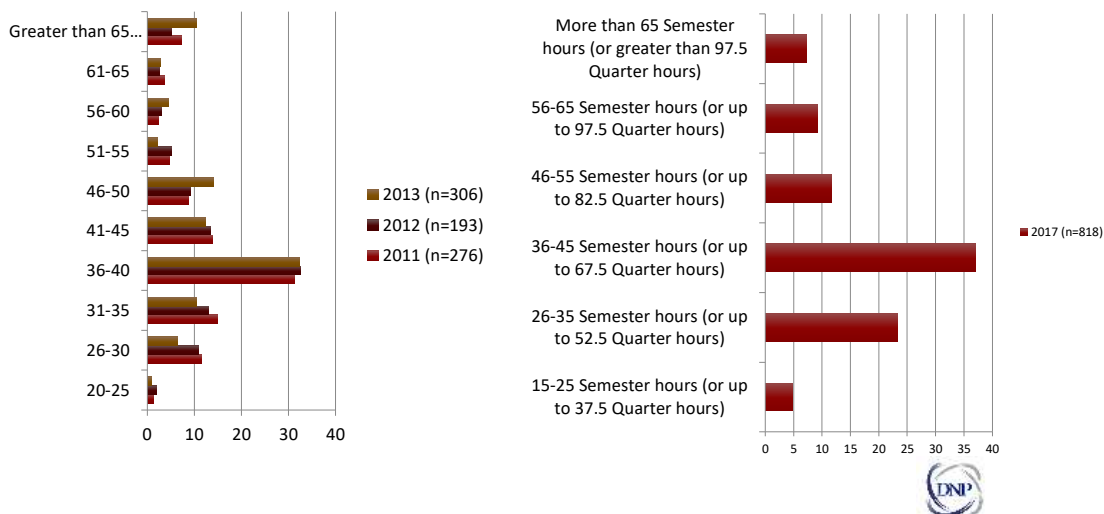
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Tracks Offered in DNP Programs



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Number of Credit Hours MSN to DNP (2011, 2012, 2013, 2017)



Are student expectations of a DNP program realistic?

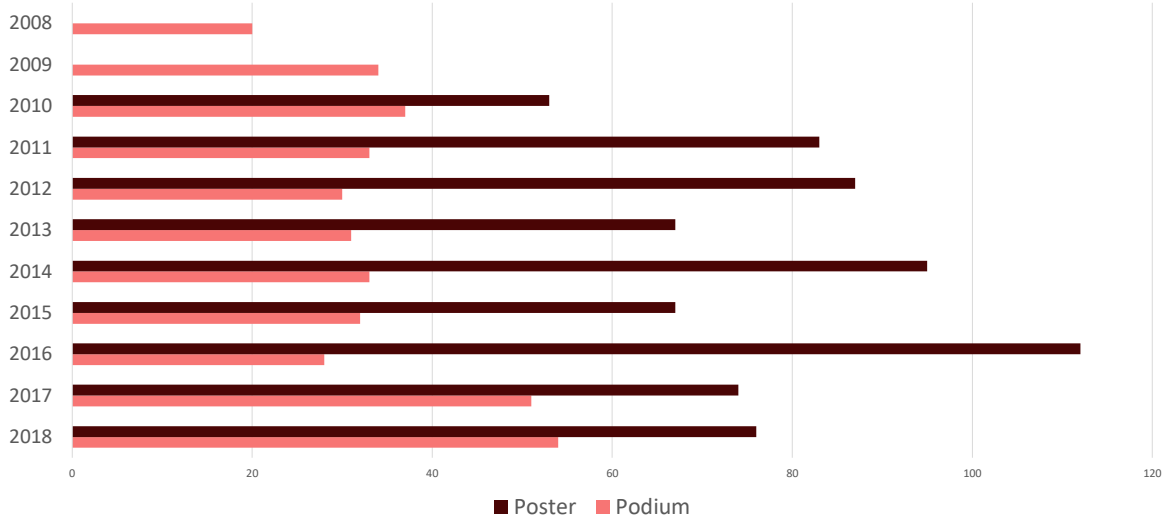


DNP Inc. Conference Data

- Collected from National DNP Conferences 2008 through 2018
- Identifies trends
- Assists in reflecting the trajectory of the organization

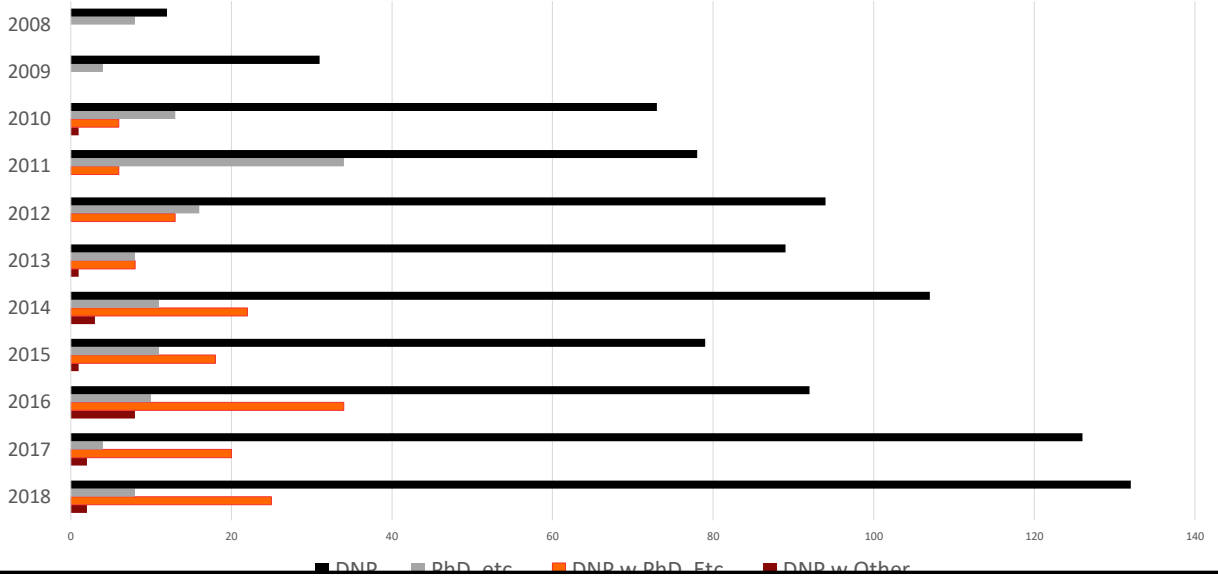
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DNP National Conference Presenter Trends: Types of Presentations



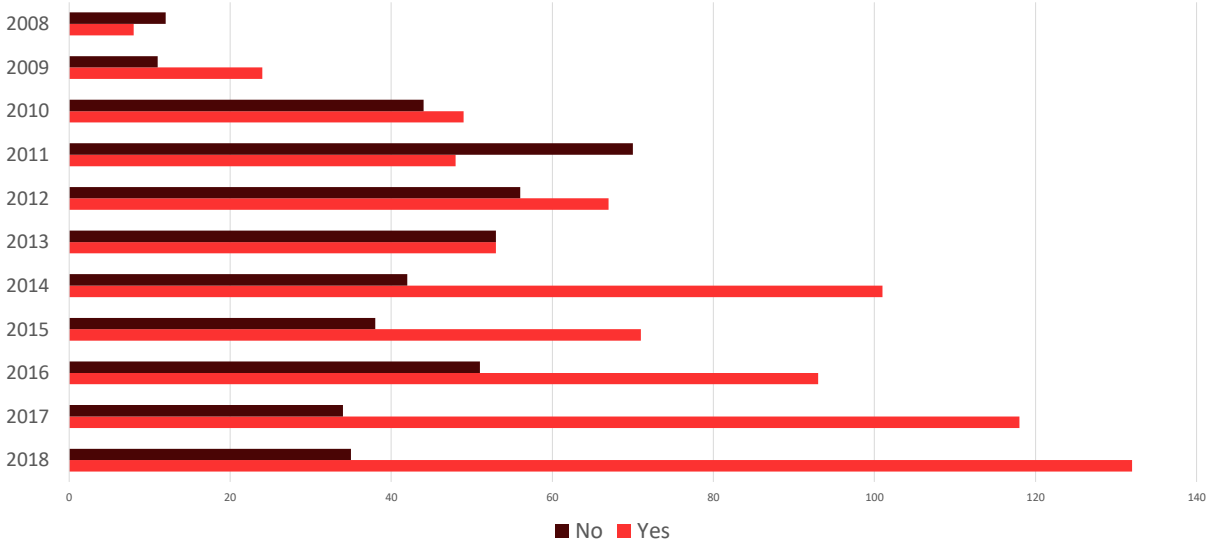
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DNP National Conference Presenter Trends: Presenter Identification



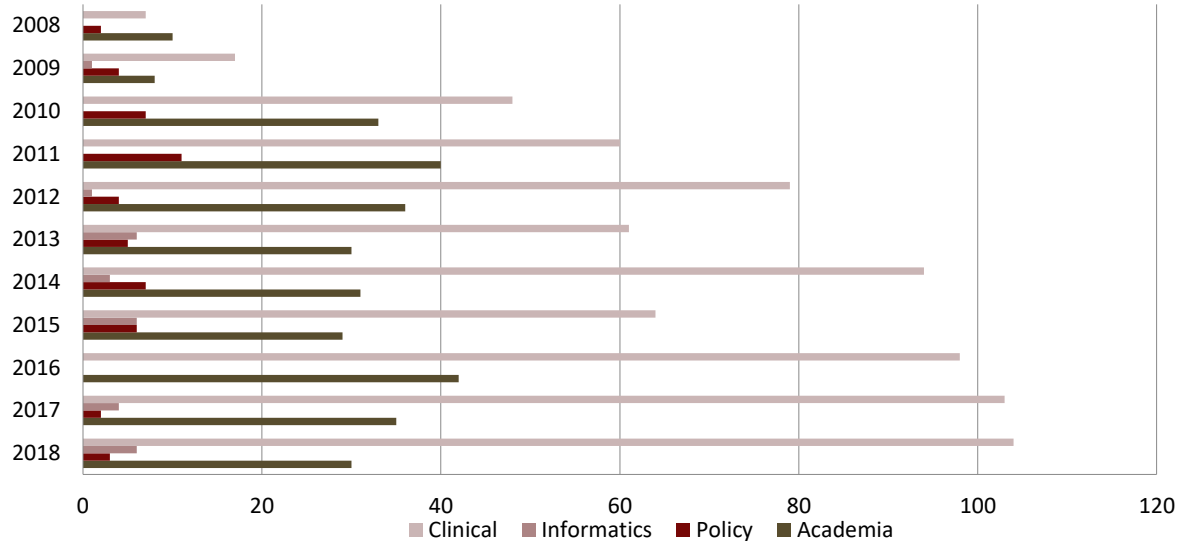
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DNP National Conference Presenter Trends: Were outcomes addressed?



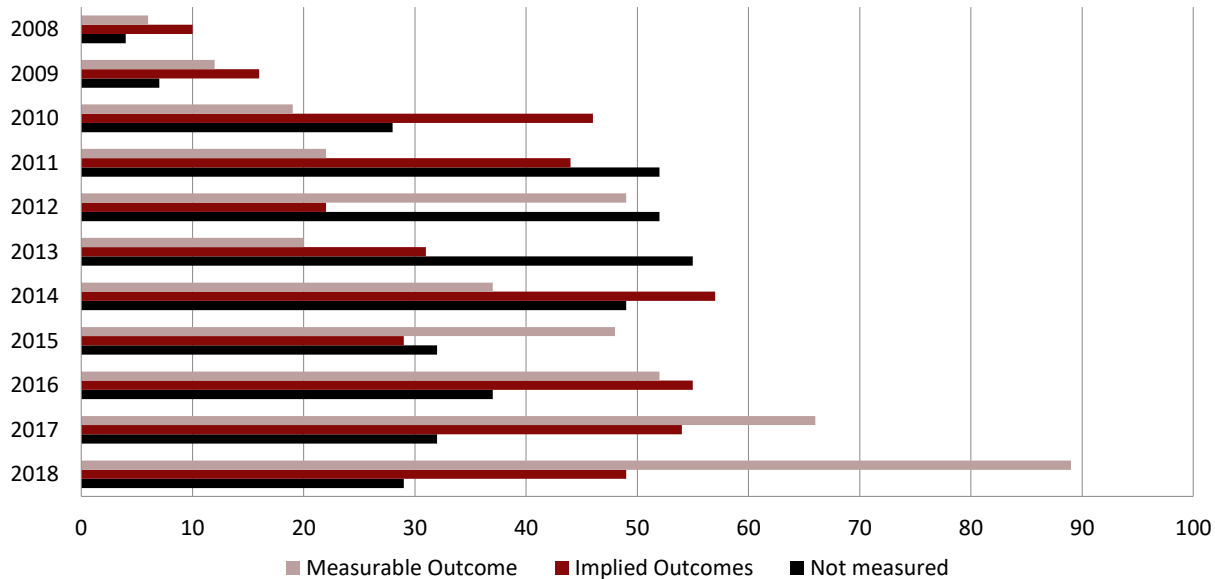
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DNP National Conference Presenter Trends: Category of Presentations



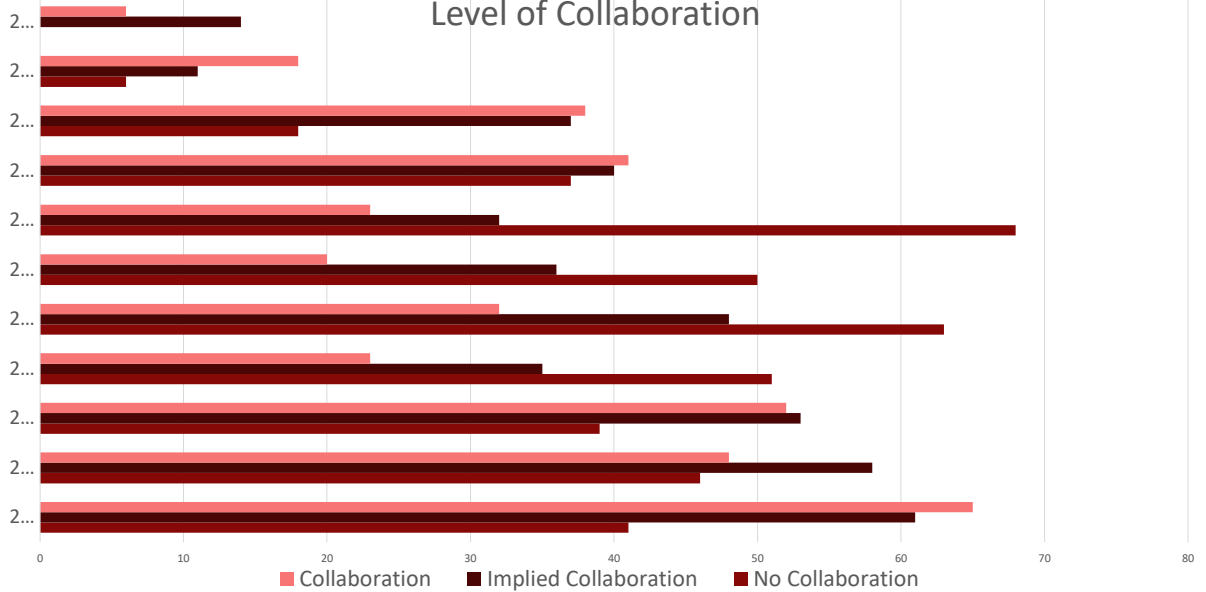
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DNP National Conference Presenter Trends: Was an Outcome Quantified?



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DNP National Conference Presenter Trends: Level of Collaboration



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What is our vision?

- Leaders in practice
 - Experts in evidence based practice
 - Experts in application of translational research
 - Experts in application of implementation science/research
 - Experts in quality improvement
- Intra and interprofessional collaboration
- Quality and consistency of programs
- Quality health care

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How do we get there?



- Incorporate leaders in quality within our DNP programs
- Develop high quality DNP programs
- Maximize practice opportunities through collaboration
- Create synergy with PhD colleagues

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Dr. Debra Bingham

AdvISE-Advancing Implementation Science Education



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Four Components
of the UMSON
initiative to
Enhance the DNP
Education about
Quality
Improvement and
Safety

Curriculum Review

Expertise of Faculty

Expertise of Students

Local, Regional, and National
Reputation

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Clarity on DNP program content

- Essentials
- Competencies
- Implementation Taskforce
- QSEN
- Practice experts

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“It has become generally understood that discovery is the domain of the former [PhD] and translation the work of the latter [DNP].”

White, K.M., Dudley-Brown, S., & Terhaar, M.F. (2016). Translation of evidence into nursing and health care. Springer Publishing Company, New York, NY, pg. XV.

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Implementation research/science

“the scientific study of the processes used in the implementation of initiatives as well as the contextual factors that affect these processes”

David H. Peters, Nhan T. Tran, Taghreed Adam. Implementation research in health: a practical guide. Alliance for Health Policy and Systems Research, World Health Organization, 2013.

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Improvement Science

“A data-driven change process that aims to systematically design, test, implement, and scale change toward systemic improvement, as informed and defined by the experience and knowledge of subject matter experts”

Lemire, S., Christie, C. A., & Inkelas, M. (2017). The methods and tools of improvement science. In C. A. Christie, M. Inkelas & S. Lemire (Eds.), *Improvement Science in Evaluation: Methods and Uses*. *New Directions for Evaluation*, 153, 23–33

Quality Improvement (QI)

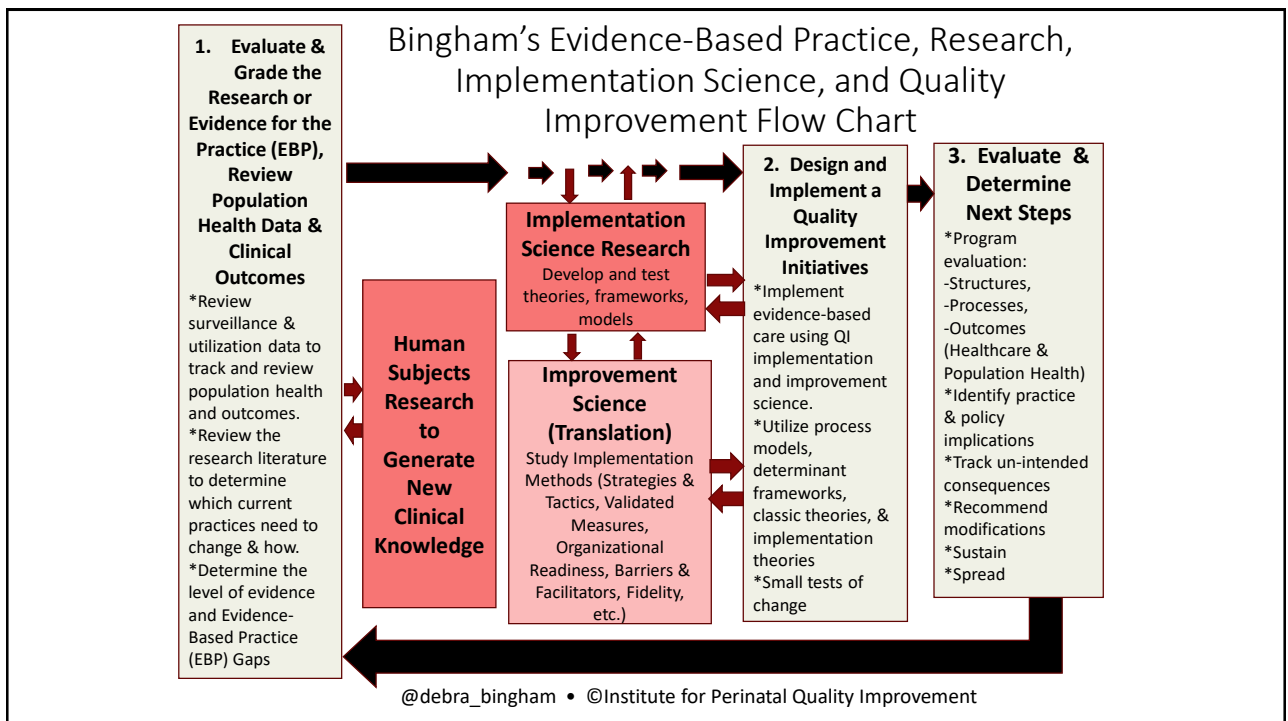
*“... systematic, **data-guided** activities designed to bring about immediate, **positive changes** in the delivery of health care in particular settings.”*

Baily, M.A., Bottrell, M., Lynn, J., & Jennings (2006). Special report: the ethics of using QI methods to improve healthcare quality and safety. The Hastings Center: Garrison New York, pg. S6.

*“...engaging in quality improvement is **NOT** purely discretionary...”*

Baily, M.A., Bottrell, M., Lynn, J., & Jennings (2006). Special report: the ethics of using QI methods to improve healthcare quality and safety. The Hastings Center: Garrison New York, pg. S6.

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Considerations for successful DNP Programs

- Clarify the difference between QI and Research
- Ethical Considerations:
- Frameworks and Theories of Research and Practice
- Process models

Considerations for successful DNP Programs

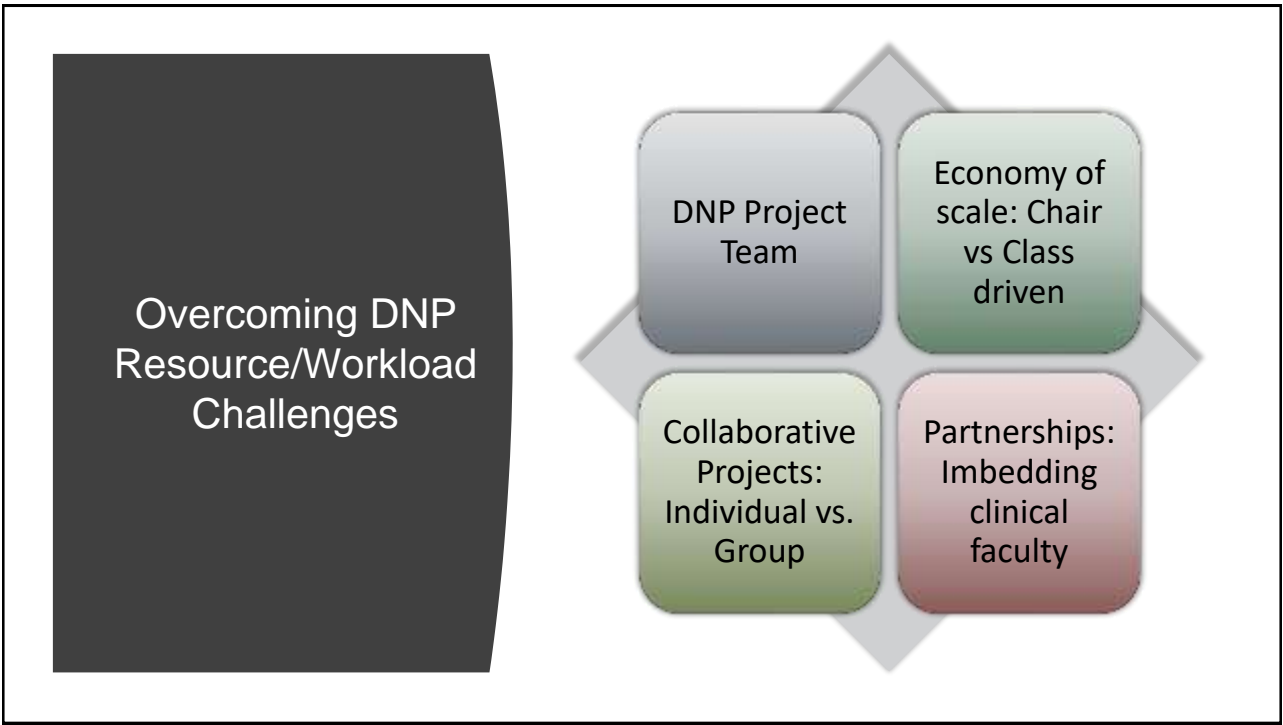
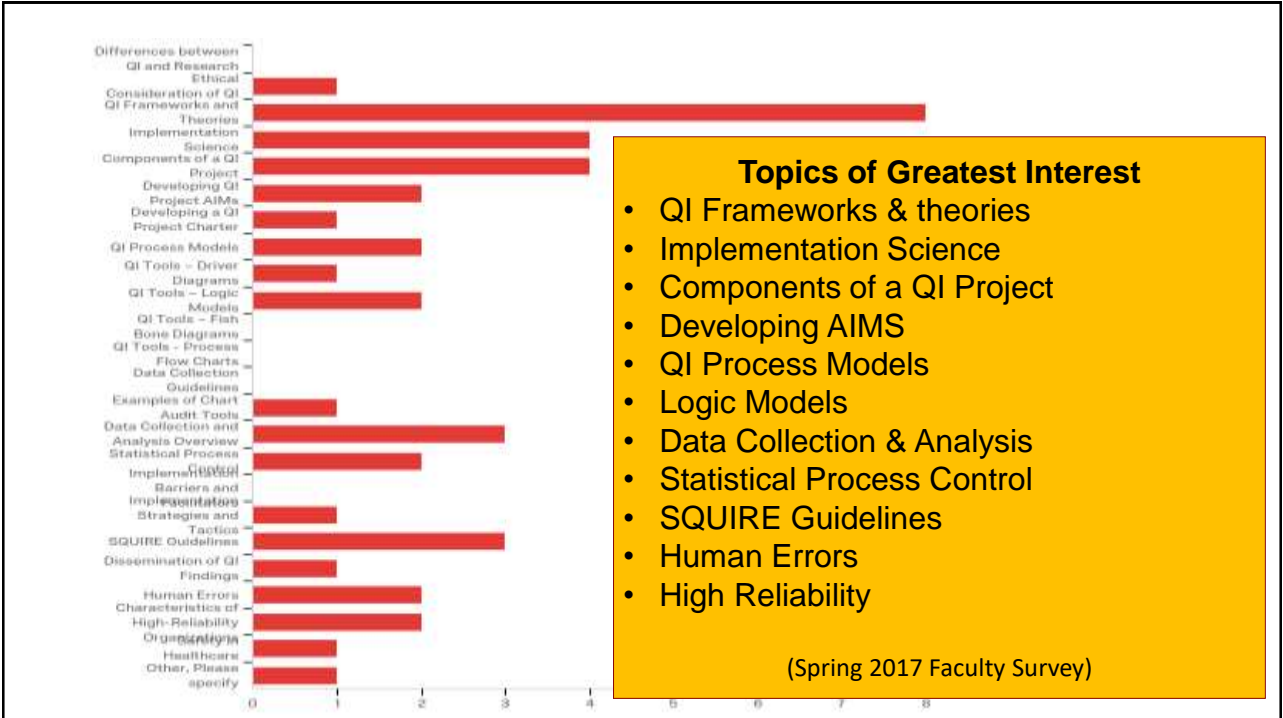
- Forming the Core Team of experts
- Selecting Change Champions
- Making the Case for the Change
- Assessment or Gap Analysis
- Project Charter
- Project AIMS
- Logic Models

Considerations for successful DNP Programs

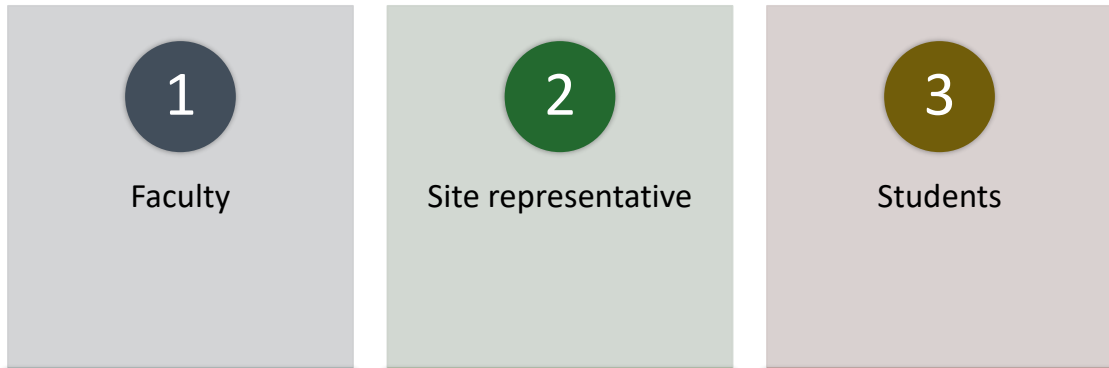
- Implementation Strategies and Tactics
- Implementation Barriers and facilitators
- Measurement

Considerations for successful DNP Programs

- Evaluating progress
- Sustainability
- Spread
- Dissemination



DNP Project Team vs. Dissertation Committee



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Economy
of scale:

Chair vs. Class
driven

One class with a
course coordinator

Sections of 6-12
with section faculty

Grouped by
interest

No "chair"

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Collaborative projects : individual vs. “group”

Pieces of a
bigger
problem

Same problem
different
places

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Partnerships-
imbedding
practice faculty

- Director of EBP as a course director
- Organization QI leads leading sections
- Seek small partners who need help

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PhD DNP synergy

- Maximize and demand a high caliber of contribution and skills of all DNP graduates
- Pairing DNP students with PhD colleague who has research implementation needs
- Require DNP graduates demonstrate skills in translation
- Require DNP graduates demonstrate the essentials of implementation science principles

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