

## ***Doctor of Nursing Practice (DNP) Programs*** **Frequently Asked Questions**

On October 25, 2004, the members of the American Association of Colleges of Nursing (AACN) endorsed the *Position Statement on the Practice Doctorate in Nursing* (<http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm>). AACN member institutions voted to move the current level of preparation necessary for advanced nursing practice from the master's degree to the doctorate level by 2015.

### **1. How will the transition to the Doctor of Nursing Practice (DNP) occur?**

The AACN Board of Directors formed the Task Force on the Roadmap to the DNP to study the full array of implications and issues resulting from this new direction in nursing education. The task force completed its charge to examine DNP program development, master's-to-doctoral transition programs, regulations and licensure, reimbursement for advanced practice registered nurses (APRN) and other issues. The task force's final report was accepted by the AACN Board in July 2006 and is posted on the Web at <http://www.aacn.nche.edu/DNP/pdf/DNProadmapreport.pdf>. AACN will continue to work with an array of stakeholders, including APRN groups, the higher education community, and care providers to determine the best ways of implementing the DNP.

### **2. How much opportunity have stakeholders from education and practice had for input?**

From 2004 to 2006, the AACN Task Force on the Practice Doctorate and the subsequent DNP Essentials and Roadmap Task Forces held a variety of forums and invitational meetings to collect input on the DNP from education and practice stakeholders. In December 2003, AACN and the National Organization of Nurse Practitioner Faculties (NONPF) jointly sponsored a forum attended by representatives from APRN practice organizations. AACN hosted a number of meetings with the leadership of numerous organizations on this issue and surveyed practicing NPs and other APRNs to ensure that their voices were heard. Further, since 2003, AACN has held regular ongoing discussions with the 14 organizations affiliated with the Alliance for Nursing Accreditation about the potential for change in this arena. Beginning in the Fall of 2005, The DNP Roadmap Task Force, in conjunction with the DNP Essentials Task Force, held five regional meetings around the DNP. These meetings were held in Boston, St. Louis, Atlanta, Houston, and San Diego. These regional meetings were open to any participants and stakeholders from education and practice settings. Participants provided feedback on the essentials document and also discussed issues around implementing DNP programs. In total, there were 620 participants representing 231 different educational institutions and 18 from other agencies or institutions. Additionally, a national stakeholders' conference was held in October 2005 in which 65 leaders from 45 professional organizations participated. The President and Executive Director from each organization were invited to attend the stakeholders' meeting.

Feedback received at the regional and stakeholders' meetings was seriously considered. The clear and consistent messages from all feedback were incorporated into the Essentials document (<http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>) and Roadmap report.

### **3. How will consistency be assured across institutions offering the DNP?**

Academic institutions will determine the focus of their DNP programs, as is currently the case for all graduate nursing programs, while adhering to a consistent set of standards titled the *Essentials of Doctoral Education for Advanced Practice Nursing (DNP Essentials)*, which identify foundational curriculum content and outcome-based competencies essential for all students pursuing the DNP. The Commission on Collegiate Nursing Education (CCNE), the nation's premier accrediting agency for baccalaureate and graduate nursing programs, has initiated a process for the accreditation of DNP programs that are offered by institutions of higher education.

### **4. What will be the career progression from entry into nursing to the DNP?**

Multiple routes and mechanisms for career progression will be possible and ultimately decided by each educational institution. The proposed model allows for progression from the BS or MS or PhD to the DNP.

### **5. Will the DNP diminish the need or support for PhD programs?**

There is no evidence that practice doctorates compete with programs aimed at developing nurse researchers. The specific type of program that doctoral applicants choose depends on whether their preferred emphasis is in the practice arena or in scientific investigation. The DNP is designed for those in clinical practice and areas that support clinical practice—administration, organizational management, leadership, and policy. AACN will continue its work to expand the pipeline of nursing scientists prepared in PhD programs. Research doctorates are a critical resource for supplying the evidence base for nursing practice.

### **6. How will the DNP differ from the PhD or DNS in terms of curriculum content, research competencies, outcomes and roles occupied?**

The *Essentials of Doctoral Education for Advanced Practice Nursing* presents the specifics of this education and role. DNP programs will incorporate the APRN content currently included in master's programs. The DNP focuses on providing leadership for evidence-based practice. This requires competence in translating research in practice, evaluating evidence, applying research in decision-making, and implementing viable clinical innovations to change practice. Considerable emphasis is placed on a population perspective, how to obtain assessment data on populations or cohorts, how to use data to make programmatic decisions, and program evaluation. If a DNP desires a more formal research role, additional preparation will likely be required—similar to a MD completing a PhD. PhD and DNS programs are research intensive. In many cases PhD graduates accept academic or governmental positions where research is a major expectation. The DNP graduates will likely seek practice leadership roles in a variety of settings—management of

quality initiatives, executives in healthcare organizations, directors of clinical programs, and faculty positions responsible for clinical program delivery and clinical teaching would be appropriate.

## **7. How are the Master's *Essentials* reflected in the development of the DNP?**

The *DNP Essentials* are built on the content and competencies outlined in AACN's *Essentials of Master's Education for Advanced Practice Nursing* (1996), and subsequently the *Essentials of Master's Education in Nursing* (2011). Graduates of programs based on the *Master's Essentials* will already possess much of the core knowledge needed to attain the end-of-program competencies delineated in the *DNP Essentials*. The DNP program will provide these graduates with the additional competencies and knowledge needed to practice at the highest level.

## **8. What is the link between the DNP curriculum model from the *Essentials* and specialty practice competencies? What role do specialty APRN groups play in defining competency expectations?**

The DNP Curriculum is conceptualized as having two components:

1. *DNP Essentials* 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or focus.
2. Specialty competencies/content prepare the DNP graduate for those practice and didactic learning experiences focused on preparing the DNP graduate for a particular specialty. *Competencies, Content, and Practica experiences needed for roles in specific specialty areas are delineated by national specialty nursing organizations.*

The *DNP Essentials* document outlines and defines the eight foundational Essentials and provides some introductory comments on specialty competencies/content. The essential components of the Core Essentials of the DNP curriculum are defined. The specialized content, defined by the specialty organizations, builds on and complements the areas of core content defined by *The DNP Essentials* and constitutes the major component of DNP programs. DNP curricula should include these two components as appropriate to the specific advanced nursing practice specialty being prepared. Additionally, the faculty of each DNP program has the academic freedom to create innovative and integrated curricula to meet the competencies outlined in the *Essentials* document.

## **9. How many institutions currently offer the DNP?**

For a list of schools offering practice doctorates in nursing, see the AACN Web site at <http://www.aacn.nche.edu/dnp/program-schools>.

## **10. Who will teach DNP students since the role is considered advanced practice?**

Many of those who currently teach in advanced practice programs will be involved in teaching DNP students, particularly at the beginning level. There will be components of

the DNP which will demand doctorally prepared faculty. As programs move forward with development, arrangements will have to be made for joint appointments or articulation agreements. Master's-prepared faculty teaching in APRN programs will have the option to complete the DNP, enhancing their standing within the university and increasing the number of faculty qualified to teach in the DNP program.

#### **11. What about the opportunity for tenure and promotion for faculty with a DNP?**

Though primarily an institutional decision, AACN is confident that a DNP faculty member will compete favorably with other practice doctorates in tenure and promotion decisions, as is the case in law, education, audiology, physical therapy, pharmacy, public policy, and administration, public health, and other disciplines. AACN data from 2011 show that doctoral students who also teach are just as likely to have a DNP as a PhD. This indicates that graduates of both types of doctoral programs are finding teaching positions.

#### **12. How will DNP graduates be prepared to assume the nurse educator role?**

Though a doctorate is the appropriate degree for a faculty role, the DNP program is not designed to prepare educators per se, any more than a PhD does. Graduates from all doctoral programs (PhD or DNP) who wish to be educators should have additional preparation that adds pedagogical skills to their base of clinical practice.

#### **13. Will master's programs still exist? Should they be phased out?**

Yes, master's education will continue. The position statement on the DNP is a vision for the future of specialty nursing education. As specialty nursing education transitions to the doctoral level, the DNP Task Force recommends that institutions consider revise their master's degree to prepare nurses for other essential roles. The Clinical Nurse Leader<sup>SM</sup>, a national demonstration project launched to introduce a new master's level role into the healthcare system, is one model for master's education. This change in master's programs is consistent with the position statement endorsed by AACN members which states: "As the education of the generalist nurse is elevated to the master's degree level, it is reasonable to assume that specialty education and the education of those individuals prepared for the highest level of nursing practice would occur at the practice doctoral level." The transition date of 2015 for the DNP was set far enough in the future to give programs enough time to make a smooth transition and address the role of master's education.

#### **14. How can we justify efforts to develop the DNP when we have an acute faculty shortage? Should we focus on increasing faculty salaries rather than the DNP?**

Nursing cannot continue to have large numbers of faculty in full-time academic positions without doctorates. One of the frustrating aspects in today's world of academic nursing is the fact that we have been so slow in moving this agenda forward. Nursing permits a culture which is accepting of limited educational credentials in a variety of settings. In universities it is increasingly difficult to develop the kind of clinical scholarship and maintain the kind of credibility necessary for first rate programs without a higher level of

education among our faculty. The faculty shortage is compounded by the fact that salaries in the academic setting have not kept pace with the service setting. We cannot expect improved salaries until we improve the educational level.

**15. Has research demonstrated the need for a practice doctorate? Is there a gap in clinical practice?**

Recent reports from the Institute of Medicine describe the challenge of health care and represent a mandate for change in the educational program for the health professions. Nurses are constantly working with individuals who have a higher level of preparation in their respective fields—physicians, pharmacists, and other providers. Nursing educational preparation and the time commitment ought to be analogous to other health professions e.g., PharmD, Physical Therapy, Occupational Therapy. The DNP provides a clinical option for advanced preparation in nursing practice that is more comparable to other intraprofessional education. In addition, research from Drs. Linda Aiken, Carole Estabrooks, and others have established a clear link between higher levels of nursing education and better patient outcomes.

**16. Does implementation of the DNP mean advanced practice nurses will no longer be permitted to practice without a doctorate?**

No. Nurses with master's degrees will continue to practice in their current capacities. Recommendations are included in the final Roadmap Task Force on how to facilitate rapid transition to the DNP for master's-level nurses seeking this credential.

**17. What are the factors that assure that nursing boards will accept this degree for APRN preparation? Will nurse practice acts and regulatory language change?**

Since the DNP programs will include content currently in master's programs to prepare NPs, midwives, CRNAs, and CNSs, there should be no major difficulties with licensure and certification. As DNP programs come forward to state boards of nursing for approval, changes in Nurse Practice Acts and regulatory language are being considered.

**18. Is it the intent of the DNP to further expand the scope of practice for APRNs?**

No. Transitioning to the DNP will not alter the current scope of practice for APRNs. State Nurse Practice Acts describe the scope of practice allowed, and these differ from state to state. These requirements would likely remain unchanged. The transition to the DNP will better prepare APRNs for their current roles given the calls for new models of education and the growing complexity of health care.

**19. What is the incentive for expert APRNs to go back to school, particularly since state laws and regulations allow practice with a master's degree?**

Over the years, requirements for the profession of nursing have evolved, consistent with needs of the healthcare environment. The DNP is preparing for the future—tomorrow's

practice. Transforming healthcare delivery recognizes the critical need for clinicians to design, evaluate, and continuously improve the context within which care is delivered. Nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills will significantly impact healthcare outcomes. Until the time that state laws are changed, if a nurse desires an APRN education, and has a choice between a DNP or a master's preparation, it would be far more cost-effective to spend the additional time for the DNP and be prepared for future practice.

**20. Will adding another credential only create more confusion about nursing degrees?**

No. The DNP does not add “another layer”—just another doctoral focus. The plan will be that all nursing practice doctorates will convert to the DNP designation to reduce confusion and differentiate those programs from research-focused degrees (PhD, DNS). All institutions that formerly offered the Doctor of Nursing (ND) have transitioned to the DNP.

**21. Will doctorally-prepared nurses confuse patients and the public?**

No, the title of Doctor is common to many disciplines and is not the domain of any one group of health professionals. Many APRNs currently hold doctoral degrees and are addressed as “doctors,” which is similar to how other expert practitioners in clinical areas are addressed, including clinical psychologists, dentists, and podiatrists. In all likelihood, APRNs will retain their specialist titles after completing a doctoral program. For example, Nurse Practitioners will continue to be called Nurse Practitioners. Of course, DNPs would be expected to clearly display their credentials to insure that patients understand their preparation as a provider, just as many APRNs, physicians, and other clinicians now do.

**22. Will DNP programs prepare nurses to assume roles as physicians?**

No. Nursing and medicine are distinct health disciplines that prepare clinicians to assume different roles and meet different practice expectations. DNP programs will prepare nurses for the highest level of *nursing* practice. Transitioning to the DNP will not alter the current scope of practice for advanced practice nurses as outlined in state Nurse Practice Acts.

**23. Does CCNE accredit DNP programs?**

Yes. Practice doctorates with the degree title DNP are eligible for accreditation by CCNE. Programs offering research doctorates (e.g., PhD or DNSc) will not be considered for accreditation. It is expected that specialty accreditation for programs preparing nurse midwives and nurse anesthetists will continue by their respective accrediting agencies. If one of these programs is housed in a non-nursing program, the decision regarding the credential will be determined locally. CCNE continues to collaborate with specialty accrediting bodies through the Alliance for APRN Credentialing. Moreover, CCNE will continue to strive to assure congruence among the standards for accreditation of nurse midwifery, nurse anesthesia, and DNP programs. CCNE has accredited 65 DNP programs and an additional 110 DNP programs are currently pursuing accreditation with this agency.