

The Doctor of Nursing Practice Excellence in Practice

Evolution and Current Status of the National Movement

NCSBN APRN Roundtable

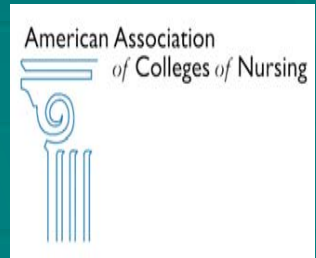
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REPORTS TO THE NATION on the State of the Healthcare System

- *AHA In Our Hands, 2002*
- *JCAHO Health Care at the Crossroads, 2002* – Sentinel events – 25% nurse related
- *IOM To Err is Human, 2000*



Reports Cite Need for Better & Differently Educated Workforce (cont.)

- *PEW Competencies for the 21st Century, 1998*
- *IOM Crossing the Quality Chasm, 2001*
- *RWJ Health Care's Human Crisis, 2002*

IOM Core Competencies for all Health Professionals in the 21st Century

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

IOM (2003) *Health Professional Education A Bridge to Quality.*



Dramatic Changes in Health Care

- Aging population
- Growing diversity
- Global health care system
- Bio-medical advances
- New areas of knowledge, i.e. genetics, environmental health

All require nurses with more
knowledge

*In times of rapid change,
experience is your
worst enemy!*

J. Paul Getty

Changing Perspectives on Doctoral Education in Nursing

- Strong history of growth in research focused doctoral programs
- AACN set standards for the research programs – Indicators of Quality in Research Focused Doctoral Programs
- Both PhD and DNSc programs have a focus on development of researchers to create the evidence base for nursing

Focus on the DNP

- Task Force that created standards for research focused programs recommended that AACN create a standard set of assumptions and guidelines for the terminal practice degree programs that were already being developed and discussed.

History of Practice Doctorates

- DNS and DNSc originally conceived as practice doctorates
- Over time these programs also focused upon development of researchers
- Nursing Doctorate programs (ND) originally focused on development of an entry-level generalist but over time changed dramatically with little congruence across the four ND programs that existed in 2004



Charge to the Task Force

- clarify the purpose of the professional clinical doctorate, specifically core content and core competencies;
- describe trends over time in clinical doctoral education;
- assess the need for clinically focused doctoral programs;
- identify preferred goals, titles, outcomes, and resources;

Stakeholder Observations

- Need to develop advanced competencies for increasingly complex clinical, faculty and leadership roles;
- Need for enhanced knowledge to improve nursing practice and patient outcomes;
- System change requires enhanced leadership skills to strengthen practice and health care delivery;
- Credits and time invested in master's programs not congruent with the credential earned;

Trends of Graduate Health Professions Programs

- Schools were experimenting with a range of options for terminal degrees in practice
- Health professions were and continue to receive pressure to reform their educational programs
- Other health professions moving to doctoral education for entry into the profession (OT, PT, Audiology, Pharmacy, Medicine, Dentistry)

Continuing Trends in Specialty Nursing Education

Credits required to complete the MSN are approaching the number of credits most disciplines need for doctoral degree

- many 60+ hrs and 3 yrs
- didactic and clinical increased by 72 and 36 hours respectively for NP programs between 1995-2000

(AACN & NONPF 2002)

- Graduates and employers identify even more content is needed (*e.g., information and practice management, health policy, risk management, evaluation of evidence, and advanced diagnosis and management, genomics*)

(Bellack, Graber, O'Neil, Musham, & Lancaster, 1999; Lenz, Mundinger, Hopkins, Clark, & Lin, 2002).

The Doctor of Nursing Practice

Why? Perceived benefits –

- Development of needed advanced competencies for increasingly complex clinical and leadership roles- global health care, genetics, biomedical advances
- Better match of program requirements and credits/time with credential earned
- Terminal degree and advanced educational credential for those who do not need/want a research-focused degree.

Perceived Benefits of Practice Doctoral Programs (cont.)

- Parity with other health professions
- Improved image of nursing
- Enhanced knowledge to improve practice
- Enhanced leadership skills to strengthen practice and health care delivery
- Increased number of faculty for clinical instruction
- Improved Patient Care Outcomes!**

AACN Position Statement on the Practice Doctorate in Nursing

Approved by AACN Membership
October 2004

In a separate motion, the target date for implementation of the recommendations was set at 2015

Practice Doctorate

- The term **practice**, specifically nursing practice refers to *any form of nursing intervention that influences health care outcomes for individuals or populations.* Preparation at the practice doctorate level includes advanced preparation in nursing, based on nursing science, and is at the *highest level of nursing practice.*

Congruent Titling

Recommendation: *The Doctor of Nursing Practice (DNP) be the degree associated with practice-focused doctoral nursing education.*

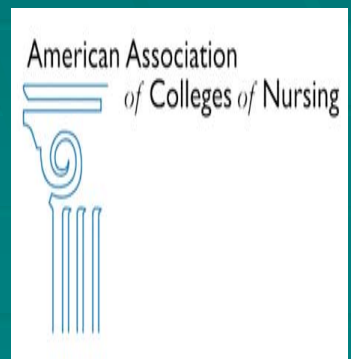
The DNP is a degree title just like MSN or PhD & does not indicate the area of specialty practice.

Recommendation: *The Doctor of Nursing (ND) degree title be phased out.*

- ***Practice-focused doctoral programs need to be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education (i.e. Commission on Collegiate Nursing Education or the National League for Nursing Accrediting Commission).***

The DNP & APNs

- *The practice doctorate be the graduate degree for advanced nursing practice preparation, including but not limited to the four current APN roles: clinical nurse specialist, nurse anesthetist, nurse midwife and nurse practitioner.*



Transitioning from MSN to DNP

- *A transition period be planned to provide nurses with master's degrees, who **wish** to obtain the practice doctoral degree, a mechanism to earn a practice doctorate in a relatively streamlined fashion with credit given for previous graduate study and practice experience. The transition mechanism should provide multiple points of entry, standardized validation of competencies, and be time limited.*

Moving Forward

- Early in 2005, AACN created two task forces:
 - Task Force on the Essentials of the Doctorate of Nursing Practice
 - Task Force on the Roadmap to the DNP

Broad representation on the TFs of all 4 APN roles, range of types and size of schools & CCNE

- Goal is to complete the transition of Specialty Nursing Education to the DNP by 2015

How Does the DNP Differ from other Practice Doctorates?

- The DNP is not an entry-level degree.
- Typically, licensure would occur prior to entering the DNP program.
- Terminal degree in nursing
- Represents the highest level of practice in the discipline

DNP Curriculum

- Modeled after the Essentials of Master's Education for APN
- Eight core competencies for all DNP graduates
- Specialty focused competencies and practica delineated by specialty organizations

8 Core Essentials for DNP Graduates

1. Scientific underpinnings for practice

Recognizes the philosophical and scientific underpinnings essential for the complexity of nursing practice at the doctoral level.

2. Organizational and systems leadership for quality improvement and system thinking

Recognizes the competencies essential for improving and sustaining clinical care and health outcomes, eliminating health disparities, and promoting patient safety and excellence in care.

Core Essentials for DNP Graduates (cont.)

3. Clinical scholarship and analytical methods for evidence-based practice

Recognizes competencies essential for translation of research into practice, evaluation of practice, practice improvement, and the development and utilization of evidence-based practice.

4. Technology and information for the improvement and transformation of patient-centered health care

Recognizes competencies essential to manage, evaluate, and utilize information and technology to support and improve patient care and systems.

Core Essentials for DNP Graduates (cont.)

5. Health care policy for advocacy in health care

Recognizes the responsibility nurses practicing at the highest level have to influence safety, quality, and efficacy of care, and the essential competencies required to fulfill this responsibility.

6. Interprofessional collaboration for improving patient and population health outcomes

Recognizes the critical role collaborative teams play in today's complex health care systems and the competencies essential for doctorally prepared nurses to play a central role on these teams.

Core Essentials for DNP Graduates (cont.)

7. Clinical prevention and population health for improving the nation's health

Added to original competencies in response to:

- IOM 2001 call for transformation “...of health professional education in response to the changing needs of the population and the demands of practice.”**
- Health People 2010 support of IOM and objective to include “core competencies in health promotion and disease prevention” in clinical education**
- In consideration of nursing's the longstanding focus on health promotion and prevention**

Core Essentials for DNP Graduates (cont.)

8. Advanced nursing practice for improving the delivery of patient care

Recognizes the essential competencies reflective of the distinct, in-depth knowledge and skills that form the basis for nursing practice at the highest level regardless of practice role.

- **Current recommendation - that all programs preparing graduates of one of the 4 APRN roles or for any direct care role will require 3 “P’s”**

Characteristics of a Practice Doctorate

- less emphasis on theory and meta-theory
- considerably less research methodology content
 - focus being evaluation and use of research
 - Use of secondary data
 - rather than conduct of research
- no dissertation **but may require a scholarly product or capstone project**
 - grounded in clinical practice and,
 - designed to solve practice problems or to inform practice directly.
- clinical practica or immersion requirements

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“My team is having trouble thinking outside the box. We can’t agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors.”

Frequently Asked Questions

- Will the creation of DNP programs detract from nursing research?
- Recent National Academy of Science Report (2005)
 - DNPs will serve as the natural allies of researchers for the full implementation of evidence for practice
 - Discipline needs both researchers and high level clinicians to advance the profession and provide high quality care

National Academy of Sciences 2005 Report

- “The need for doctorally prepared practitioners and clinical faculty would be met if nursing could develop a new non-research clinical doctorate, similar to the M.D. and PharmD in medicine and pharmacy, respectively.”



What will be the impact on enrollment in PhD programs?

- Enrollments across the country in PhD programs has remained flat over 10 years
- At institutions with both PhD & DNP programs, enrollment in PhD programs has increased;
- DNP provides an option for those individuals who do not want to become researchers.

**U TN -
Memphis**

Univ. Ky

PhD

DNP

PhD

DNP

1997

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32

1998

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1999

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Will the DNP disenfranchise APNs

Will all APN's have to get a DNP?

- There is no intention to disenfranchise any practicing APNs
- Similar situation when transitioned from certificate to master's NP education
- Only now after 25 years of transitioning from certification to master's education, a few states require a master's degree for all new APNs or those who move into the state.
- Target is that after 2015 all APN education should be offered through DNP programs.

Roadmap Issues Identified by Constituents

- Institutional issues: practice mission
- Costs & funding
- Marketing & communication
- Impact on master's programs
- CCNE accreditation
- Licensure and certification

Licensure and Certification

- Practice Acts May Vary and There May need to be some Changes in Some States to change language from master's to graduate degree.
- Clarification of the Future Certification Status for Those Currently Certified who do not obtain a DNP
- Possible Usefulness of a National Definition of Advanced Practice

Products in Process

- Frequently Asked Questions – On Web
- Bibliography on the DNP – On Web
- Pathways Diagram – On Web
- Comparison of DNP and PhD/DNSc/DNS Programs – Done with Essentials T. Force
- Strategy For Growing DNP Faculty
- Description of An Institutional Partnering Effort
- Possibility of a DNP “Tool Box”

Evolution of the Practice Doctorate in Nursing

1960—Boston University opens 1st clinical doctorate

1979—Case Western Reserve opens 1st ND program

1999—UTHSC opens DNSc practice doctorate

**2001—University of Kentucky opens First DNP
Program**

2002—AACN forms practice doctorate Task Force

2003—Columbia University admits students

2004—AACN members approve DNP Position Paper

Have we reached a tipping point?

- **2005—(Spring) 8 programs admitting students, 60 schools considering programs**
- **2005—(Summer) 80 schools considering programs**
- **2005—(Fall) 20 programs “approved” ; 140 schools considering programs**
- **2006- (Winter) 11 active & 190 schools considering programs**

I'm all for progress—
It's change that I can't stand.

Mark Twain



The Future Face of Nursing Education & Practice

American Association of
Colleges of Nursing

<http://www.aacn.nche.edu>