GRADUATE NURSING EDUCATION: WHAT IS AND WHAT MAY BE COMING

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American Association of Colleges of Nursing
The Voice of Academic Nursing
DISCLOSURES

» No conflicts of interest to declare
» No financial relationships with commercial interests
OBJECTIVES

» Provide broad overview of graduate nursing education including current numbers and trends

» Articulate assumptions and future changes in graduate nursing education being considered.

» Discuss implications of these trends and transitions for graduate nursing education.
AACN STRATEGIC GOALS

AACN is:

» The driving force for innovation and excellence in academic nursing

» A leading partner in advancing improvements in health, health care, and higher education.

» A primary advocate for advancing diversity and inclusivity within academic nursing

» The authoritative source of knowledge to advance academic nursing through information curation and synthesis.
AACN’S VISION

Nurses are leading efforts to transform health care and improve health.

What do we need to do to make this vision a reality?

- Create highly educated nursing workforce
- Encourage nurses to advance their education
- Ensure nurses are prepared for a rapidly changing healthcare system
What’s Pushing Change but Creating Opportunities for Graduates

• Affordable Care Act (ACA) 2010
  • Increased access to care
  • Need for more primary care providers
  • Creation of new healthcare delivery models
  • Efforts to improve outcomes and decrease costs

• New Payment Models
  • Pay for Performance ("Never Events")
  • Value-Based Purchasing
ACCELERATING CHANGES IN GRADUATE NURSING EDUCATION

» Changing patient demographics
  – Increasingly older population
  – Increasing diversity

» Growing complexity of care
  – Increasing number of individuals with multiple chronic diseases
  – Rapidly changing/advancing diagnostics & therapeutics
  – Increasing use and introduction of new information and healthcare technologies
IOM *The Future of Nursing* (2011)

**Recommendations:**

- Nurses should practice to full extent of their education and training
- Nurses should be full partners with physicians and other HPs in redesigning HC in U.S.
- Expand opportunities for nurses to lead improvement efforts.
- Double the number of nurses with a doctorate by 2020
Implications for Nursing Education

• Nursing’s role in addressing issues around:
  • Access to care – acute and primary care
  • Improving quality care outcomes – accountability for
  • Decreasing costs of healthcare
  • Patient-centered care (long standing focus on the patient & family; holistic view)
  • Increased focus on population health
  • Integrating technologies into practice – patient monitoring, telehealth

• Advancing Nursing’s voice in health care!
  • Preparation of leaders
  • Interprofessional communication and team leadership skills
  • Understanding of and ability to lead systems

• Recognition of Nursing’s Potential Impact and Roles
WHY CHOOSE NURSING?

Competition for Students

- Engineering
- Nursing
- Law
- Medicine
- Computer Sciences

Other Health Professions
- Dentistry
- PT
- Pharmacy
- PA
Gender of enrolled students

**Enrolled Master's Students (2010)**
- Female: 78,515 (91%)
- Male: 8,231 (9%)

**Enrolled Research-Focused Students (2010)**
- Female: 3,692 (91%)
- Male: 344 (9%)

**Enrolled DNP Students (2010)**
- Female: 6,402 (91%)
- Male: 635 (9%)

**Enrolled Master's Students (2017)**
- Female: 117,266 (87%)
- Male: 16,141 (12%)

**Enrolled Research-Focused Students (2017)**
- Female: 4,126 (89%)
- Male: 498 (11%)

**Enrolled DNP Students (2017)**
- Female: 25,016 (86%)
- Male: 3,767 (13%)
HOLISTIC ADMISSIONS

» Holistic review is a university admissions strategy that assesses an applicant’s unique experiences alongside traditional measures of academic achievement such as grades and test scores.

» It is designed to help universities consider a broad range of factors reflecting the applicant’s academic readiness, contribution to the incoming class, and potential for success both in school and later as a professional.

» Holistic review, when used in combination with a variety of other mission-based practices, constitutes a “holistic admission” process.

» Many colleges and universities have employed a holistic admission process to assemble a diverse class of students with the background, qualities, and skills needed for success in the profession

» http://www.aacnnursing.org/Diversity-Inclusion/Holistic-Admissions
CURRENT GRADUATE NURSING DEGREE PROGRAMS

- Traditional Master’s Programs
- DNP Programs

- 2nd Degree Master’s Programs
- PhD Programs

- Dual Master’s Degree Programs (MSN/MPH, MSN/MBA)
Current Masters Education Programs

- Clinical Nurse Leader: 91
- Nurse Educator: 339
- APRN(CNS,NP,CRNA,CNM: 555 (613)
- Informatics: 60
- Administration: 292
- Public Health: 40 (43)
- Health Management/Policy: 6 (24)
- 2nd Degree MSN: 64
- Other: 61
CLINICAL NURSE LEADER

» Newest graduate nursing degree program (2003)

» Grew out of a national discussion re. what nurses need to know and do in the future & how they can impact healthcare outcomes!

» Competencies or skill set is for all practice settings, not just acute care

» Not prepared in a specific specialty area of practice
CNL SKILL SET

» Clinical or practice leadership at the POC
» Quality improvement processes
» Analysis of outcome data
» Evidence-based practice
» Change processes
» Interprofessional Communication
» Team leadership
» Transitions of care
» Coordination of care

Need to see the big picture of care!
Enrollment & Graduations of CNL Students 2004-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>STUDENTS</th>
<th>GRADUATES</th>
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<tbody>
<tr>
<td>2004</td>
<td>440</td>
<td>36</td>
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<tr>
<td>2005</td>
<td>899</td>
<td>60</td>
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<td>2006</td>
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<td>2009</td>
<td>2,465</td>
<td>654</td>
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<tr>
<td>2010</td>
<td>2,817</td>
<td>926</td>
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<tr>
<td>2011</td>
<td>2,838</td>
<td>1,066</td>
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<tr>
<td>2012</td>
<td>3,155</td>
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<td>2015</td>
<td>3,574</td>
<td>1,194</td>
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<tr>
<td>2016</td>
<td>3,258</td>
<td></td>
</tr>
<tr>
<td>2017</td>
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</table>
AACN’S POSITION ON DNP

- In 2004, AACN membership endorsed transition of all advanced nursing practice education, including the 4 APRN roles, to the practice doctorate.
- Set a target goal for transition of APRN programs to the DNP by 2015.
- In 2010 and 2015 AACN Board reaffirmed position on the DNP.
- Other organizations’ positions:
  - AANA, COA, NBCRCA – mandated that all new CRNA graduates have practice doctorate by 2025.
  - NACNS – position that all new CNSs graduate with DNP by 2025.
  - NONPF – position that all new NPs graduate with DNP by 2025.
<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollments</th>
<th>Graduations</th>
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<tbody>
<tr>
<td>2007</td>
<td>186</td>
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<td>2008</td>
<td>575</td>
<td>23</td>
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<td>2009</td>
<td>1,060</td>
<td>48</td>
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<td>2010</td>
<td>1,887</td>
<td>40</td>
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<td>2011</td>
<td>3,036</td>
<td>103</td>
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<td>2012</td>
<td>5,031</td>
<td>280</td>
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<td>2013</td>
<td>6,299</td>
<td>483</td>
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<tr>
<td>2014</td>
<td>8,916</td>
<td>715</td>
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<tr>
<td>2015</td>
<td>11,106</td>
<td>1,183</td>
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<tr>
<td>2016</td>
<td>13,822</td>
<td>1,828</td>
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<td>2017</td>
<td>16,123</td>
<td>2,646</td>
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<table>
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<tr>
<th>Year</th>
<th>Enrollments</th>
<th>Graduations</th>
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<tbody>
<tr>
<td>2007</td>
<td>1,688</td>
<td>111</td>
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<td>2008</td>
<td>2,840</td>
<td>338</td>
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<td>2009</td>
<td>4,105</td>
<td>612</td>
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<td>2010</td>
<td>5,147</td>
<td>1,242</td>
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<td>2011</td>
<td>6,058</td>
<td>1,492</td>
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<tr>
<td>2012</td>
<td>6,455</td>
<td>1,578</td>
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<td>2013</td>
<td>8,389</td>
<td>1,960</td>
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<td>2014</td>
<td>9,436</td>
<td>2,350</td>
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<tr>
<td>2015</td>
<td>10,889</td>
<td>2,917</td>
</tr>
<tr>
<td>2016</td>
<td>11,467</td>
<td>3,027</td>
</tr>
<tr>
<td>2017</td>
<td>12,970</td>
<td>3,444</td>
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</tbody>
</table>

Source: AACN IDS 2008-2018
Enrollments in Doctoral Nursing Programs: 2006-2017

- Doctor of Nursing Practice (DNP)
- Research-Focused Doctorate (PhD)
## Number of Schools Offering DNP Programs

**Source:** AACN IDS 2017 *(2015)*

<table>
<thead>
<tr>
<th>Area of Study</th>
<th>Post-Baccalaureate</th>
<th>Post-Master’s</th>
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</thead>
<tbody>
<tr>
<td>Nurse Midwifery</td>
<td>17 (11)</td>
<td>16 (12)</td>
</tr>
<tr>
<td>Nurse Anesthesia</td>
<td>43 (31)</td>
<td>37 (31)</td>
</tr>
<tr>
<td>CNS</td>
<td>32 (26)</td>
<td>30 (31)</td>
</tr>
<tr>
<td>NP</td>
<td>187 (151)</td>
<td>158 (146)</td>
</tr>
<tr>
<td>Administration</td>
<td>30 (29)</td>
<td>53 (51)</td>
</tr>
<tr>
<td>Informatics</td>
<td>11 (7)</td>
<td>13 (10)</td>
</tr>
<tr>
<td>CH/PH</td>
<td>17 (16)</td>
<td>19 (17)</td>
</tr>
<tr>
<td>Leadership</td>
<td>59 (42)</td>
<td>121 (88)</td>
</tr>
<tr>
<td>Other</td>
<td>42 (40)</td>
<td>139 (113)</td>
</tr>
</tbody>
</table>
## NUMBER OF NP PROGRAMS

**SOURCE:** AACN IDS 2017 (2015)

<table>
<thead>
<tr>
<th>Track/National Certification</th>
<th>Master’s (Total: 862)</th>
<th>Post-Baccalaureate DNP (Total: 440)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family NP</td>
<td>335 (338)</td>
<td>155 (138)</td>
</tr>
<tr>
<td>Pediatric Primary Care NP</td>
<td>76 (79)</td>
<td>41 (40)</td>
</tr>
<tr>
<td>Pediatric Acute Care</td>
<td>28 (26)</td>
<td>15 (12)</td>
</tr>
<tr>
<td>Neonatal NP</td>
<td>34 (36)</td>
<td>23 (19)</td>
</tr>
<tr>
<td>Women’s Health NP</td>
<td>36 (39)</td>
<td>12 (13)</td>
</tr>
<tr>
<td>Adult-Gero Primary Care</td>
<td>152 (156)</td>
<td>81 (71)</td>
</tr>
<tr>
<td>Adult-Gero Acute Care</td>
<td>95 (87)</td>
<td>46 (37)</td>
</tr>
<tr>
<td>Psych/MH across the Lifespan</td>
<td>106 (96)</td>
<td>67 (58)</td>
</tr>
</tbody>
</table>
FUTURE GRADUATE NURSING EDUCATION
(UNDER DISCUSSION!)

Graduate Core Coursework

- Health Policy
- Leadership
- Quality Improvement Processes
- IP Communication Skills
- Ethics
- Clinical Nurse Leader (CNL): Quality Improvement & Leadership at the Point of Care
- Administration/Management
- Public Health
- Informatics/Technology in Health Care
- Health Policy
- Clinical Research
Same Graduate Core

DNP
*Practice-Focused*

- APRN (NP, CNS, CRNA, CNM)
- Administration/Leadership – System Level
- Public/Population Health
- Informatics
- Health Policy
- Quality Improvement

Optional coursework to prepare graduate for faculty role

PhD
*Research-Focused*
Take Aways

• No new nursing degrees foreseen
• Decrease in **types** of master’s degree programs
• Shift of advanced nursing practice to DNP
• Healthcare practice and systems are changing at light speed
• Graduate nursing education needs to change to keep up and remain relevant
  • Stronger academic-practice partnerships
  • Increased interprofessional education and practice
  • Need more nurses prepared at the graduate level
  • Improve horizontal and vertical articulation along education and career trajectory
  • Need to be innovative & flexible – new models of education, clinical experiences, preceptors
Exciting news is that changes in healthcare have and will continue to create new opportunities for nurses. Increased demand for APRNs and other nurses with graduate degrees. Nursing needs to step up to the plate!
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http://www.aacnnursing.org