PERSPECTIVES ON PRACTICE-FOCUSED DOCTORAL EDUCATION FOR NURSE PRACTITIONERS AND CERTIFIED REGISTERED NURSE ANESTHETISTS

SUSAN BUCHHOLZ, PHD, RN, FAANP, FAAN

FRANK GERBASI, PHD, CRNA

LORNA FINNEGAN, PHD, FNP, FAAN

2020 AACN DOCTORAL EDUCATION CONFERENCE

REVIEW OF NATIONAL DATA AND LITERATURE ON PRACTICE-FOCUSED DOCTORAL PROGRAMS FOR NURSE PRACTITIONERS

Susan Buchholz, PhD, RN, FAANP, FAAN

Professor, Acting Chairperson

Rush University College of Nursing

Co-Chair: Strengthen Outcomes Data Workgroup

National Organization of Nurse Practitioner Faculties

NONPF HAS SET THE DATE

» On April 20, 2018, NONPF made the commitment to move all entry-level NP education to the DNP degree by 2025

STRENGTHEN OUTCOMES DATA WORKGROUP

Phase One (completed)

» Reviewed number of DNP graduates
» Reviewed pass rates of DNP NP graduates
» Searched literature for DNP Outcome Data

Phase Two (in-progress)

» DNP Variable Crosswalk Project
» Continue to track number of DNP graduates and certification pass rates

GRADUATIONS IN DIFFERENT LEVELS OF NP PROGRAMS BY NATIONAL NP CERTIFICATION EXAMINATION THAT THE PROGRAM PREPARES THE MAJORITY OF GRADUATES TO TAKE (2013 TO 2017) (AMERICAN ASSOCIATION OF COLLEGE OF NURSING)

	August 1, 2013 to July 31, 2014	August 1, 2014 to July 31, 2015	August 1, 2015 to July 31, 2016	August 1, 2016 to July 31, 2017
Master's Students	16,260	19,582	22,219	24,519
Post-Baccalaureate DNP Students	573	934	1379	2101
Post-Master's DNP Students	708	942	854	859

NP PROGRAMS – GRADUATION RATES TRACKED

NP PROGRAMS ON AACN TABLES
Family NP
Adult NP
Pediatric Primary Care NP
Gerontological NP
Women's Health NP
Neonatal NP
Adult Acute Care NP
Pediatric Acute Care NP
Adult Psych. & Mental Health NP
Psych. and MH NP Across the Lifespan
Adult Gerontology Primary Care NP
Adult Gerontology Acute Care NP
Other NP
NP Dual Tracks
Previously Certified as NP

NP CERTIFICATION PASS RATES: COLLECTING DATA ON DNP CANDIDATES

AACN

AANPCB

NCC

PNCB

ANCC

DNP NP OUTCOMES RELATED LITERATURE

Auerbach, D. I., et al. (2015). The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program. RAND Health (Sponsored by the American Association of Colleges of Nursing).

DNP NP OUTCOMES RELATED LITERATURE

Minnick, A. F., Kleinpell, R., & Allison, T. L. (2019). DNPs' labor participation, activities, and reports of degree contributions. *Nursing Outlook, 67*(1), 89-100.

DNP NP OUTCOMES RELATED LITERATURE

Beeber, A. S., Palmer, C, Waldrop, J., Lynn, M. R., & Jones, C. B. (2019). The role of Doctor of Nursing Practice-prepared nurses in practice settings. *Nursing Outlook, 67*(4), 354-364.

GAPS REGARDING DNP PREPARED NP DATA

» A small number of initial publications are reviewing critical DNP prepared NP variables

» Not enough data available for literature synthesis

» Substantially more studies are needed that examine outcomes related to DNP prepared NPs

» Different pathways exist for how nurses can become DNP prepared NPs

» In addition, differentiation by degree is often not noted in NP outcome studies

DOCTOR OF NURSING PRACTICE VARIABLE CROSSWALK PROJECT

» Multiple organizations that are stakeholders in the DNP degree

– Have their own database

– Therefore they have their own set of variables that are used to measure various aspects related to the DNP

» Variables are related to education, accreditation, certification, licensure and practice

» Although there are some commonalities among these databases, there is also heterogeneity in what is measured, how it is measured, and how variables are named

DOCTOR OF NURSING PRACTICE VARIABLE CROSSWALK PROJECT

There is a need to develop a Minimum Data Set for use in databases that are collecting data related to DNP prepared NPs

By developing a Minimum Data Set, data could be more easily aggregated

This will allow for researchers to perform descriptive, correlational and predictive analyses on larger data sets

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DOCTOR OF NURSING PRACTICE VARIABLE CROSSWALK PROJECT

NONPF is contracting for the statistical evaluation of several nursing databases to

1) Review how questions are asked that capture Doctor of Nursing Practice (DNP) NP data

2) Crosswalk variables collected from questions in different surveys

3) Provide recommendations for a Minimum Data Set

(Research project began early January, 2020)

DOCTOR OF NURSING PRACTICE VARIABLE CROSSWALK PROJECT

Organizational Data Sets Available For Use in Aggregated Data Analysis
AACN
AANP
AANP-BC
ACEN
ANCC
CCNE
NAPNAP
NCC
NCSBN
NLN CNEA
PNCB

STRENGTHEN OUTCOMES DATA WORKGROUP

» Continues to meet monthly

» Researcher working on the crosswalk survey

» Workgroup will develop recommendations for the DNP NP Minimum Data Set

» Will continue to identify DNP prepared NP graduate numbers and certification pass rates for DNP students

PERSPECTIVES ON LESSONS LEARNED FROM THE CRNA EDUCATORS REGARDING DESIGN AND IMPLEMENTATION OF PRACTICE-FOCUSED DOCTORAL PROGRAMS

Francis Gerbasi, PhD, CRNA
Chief Executive Officer
Council on Accreditation of Nurse Anesthesia
Educational Programs

PERSPECTIVES ON LESSONS LEARNED FROM THE CRNA EDUCATORS REGARDING DESIGN AND IMPLEMENTATION OF PRACTICE-FOCUSED DOCTORAL PROGRAMS

» AANA Position Statement 2007
» COA Requirements 2009
» Practice Doctorate Standards - 2015

NUMBER OF NURSE ANESTHESIA PROGRAMS AWARDING MASTERS AND DOCTORAL DEGREES FOR ENTRY INTO PRACTICE

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
■ Total	85	85	88	93	97	105	106	110	110	110	111	113	114	114	115	116	120	121	122
■ Masters	85	85	88	93	97	105	106	109	107	103	102	97	90	82	76	66	50	41	26
■ Doctoral	0	0	0	0	0	0	0	1	3	7	9	16	24	32	39	50	70	80	96

NATIONAL CERTIFICATION EXAM PASS RATES, FY2018

		Pass		Fail	5-Year Trend
	N	Percent	N	Percent	Pass %
MSN	551	88.0%	75	12.0%	87.0%
MSNA	647	81.6%	146	18.4%	83.2%
Other Masters	337	85.8%	56	14.2%	85.0%
Doctoral Degree	522	83.3%	105	16.7%	83.4%
Total	**2,057**	84.3%	382	15.7%	84.8%

LESSONS LEARNED

- REQUIRED APPROVALS
  - University/Accreditors/State Agencies
  - Must have a realistic timeline and budget

There is no
elevator
to success,
you have to
take the stairs.
     Zig Ziglar

LESSONS LEARNED

IF YOU WANT TO GO FAST, GO ALONE.
IF YOU WANT TO GO FAR, YOU NEED A TEAM.
JOHN WOODEN

RESOURCES
– Qualified Faculty
– Faculty Resources Matrix

FACULTY RESOURCES MATRIX

Name	Academic and Professional Credentials (CRNA, RN, MD, etc.), and Area of Specialty.	FTE	Based on conducting institution's definition of "FTE", percentage of time averaged for 1 year allocated to teaching, faculty scholarly activities, service, administrative and clinical responsibilities AND faculty-directed student scholarly activities.	Please indicate the number of courses in which faculty serves as course director (including course name/number); number of hours per year of direct teaching activities (e.g., lecture, online activities, simulation), excluding clinical; and number of final scholarly works per year, including role (e.g., chair or member of project).
Example: Jane Doe	CRNA, DNAP; nurse anesthesia	1.0	teaching 20%; faculty scholarly activities 5%; service 5%; administrative 40%; clinical 10%; faculty-directed student scholarly activities 20%	**Course director** **ANES 7310, Principles of Nurse Anesthesia I (Fall semester, face-to-face)** **ANES 7320, Principles of Nurse Anesthesia II (Spring semester, face-to-face)** **ANE 8311, Healthcare Management (Summer semester, 100% online)** **Number of hours per year of direct teaching activities excluding clinical** **Face-to-face lecture contact hours: 90 hours** **Online course (course execution and administration): 60 hours** **Student scholarly work (see description of student scholarly work)** **Primary advisor: 5 students** **Reader of student scholarly projects: 10 students**

LESSONS LEARNED

Let's not throw the baby out with the bath water.

- CURRICULUM
  - Must demonstrate all requirements are covered
  - Curriculum Mapping Matrix

MAPPING TO DOCTORAL GRADUATE STANDARDS

Graduate Standards	Course #/Title/Credit Hours	Applicable Course Outcomes	AACN Essentials for Doctoral Education for Advanced Nursing Practice

D23. Use science-based theories and concepts to analyze new practice approaches.	ANES123 Advanced Physiology & Pathophysiology, 3 cr.	At the conclusion of this course, learners will demonstrate:
		1. Ability to discuss the internal and external factors that affect specific physiological states along the health & illness continuum.
		2. Knowledge of the epidemiology, etiology, pathophysiology, and clinical and laboratory manifestations of specific disease processes.
		3. Application of diagnostic reasoning in assessing and evaluating clients with specific pathophysiologic alterations.
			I. Scientific Underpinnings for Practice
			1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
			2. Use science-based theories and concepts to:
			  • determine the nature and significance of health and health care delivery phenomena;
			  • describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
			  • evaluate outcomes.
			3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

SUMMARY

- IT'S MORE OF A MARATHON THAN A SPRINT!
- WHITE PAPER ON SCHOLARLY WORK
- COMMON CLINICAL ASSESSMENT TOOL

CHALLENGES AND IMPLICATIONS FOR NURSE PRACTITIONER EDUCATORS: TRANSITIONING TO DNP-LEVEL NP PROGRAMS

LOYOLA
UNIVERSITY CHICAGO

Preparing people to lead extraordinary lives

Lorna Finnegan, PhD, FNP, FAAN
Dean and Professor
Loyola University Chicago
Marcella Niehoff School of Nursing

President
National Organization of Nurse Practitioner Faculties
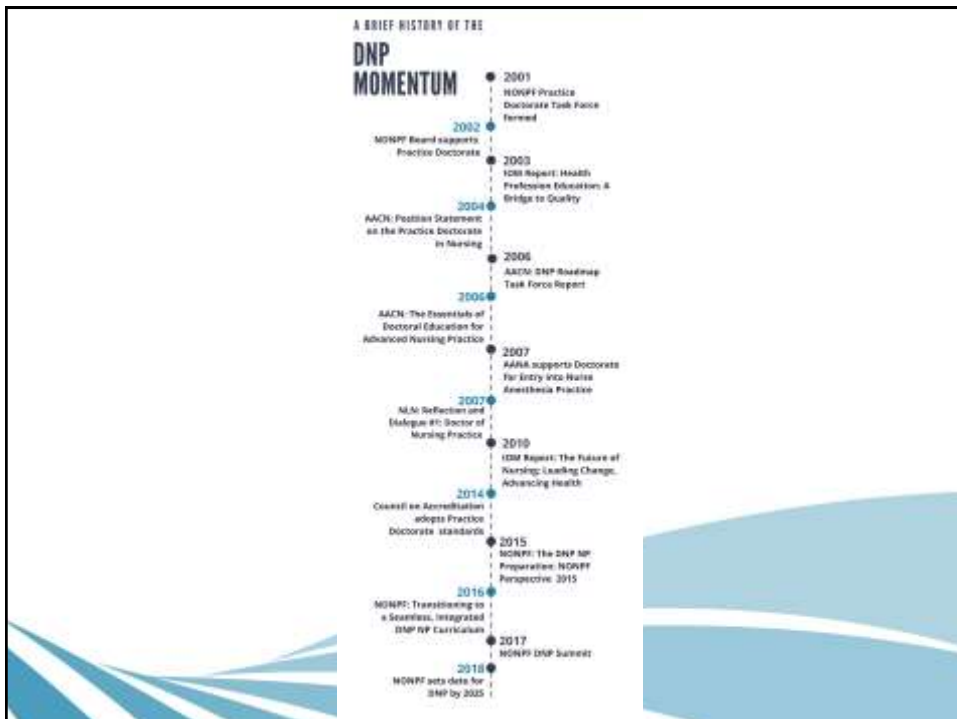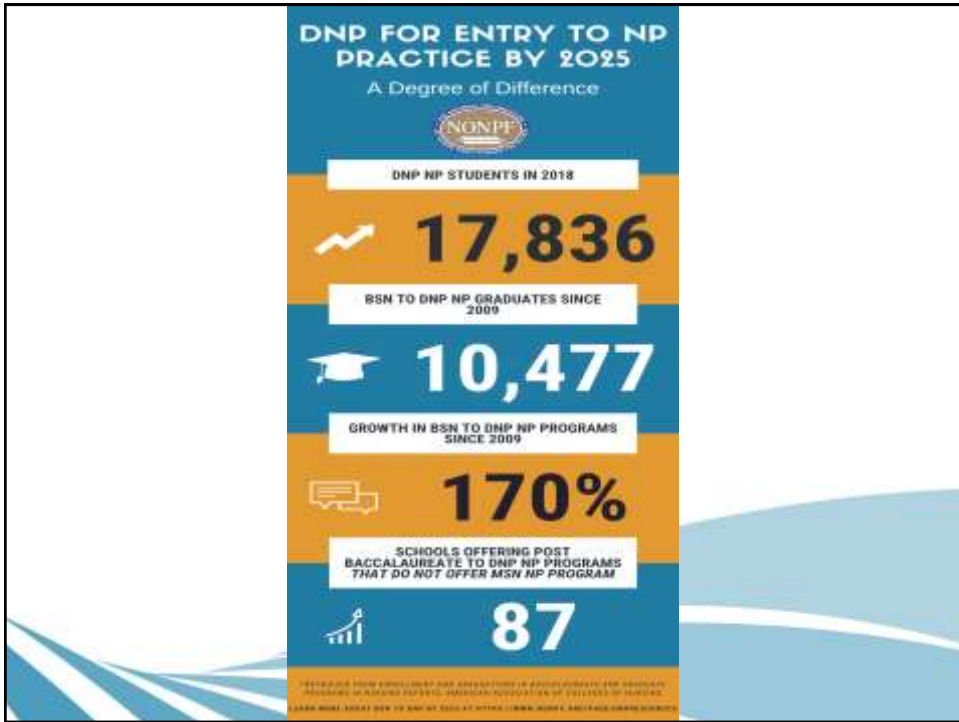
START WITH WHY

People don't buy WHAT you do, they buy WHY you do it. And WHAT you do simply proves what you believe.

WHY DNP BY 2025?

» Healthcare for Americans has grown increasingly complex

» NP education is evolving to meet those complexities

» NP students deserve a degree that matches their educational preparation

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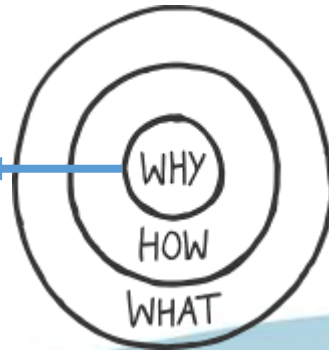
WHAT ARE THE CHALLENGES?
HOW DO WE.....

» Convince our dean/provost/president to let go of master's NP programs?

» Create a seamless integrated curriculum without a master's exit?

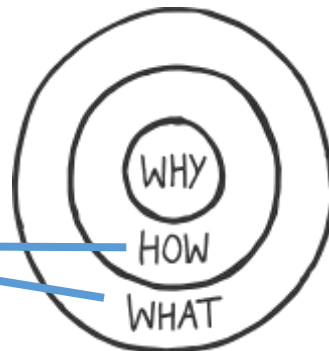» Assure readiness to begin NP clinical rotations in newly-minted RNs?

WHAT ARE THE CHALLENGES?
HOW DO WE.....

» Assure readiness to begin NP practice upon graduation?

» Manage all the DNP projects?

» Change regulatory barriers? (not addressed today)

LETTING GO OF THE MASTERS DEGREE

» Create a business plan

CREATING A SEAMLESS INTEGRATED DNP CURRICULUM WITHOUT A MASTER'S EXIT

» Not a master's degree with a post-master's DNP necklace

» Competency-based

» Mapped to re-envisioned AACN essentials and NONPF core and population-focused competencies

» Systems level and direct care competencies are integrated throughout and leveled up

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READINESS TO BEGIN NP CLINICALS

» Competency-based admission and curriculum

» Boot camps

» Simulation to test RN-level critical thinking

» Academic-practice partnerships with longitudinal clinical immersions

READINESS TO BEGIN NP PRACTICE

» Competency-based curriculum
» Academic-practice partnerships with longitudinal clinical immersions
» Integrated direct care and systems level clinical experiences
» DNP project is concurrent with clinical learning
» Graduation occurs at end of clinical rotations

MANAGING DNP PROJECTS

» Align projects with practice partner mission and strategic plan
» DNP Project Team Model
» Faculty development in quality improvement

Durham, M., Cotler, K., & Corbridge, S.J. (2019). Facilitating faculty knowledge of DNP quality improvement projects: Key elements to promote strong practice partnerships. *JAANP, 31,* 665-674.

WE CAN ACHIEVE OUR 2025 GOAL

- Healthcare for Americans has grown increasingly complex
- NP education is evolving to meet those complexities
- NP students deserve a degree that matches their educational preparation

- Capacity
- Outcomes
- Messaging
- Educations

- Workshops
- Webinars
- Podcasts
- More tools to come

WHY

HOW

WHAT