American Association of Colleges of Nursing

DNP Roadmap Task Force Report
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BACKGROUND AND CONTEXT

A number of societal, scientific, and professional developments has stimulated a major paradigm change in graduate education in nursing. One major impetus for this change was the American Association of Colleges of Nursing's (AACN) decision in October 2004 to adopt the goal that preparation for specialization in nursing should occur at the doctoral level by 2015. In addition to that decision, other factors encouraging this change include the preparation by master's degree programs of advanced generalists such as the Clinical Nurse Leader (AACN, 2004b) and recommendations by the National Research Council of the National Academies (2005) for changes in doctoral preparation for those planning for careers with a heavy concentration in research.

Additional movement for the paradigm shift in graduate education in nursing comes from several landmark reports that focus on the nursing shortage, the crisis in the health care system, and proposed strategies for addressing these critical issues. The Institute of Medicine (IOM) report titled *Crossing the Quality Chasm* (2001) stresses that the health care system as currently structured does not, as a whole, make the best use of its resources. The aging population and increased client demand for new services, technologies, and drugs contribute to both the increase in health care expenditure and to the waste of resources. A recommendation in the report calls on all health care organizations and professional groups to promote health care that is safe, effective, client-centered, timely, efficient, and equitable (p. 6).

In a follow-up report titled *Health Professions Education: A Bridge to Quality*, the IOM Committee on the Health Professions Education (2003) states, "All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics" (p. 3).

Other factors that have built momentum for change in nursing education at the graduate level include the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel; demands for a higher level of preparation for nurses who can design and assess care and lead; shortages of prepared nursing faculty, leaders in practice, and nurse researchers; and increasing educational expectations for the preparation of other health professionals. The development of a practice doctorate is supported in the National Research Council's report titled *Advancing the Nation's Health Needs: NIH Research Training Programs* (2005). That report notes the need for the nursing profession to develop a "non-research practice doctorate" to prepare expert practitioners who can also serve as clinical faculty.

In recognition of these developments, several nursing schools began developing plans for new practice doctorates, which created considerable ferment and some confusion in the field. In March 2002, AACN formed a task force "to examine the current status of clinical or practice doctoral programs, compare various models, and make

recommendations regarding future development" (AACN, 2004a, p. 1). The task force made 13 recommendations, 4 of the most critical being:

1. The Doctor of Nursing Practice (DNP) is the degree associated with practice-focused doctoral education.
2. The practice doctorate be the graduate degree for advanced nursing practice preparation, including but not limited to the four current advanced practice nursing (APN) roles: clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner.
3. A transition period should be planned to provide nurses with master's degrees, who wish to obtain the practice doctoral degree, an efficient mechanism to earn a practice doctorate.
4. Practice-focused doctoral programs will be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education (i.e., the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission).

At AACN's Fall 2004 Semiannual Meeting, Elizabeth Lenz, chair of the Task Force on the Practice Doctorate, moved that the *Position Statement on the Practice Doctorate in Nursing* (2004a), including all 13 recommendations, be endorsed by the membership. The membership adopted the position statement by a majority vote, and 2015 was established as the target date for graduate programs leading to advanced nursing practice preparation to transition to the doctoral level. In January 2005, AACN's Board of Directors appointed two task forces to move the association's work forward. The DNP Essentials Task Force was charged with developing the curricular content and the competencies for the DNP. The second task force, the DNP Roadmap Task Force, was given the following charge:

- Develop an implementation plan that provides a roadmap for achieving the goals of the AACN position statement by 2015;
- Delineate key institutional and academic issues that must be addressed in academic institutions;
- Assess regulatory and /or legislative frameworks that shape practice authority, reimbursement, and/or academic authority, and identify implications of these frameworks;
- Identify actual and/or potential challenges and opportunities inherent in the assessments and make recommendations;
- Map potential interfaces and/or partnerships that can be created to assist undergraduate and graduate nursing programs to participate in achieving the 2015 goal; and
- Develop recommendations that detail actions and timelines for accomplishment with specific focus on the role of AACN in facilitating the implementation process.

Process of the Task Force

To address the charge, the task force carried out a number of activities. Rogers' Diffusion of Innovations theory (2003), which provides a conceptual framework for understanding the process of the adoption of new practices or technologies and the associated social changes, was used to guide the work. Rogers' work indicates that in facilitating the adoption of an innovation it is important to help the community of potential adopters and other stakeholders participate in the process, clarify their understanding of the innovation, and reduce uncertainty. This translates into developing materials and communication channels that provide information and opportunities for input from various stakeholders. In addition to conducting meetings and conference calls, the task force carried out the following activities:

- Conducted two internet surveys of schools to assess if they were offering or preparing to offer a DNP program.
- Held regional conferences in cooperation with the Essentials Task Force in five locations throughout the country (Boston, St. Louis, Atlanta, Houston, and San Diego) (see Appendix B).
- Held a national stakeholders conference in cooperation with the Essentials Task Force in Washington, DC in October 2005 in which 65 leaders (Executive Directors and/or President) from 44 professional organizations participated. (See Appendix C).
- Made presentations on two national internet/telephone conferences arranged by the American Nurses Association.
- Participated in a variety of conference calls.
- Held two joint meetings with the Essentials Task Force.
- Gave a presentation and conducted a forum at the Fall 2005 AACN Semiannual Meeting in cooperation with the Essentials Task Force.
- The chair presented at the Advisory Council for the National Institute of Nursing Research (NINR) in January 2006.
- The chair presented at the June 2006 Conference of the Association of Community Health Nursing Education.
- The chair gave a presentation with the Chair of the Essentials Task Force and conducted a discussion at the AACN Doctoral Conference in January 2006, at the AACN Master's Conference in February 2006, and at the February 2006 AACN Faculty Practice Conference along with a member of the Clinical Nurse Leader Implementation Task Force.
- Developed the DNP Tool Kit, a Frequently Asked Questions reference and other resources that have been posted on the AACN Web site for review and comment (http://www.aacn.nche.edu/DNP/dnpfaq.htm).

National Dialogue and Progress Toward the 2015 Goal

A significant number of organizations and individuals is engaged in the national dialogue on the DNP. The intent is to set in motion processes that achieve the idealized goal of moving to the DNP. At all meetings related to the DNP, a systematic effort has been made to create forums in which those who attend are encouraged to participate actively in the process by providing input to the work of both the Essentials and Road Map Task Forces. As the work progressed, the efforts to provide information, encourage dialogue, and build consensus seemed to be successful and at the fifth regional conference in San Diego and the 2006 AACN Doctoral Conference, task force members and AACN staff collectively sensed that a "tipping point" had been reached and that the issue was no longer whether the DNP initiative would move forward, but how to make it as successful as possible.

The sense of positive momentum is mirrored in data collected regarding DNP program planning and development. According to AACN data, in the spring of 2005 there were 8 DNP programs admitting students, and 60 additional schools had DNP programs under consideration. By summer 2005, a total of 80 schools had DNP programs under consideration. In the fall, an email survey of AACN members indicated that 9 institutions had DNP programs in place and 162 schools were at some stage of developing/planning a DNP program. In February 2006, another email survey of member institutions indicated that 11 institutions had DNP programs and were admitting students, 5 had graduated students, and 190 institutions were in the process of developing/planning a DNP program. Of the 190 institutions reporting, 70 reported having a faculty task force in place, 32 had completed a needs assessment, 28 were seeking approval from their university, 18 were seeking approval from their state's higher education board, and 32 were developing curriculum. It is of particular interest that 29 institutions reported plans to collaborate with another institution while 7 institutions already were collaborating.

A summary of the key issues and challenges was developed after considering the charge given to the task force and analyzing the issues that emerged in the regional conferences, the national stakeholders' conference, and in the forum held at the fall 2005 AACN Semiannual Meeting. These issues are discussed here as are potential strategies and activities that could be undertaken by AACN and other stakeholders.

ACADEMIC ISSUES

The Link Between the DNP Program and the Institutional Mission

The DNP allows academia and clinical settings to establish new models of affiliation and collaboration, particularly in terms of practice and research. Faculty who practice in the clinical setting and clinical staff who serve as faculty contribute to strong collaborative partnerships that enhance the academic practice mission. Moreover, DNP graduates enhance the academic research mission given their abilities to translate academic research findings and evidence into practice.

The Practice Mission

Schools and departments of nursing have varying opinions regarding the question of whether practice is part of their mission and if so, to what extent. Available data show that relatively few schools of nursing have formalized their practice commitment, either by developing and operating a nursing center (20%; Berlin, Stennett, & Bednash, 2002) or an academic clinical program (15%; Sebastian, personal communication). However, all schools and departments of nursing have important connections to practice settings and many clinical faculty continue to practice on their own time or in some cases are granted time for practice by the school.

As previously noted, schools of nursing with the first DNP programs have active faculty practice programs with long-standing practice commitments as part of their mission. Academic leaders in these institutions suggest that their DNP initiatives are a function of their awareness of changing practice needs. In fact, at one institution, it became evident that to fully tap into the potential for faculty practice in terms of the scholarship of application or practice (particularly developing new innovations in practice and research utilization) doctoral level preparation for practitioners and others was needed. While PhD faculty are supportive of the practice initiative, with few exceptions it has been difficult for research faculty to maintain their funded research programs and teach while also spending significant time in an active clinical practice.

How might the collaboration between academia and practice be positively affected by the DNP? The lines between faculty and clinical staff would blend with each serving the dual role of clinician and academician, resulting in the development of new educational models that test new and emerging nursing roles. This would lead to increased practice innovation and improved health care, and provide a richer clinical learning environment for students who could participate with faculty in their scholarship activities. Faculty practice scholarship activities would accelerate by having more faculty with practice commitments prepared with the competencies of the DNP graduate. Further, the broader range of skills of the DNP-prepared clinician may result in more options for developing contracts and other practice arrangements for faculty-practice partnership. This could expand teaching and research resources and strengthen the credibility and viability of nursing within the community. An important byproduct could be the opportunity for faculty to remain active in the kind of practice for which they are preparing students as well as creating additional fiscal resources to enhance faculty salaries. As evidence of this possibility, medical colleges have found ways to keep a significant component of their faculty in practice and to pay reasonably competitive salaries.

The Research Mission

Maintaining and strengthening the research mission of schools of nursing is imperative to contributing to the knowledge base necessary to support health care in the future. There are a number of ways in which individual graduates and the DNP movement can support the research mission of schools of nursing and the profession.

With regard to research, the academic preparation and predominant focus of DNP graduates is on the use of research findings in making practice decisions. Thus, the development of DNP programs will increase the number of nurses with an appreciation for the importance of research, who can use research in their practice and in their teaching, and who can provide leadership to others, resulting in policies and practices that are informed by the best research evidence possible.

Another positive contribution of the DNP movement is that DNP graduates can alleviate the faculty shortage by assuming more leadership in the clinical education of students at the baccalaureate and graduate levels and in other roles in schools of nursing. Such a development would allow research-intensive faculty more time to target their efforts on the highly competitive arena of federally supported research and the mentoring of PhD students and new researchers. Disturbing data on the projected future needs for nursing faculty, the projected shortfalls due to retirements, and the sluggish production of PhDs despite the growing number of PhD programs (Berlin & Sechrist, 2002) demand that something change. The preparation of DNP graduates can be a part of that change.

Perhaps the greatest potential contribution of the DNP to the research mission will be strengthening the linkages between the practice and research efforts in schools of nursing, and the connection between schools and their practice partners. There are several facets to this: DNPs can serve as practice-focused members of the research team; DNPs can identify practice issues and unresolved practice questions, which can lead to important research questions and the generation of insightful hypotheses; and DNPs can provide leadership in the translation component of health services research. Moving forward, it is critical to have expert nurse clinicians as part of research teams.

Recommendations for Institutions

1. *Evaluate links among the DNP and the research, scholarship, practice, teaching, and service mission of the institution.*

2. *Develop faculty practice arrangements to attract, retain, and adequately compensate faculty actively involved in practice.*

3. *Strengthen links with the practice environment to:*
   - *Enhance the practice mission*
   - *Develop strong collaboration and exchange*
   - *Develop practice opportunities for faculty*
   - *Develop teaching opportunities for clinicians*

4. *Encourage the development of DNP and PhD teams to provide leadership in the translation component of research in the health care setting.*

Recommendations for AACN

1. *Expand the data collected on faculty and students by including information on:*

a) the extent to which DNP and PhD/DNSc students are enrolled in the same courses; and
b) faculty funding for research and scholarship by type of terminal degree.

2. *Include doctoral preparation of school of nursing faculty (e.g.,PhD, DNSc DNP, EdD) in the annual survey of schools of nursing.*

3. *Sponsor or cosponsor, with other groups, such as AONE or various practitioner groups, national or regional efforts directed to broaden understanding of scholarship in the practice environment.*

4. *Obtain current national information on how school of nursing practice missions are structured and financed, and their relationship to the educational, service, and research missions of schools of nursing, with and without DNP programs.*

5. *Document the involvement of DNP faculty in practice and clinical staff in teaching to provide information on the "value added" by the DNP.*

6. *Identify ways to collaborate with the faculty practice network to enhance the faculty practice mission.*

7. *Create networks and share best practices in developing research teams.*

8. *Develop joint programming for DNPs/PhDs in the research network. Use AACN's Research Leadership Network (RLN) and/or offer programming at the Doctoral Conference to encourage the development of teams to evaluate patient-centered care.*

DNP Program Issues

In the DNP regional conferences and in other discussions regarding the development of DNP programs, a number of program issues were raised. In addition to those relating to the essential curricular components and addressed in the *DNP Essentials* document, the three program issues of most interest were: pathways to DNP preparation, maintaining quality and rigor, and program length.

Pathways to DNP Preparation

The Essentials of Doctoral Education for Advanced Nursing Practice or *DNP Essentials* describes various entry points into the DNP curriculum. Regardless of the pathway, in order to graduate the student must attain the end-of-program competencies defined in the Essentials document. The degree-conferring institutions should design the individualized approaches for completion of their DNP curriculum based on a candidate's prior education and demonstrated competence.

Because of the different entry points, the curriculum can be individualized for candidates based on their prior education, experience and choice of specialization. Early in this transition period, many students entering the DNP programs will have a master's degree built on AACN's *The Essentials of Master's Education for Advanced Practice Nursing* (1996). Graduates of such programs would have already attained many of the competencies defined in the *DNP Essentials*. Therefore, their DNP curriculum would need to be designed to include the higher level and expanded content defined in the *DNP Essentials*. However, consideration must also be given to the variability that exists in master's level nursing programs. Therefore, faculty must assess each candidate's previous educational program to determine the unique learning experiences required to meet the end-of-program competencies of the *DNP Essentials.*

In contrast, the candidate who enters the program with a baccalaureate degree in nursing or another field would require a more comprehensive and longer program of study than a candidate entering the program with a master's degree. These students would require more extensive content and clinical experiences related to all components of the curriculum defined in the *DNP Essentials,* including specialty competencies/content.

Maintaining Quality and Rigor

The adoption of the final *DNP Essentials* will provide faculty of each academic institution with a framework for the DNP curriculum. Faculty should ensure congruence with the following two components of the DNP curriculum model:

1. *DNP Essentials* 1-8 are the foundational outcome competencies deemed essential for graduates of a DNP program regardless of specialty or functional focus.

2. Specialty competencies/content prepare the 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 specific roles in specialty areas are delineated by national specialty nursing organizations.

The DNP Essentials document outlines and defines the eight *DNP Essentials* and provides some introductory comments on specialty competencies/content. The specialized content, defined by the specialty organizations, builds on and complements the areas of content defined by the *DNP Essentials* and constitutes the major component of DNP degree programs. DNP curricula should include these two components as appropriate to the specific advanced practice specialist 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 *DNP Essentials* document.

Program Length

Institutional, state, and various accrediting bodies often have policies that dictate minimum or maximum length and/or credit hours needed to award specific academic degrees. Recognizing these constraints, it is recommended that post-baccalaureate DNP programs be three calendar years, or 36 months of full-time study including summers, or four years on a traditional academic calendar.

Post-master programs should be designed based on the DNP candidate's prior education, experience, and choice of specialization. Even though competencies for the DNP build on those attained through master's study, post-master's and post-baccalaureate students must achieve the same end-of-program competencies. Therefore, it is anticipated that a minimum of 12 months of full-time post-master's study will be necessary to acquire the additional doctoral level competencies. The task force recommends that accrediting bodies ensure that post-master's programs validate that students obtain the experiences necessary to acquire all of the required end-of-program competencies. Thus, DNP programs, consistent with the expectations of the *Essentials* document, are efficient and manageable with regard to the number of credit hours required, and avoid unnecessarily long programs of study.

Strategies for Program Development and Implementation

Some leaders of academic nursing programs have recognized two significant obstacles that might challenge the creation of a DNP program: 1) lack of congruence with the mission of their parent institution, and 2) scarce resources, including qualified faculty. Thus, the development of partnerships between those institutions who can not offer the DNP degree and those institutions that have the resources to offer the DNP is an innovative solution to this dilemma. Exemplars of several collaboration models are included in the DNP Tool Kit (see Appendix A).

Recommendations for Institutions

1. *Devise DNP curricula and policies responsive to students' backgrounds.*

2. *Ensure the quality of DNP program by creating programs consistent with the components of the DNP curriculum model and have faculty with appropriate preparation.*

3. *Develop high quality doctoral programs that avoid protracted programs of study.*

4. *Seek specialized nursing accreditation for their DNP program.*

5. *Recruit expert clinicians to serve as preceptors and faculty.*

Recommendations for AACN

1. *Develop master's conference programming to explore new models for master's education in nursing that facilitate the link to doctoral education.*

2. *Develop doctoral conference programming to address emerging national policies affecting research and practice missions, such as research priorities, pay for performance, centers for excellence, the NIH roadmap, and practice scholarship.*

3. *Continue to add to the DNP Toolkit other best practice examples of strategies for the development and implementation of DNP programs.*

The Future of the Master's Degree

AACN's (2004a) *Position Statement on the Practice Doctorate in Nursing* represents a vision for the future, and as such, AACN members have endorsed the transition from specialty nursing practice education at the master's level to the DNP by the target goal of 2015. AACN recognizes the importance of maintaining strong interest in roles (e.g., nurse practitioner, clinical nurse specialist, nurse midwife, and nurse anesthetist) to meet existing health care needs.

In response to practice demands and an increasingly complex health care system, programs designed to prepare nurses for advanced practice nursing will begin the transition to the practice doctorate for nurses who initially want to obtain the DNP, as well as for nurses with master's degrees who want to return to obtain the practice doctorate. AACN will assist schools in their transitioning to the DNP and in their efforts to partner with other institutions to provide necessary graduate level course work. Specialty focused master's level programs will be phased out as transition to DNP programs occurs. Master's programs will continue to be offered and will prepare nurses for advanced generalist practice.

Accreditation of Master's Programs

The Commission on Collegiate Nursing Education (CCNE), an autonomous arm of AACN, will continue its mission of ensuring program quality and integrity through the accreditation of baccalaureate and higher degree programs. With the CCNE Board of Commissioners' decision to initiate a process for accreditation of DNP programs, CCNE has expanded rather than limited its scope of operation. This scope includes master's degree programs with advanced practice offerings. In the future, however, programs will need to make decisions regarding advanced practice offerings at the master's level and their viability and ethical standing when the profession has evolved advanced practice education to the doctoral level. Such decisions will be driven by the larger profession, not by accrediting organizations.

Recommendations for Institutions

1. *Consider reconceptualization of the master's program for advanced generalist practice.*

2. *Consider evidence from CNL pilot in development of master's programs.*

3. *Continue dialogue and planning on transition to the DNP.*

Recommendations for AACN

1. *Provide educational sessions and materials to assist schools in developing master's programs to prepare advanced generalists.*

2. *Engage in discussion on the future role of the master's degree in nursing.*

Faculty Issues in the Development of a Program

Credentials Required to Teach in a DNP Program

To ensure the scholarship of nursing practice, the faculty ideally should possess a doctoral degree with expertise in the area in which the faculty will be teaching. All of the faculty in DNP programs do not have to have the DNP credential. Rather, schools should recruit faculty with senior leadership experience, a network of leadership influence, and a high level of expertise in an area of clinical practice. Faculty in a DNP program may include pharmacy faculty, public policy faculty, statisticians, medical faculty, informatics faculty, and others. Presently, advanced practice nursing (APN) programs use a variety of faculty including master's prepared APN faculty, faculty without APN preparation, and faculty who do not have a nursing background. These individuals are significant faculty resources, and they will continue to be used in DNP programs. In some instances, highly skilled master's prepared nursing clinicians may assume a role in the preparation of DNP graduates. The most significant issue to be considered is whether the faculty member has the requisite skill and knowledge to teach the particular content or competencies to be acquired in specific courses.

In some instances, individuals who acquire the DNP will seek to fill roles as educators. As in other disciplines (e.g., biology, business, law), the educational preparation focuses on the area of specialization within the discipline to be taught, not the process of teaching. Therefore, preparation for nursing faculty roles should focus on practice, not education. However, individuals who desire a role as an educator - whether that role is operationalized in a practice environment or the academy - should have additional preparation in the science of pedagogy to augment their ability to transmit the science of the profession they practice and teach. This additional preparation may occur in formal course work during the DNP program or through continuing education. This preparation for the faculty/educator role is in addition to

the preparation necessary for the area of specialized nursing practice. Schools of nursing should not create graduate nursing programs that have education as their major.

Development of Faculty for a New DNP Program

Approaches exist that will assist a program in developing faculty prepared with the DNP. For example, a college planning to offer a DNP, while waiting for approval, may use an avenue in another college with authority to offer doctoral level courses. Using the Special Topics designation, the college could offer DNP courses over several semesters to their current nursing faculty. Once the DNP is approved, the credits earned by the faculty will be transferred into the DNP program. Another strategy to develop DNP faculty would be to share faculty (joint appointments) with another university that has qualified DNP faculty, while faculty proposing a DNP program attended classes in an established DNP program.

Preparation of Preceptors

Clinical preceptors can present with a variety of skills, educational credentials, and expertise. Preceptors could be selected from a variety of disciplines, thereby building the students' interdisciplinary experiences (Sebastian, 2006). An advanced practice nurse with a master's degree or PhD, or a DNSc-prepared nurse who is a leader in establishing clinical excellence, would be an appropriate preceptor. The decision on what constitutes an appropriate preceptor will depend on the route and area of specialization to the DNP. DNP programs might have a variety of preceptors with different knowledge and skills depending on the outcomes of the educational portion of the curriculum. Currently master's-prepared preceptors in APN programs are effective in supervising students for the tremendous amount of time required in the clinical component of the program. In some instances, a portion of these preceptors will choose to obtain the DNP post-master's, thus being further prepared to guide the DNP student in the acquisition of the highest educational level for practice.

Academic Career Path for Faculty in a DNP Program

Integrated Scholarship. In 1999, AACN membership approved the *Position Statement on Defining Scholarship for the Discipline of Nursing*. This statement is very appropriate to address the concerns regarding the scholarship expectations for a faculty member prepared with the DNP. Nursing, along with many other academic disciplines (e.g., engineering, social work, business, education) has proposed faculty reward systems that recognize that "rigorous scholarly inquiry must be applied in the realities and demands of practice." The work by Boyer (1996) provides a useful framework for defining scholarship for a faculty prepared with a DNP and committed to advancing nursing knowledge: (1) *discovery*, where new and unique knowledge is generated; (2) *teaching*, where the teacher creatively builds bridges between his or her understanding and the students' learning; (3) *application*, where the emphasis is

on the use of new knowledge in solving society's problems; and (4) *integration*, where new relationships among disciplines are discovered. These four aspects of scholarship support the values of nursing, which is committed to social relevance and scientific advancement—also essential characteristics of the DNP role.

The first schools to develop the DNP program have had active faculty practice programs with long-standing practice commitments as part of their mission. These early adopters believe that their DNP initiatives grew from an awareness of what needed to happen in practice and a vision of what could be. Important to this issue is the definition of practice, which has been conceptualized to include "any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care, administration of nursing and health care organizations, and the development and implementation of health policy" (AACN, 2004a, p. 2). At one of the DNP-pioneer institutions, it became evident that the potential for faculty practice in terms of the scholarship of application or practice, particularly to develop new innovations in practice and research utilization, would be realized when the practitioners were doctorally prepared. By having more faculty with practice commitments prepared with the competencies of the DNP, practice scholarship activities should accelerate. This will lead to more practice innovations, better patient care, and a richer clinical learning environment for students who could participate with faculty in some of their scholarship activities. Maintaining a practice as a faculty member has the potential to expand teaching and research resources and strengthen the credibility and visibility of nursing within the community.

Academic Appointment and Progression Options. Faculty in DNP programs may have different appointment options, for example, multi-year contracts, faculty in residence, clinical educator track, or practice-education track. These routes are designed to provide flexibility for faculty roles and practice.

The awarding of and criteria for tenure are the prerogative of the parent academic institution. An institution offering a DNP should review its policies for awarding tenure and, if the institution presently tenures faculty with other practice professional degrees (such as education, medicine, pharmacy, law and audiology), then faculty with the DNP practice doctorate also should be eligible for tenure. In such cases, the standard for tenure should include a broad definition of scholarship consistent with Boyer (1990). Tenure policies should not dictate the educational preparation for advanced nursing practice.

Recommendations for Institutions

1. *Require faculty teaching in the DNP program to maintain an active connection to practice in their area of expertise.*

2. *Support individuals with a wide array of degrees and credentials as appropriate DNP faculty if they possess the needed knowledge and expertise.*

3. *Consider an exchange of faculty or faculty sharing between an established DNP program and a developing program as an approach to faculty development.*

4. *Engage faculty from other disciplines.*

5. *Recognize integrated scholarship as evidence for scholarship for the awarding of appointment, promotion, and/or tenure.*

6. *Support faculty with the DNP degree as eligible for appointment, promotion, and tenure if the institution tenures faculty with other professional doctorates.*

7. *Consider a range of appointment options to offer the greatest flexibility for employment and utilization of DNP faculty.*

8. *Develop education skills of DNP faculty.*

Recommendation for AACN

1. *Develop strategies for sharing "best practices" in the development of DNP faculty.*

COSTS AND BENEFITS OF DNP EDUCATION

A variety of costs will be incurred in considering, planning for, and implementing a DNP program. These costs can be categorized into those incurred by the educational institution, those incurred by the potential student, and those incurred by the society that desires the services of nurses prepared for specialized and sophisticated practice.

Costs and Benefits to Students

Any professional desiring to advance their ability to practice in their particular discipline or profession will incur expenses beyond those expended to gain basic entry-level skills or expertise. These include the cost of tuition or other educational expenses, the loss of income as the individual either delays entry into the profession or decreases their work hours to engage in the education, and any costs associated with supporting their own personal expenses. Nurses who seek to acquire the DNP, similar to other types of professionals, also will incur these same kinds of expenses. Moreover, despite concerns raised by some that nursing professionals will not be willing to incur the costs associated with a DNP program, there is no evidence to support this idea. Additionally, the growing presence of a second-degree nursing student population provides evidence that, increasingly, the potential nursing student is willing to incur significant costs provided a clear benefit is visualized in terms of career opportunities and earning potential.

Any of these costs must be contrasted with the long-term benefits of acquiring a more sophisticated skill set and acquiring specialized expertise, which is highly desirable and presents a larger range of opportunities for employment or enhanced earning potential. Clearly, the growing recognition that nurses with advanced specialized skills are in high demand will mitigate a good deal of the cost concerns associated with this career trajectory. Further, as in any profession, earning potential will be directly related to the clinician's ability to make significant contributions to the mission or strategic goals of the employing organization. The acquisition of enhanced skills for translation of evidence, development of population-focused care models, or intervention in significant policy initiatives will add value to the employment setting. Moreover, current efforts to facilitate rapid movement to the DNP upon completion of basic entry-level education will elongate the nurse's career with these enhanced skills, thus also increasing long-term earning potential.

Nonetheless, resources to support the DNP student should be sought and enhanced. Currently, federal-supported traineeships for advanced practice nursing students are only minimally available to students seeking the doctoral degree. This policy, which restricts the availability of this support source for the DNP student should be modified and efforts must be taken to review and revise this restriction. Currently, teaching assistantships and support through these are traditionally reserved for students in research-focused doctoral programs. Teaching assistantship support should also be available for the DNP student who potentially will serve as a major resource for both didactic and clinical teaching in academic nursing programs. Efforts to find student support for teaching assistantships or scholarships should include collaboration with employers and federal and state agencies. Academic program administrators should advocate for development of student support in the form of scholarships or paid internships that will support the student during their educational program. These efforts could also include advocating for support through the armed services for student scholarships and educational study deferments or support from potential future employing agencies or organizations, which will benefit greatly from the enhanced skills of the DNP graduate. Additionally, students in the DNP program potentially can serve as support staff in nurse-managed clinics or other clinical settings with the potential to generate support funding through this service.

Support for student-incurred expenses is not an issue unique to the design and implementation of the DNP program of study. Currently, approximately two-thirds of all master's level nursing students are in part-time studies while they remain employed to complete their studies (AACN, 2005-2006, p. 19). The preponderance of part-time students is an outcome as new graduates of entry-level nursing studies historically have been discouraged from immediate progression to the specialized and advanced program of study. More rapid access to graduate studies, a growing and highly important trend, could additionally benefit the student by providing a longer term of significantly improved earning potential and could overcome concerns about expanded costs associated with a longer term of full-time study to acquire the DNP.

Costs and Benefits to the Educational Institution

Institutional costs include the array of personnel and support service expenses associated with the implementation of a graduate-level program of study. Faculty salaries represent the largest portion of the institutional costs associated with the academic program. For the DNP program, the potential to incur additional faculty-salary-related expenses will vary depending on the size and skill mix of the faculty already present in the academic program. As is currently a norm in medical schools across the nation, strong relationships with the practice community provides a rich source for faculty who serve as mentors. A long-term benefit to the academic program will be strong connections to a cadre of DNP graduates who will serve not only as sophisticated clinicians but also be identified for service as faculty and mentors to other DNP students, potentially serving to overcome current concerns regarding the growing shortage of nursing faculty.

DNP programs, by virtue of their focus on preparing highly specialized nursing professionals, must also either employ or have collaborative arrangements with a similarly sophisticated group of professionals able to serve as faculty and mentors for the DNP students. The value of developing strong faculty-practice initiatives will enhance opportunities to attract a strong base of clinicians willing to serve as faculty and can provide the potential for additional revenue resources for faculty support.

A current, albeit limited, source of support for the academic unit is the Department of Health and Human Services Title VIII program for advanced nursing education. As discussed previously, the limits placed on the use of these funds for the development and support for doctoral education is an artifact of previous models for advanced nursing education, and efforts should be undertaken to lift the limits placed on support for both doctoral students and doctoral programs.

Clearly, additional revenues will be generated through the added credit hours associated with the DNP program. However, the academic leadership in the nursing program must advocate for adequate resources to mount any graduate program and the DNP program will require a clear base or support from the entire academic institution’s leadership. This advocacy should include collaborative support from community partners desiring to employ the DNP graduate and able to influence the academic institution’s decisions regarding support and resources.

Costs and Benefits to Society

The growing recognition that nurses prepared with graduate degrees are important resources for health care delivery and access to needed services will require a focused approach to ensure that the number of nurses prepared for this level does not diminish. As academic programs begin transitioning to the DNP, efforts to assist master’s degree nurses in acquiring the DNP could delay the production of new advanced nursing clinicians. Schools must focus on ensuring the production of additional nurses prepared at the advanced level and maintaining a robust production capacity that maintains the current graduation level.

Recommendations for the Institutions

1. *Encourage academic program administrators to collaborate with employers and federal and state agencies to find support for scholarships, teaching assistantships, and paid internships for students during their educational program.*

2. *Support academic program administrators as advocates for financial support through the armed services for student scholarships and educational study deferments.*

3. *Develop strong faculty practice initiatives that attract expert clinicians willing to serve as faculty and provide additional revenue.*

4. *Seek collaborative partnerships for creative models and for the sharing of resources.*

Recommendations for AACN

1. *Lead lobbying efforts among organizations to increase support for nursing doctoral education through the Department of Health and Human Services Title VIII program.*

2. *Provide programming on managing faculty resources and faculty development to address faculty issues.*

3. *Work with members and practice partners to remove barriers to graduate education, e.g., requiring practice experience for entry.*

REGULATORY ISSUES

The move from master's education to the DNP for all specialty nursing education will require changes in language in some state and federal statutes, and in accreditation and certification criteria. Nonetheless, the basic premise that underlies regulation licensure, certification, and accreditation, particularly in relation to APNs, remains unchanged. The move to doctoral education for specialty nursing education presents an ideal opportunity for licensing, certifying, and accrediting bodies to enhance collaborative processes, particularly as they relate to advanced practice nursing.

Licensure

Licensure, a form of external regulation, is a publicly controlled operation in which the state or governing authority sets minimum standards for safe practice. Licensure is a public function that has been delegated to the states and territories by the

constitution (American Nurses Association, 1995). Standards of practice are determined by the profession. Professional self-regulation provides accountability to the community served by the profession and acknowledges that the profession will engage in efforts to protect the public from unsafe practice (Bednash, Gibbs, & Honig, 2005). The *DNP Essentials* establishes the standards for education programs and the expectations of DNP graduates. The *Essentials*, a national, consensus-based document, delineates the eight essential competencies that must be attained by all DNP graduates.

The DNP degree represents the attainment of the highest level of preparation in specialty nursing practice, and graduates should hold the appropriate professional nursing license. The DNP, in contrast to many other health professions' practice doctorates, is not an entry-level degree. Recognition of authority or licensure to practice beyond the entry-level Registered Nurse (RN) license currently is only relevant to the four APN roles. There is much discussion within professional nursing regarding the disparate processes among states for recognizing advanced practice nurses authority to practice. In March 2004, the Alliance for APRN Credentialing, formerly known as the Alliance for Nursing Accreditation[1], convened the APN Consensus Process to establish a consensus statement on the regulation of advanced practice nurses. This meeting was called to in response to the many issues surrounding APN regulation, including the definition of advanced practice nursing, specialization, and sub-specialization. A representative panel of advanced practice education, practice, certification, and regulatory organizations comprise the APN Consensus Work Group charged with the development of the consensus statement by the larger consensus group. This statement is still under development, but will address the issue of licensure for DNP graduates.

The *DNP Essentials* document mirrors the format used in AACN's *The Essentials of Master's Education for Advanced Practice Nurses* (1996). The *DNP Essentials* are inclusive of and expand on the competencies included in the *Master's Essentials*. Therefore, graduates of DNP programs will have attained not only those competencies considered essential for master's degree nursing graduates but also will have a broader, and in many knowledge areas, a more in-depth level of competence in these essential areas of nursing practice. In addition, to address the concern of licensure and credentialing bodies, the AACN *Master's Essentials* Advanced Practice Nursing Core (advanced health assessment, advanced pharmacology, and advanced

[1] The Alliance for Nursing Accreditation, created in 1997, was convened by AACN to regularly discuss issues related to nursing education, practice, and credentialing. Organizational members of the Alliance include American Academy of Nurse Practitioners Certificate Program, American Association of Colleges of Nursing, American Association of Critical-Care Nurses Certification Corporation, Council on Accreditation of Nurse Anesthesia Educational Programs, American College of Nurse-Midwives, American Nurses Credentialing Center, Association of Faculties of Pediatric Nurse Practitioners, Inc., Commission on Collegiate Nursing Education, National Association of Clinical Nurse Specialists, National Association of Nurse Practitioners in Women's Health, Council on Accreditation, Pediatric Nursing Certification Board, The National Certification Corporation for the Obstetric Gynecologic and Neonatal Nursing Specialties, National Council of State Boards of Nursing, and the National Organization of Nurse Practitioner Faculties.

physiology/pathophysiology) are deemed essential for all DNP graduates prepared to provide patient care to individuals and families.

In the immediate future, many DNP programs will be designed for individuals already holding a master's degree in nursing. Beyond that, however, DNP curricula will evolve to include programs designed for a variety of entry options including:

- Post-master's for individuals with APN master's degree education
- Post-master's for individuals with advanced generalist preparation or preparation in a non-APN specialty at the master's degree level
- Post-baccalaureate nursing education
- Post-baccalaureate direct entry for non-nurses in another field

All DNP programs must ensure that graduates, including those wishing to practice in one of the four APN roles, have attained the necessary competencies and have met the appropriate practice experiences necessary to sit for national certification and practice in the identified specialty nursing role.

Based on a survey of individual state boards of nursing and examination of on-line materials, 19 states require a master's degree for nurses to practice in an APN role (Table 1) (Phillips, 2005, p. 14). Twenty-four state regulations/laws use language stating that a graduate degree or a minimum of a master's degree is required for APN authorization to practice (Table 2). Eight states have no language in their state laws regarding educational requirements for practicing in the APN role (Table 3). State and national regulatory boards are encouraged to review all statutes and regulations governing advanced or specialty nursing practice and clarify language to require a graduate level degree as minimum preparation for practice as an APN.

Table 1: States requiring a master's degree for nurses to practice in an APN role:

Arkansas	Kentucky	Rhode Island
California	Maine	South Carolina
Connecticut	Montana	West Virginia
Delaware	Nevada	Wisconsin
Florida	New Jersey	Wyoming
Hawaii	Oklahoma	
Iowa	Oregon	

Table 2: States using language that a graduate degree or a minimum of a master's degree is required for APN authorization to practice:

Alabama	Maryland	Ohio
Arizona	Michigan	South Dakota
Colorado	Mississippi	Tennessee
District of Columbia	Missouri	Texas
Georgia	Nebraska	Utah
Illinois	New Hampshire	Vermont

Indiana	New Mexico	Virginia
Louisiana	North Carolina	Washington

Table 3: States with no language around educational degree required to practice in an APN role:

Alaska
Idaho
Kansas
Massachusetts
Minnesota
New York
North Dakota
Pennsylvania

Certification

Graduates of a DNP program should be eligible and prepared for national, advanced specialty certification when available. Criteria to sit for national certification should include graduation from a nationally accredited program. DNP programs should include the eight Essentials, which is foundational for all DNP graduates, plus the appropriate specialty criteria and competencies delineated by the specialty area of practice.

For APNs, public regulation and professional certification have become almost synonymous. In many states, professional certification is used as a proxy by regulators for APN/APRN licensure (see Table 4). A majority of state boards of nursing require national certification for APN authorization to practice. Certification mechanisms exist for all four APN roles: nurse anesthetist (CRNA), nurse midwife (CNM), nurse practitioner (NP), and clinical nurse specialist (CNS). However, certification mechanisms do not exist for all APN specialties within those four APN roles, particularly for CNS specialties. A national, consensus-based model for the recognition of APN roles and specialties is being developed through the APN Consensus Process described previously.

Table 4: Number of State Boards of Nursing that Requires National Certification for Authorization to Practice in One of the APN Roles (Crawford & White, 2003)
N = 54

APN Role	# State Boards that Require National Certification
CNM	44
CRNA	48
CNS	29
NP	38

Since 1998, AACN has endorsed the position that all APNs should be nationally certified. Certification organizations are encouraged to clarify language delineating criteria for APN certification to include graduation from an accredited, graduate-level program. This language is consistent with that used in the National Task Force Criteria for Quality Nurse Practitioner Programs (2002), which has been endorsed by all national NP certifying organizations. In addition, certification organizations are urged to incorporate the expanded DNP essential competencies into the certification assessment mechanism.

Accreditation

The AACN *Position Statement on the Doctor of Nursing Practice* (2004a) recommends that all DNP programs be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education. The quality of research-focused doctoral programs is ensured through ongoing review and quality assessment, which are generally carried out by the graduate school (or comparable entity) of the offering institution. Practice-focused doctoral programs, like master's programs, prepare graduates for specialized professional practice that is regulated by agencies charged with protecting the safety of the public. The quality of practice-focused doctoral programs, their ability to produce graduates with the requisite competencies for advanced nursing practice, and their adherence to high standards of professional education must be scrutinized and ensured by professional nursing accrediting bodies.

In October 2004, the CCNE Board of Commissioners agreed to initiate an accreditation process for DNP programs, which will entail a review and revision of the CCNE accreditation standards and procedures. With representation on the AACN task force charged to draft the professional education standards for DNP programs, CCNE has actively participated in the development of the *DNP Essentials*. CCNE is expected to consider incorporation of the resulting *DNP Essentials* document during its standards revision process.

The National Task Force Criteria (NTFC) is a consensus-based document developed by key stakeholders in the nurse practitioner community, including educators, certifiers, and accreditors. In 2002, AACN endorsed the National Task Force Criteria on Quality Nurse Practitioner Education (NTFC) (2002) which delineates criteria for quality nurse practitioner (NP) graduate programs. The move of NP education from the master’s to the DNP level does not negate this endorsement. In addition, CCNE has endorsed and adopted the NTFC. As a result, beginning in 2005, all NP programs in CCNE-accredited programs are required to document that the program complies with the NTFC. To ensure currency of the NTFC, in 2006 AACN and the National Organization of Nurse Practitioner Faculties (NONPF) co-reconvened the National Task Force.

The move to doctoral level education for specialty nursing practice presents an ideal opportunity for accrediting, licensing, and certifying bodies to increase the dialogue regarding program review processes. Collaboration among schools, licensing bodies,

certifiers, and accreditors around program review decreases the resources expended on duplicative review processes.

Quasi-Regulatory Function of CMS

The Centers for Medicare and Medicaid Systems (CMS), in regulations adopted in 1998, authorize reimbursement for services provided by NPs and CNSs. Language in CMS regulations state that nurse practitioners must possess a master's degree in nursing and be a registered professional nurse authorized by the state in which the services are furnished in order to practice as an NP in accordance with state law, and/or be certified as an NP by the American Nurses Credentialing Center (ANCC) or other recognized national certifying bodies with established standards for NPs. NPs without a master's degree had until January 2000 to obtain a Medicare UPIN in order to be reimbursed. The use of this language creates a situation which places CMS in a quasi-regulatory role for APN practice, but particularly for NP practice, because the regulations specifically state that the NP must have a master's degree in nursing in order to receive reimbursement. As stated previously, DNP education programs preparing graduates for APN practice expand upon AACN's *Essentials of Master's Education for Advanced Practice Nursing (1996)*. Dialogue with CMS is ongoing. Changes in this regulatory language to require graduate-level education for reimbursement eligibility is being sought.

Recommendations for Institutions

1. *Prepare all DNP graduate to be eligible for national, advanced specialty certification, when available.*

2. *Prepare DNP graduates of the four APN roles (nurse practitioner, clinical nurse specialist, nurse anesthetist, and nurse midwife) to be eligible for national certification in one of the nationally recognized APN roles/specialties.*

3. *Develop strong collaborative relationships between member institutions and state boards of nursing, to dialogue on issues related to transition to the DNP, credentialing of APNs and recognition of DNPs.*

4. *Focus efforts on changing language to graduate education in states where regulatory language specifies that a "master's degree" is required for practice in any of the four APN roles.*

Recommendations for AACN

1. *Work with regulatory and certifying bodies through the Alliance on APRN Credentialing to:*
   - *develop a congruent approach to the regulation of APNs*

- *seek consensus from the Alliance to adopt language that "graduate education", rather than only master's education, is the appropriate preparation for APNs; and*
- *address the transition to the DNP for APN entry into practice.*

2. *Convene a group of deans/directors and faculty active in state board activities to discuss issues surrounding regulation and credentialing of APNs.*

3. *Continue to disseminate to the National Council of State Boards of Nursing and individual state boards of nursing information regarding educational standards for nursing education programs, including APN education programs.*

4. *Recommend to the CCNE Board that CCNE adopt the Essentials of Doctoral Education for Advanced Nursing Practice as a framework for accreditation of DNP programs.*

5. *Develop educational initiatives for AACN members focused on issues related to the transition to the DNP, including licensure, credentialing, and accreditation issues.*

6. *Work with ANA and CMS staff to revise language in federal regulations authorizing Medicare/Medicaid reimbursement of APNs to require graduate-level education, rather than master's only, as the eligibility criteria.*

Recommendations for Regulatory Bodies

1. *Require national certification for practice in each of the four APN specialties. Graduation from a nationally accredited DNP education program and national certification together serve as a safeguard for quality practice.*

2. *Support the transition from master's education to doctoral education (DNP) for all APN specialties. Regulatory bodies should allow individuals credentialed to practice in one of the four APN specialties to continue to practice within the full scope of practice for that specialty.*

3. *Establish unified program review processes and agreed upon criteria for nursing program review at all levels of licensing, certifying, and accrediting.*

EVALUATION

At the national level, it will be important to document that the supply of APNs has not suffered due to this movement, that programs are admitting and graduating in a timely way a sufficient number of students, that graduates are being employed in nursing at an advanced level, and that DNP graduates continue to make a measurable

difference in the quality of health care. These factors will help the profession predict the sustainability of DNP programs and direct strategic planning to ensure outcomes as intended.

Data need to be in a consistent format across schools so that determinations can be made regarding the number, location, and focus of DNP programs, sustainability of these programs over time, the number of students enrolled in the programs by area of concentration, the number of graduates by area of concentration, the number of faculty teaching in DNP programs and their preparation, graduate and employer perception of value added by the DNP program, career mobility of DNP graduates, and practice patterns.

Recommendations for Institutions

1. *Adopt standardized data collection tools related to the DNP so that data can be aggregated at the national level.*

2. *Participate in the collection of standardized data.*

Recommendations for AACN

1. *Revise and standardize annual data gathering tools related to DNP programs and share with members.*

2. *Aggregate and analyze the data related to the DNP.*

3. *Document the trends and patterns of doctoral education in nursing.*

4. *Evaluate impact of the DNP on patient outcomes/advanced practice.*

5. *Serve as a resource for CCNE as policies and procedures for accreditation are developed.*

6. *Assist DNP programs in designing data collection tools and techniques and with benchmarking.*

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Appendix A

DNP Tool Kit
Template for the Process of Developing a DNP Program
August 15, 2006

TABLE OF CONTENTS

Guidelines for Using the DNP Tool Kit

The purpose of this tool kit is to provide resources for institutions planning a Doctor of Nursing Practice (DNP) program. Elements of the tool kit include: 1) Template for Negotiating the Process in the Academic Setting; 2) Needs Survey for the DNP; 3) Exemplars of Collaboration Between Academic Institutions; 4) Frequently Asked Questions (FAQs); 5) Contrast Grid of the Key Differences between DNP and PhD/DNSc/DNS; 6) Bibliography; and 7) Power Point Presentation: "The Doctor of Nursing Practice: Visionary Leadership for the Practice of Nursing, Evolution, and Current Status of the National Movement."

Sections one and two feature samples of how several institutions successfully approached the process of planning a DNP program. Each institution will have to customize this process based on institutional and state guidelines for developing a new program. Leaders in institutions can use section seven to educate stakeholders when initiating DNP programs. The power point presentation can be adapted for various audiences; an institution may insert its logo in the presentation. None of the materials are mandated; rather these materials may assist with planning and implementing a DNP program.

The DNP Tool Kit is a work in progress. New materials will be added as new documents and information become available. Your feedback on the usefulness of the tool kit as well as your suggestions for other assistive information is welcomed.

I. Template for Negotiating the Process in the Academic Setting

University of South Alabama

There are many steps to starting a new program, and these steps will be dependent upon the policies and procedures in place within your academic setting and state. Some of the steps that are common across institutions are as follows:

Step 1: Nursing faculty develop and approve a proposal for a DNP program to include the curriculum, admission, progression, and graduation policies, as well as needed resources. A budget for the program is developed and revenues and expenditures are projected. During this phase of the process it maybe helpful to engage a consultant to work with the faculty. In some situations, a consultant may be required as part of the approval process.

Step 2: Institutional approval for the DNP program is obtained. Depending upon the setting, the program may be reviewed by a number of different individuals and bodies. For example, approval will be needed from the graduate school if the DNP program is to be organizationally a part of the graduate school. Some schools may choose not to position the program within the graduate school since the DNP is not a research degree. The chief academic officer of the school and the school's board of trustees must also approve the program.

Step 3: External approvals (as required) are obtained (i.e. state higher education board, board of nursing). Politics, especially in state institutions, can play a large role in the external approval process. Garnering the support of other nursing programs in the state through statewide collaborations and planning will be essential.

Institutional and state (as required) guidelines for starting a new program should be obtained early to facilitate planning. Information that is required for most proposals for a new program include:

1. Statement of Student Learning Outcomes
    a. Description of Program Outcomes
    b. Description of Competencies for Graduates
2. Local, regional, and national need for the program
3. Evidence of applicant interest in the program
4. Evidence of employment opportunities for graduates
5. Relationship of the new program to existing programs at the parent institution
6. Relationship of the program to other like programs
7. Collaboration with other like programs in the state
8. Accreditation
9. Projected costs and available resources to deliver a quality program
    a. Faculty resources
    b. Library resources
    c. Clinical resources
    d. Facility and technology resources
10. Evaluation
    a. Graduates are eligible for national certification exam.
    b. Practice impact

Your ability to communicate the above information effectively to both internal and external constituents will determine the success of the approval process. The following template will help you get started on the proposal for a new DNP program.

1. Student Learning Outcomes

The Doctor of Nursing Practice degree prepares graduates to provide the most advanced level of nursing care for individuals, families, groups, and communities. This includes the direct care of individual patients, management of care for individuals and populations, administration of nursing systems, and the development and implementation of health policy. Consistent with the American Association of Colleges of Nursing's (AACN's) specifications for practice doctoral programs in nursing, the goals of the program are as follows:

Upon completion of the DNP program, the graduate will be able to:
1.
2.
3.
4.

2. Need for the Program

Similar to other disciplines, doctoral programs in nursing can be categorized into two distinct types: research-focused and practice-focused. The DNP program is a practice-focused program and therefore analogous to professional degrees offered in other disciplines including entry-level degrees [e.g. the Doctor of Medicine (MD), Doctor of Dental Surgery (DDS) and the Doctor of Pharmacy (PharmD)], and those that offer advanced practice degrees (e.g., the Doctor of Psychology or PsyD).

The proposed DNP program fulfills a strong local, regional, and national need for doctorally prepared advanced practice nurses. The proposed program was designed to be in full compliance with professional standards for the practice doctorate as put forth by the American Association of Colleges of Nursing (AACN). The program was developed in direct response to the October 2004 endorsement of the AACN position statement which recognizes the DNP as the appropriate credential for all advanced nursing practice roles by 2015. AACN developed this position after an intensive study of the health care system and the findings and recommendations of many national groups. Based upon the growing complexity of health care compounded by an escalating demand for services, burgeoning growth in scientific knowledge, and the increasing sophistication in technology, the nursing profession's current practice of preparing advanced practice nurses in master's degree programs is no longer adequate.

Transforming health care delivery recognizes the critical need for clinicians to design, evaluate, and continually improve the context within which care is delivered. The need for this change is supported by several national studies including the November 1999 report by the Institute of Medicine (IOM) on medication errors; *To Err is Human: Building a Safer Health System.* This report, extrapolating data from two previous studies, estimates that

somewhere between 44,000 and 98,000 Americans die each year as a result of errors in health care. These numbers, even at the lower levels, exceed the number of people that die each year from motor vehicle accidents, breast cancer, or AIDS. The national costs of preventable adverse healthcare events (injury and errors) were estimated to be between $17 billion and $29 billion, of which health care costs represented over one-half. The IOM report focused on the fragmented nature of the healthcare system and the context in which health care is provided as being major contributors to the high and inexcusable error rate that compromises patient safety. To combat this problem, a focus of DNP programs is to educate nurses who are able to effect systems level change to improve patient care outcomes.

Two other IOM reports also support the need for the DNP. The report, *Crossing the Quality Chasm* (2001), stresses that our health care system as it is currently structured does not make the best use of resources. Changing demographics in our country including the increase in the numbers of elderly and development of new services and technologies have contributed to increasing costs. Waste of resources, however, is a significant problem. One of the recommendations in the report calls for all health care organizations and professional groups to promote health care that is safe, effective, client-centered, timely, efficient, and equitable (p.6). In a follow-up report, *Health Professions Education: A Bridge to Quality* (2003a), the IOM Committee on the Health Professions Education stated that "All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics" (p.3). DNP programs are a direct outcome of nursing's plan to address the IOM challenges. Nurses prepared in practice doctoral programs have a blend of clinical, organizational, economic, and leadership skills to enable them to critique nursing and other clinical scientific findings and design programs of care delivery that are locally acceptable, economically feasible, and have significant impact on health care outcomes.

During the past three decades, the doctorate has become firmly established as the terminal degree in nursing. As doctoral programs developed, priority was placed on research-focused education that would lay the groundwork for knowledge development in the nursing profession. Tremendous strides have been made in the development of nursing science because of PhD programs. Unfortunately, according to the Agency on Healthcare Research and Quality (2005) it can take up to 20 years for new knowledge to be integrated into practice. This agency calls for the preparation of a nursing professional that has the capacity to evaluate new knowledge and apply this new knowledge to improve health care outcomes and develop new systems of care.

The nurse prepared in a DNP program is a valuable counterpart to the nurse prepared in a PhD program in nursing. While the PhD prepared nurse conducts research to provide new knowledge, the DNP prepared nurse focuses on developing systems of care based on research utilization. DNP graduates are experts in designing, implementing, managing, and evaluating health care delivery systems and patient populations. DNP graduates are prepared to lead at the highest practice and executive ranks in nursing.

At the national level there is a severe shortage of all types of registered nurses including an acute shortage of doctorally prepared nurses. Of the 3 million nurses in the U.S., fewer

than one percent have a doctoral degree, and just over ten percent hold a master's degree in nursing. The DNP program will facilitate the preparation of more doctorally prepared nurses and thereby increase the numbers of well prepared professional nurses to assume leadership positions in health care and nursing education.

3. Applicant Interest

Interest in the DNP program is expected to be significant. A needs assessment to determine applicant demand for the degree was conducted in ___. Surveys were mailed to alumni and ___ questionnaires were returned. The alumni were asked "if a Doctoral Program in nursing were offered at ___, how likely is it that you would enroll?" Approximately ___ (__%) stated that they were very likely or likely to enroll. When asked what type of degree they would be most interested in, ___% indicated an interest in a professional doctorate. In addition, the college has an extensive list of names and addresses of individuals who want to be notified regarding approval to offer a program. There are currently __names on the list.

In ___, the college conducted a survey of students enrolled in the Master of Science in Nursing (MSN) program. ____ students responded, and ____ stated that they were interested in enrolling in a DNP program within the next 5 years if such a program were offered at___.

At the national level, interest in the post-master's DNP degree is supported by reports of a strong applicant pool from the schools offering the program (personal communication with nursing deans at Rush University, the University of Kentucky, and the University of Tennessee at Memphis). These deans report that they have many more qualified applicants than can be accepted to their programs. The following table displays a historical account of robust growth in enrollments in the doctoral programs at both the University of Kentucky and the University of Tennessee Health Sciences Center. Both institutions have experienced enrollment growth in both the DNP and PhD programs over time (Table 1).

Table 1

	University of TN		University of KY	
	DNP	PhD	DNP	PhD
1997		14		32
1998		18		33
1999	13	16		38
2000	41	18		36
2001	38	19	13	38
2002	42	19	26	44
2003	44	19	29	50
2004	52	18	32	55
2005	62	28	30	52

Enrollment Projections

The following table presents enrollment projections at the time of implementation and over a five-year period. For the purposes of the projection, __ or more hours is considered full-time study and ___or less is considered part-time study. ___full-time students will be admitted each ___. Full-time students will be able to complete the program in ___ semesters. Ten part-time students will also be admitted each ___. Part-time students will be able to complete the program in ___ semesters.

	Year 1	Year 2	Year 3	Year 4	Total
Full-time Enrollment					
Part-time Enrollment					
FTE Enrollment					

Projected Program Completion Rates

Year 1	Year 2	Year 3	Year 4	Year 5	Total

4. Employment for DNP Practice Graduates

The DNP program is intended to meet the market demands for highly skilled professional nurses in local, state, regional, and national markets. It is especially important to offer the DNP program to ensure adequate numbers of advanced practice nurses for the future as the profession transitions to the DNP degree by 2015.

Many different types of employment opportunities exist for graduates of DNP programs. Nationally there are 20 existing practice doctoral programs in nursing, however, a recent survey conducted in February 2006 by AACN revealed that 190 institutions are developing DNP programs.

Graduates of DNP programs are assuming positions with the following job titles: Vice President for Nursing and Clinical Services, Program Director, Vice President for Patient Care, Chief Executive Officer, Health Officer, Commissioner of Health, Quality Improvement Director, Clinical Information Technology Specialist, Direct Care Clinician, and Faculty Member. It is expected that graduates of the ___'s DNP program will assume a variety of high level responsible positions in health care as well. A recent survey revealed the following projected job openings for DNP graduates.

Example Projected Job Openings

	Year 1 2008	Year 2 2009	Year 3 2010	Year 4 2011	Year 5 2012	Total
Local	55	59	63	67	71	315
State	395	421	448	478	510	2,252
SREB	4,774	5,167	5,599	6,076	6,702	28,379
National	14,404	15,282	16,225	17,237	18,462	81,611

Methodology to determine projected job openings:
A number of different methods have been used by policy makers to estimate supply and demand for nurses. Although there is consensus that a shortage of all types of registered nurses, including advanced practice nurses, exists and that the shortage is continuing to escalate each year, there is little specific data about advanced practice nurses as a whole. Therefore, the ability to make predictions about the number of job openings in the future for advanced practice nurses is hindered by the limitations and lack of available data.

National Job Openings- The methodology for determining future job openings for DNP graduates is based on the nursing shortage data from the Bureau of Health Professions, and on data from AACN on graduations from MSN degree programs. Graduations from MSN programs were used since most advanced practice nurses are currently prepared in these programs.

In 2004, master's programs in nursing reported graduating 10,686 students (AACN, 2005). Due to the nursing shortage, job openings existed for all these individuals, and jobs are projected to be available for all advanced practice nurses graduating during the years projected in the above table (2008-2012). The national rate of growth in graduations in master's degree programs is approximately 5% per year. This growth rate was used to calculate the number of new graduates from advanced practice nursing programs beginning in 2008, the first year that the ___will have DNP graduates, through 2012. To determine job openings each year, the total number of graduates for the year was increased by the projected percent of shortage for that year.

The projected shortage was determined by using data from the Bureau of Health Professions. These data provide projections for the demand for nurses (based on the growth and composition of the population); the supply of nurses; and the proportion that the supply will fall short of the demand. The projected percent shortage for 2008 through 2012 is as follows:

2008 11%
2009 12%
2010 13%
2011 15%

2012 17%

The job opening projection assumes that the need for APNs is responsive to the same population trends that influence the demand for all registered nurses. Thus, the percent short each year for all RNs will be the same as the percent of shortage for APNs. This is a conservative estimate because the percent of shortage of APNs is higher than for the general nursing population. The Pew Commission supports doubling the number of advanced practice nurses to meet the needs of underserved populations particularly in rural areas.

SREB- Job openings for the Southern Regional Education Board (SREB) region were calculated using the methodology described for national job openings. Data on graduations from MSN programs was obtained from the SREB (2005). The number of graduates per year was increased by 6 percent to reflect actual yearly increases in MSN graduates in the SREB region.

Alabama Job Openings– Job openings in Alabama were calculated using the methodology and data sources as described for SREB job openings except that the projected nurse shortage percentages for Alabama[19] have been used. These projections show the nursing shortage increasing from 6% in 2008 to 8% by 2012.

Local Job Openings- The ____is located in Alabama's 1st congressional district which comprises approximately 14% of the state's population. The local job opening forecast is for jobs located in this district. The local estimate for job openings is calculated to be 14% of the state's demand for advanced practice nurses.

5. Relationship of program to existing programs at the parent institution (example is for a post–master's DNP program)

The DNP program will not replace any existing program at this time. However, AACN has adopted a position statement that by 2015, the DNP, not the MSN, will be the required credential for all advanced-practice nurses. By that time, it is anticipated that all tracks within the Master of Science in Nursing program that prepare nurses for advanced nursing practice will become part of the Doctor of Nursing Practice curriculum.

6. Relationship of proposed DNP program to other programs

Over the last several years, interest has grown within nursing to develop a viable alternative to research-focused degrees (Doctor of Philosophy and the Doctor of Nursing Science). Currently there are 20 programs in the nation that offer the DNP. However, since the AACN released its position paper supporting the DNP degree in October 2004, over 190 institutions in the nation are now working toward establishing a DNP program at their school. Despite this increased interest in the DNP, practice focused doctoral degree programs in nursing are not a new development. The first practice focused doctoral program was established in 1979

and since then, several practice-focused doctoral programs and degree titles have emerged.

For a complete list of the institutions offering DNP programs, visit the AACN Web site at http://www.aacn.nche.edu/DNP/dnpprogramlist.htm.

7. Academic Collaborations

Discussions are underway among the nursing deans and directors in the state to determine feasible approaches to facilitating access to the DNP for all advanced practice nurses. For example, articulation agreements that would streamline the admission of ___ students to the DNP program once the students have finished their MSN program at ___ are under discussion. Discussions are also underway regarding the sharing of faculty resources by offering joint courses through web based technologies. Such arrangements will be important to ensure adequate production of advanced practice nurses and to accomplish the goal that by the year 2015, all new advanced practice nurses will be prepared in DNP programs.

8. Accreditation

The program is designed to be in compliance with standards for DNP programs developed by by the American Association of Colleges of Nursing. Professional accreditation for the program will be sought as soon as it is available. The Commission on Collegiate Nursing Education (CCNE) is developing an accreditation process for DNP programs. The baccalaureate and master's programs in nursing are fully accredited by CCNE through ___.

9. Projected Cost and Available Resources

Estimated New Funds Required to Support the Program

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Faculty						
Library						
Facilities						
Equipment						
Staff						
Other						
Other						
Total						

Sources and Amounts of Funds Available for Program Support

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Tuition						
Grants						
Other						
Total						

10. Program Review and Assessment

The DNP program will be evaluated through the college's *Evaluation Plan.* Continuous quality improvement strategies are the basis of the evaluation system. Formative evaluation (monitoring) and summative evaluation (outcomes) are linked to assure that potential problems are identified and resolved early and that data-based reports of program successes and issues are readily available for dissemination to faculty, administrators, the college's Evaluation Committee, and Curriculum Committee. Objectives are measurable and are linked to appropriate activities and evaluation criteria.

The *Evaluation Plan* provides an infrastructure for identifying, analyzing, and reporting data for program decision-making. The plan assesses program inputs, monitors program processes, and measures the achievement of program outcomes. The plan provides a multidimensional, multivariate framework for evaluation of college programs. Students, faculty, program graduates, accrediting agencies, employers, administrators, licensing agencies, and others as appropriate provide program evaluation data. The plan's goals are to: (a) provide formative evaluation (ongoing feedback) to administrators, faculty, students, advisory groups, and others concerned with the strengths and weaknesses of the program; (b) identify specific areas for future development in curriculum, instruction, faculty expertise, resources and facilities, organization and administration, and alumni affairs; (c) identify the relationship between the program and the current and emerging needs of society; (d) determine the extent to which the program meets the needs of students, faculty, and employers; and (e) provide evidence of program effectiveness in accordance with accreditation and other pertinent criteria.

Internal academic assessment processes require that the College assess its effectiveness in achieving its goals and objectives; assess student attainment of learning outcomes; document use of assessment data; and establish goals and objectives for the next academic year. These assessment activities along with external evaluation from the CCNE when available will ensure that the Doctor of Nursing Practice program fulfills its mission, goals, and objectives to produce nurses for the highest level of nursing practice. In addition, DNP graduates will be eligible for national certification exams.

II. Needs Survey for Doctor of Nursing Practice
University of Southern Maine

Please complete and return in the addressed envelope no later than _____.

The University of Southern Maine's nursing program, in collaboration with the University of Maine, is conducting this needs assessment for a proposed Doctor of Nursing Practice (DNP) degree program as well as continuing education needs. Thank you for taking the time to complete this survey. This survey should only take 15 minutes of your time.

****

1. *Zip code of current residence* _____

   1a) If outside of the United States, what country
   _____

2. *Check all educational programs completed.*

_____ Diploma in nursing
_____ Associate degree in nursing
_____ Baccalaureate degree in nursing
_____ Baccalaureate degree other field
_____ Master's degree in nursing
_____ Master's degree in business administration (MBA)
_____ Master's degree other field
_____ Doctoral degree in nursing
_____ Doctoral degree in other field

3. *Mark all advanced practice educational programs completed.*

_____ Nurse practitioner (NP)
_____ Clinical nurse specialist (CNS)
_____ Certified nurse midwife (CNM)
_____ Certified nurse anesthetist (CRNA)

4. *If you are master's prepared in nursing and not an NP, CNS, CNM, or CRNA please briefly describe the focus of your master's program (e.g., administration, education).*

_____
_____
_____

5. *Are you currently enrolled in a master's degree in nursing or post-master's certificate program in nursing?*

_____ Yes ____ No

4a) If yes, please indicate where:
_____ University of Maine
_____ University of Southern Maine
_____ Another nursing program in Maine
_____ Another nursing program outside of Maine

4b) If no, are considering pursuing a graduate degree in nursing and which areas of interest most appeal to you?(check all that apply)
_____ Advanced Practice Nursing
_____ Clinical Nurse Leader (see www.aacn.nche.edu/CNL/index.htm)
_____ Education
_____ Leadership / Management
_____ Other (specify)
_____

5. *Are you interested in teaching in a nursing academic program? (check one)*

_____ No
_____ Yes, within Associate degree program
_____ Yes, within Baccalaureate or higher education degree program
_____ Yes, within either type of program

6. *Are you interested in pursing the Doctor of Nursing Practice degree*?

_____ Yes
_____ No
_____ Uncertain

6a) *If yes, within* ____5 years, ____ 10 years, _____ uncertain

6b) If yes, preference is for ___ part-time study, ___ full-time study, __ uncertain

7. *Please identify your 1st and 2nd preferences in terms of course delivery.*

_____ Traditional in-person classroom
_____ Limited in-person classroom and online
_____ Distance delivery with 2-way audio and visual
_____ Online only
_____ Other (specify)
_____

8. *Please rank order (1 first choice… 6 last choice) your preference in terms of when classes are offered?*

_____ Consolidated in a one-day block, including evening

_____ Consolidated in a 3-day block every 3-4 weeks
_____ Daytime classes between 8:00 am and 2:30 pm
_____ Late afternoon classes between 3:30 pm and 7:00 pm
_____ Evening classes between 5:30 pm and 9:00 pm
_____ Combination of daytime and evening classes

9. Please rank order (1 first choice… 6 last choice) your preference in terms of when classes are offered?

_____ Monday	_____ Thursday
_____ Tuesday	_____ Friday
_____ Wednesday	_____ Saturday

We welcome any additional comments you would like to provide on the backside of this page

Return completed survey by _____ to: _____
_____

III. Exemplars of Collaboration Between Academic Institutions to Offer the DNP

To date, two examples of academic collaboration exist. As more DNP programs are created, more exemplars of academic collaboration will be added to the tool kit.

A. The Saint Xavier University/Rush MSN-DNP Program

In May 2005, Rush University College of Nursing invited St. Xavier School of Nursing (SXU) in Chicago (which is not authorized to confer doctoral degrees) to explore the possibility of creating a partnership to make the DNP degree program a potential opportunity for their MSN graduates. At this juncture, this was a dean-to-dean discussion between the two private universities.

The collaborative process described above was initiated, and it was determined that collaboration with Rush would enable SXU to offer a facilitated admission into doctoral education for their MSN students. Two admission options would be possible: expedited and qualified. Expedited admission is for a student who meets all joint requirements, has maintained a 3.0 GPA at SXU, and has a strong leadership background and project proposal. A place will be held for one year while the student completes the SXU program. Qualified admission is for a student who has good potential, but the application process reveals that they need additional leadership preparation to be ready for admission into the DNP program. "Bridge" experiences would be created in which SXU faculty would work closely with students to mentor them and place them in situations where their leadership skills will grow. Upon completion of the SXU program, students would be reviewed for admission to Rush.

The Rush DNP program is designed for master's prepared nurses who wish to focus their careers on leadership and the business of health care. The program prepares students to be leaders able to effect change through system redesign and evidence-based decision making in a variety of clinical, organizational, and educational systems. The program is a two-year, part-time program offered online. Students complete a systems change project that is relevant to their career goals.

Facilitating the Process

Schools of Nursing that are authorized to confer the DNP and have demonstrated a timely, tested, and positive experience can seek out other institutions in the state that do not have authorization to award the DNP degree. The authorized institution can invite the latter institution to consider collaborating with them on a DNP partnership. The host school will need to examine its curriculum to determine the fit of its curriculum with that of the invited partner school. The invited partner will need to examine its curriculum and be willing to make changes to assure a better fit with the host school.

Alternatively, a School of Nursing that is not authorized to confer the DNP degree may contact an institution that is authorized and experienced in the DNP program with the request for a collaborative program. Different models of DNP collaboration may involve a number of schools and colleges. Resources will determine the number.

Overall Process

Planning the Partnership

- Dean-to-dean discussion and agreement must occur at the outset to establish common ground.

- Pending agreement, permission must be obtained from top administration of both universities supporting the initiation of this partnership.

- The planning work should be conducted by a task force with key representatives from the respective institutions. The deans would make these appointments.

- Subcommittees composed of members of the institutions in the process should be appointed to work on curriculum integration, admission procedures, financial aid, marketing, funding sources, necessary resources and evaluation.

- A plan and process must be developed for the faculties of the involved institutions to assure their role as supportive resources of the DNP partnership. This could include frequent faculty forums, "town hall meetings," departmental meetings, and faculty senate meetings focusing on the new partnership and allowing question and answer sessions with leadership. Confidential surveys should be conducted to determine faculty support.

- A detailed plan including the timeline and approval mechanisms of all institutions involved in the process must be developed.

- A plan must be developed for introducing the partnership(s) and its implications to the public including local nursing professional organizations.

Win-Win for the Partners and Students

- For the non-doctoral degree granting institution, the collaboration enables the school to offer a facilitated admission into doctoral education for its undergraduate or graduate students.

- For the doctoral degree granting institution, the collaboration provides early identification of qualified students and increases the admissions to its doctoral program.

- For the students, the collaboration provides a seamless way for focused students to achieve their career goals. In addition, through early identification and review of materials, students receive timely guidance on how to proceed. Application paperwork is reduced and students pay one application fee.

B. Minnesota State Colleges and Universities

The Journey in Minnesota: Future of Doctoral Education in Nursing
Winona State University

In the Beginning

Minnesota nurse leaders in the late 1990s were well aware of the registered nurse shortage based on openings that exceeded over 2,200 positions within the health care systems across the state. Concurrently, the demand to increase undergraduate educational capacity was hampered by a lack of fiscal resources, qualified faculty, and clinical placements for student learning opportunities. Minnesota's nurse leaders and educators, higher education, healthcare systems, communities and constituents rose to the challenge with the rest of the nation to reverse the declining enrollments in baccalaureate and higher degree nursing education. This response clearly placed heavy demands on nurse educators and higher education in the state. The nursing programs affiliated with the Minnesota State Colleges and Universities (MnSCU) were aware of the aging of the nursing faculty population and the need for increasing the master's and doctoral prepared faculty to replace those retiring from the workforce. Nurse leaders in MnSCU realized that continuation of "more of the same" would not be prudent or sufficient to meet the need of a critical mass of doctorally prepared nurses needed for leadership roles in practice, research, and education.

A Note on a Minnesota Statute

Doctoral nursing education in Minnesota was provided by one public institution as authorized by legislative statute. It was clear to leaders in the state that the future demand for doctoral prepared nurses in education and the healthcare systems will be great and there will need to be an increase in the state's capacity to prepare more nurses at the doctoral level in order to meet health care and education needs in the state. The Minnesota Association of Colleges of Nursing members, Minnesota Nurses' Association, MnSCU Health Care – Industry Partnership, MnSCU Office of the Chancellor, State University Presidents of MnSCU, graduate deans, and other academic officers joined together to influence Minnesota legislators about the urgent need for the MnSCU system universities to offer doctoral programs. After three plus

years of multiple constituents advocating for a statute change, the passing of a 2005 statute provided for MnSCU to offer applied doctoral degrees in education, business, psychology, physical therapy, audiology and nursing.

The Doctorate of Nursing Practice Program Plan Begins

The deans and directors of the MnSCU's graduate nursing programs convened three meetings in Summer 2005 to plan a collaborative DNP program to be delivered in the state among four geographically separate, yet system united universities. Participants determined that no one institution would or could offer the degree, but the combine human, fiscal, university and system resources would be feasible. This approach found favor among legislators, University Presidents, and the Office of the Chancellor and was one of the key factors in promoting statute approval. Participating universities include Winona State University, Minnesota State University-Mankato, Minnesota State University-Moorhead, and Metropolitan State University-St. Paul. A MnSCU Office of the Chancellor special initiative grant was awarded to the four partner universities for program planning that was led by the four graduate program directors and an elected faculty member from each of the nursing graduate programs. This work group has met monthly with full day work sessions focused on curriculum development and organizational structure for the delivery of the collaborative DNP program.

Delivery of doctoral education will require new and revised MnSCU system policies, procedures and guidelines. Subsequent to the approval of the system policies and procedures by the Board of
Trustees, all four collaborating institutions will need to revise their institutional mission, vision and purpose as well as its university policies and procedures to prepare for the submission of an Application for System Approval for the DNP. This is the first of the proposed doctorate in the system. The application will allow for consultation, assessment, and evaluation of the application with feedback in an orderly and timely manner to meet the requirements and procedures for program approval by the MnSCU Board of Trustees. Concurrent with program approval, the Office of the Chancellor and each of the degree granting institutions will be consulting with the Higher Learning Commission: North Central Association of Colleges and Schools (HLC) to prepare for a focus visit seeking action on change of affiliation status. A new working draft dated February 2006 from the HLC Task Force on the Professional Doctorate has recently been released and may hold some interesting challenges for future HLC reviews and focus visits.

Development at Present

A shared governance model is in development capitalizing on the strengths of the MnSCU System and the respective collaborating institutions that include a Governing Council of Administrators to address administrative/organizational functions and a DNP Coordinating Council that will be composed of graduate faculty with academic appointments who work with the graduate schools at each of the collaborating

institutions on matters of admission, progression, and graduation requirements. It is anticipated that a minimum of five students will be admitted to each of the four collaborating institution for a total of 20 students. A process for faculty selection (and/or recruitment) based on selected criteria will be used to determine program faculty among all four institutions. Program delivery will be closely matched with the required
faculty expertise to deliver the program using a variety of technology mediated approaches. Lastly, fiscal models are under consideration and study to promote fiscal stability, high quality program outcomes, and program sustainability.

A Work in Progress

The journey in Minnesota is a work in progress that has a focus on MnSCU system development to authorize the granting of doctoral degrees; multiple collaborating institutions undergoing mission change and program offerings; nurse leaders and educators stepping up to the challenge of meeting the critical need of doctoral education in Minnesota; health systems awaiting the first graduates to make a difference in our world; and potential students ready to apply to the first cohort. There is great passion and commitment to the development and creation of the DNP within the MnSCU system.

IV. Frequently Asked Questions
Doctor of Nursing Practice (DNP) Programs

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 a Task Force on the Roadmap to the DNP which is studying the full array of implications and issues resulting from this new direction in nursing education. The task force has been charged with examining DNP program development, master's-to-doctoral transition programs, regulations and licensure, reimbursement for advanced practice nurses (APN) and other issues. AACN will continue to work with an array of stakeholders, including APN groups, the higher education community, and healthcare providers to determine the best ways of implementing the DNP.

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

Over the past three years, the AACN Task Force on the Practice Doctorate and the subsequent DNP Essentials and Roadmap Task Forces have 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 APN practice organizations. AACN hosted a number of meetings with the leadership of numerous organizations on this issue and surveyed practicing NPs and other APNs 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. All feedback received at both the regional and stakeholders' meetings was seriously

considered. The clear and consistent messages from all feedback were incorporated into the working essentials document and roadmap report. The essentials document has been posted to the AACN website to receive ongoing feedback from all interested parties. This ongoing feedback is also then considered and placed into the document.

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 Nursing Practice* (DNP *Essentials*), which will identify foundational curriculum content and outcome-based competencies essential for all students pursuing the DNP. The Task Force on the Essentials of Nursing Education for the DNP has prepared a draft document of the broad core competencies which is available for review. The Commission on Collegiate Nursing Education (CCNE), the nation's premier accrediting agency for baccalaureate and graduate nursing programs, has agreed to initiate 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 practice doctorate is designed for those in direct clinical practice and areas that support clinical practice—administration, organizational management and 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, DNS, or DNSc in terms of curriculum content, research competencies, outcomes and roles occupied?

The *Essentials of Doctoral Education for Advanced Nursing Practice* will present the specifics of this education and role. DNP programs will incorporate the APN 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. The PhD and DNS/DNSc 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). 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 draft *Essentials* and specialty practice competencies? What role do specialty APN groups play in defining competency expectations?

The DNP Curriculum is conceptualized as having two components:

3. DNP Essentials 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or focus.

4. 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/index.htm.

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 APN 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, criminal justice, public policy and administration, public health, and other disciplines.

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 reconceptualizing their master's degree to prepare advanced generalists. The Clinical Nurse Leader[SM], a national demonstration

project launched to introduce a new master's level role into the health care 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. The DNP will foster a more highly educated faculty workforce.

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 healthcare and represent a mandate for change in the educational program for the health professions. Nurses are constantly working with individuals who have a high level of preparation in their respective fields—physicians, pharmacists, and other health 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 edcucation. 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 will be forthcoming from the 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 APN preparation? Will nurse practice acts and regulatory language need changing?

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. Once the DNP *Essentials* are accepted, credentialing bodies will review their expectations.

18. Is it the intent of the DNP to further expand the legal scope of practice for APNs?

No. Transitioning to the DNP will not alter the current scope of practice for APNs. 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 APNs 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 APNs 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 health care 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 health care outcomes. Until the time that state laws are changed, if a nurse desires an APN 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, DNSc). All institutions that currently offer the Doctor of Nursing (ND) have chosen to become DNP programs. Those with an ND will need to contact their program about the possibility of a credential change.

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 APNs 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, APNs 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 APNs, physicians, and other clinicians currently 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 each state's Nurse Practice Act.

23. Will CCNE accredit DNP programs?

Yes. Practice doctorates with the degree title DNP will be 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.

V. AACN Contrast Grid of the Key Differences between DNP and PhD/DNSc/DNS Programs

	DNP	**PhD/DNS/DNSc**
Program of Study	Objectives Prepare nurse specialists at the highest level of advanced practice Competencies See AACN *Essentials of the DNP* (in draft, 2006)	Objectives Prepare nurse researchers Content See *Indicators of Quality in Research-Focused Doctoral Programs in Nursing (2001)*
Students	Commitment to practice career Oriented toward improving outcomes of care	Commitment to research career Oriented toward developing new knowledge
Program Faculty	Practice doctorate and/or expertise in area in which teaching Leadership experience in area of specialty practice High level of expertise in specialty practice congruent with focus of academic program	Research doctorate in nursing or related field Leadership experience in area of sustained research funding High level of expertise in research congruent with focus of academic program
Resources	Mentors and/or precepts in leadership positions across a variety of practice settings Access to diverse practice settings with appropriate resources for areas of practice Access to financial aid Access to information and patient-care technology resources congruent with areas of study	Mentors and/or precepts in research settings Access to research settings with appropriate resources Access to dissertation support dollars Access to information and research technology resources congruent with program of research
Program Assessment & Evaluation	Program Outcome Health care improvements and contributions via practice, policy change, and practice scholarship Oversight by the institution's authorized bodies (i.e., graduate school) and regional accreditors Receives accreditation by specialized nursing accreditor Graduates are eligible for national certification exam	Program Outcome Contributes to healthcare improvements via the development of new knowledge, and other scholarly products that provide the foundation for the advancement of nursing science Oversight by the institution's authorized bodies (i.e., graduate school) and regional accreditors

American Association of Colleges of Nursing. (1999). *Essential clinical resources for nursing's academic mission*. Washington, DC: Author.

American Association of Colleges of Nursing. (2006). *DRAFT Essentials of the DNP*. http://www.aacn.nche.edu/DNP/pdf/DNPEssentials5-06.pdf. Accessed May 23, 2006.

American Association of Colleges of Nursing. (2001). *Indicators of quality in research-focused doctoral programs in nursing*. Washington, DC: Author

Rush University Medical Center. *Comparison of the DNP vs. PhD/DNSc/DSN*. Unpublished document. Chicago, IL/Author.

VI. Power Point Presentation: "The Doctor of Nursing Practice: Visionary Leadership for the Practice of Nursing, Evolution, and Current Status of the National Movement"

Slide 1

The Doctor of Nursing Practice

Visionary Leadership for the Practice of Nursing

Evolution and Current Status of the National Movement

DNP

Slide 2

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

Slide 3

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

- PEW *Competencies for the 21st Century*, 1998
- IOM *Crossing the Quality Chasm*, 2001
- IOM Health Professions Education: A Bridge to Quality, 2003
- RWJ *Health Care's Human Crisis*, 2002

Slide 4

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*.

Slide 5

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

Slide 6

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

J. Paul Getty

Slide 7

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

Slide 8

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.

Slide 9

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

Slide 10

Charge to the Task Force on the Practice Doctorate – 2002

- 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;

Slide 11

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;

Slide 12

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)

Slide 13

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).

Slide 14

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.

Slide 15

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!

Slide 16

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

Slide 17

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.*

AACN, (2004)Position Statement on the Practice Doctorate in Nursing. http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm

Slide 18

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 & **NOT** a role.*

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

AACN, (2004)Position Statement on the Practice Doctorate in Nursing. http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm

Slide 19

Accreditation

- ***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).***

AACN, (2004)Position Statement on the Practice Doctorate in Nursing. http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm

Slide 20

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.***

AACN, (2004)Position Statement on the Practice Doctorate in Nursing. http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm

Slide 21

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.***

AACN, (2004)Position Statement on the Practice Doctorate in Nursing. http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm

Slide 22

Moving Forward & Implementation

- 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 Task Forces of all 4 APN roles & other advanced nursing practice roles, range of types and size of schools, & CCNE

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

Slide 23

AACN DNP Task Forces at Work

- 2005-Five regional meetings (620 participants, 231 schools, and 18 organizations)
- Regional Process
  - Gathered input and incorporated clear and consistent messages as they emerged
  - Iterative process with changes made to Draft documents between regional meetings and posted on the AACN website

Slide 24

AACN DNP Task Forces at Work (cont.)

- October, 2005-National Stakeholders meeting (65 leaders represented 44 organizations
- 2005-Forums at master's, doctoral, and practice meetings
- Summer 2006-Final Reports of both TFs approved by the AACN Board
- Fall 2006-Membership votes on *DNP Essentials of Doctoral Education for Advanced Nursing Practice*

Slide 25

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

Slide 26

DNP Curriculum*

- Modeled after the *Essentials of Master's Education for APN*
- Eight Essentials are the foundational outcome competencies for all DNP graduates
- Specialty focused competencies and practica delineated by specialty organizations comprise a significant portion of the curriculum

*AACN, *The Essentials of Doctoral Education for Advanced Nursing Practice. Approved by AACN Board July 2006.*
http://www.aacn.nche.edu/DNP/index.htm

Slide 27

8 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.

Slide 28

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.

Slide 29

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.

Slide 30

Essentials for DNP Graduates (cont.)

7. **Clinical prevention and population health for improving the nation's health**
   This essential added to original seven 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."**
   - **Healthy 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 longstanding focus on health promotion and prevention**

Slide 31

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.

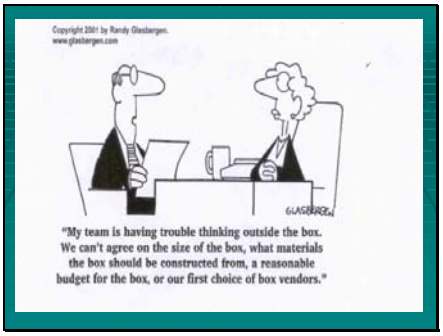
- **All programs preparing graduates for one of the 4 APRN roles or for any direct care role must require 3 separate courses: advanced health assessment, physiology/pathophysiology, and advanced pharmacology.**

Slide 32

Characteristics of a Practice Doctorate Program of Study

- 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 requires a Final DNP Project**
  - grounded in clinical practice and,
  - designed to solve practice problems or to inform practice directly.
- A minimum of 1000 hours of practice post-baccalaureate
- End of Program Practice Immersion Experience

Slide 33



Slide 34

Frequently Asked Questions

- Will the creation of DNP programs detract from nursing research?
  - From the National Academy of Sciences Report (December 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

Slide 35

National Academy of Sciences Report (December 2005), cont.

- "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."

Slide 36

What will be the impact on enrollment in PhD programs?

- Total enrollment 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.

Slide 37

	U TN - Memphis		Univ. KY	
	PhD	DNP	PhD	DNP
1997	14		32	
1998	18		33	
1999	16	13	38	
2000	18	41	36	
2001	19	38	38	13
2002	19	42	44	26
2003	19	44	50	29
2004	18	52	55	32
2005	28	62	52	30

Slide 38

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 certificate 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.

Slide 39

Roadmap Issues Identified by Constituents

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

Slide 40

Institutional Recommendations*

- Develop faculty practice arrangement to attract, retain, and adequately compensate faculty actively involved in practice
- Strengthen links with the practice environment to:
  - Develop practice opportunities for faculty
  - Develop teaching opportunities for clinicians
- Encourage the development of DNP & PhD teams to provide leadership in the translation component of research

* AACN, DNP Roadmap Task Force Report. Approved by AACN Board July 2006. http://www.aacn.nche.edu/DNP/index.htm

Slide 41

Faculty Recommendations*

- Support individuals with a wide array of degrees and credentials as appropriate DNP faculty if they possess the needed knowledge and expertise
- Engage faculty from other disciplines
- Recognize integrated scholarship as evidence for scholarship for the awarding of appointment, promotion, and/or tenure
- Consider a wide range of appointment options to offer the greatest flexibility for employment and utilization of DNP faculty

*AACN, DNP Roadmap Task Force Report. Approved by AACN Board July 2006. http://www.aacn.nche.edu/DNP/index.htm

Slide 42

Recommendations Regarding Future Master's Programs*

- Master's programs will not go away
- As specialty nursing education transitions to the doctoral level, the DNP TF recommends that institutions consider reconceptualizing their master's degree to prepare advanced generalists.
  - The Clinical Nurse Leader sm (CNL) is one model for master's education

*AACN, DNP Roadmap Task Force Report. Approved by AACN Board July 2006. http://www.aacn.nche.edu/DNP/index.htm

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Costs and Funding Recommendations*

- Encourage academic program administrators to collaborate with employers and federal and state agencies to find support for scholarships, teaching assistantships, and paid internships
- AACN will lead lobbying efforts among organizations to increase support for nursing doctoral education through the Department of Health and Human Services Title VIII program

*AACN, DNP Roadmap Task Force Report. Approved by AACN Board July 2006. http://www.aacn.nche.edu/DNP/index.edu

Slide 44

Accreditation Recommendations*

- Practice Doctorates with the degree title DNP will be eligible for accreditation by CCNE
- 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.

*AACN, DNP Roadmap Task Force Report. Approved by AACN Board July 2006. http://www.aacn.nche.edu/DNP/index.htm

Slide 45

Recommendations for Licensure and Certification*

- All DNP graduates should be prepared for national , advanced specialty certification, when available.
- Regulatory language should require "graduate" preparation for certification, licensure, & reimbursement.
- Individuals credentialed to practice in an APN specialty should be allowed to continue to practice within the full scope of practice.

*AACN, DNP Roadmap Task Force Report. Approved by AACN Board July 2006. http://www.aacn.nche.edu/DNP/index.edu

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DNP "Tool Kit" Available on AACN Website

http://www.aacn.nche.edu/DNP/index.edu

Includes:

- Template for Negotiating the Process in the Academic Setting
- Needs Survey for the DNP
- Description of Institutional Partnering Efforts
- Frequently Asked Questions
- Grid contrasting DNP and PhD/DNSc/DNS Programs
- Bibliography on the DNP

Slide 47

History & 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 Task Force on the Practice Doctorate
2003—Columbia University admits students
2004—AACN members approve DNP Position Statement & 2015 target implementation date

Slide 48

Have we reached a tipping point?

- **2005—(Spring) 8 programs admitting students, 60 schools planning programs**
- **2005—(Summer) 80 schools planning programs**
- **2005—(Fall) 9 programs "approved" ; 162 schools planning programs**
- **2006- (Winter) 11 active programs & 195 schools planning programs**
- **2006-(Summer) 22 active programs**

Slide 49

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

Mark Twain

Slide 50

We have a responsibility
to create the future
for our patients,
for our profession,
and for the health of the public.

Slide 51

Appendix B

Institutions Represented at the Five DNP Regional Meetings in 2005

Total number of academic institutions at the five DNP Regional Meetings: 231

Institutions with Academic Health Centers: 71

Case Western Reserve University
Creighton University
Duke University
East Tennessee State University
Emory University
Georgetown University
Indiana University- Purdue University (Indianapolis)
Johns Hopkins University
Loma Linda University
Loyola University Chicago
Medical College of Georgia
Medical University of Ohio
Medical University of South Carolina
MGH Institute of Health Professions
Michigan State University
Oregon Health and Science University
Pennsylvania State University
Rush University Medical Center
Saint Louis University
State University of New York, Stony Brook
Temple University
Texas Tech University Health Sciences Center
The George Washington University
The Ohio State University
The University of North Carolina, Chapel Hill
Thomas Jefferson University
University at Buffalo
University of Rochester
University of South Alabama
University of South Carolina
University of South Florida
University of Southern California
University of Tennessee Health Science Center
University of Texas Health Science Center - Houston
University of Texas Health Sciences Center-San Antonio
University of Alabama at Birmingham
University of Arkansas for Medical Sciences
University of California- Irvine
University of California-Los Angeles
University of California-San Francisco
University of Colorado at Denver Health Sciences Center
University of Florida
University of Illinois at Chicago
University of Iowa
University of Kansas
University of Kentucky
University of Louisville
University of Maryland
University of Massachusetts-Worcester
University of Medicine & Dentistry of New Jersey
University of Michigan
University of Minnesota
University of Mississippi Medical Center
University of Missouri-Columbia
University of Missouri-Kansas City
University of Nebraska Medical Center
University of New Mexico
University of North Dakota
University of Oklahoma
University of Pittsburgh

University of Texas Medical Branch
University of Utah
University of Virginia
University of Washington
University of Wisconsin-Madison
Vanderbilt University
Virginia Commonwealth University
Wayne State University
West Virginia University
Wright State University
Yale University

Private Institutions without an Academic Health Center: 72

Albany Medical College
Barnes-Jewish Hospital College of Nursing and Allied Health
Barry University
Baylor University
Belmont University
Boston College
Boston University
Bradley University
Brenau University
Brigham Young University
Carlow University
College of St. Catherine
Concordia University Wisconsin
DePaul University
DeSales University
Dominican College of Blauvelt
D'Youville College
Edgewood College
Elmhurst College
Evanston Northwestern Healthcare School of Anesthesia
Fairfield University
Frontier School of Midwifery & Family Nursing
Georgia Baptist College of Nursing of Mercer University
Gonzaga University
Graceland University
Hawaii Pacific University
Indiana Wesleyan University
Kaiser Permanente School of Anesthesia
La Salle University
Long Island University
Marquette University
Maryville University-St. Louis
Mayo ClinicCollege of Medicine
MedCentral College of Nursing
Mercer University
Monmouth University
National University
Newman University
Northeastern University
Otterbein College
Pace University
Quinnipiac University
Regis College
Research College of Nursing
Robert Morris University
Rocky Mountain University of Health Professions
Saint Joseph College
Samford University
Samuel Merritt College
Seattle Pacific University
Seattle University
Simmons College
St. John Fisher College
Tennessee Wesleyan College
Texas Christian University
The Catholic University of America
The College of St. Scholastica
University of Delaware
University of Detroit Mercy
University of Portland

University of Saint Francis- Indiana
University of San Diego
University of Scranton
Valparaiso University
Villanova University
Viterbo University
Waynesburg College
Webster University
Wheeling Jesuit University
Widener University
Wilmington College
Wolford College

Public Institutions without an Academic Health Center: 88

Albany State University
Arizona State University
Arkansas State University
Armstrong Atlantic State University
Auburn University
Binghamton University
California State University-Dominguez Hills
California State University-Fullerton
California State University-Long Beach
Clayton State University
Florida A&M University
Florida International University
Fort Hays State University
George Mason University
Georgia College & State University
Georgia Southern University
Georgia State University
Governors State University
Grand Valley State University
Hunter College of the City University of New York
Idaho State University
Illinois State University
Indiana State University
Indiana University-South Bend
James Madison University
Kent State University
McNeese State University
Middle Tennessee State University
Midwestern State University
Minnesota State University - Moorhead
Minnesota State University, Mankato
Mississippi University for Women
Mountain State University
Murray State University
New Mexico State University
Northern Arizona University
Northern Illinois University
Northern Kentucky University
Northern Michigan University
Northwestern State University of Louisiana
Oakland University
Oklahoma University
Prairie View A & M University
Rutgers, The State University of New Jersey
Salem State College
San Diego State University
San Jose State University
Southeast Missouri State University
Southern Illinois University Edwardsville
Texas A&M University - Texarkana
Texas A&M University-Corpus Christi
Texas Woman's University
The University of Akron
The University of Louisiana at Lafayette
Towson University
Troy State University
University of Alaska Anchorage
University of Central Arkansas
University of Central Florida
University of Colorado at Colorado Springs
University of Connecticut
University of Kansas
University of Massachusetts-Amherst
University of Massachusetts-Boston
University of Massachusetts-Lowell
University of Michigan-Flint
University of Missouri-St. Louis

University of Nevada-Las Vegas
University of New Hampshire
University of North Carolina at Greensboro
University of North Carolina-Charlotte
University of North Florida
University of Rhode Island
University of Southern Maine
University of Southern Mississippi
University of Tennessee - Knoxville
University of Tennessee-Chattanooga
University of Texas-Arlington
University of Texas-Pan American
University of Texas-Tyler
University of Wisconsin-Eau Claire
University of Wisconsin-Milwaukee
Valdosta State University
Washington State University
West Texas A&M University
Western Carolina University
Wichita State University
Winona State University

Other Organizations Represented: 21

Alexander's Children Services
American Academy of Nurse Practitioners
American Association of Nurse Anesthetists
American Association of Occupational Health Nurses
Coalition for Nurses in Advanced Practice
Community Health Network
Department of Veteran Affairs, Office of Nursing Services
Department of Veteran Affairs of Greater Los Angeles
Navy Nurse Corps Anesthesia Program
Nurse First Family Health Center
Oncology Nursing Certification Corporation
Oregon State Board of Nursing
Paldmar Powerado Health
The Queen’s Medical Center
Saint Francis Medical Center
Texas Board of Nurse Examiners
Texas Nurse Practitioners
Texas Nurses Association
United Health Group
US Army Medical Department, Academy of Health Sciences
William Beaumont Hospit

Appendix C

Institutions Represented at the National Stakeholders' Meeting in October 2005: *44 Institutions*

American Academy of Ambulatory Care Nursing (AAACN)
American Academy of Nurse Practitioners
American Academy of Nurse Practitioners Certification Program
American Association of Colleges of Nursing
American Association of Critical-Care Nurses (AACN)
American Association of Nurse Anesthetists (AANA)
American College of Nurse Practitioners (ACNP)
American College of Nurse-Midwives
American College of Nurse-Midwives Division of Accreditation
American Nurses Association (ANA)
American Nurses Credentialing Center
American Organization of Nurse Executives (AONE)
Association of Community Health Nursing Educators (ACHNE)
Association of Faculties of Pediatric Nurse Practitioners, Inc.
Association of Nurses in AIDS Care (ANAC)
Association of periOperative Registered Nurses (AORN)
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Commission on Collegiate Nursing Education
Commission on Graduates of Foreign Nursing Schools (CGFNS)
Competency Credentialing Institute
Council on Accreditation of Nurse Anesthesia Educational Programs
Council on Graduate Education for Administration in Nursing
Dermatology Nurses Association (DNA)
Emergency Nurses Association (ENA)
Hospice and Palliative Nurses Association (HPNA)
HRSA Division of Nursing
International Nurses Society on Addictions (IntNSA)
International Society of Nurses in Genetics, Inc. (ISONG)
National Association of Clinical Nurse Specialists (NACNS)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Pediatric Nurses Associates and Practitioners (NAPNAP)
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
National Council of State Boards of Nursing (NCSBN)
National League for Nursing (NLN)
National Nursing Staff Development Organization (NNSDO)
National Organization of Nurse Practitioner Faculties (NONPF)
Nurses Christian Fellowship
Oncology Nursing Certification Corporation
Oncology Nursing Society (ONS)

Pediatric Nursing Certification Board
Sigma Theta Tau, International (STTI)
University of Tennessee Health Science Center
University of Virginia
University of Washington

Appendix D

Members of the Roadmap to the DNP Task Force:

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University of South Alabama

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Chair, Nursing Department
University of Texas-Pan American

Martha Hill, PhD
Dean, School of Nursing
Johns Hopkins University

Nancy Mosser, EdD
Chair, Department of Nursing
Waynesburg College

Marjorie Thomas Lawson, PhD
Associate Professor, College of Nursing and Health Professions
University of Southern Maine

Polly Bednash, PhD *(Staff Liaison)*
Executive Director
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