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

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2020 AACN DOCTORAL EDUCATION CONFERENCE

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

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Professor, Acting Chairperson
Rush University College of Nursing

Co-Chair: Strengthen Outcomes Data Workgroup
National Organization of Nurse Practitioner Faculties
NONPF HAS SET THE DATE

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

STRENGTHEN OUTCOMES DATA WORKGROUP

Phase One (completed)
» Reviewed number of DNP graduates
» Reviewed pass rates of DNP NP graduates
» Searched literature for DNP Outcome Data

Phase Two (in-progress)
» DNP Variable Crosswalk Project
» Continue to track number of DNP graduates and certification pass rates
### GRADUATIONS IN DIFFERENT LEVELS OF NP PROGRAMS BY NATIONAL NP CERTIFICATION EXAMINATION THAT THE PROGRAM PREPARES THE MAJORITY OF GRADUATES TO TAKE (2013 TO 2017) (AMERICAN ASSOCIATION OF COLLEGE OF NURSING)

<table>
<thead>
<tr>
<th></th>
<th>August 1, 2013 to July 31, 2014</th>
<th>August 1, 2014 to July 31, 2015</th>
<th>August 1, 2015 to July 31, 2016</th>
<th>August 1, 2016 to July 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s Students</td>
<td>16,260</td>
<td>19,582</td>
<td>22,219</td>
<td>24,519</td>
</tr>
<tr>
<td>Post-Baccalaureate DNP Students</td>
<td>573</td>
<td>934</td>
<td>1379</td>
<td>2101</td>
</tr>
<tr>
<td>Post-Master’s DNP Students</td>
<td>708</td>
<td>942</td>
<td>854</td>
<td>859</td>
</tr>
</tbody>
</table>

### NP PROGRAMS – GRADUATION RATES TRACKED

NP PROGRAMS ON AACN TABLES

- Family NP
- Adult NP
- Pediatric Primary Care NP
- Gerontological NP
- Women’s Health NP
- Neonatal NP
- Adult Acute Care NP
- Pediatric Acute Care NP
- Adult Psych. & Mental Health NP
- Psych. and MH NP Across the Lifespan
- Adult Gerontology Primary Care NP
- Adult Gerontology Acute Care NP
- Other NP
- NP Dual Tracks
- Previously Certified as NP
NP CERTIFICATION PASS RATES: COLLECTING DATA ON DNP CANDIDATES

AACN  AANPCB
NCC  PNCB
ANCC

DNP NP OUTCOMES RELATED LITERATURE

DNP NP OUTCOMES RELATED LITERATURE


DNP NP OUTCOMES RELATED LITERATURE

GAPS REGARDING DNP PREPARED NP DATA

» A small number of initial publications are reviewing critical DNP prepared NP variables
» Not enough data available for literature synthesis
» Substantially more studies are needed that examine outcomes related to DNP prepared NPs
» Different pathways exist for how nurses can become DNP prepared NPs
» In addition, differentiation by degree is often not noted in NP outcome studies

DOCTOR OF NURSING PRACTICE VARIABLE CROSSWALK PROJECT

» Multiple organizations that are stakeholders in the DNP degree
  – Have their own database
  – Therefore they have their own set of variables that are used to measure various aspects related to the DNP
» Variables are related to education, accreditation, certification, licensure and practice
» Although there are some commonalities among these databases, there is also heterogeneity in what is measured, how it is measured, and how variables are named
There is a need to develop a Minimum Data Set for use in databases that are collecting data related to DNP prepared NPs.

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

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

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

1) Review how questions are asked that capture Doctor of Nursing Practice (DNP) NP data
2) Crosswalk variables collected from questions in different surveys
3) Provide recommendations for a Minimum Data Set

(Research project began early January, 2020)
**DOCTOR OF NURSING PRACTICE VARIABLE CROSSWALK PROJECT**

Organizational Data Sets Available For Use in Aggregated Data Analysis

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACN</td>
</tr>
<tr>
<td>AANP</td>
</tr>
<tr>
<td>AANP-BC</td>
</tr>
<tr>
<td>ACEN</td>
</tr>
<tr>
<td>ANCC</td>
</tr>
<tr>
<td>CCNE</td>
</tr>
<tr>
<td>NAPNAP</td>
</tr>
<tr>
<td>NCC</td>
</tr>
<tr>
<td>NCSBN</td>
</tr>
<tr>
<td>NLN CNEA</td>
</tr>
<tr>
<td>PNCB</td>
</tr>
</tbody>
</table>

**STRENGTHEN OUTCOMES DATA WORKGROUP**

» Continues to meet monthly

» Researcher working on the crosswalk survey

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

» Will continue to identify DNP prepared NP graduate numbers and certification pass rates for DNP students
Francis Gerbasi, PhD, CRNA
Chief Executive Officer
Council on Accreditation of Nurse Anesthesia Educational Programs

AANA Position Statement 2007
COA Requirements 2009
Practice Doctorate Standards - 2015
NUMBER OF NURSE ANESTHESIA PROGRAMS AWARDING MASTERS AND DOCTORAL DEGREES FOR ENTRY INTO PRACTICE

NATIONAL CERTIFICATION EXAM PASS RATES, FY2018

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Pass N</th>
<th>Pass %</th>
<th>Fail N</th>
<th>Fail %</th>
<th>5-Year Trend Pass %</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSN</td>
<td>551</td>
<td>88.0%</td>
<td>75</td>
<td>12.0%</td>
<td>87.0%</td>
</tr>
<tr>
<td>MSNA</td>
<td>647</td>
<td>81.6%</td>
<td>146</td>
<td>18.4%</td>
<td>83.2%</td>
</tr>
<tr>
<td>Other Masters</td>
<td>337</td>
<td>85.8%</td>
<td>56</td>
<td>14.2%</td>
<td>85.0%</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>522</td>
<td>83.3%</td>
<td>105</td>
<td>16.7%</td>
<td>83.4%</td>
</tr>
<tr>
<td>Total</td>
<td>2,057</td>
<td>84.3%</td>
<td>382</td>
<td>15.7%</td>
<td>84.8%</td>
</tr>
</tbody>
</table>
LESSONS LEARNED

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

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

RESOURCES
– Qualified Faculty
– Faculty Resources Matrix
**FACULTY RESOURCES MATRIX**

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic and Professional Credentials (CRNA, RN, MD, etc.), and Area of Specialty.</th>
<th>FTE</th>
<th>Based on conducting institution’s definition of “FTE”, percentage of time averaged for 1 year allocated to teaching, faculty scholarly activities, service, administrative and clinical responsibilities AND faculty-directed student scholarly activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>CRNA, DNAP, nurse anesthesia</td>
<td>1.0</td>
<td>Please indicate the number of courses in which faculty serves as course director (including course name/number); number of hours per year of direct teaching activities (e.g., lecture, online activities, simulation), excluding clinical; and number of final scholarly works per year, including role (e.g., chair or member of project).</td>
</tr>
<tr>
<td>Jane Doe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Course director**
- ANES 7310, Principles of Nurse Anesthesia I (Fall semester, face-to-face)
- ANES 7320, Principles of Nurse Anesthesia II (Spring semester, face-to-face)
- ANE 8311, Healthcare Management (Summer semester, 100% online)

**Number of hours per year of direct teaching activities excluding clinical**
- Face-to-face lecture contact hours: 90 hours
- Online course (course execution and administration): 60 hours

**Student scholarly work (see description of student scholarly work)**
- Primary advisor: 5 students
- Reader of student scholarly projects: 10 students

**LESSONS LEARNED**

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

Let's not throw the baby out with the bath water.
## MAPPING TO DOCTORAL GRADUATE STANDARDS

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

## SUMMARY

- IT’S MORE OF A MARATHON THAN A SPRINT!
- WHITE PAPER ON SCHOLARLY WORK
- COMMON CLINICAL ASSESSMENT TOOL
CHALLENGES AND IMPLICATIONS FOR NURSE PRACTITIONER EDUCATORS: TRANSITIONING TO DNP-LEVEL NP PROGRAMS

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

President
National Organization of Nurse Practitioner Faculties

A BRIEF HISTORY OF THE DNP MOMENTUM

2001
NONPF Practice
Declarative Task Force Formed

2002
NONPF Board supports Practice Doctorate

2003
AANAP: The Future of Nursing: Leading Change, Advancing Health

2004
AACSN: AANA Endorsement of DNP for Advanced Practice Nursing Traditions

2005
AACSN: DNP-Ready: Task Force Report

2006
AANP: DNP: The Future of Nursing: Leading Change, Advancing Health

2007
NLN: Essentials of Doctoral Education for Advanced Nursing Practice

2009
NONPF: Transitioning to a Quantitative, Integrated DNP NP Curriculum

2014
Council on Accreditation: Doctoral Practice/Doctoral Standards

2015
NONPF: The DNP: Preparation, NONPF Perspective 2015

2016
NONPF: Transitioning to a Quantitative, Integrated DNP NP Curriculum

2017
NONPF DNP Summit

2018
NONPF data for DNP by 2020
START WITH WHY

People don’t buy WHAT you do, they buy WHY you do it. And WHAT you do simply proves what you believe.
WHY DNP BY 2025?

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

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

» Convince our dean/provost/president to let go of master’s NP programs?
» Create a seamless integrated curriculum without a master’s exit?
» Assure readiness to begin NP clinical rotations in newly-minted RNs?
WHAT ARE THE CHALLENGES?
HOW DO WE.....

» Assure readiness to begin NP practice upon graduation?
» Manage all the DNP projects?
» Change regulatory barriers? (not addressed today)

LETTING GO OF THE MASTERS DEGREE

» Create a business plan
CREATING A SEAMLESS INTEGRATED DNP CURRICULUM WITHOUT A MASTER’S EXIT

» Not a master’s degree with a post-master’s DNP necklace
» Competency-based
» Mapped to re-envisioned AACN essentials and NONPF core and population-focused competencies
» Systems level and direct care competencies are integrated throughout and leveled up

READINESS TO BEGIN NP CLINICALS

» Competency-based admission and curriculum
» Boot camps
» Simulation to test RN-level critical thinking
» Academic-practice partnerships with longitudinal clinical immersions
**READINESS TO BEGIN NP PRACTICE**

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

**MANAGING DNP PROJECTS**

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

WE CAN ACHIEVE OUR 2025 GOAL

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

• Capacity
• Outcomes
• Messaging
• Educations
• Workshops
• Webinars
• Podcasts
• More tools to come