



Background Paper:

Transitioning to a Seamless, Integrated DNP NP Curriculum

2016

Introduction

In April 2015, the National Organization of Nurse Practitioner Faculties (NONPF) Board of Directors took an important step in setting the standard for NP education by recommending that the **post-baccalaureate to DNP pathway, without a master's exit point, should be entry level preparation for the NP role across all NP programs** (NONPF, 2015). The expectation is that the post-baccalaureate to DNP pathway has critical learning experiences **integrated** throughout the curriculum so that full educational preparation of the NP is achieved only upon completion of the entire DNP program. Moreover, NONPF is committed to developing resources to advance this transition to a **seamless, integrated, post-baccalaureate DNP curriculum**.

In December 2015, over 200 NP educators gathered in Washington, D.C. to *Push the Envelope for NP Education* and provide collective wisdom on curricular, clinical practice, simulation, interprofessional education, competencies, and other issues related to NP programs. One outcome of this meeting is the development of this background paper on the seamless, integrated post-baccalaureate DNP NP curriculum with identification of building blocks and recommendations for additional resources to support this transition across programs.

Background

As the leader in quality NP education, NONPF has provided resources for the development of NP programs for more than two decades, beginning with the initial release of NP educational guidelines in 1980 and curriculum guidelines in 1990, which were critical in assisting with the transition of NP education to the master's level. Moreover, NONPF has been a key driver in the practice doctorate movement since its inception (NONPF, 2002a; NONPF, 2002b; NONPF, 2005; NONPF, 2015; O'Sullivan, & Carter, Marion, Pohl, & Werner, 2005). Doctoral-level entry points are common in other health care professions and are justified when curricular requirements clearly exceed master's-level preparation. The NP role and the health care delivery system have evolved well beyond the scope of master's level education. Comparable to other health care professions, NP preparation needs to be at the doctoral level.

Over the past 15 years, NONPF has provided various resources to assist NP faculty to transition existing programs to the DNP level, to develop new DNP programs, and to revise current DNP programs. However, despite these resources, there is still considerable variability among DNP programs across the nation (American Association of Colleges of Nursing [AACN], 2015). Many schools have two distinct programs, a master's degree for NPs and a post-master's DNP program. This two-step degree process is expected to phase out after widespread implementation of the post-baccalaureate DNP pathway for NP education (NONPF, 2015). However, post-master's DNP programs will still be needed for NPs with master's degrees who wish to obtain DNP degrees. Making the transition to the DNP degree as entry into practice

has been quite challenging for many NP educators. With its most recent affirmation that entry-level preparation for the NP role should occur through the **post-baccalaureate DNP pathway without a master's exit point** (NONPF, 2015), NONPF has pledged to support faculty as they develop post-baccalaureate DNP programs that are truly **integrated**.

Defining Integrated Curriculum

Although curricular integration has been defined in various ways, one definition relevant to DNP education is “a strategy for making educational experiences coherent, relevant, and engaging; connecting diverse disciplines; and facilitating higher-order learning” (Pearson & Hubbell, 2012, p. 1). Within this context, curricular integration is two-dimensional. Horizontal integration crosses disciplinary boundaries, which is critical in this era of interprofessional education. Vertical integration is “the progression of the curriculum over time, where content unfolds in a logical order and prior learning is accounted for... and the connection to real world contexts where learning is applied” (p. 2). Consistent with this approach, the baccalaureate to DNP NP curriculum is not an add-on to the master's curriculum; instead, the curriculum is horizontally and vertically integrated with objectives and learning opportunities for the student to master the AACN DNP Essentials and achieve the NP core and population-focused competencies throughout the entire program – from the first course to the last course.

Another way to look at defining an integrated DNP curriculum is to focus on preparation of practitioners to provide health care as leaders who will improve patient outcomes and quality of care. The DNP is not a research doctorate. Again, the DNP NP curriculum is also not a ‘add on’ to the master's level curriculum (NONPF 2015). Full educational preparation is achieved when the student reaches the completion of the DNP program such that curriculum should not be designed with distinct curricular levels before achieving the DNP.

Building Blocks of an Integrated Post-baccalaureate DNP NP Curriculum

Essential building blocks of an integrated post-baccalaureate DNP NP curriculum include four important resources: AACN *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), *National Task Force (NTF) on Quality Nurse Practitioner Education Criteria for Evaluation of Nurse Practitioner* (currently the 4th edition; the 5th edition of this document is under review), NONPF *Nurse Practitioner Core Competencies* (NONPF, 2012, 2014), and the *Population Focused Competencies for Nurse Practitioners* (2013). The AACN *DNP Essentials* are foundational competencies for all DNP programs. The *NTF Evaluation Criteria*, combined with accreditation standards for graduate programs in advanced practice nursing, provide a basis for evaluating NP programs.

All NP graduates must meet the NP core and population focused competencies. The *Core Competencies* are written for doctoral-level education and are guidelines for educational programs, regardless of the population focus, preparing NPs to implement the full scope of practice as licensed independent practitioners. In accordance with the *Consensus Model for APRN Regulation (2008)*, the Population-Focused Competencies are specific to each of the recognized NP population foci: Primary Care Adult-Gerontology, Acute Care Adult-Gerontology, Family (Across Lifespan), Neonatal, Primary Care Pediatrics, Acute Care Pediatrics, Women's Health-Gender Related, and Psychiatric-Mental Health.

Consistent with AACN (2006, 2015) recommendations and NONPF sample curriculum templates, the post-baccalaureate to DNP NP curriculum is four years on a traditional academic

calendar or three years including summers. There should be at least three distinct courses for advanced physical assessment, advanced pharmacology/pharmacotherapeutics, and advanced pathophysiology. Curricular models will vary in sequencing, emphasis, course titles, and descriptions, but the expectation is that the NONPF core and population-focused competencies and the AACN DNP Essentials are clearly mapped to program objectives, course objectives, and learning outcomes.

For post-baccalaureate DNP programs, a minimum of 1,000 practice hours must be acquired in the DNP program (AACN, 2006, 2015). Making the connections that are essential to integrative learning occur during clinical practice when students face the complex problems that are the hallmark of independent practice. The DNP-prepared NP is expected to develop plans for comprehensive care management that address the multi-dimensional needs of patients presenting for advanced practice nursing care, and lead and advance quality improvement of direct care for individuals, populations, and health systems.

Faculty should be deliberate about assignments and assessment methods that reflect integration. One NONPF resource to assist faculty is the *DNP NP Toolkit: Process and Approach to DNP Competency Based Evaluation* (NONPF Curricular Leadership Committee, 2013). This toolkit includes examples of outcome measures, strategies, and selected resources to assist faculty in achieving integration of the NONPF *Core Competencies* as they develop the post-baccalaureate curriculum.

As recommended by NONPF (2015), faculty-supervised clinical experiences providing direct patient care will remain central to NP preparation for post-baccalaureate students in DNP programs. The NTF *Criteria for Evaluation of Nurse Practitioner Programs* stipulate a minimum of 500 clinical hours focused on direct care to individuals and families in a specific area of NP practice and state that more than 500 hours may be needed for population foci that cross more than one age group, such as family/across the lifespan. NONPF recommends that a post-baccalaureate DNP NP program would also require more than 500 direct patient care hours for the student to meet entry-level graduate competencies and be prepared for entry to the NP role. Clinical education may be organized through multiple sites, as well as through immersion experiences, to allow the student to have the sufficient range and number of experiences needed to achieve competencies.

In addition to the direct patient care hours, other mentored learning encounters that integrate the NP core and population-focused competencies and the AACN DNP Essentials should be part of the educational program. As students are providing direct care, they could begin to think about practice problems that might be addressed at a systems level. These problems could be potentially addressed within DNP projects. A broad range of learning activities (e.g., completing simulation experiences, participating in a clinical agency's committee to evaluate a practice protocol, assisting in a health initiative in the state's health department, developing a business plan and budget, and facilitating in components of program evaluation within a clinical unit) will assist the student NP earning a practice doctorate to achieve the expected student outcomes and should be incorporated into the curriculum.

Recommendations for Resources to Facilitate Development of a Seamless, Integrated NP DNP Curriculum

Tables for mapping of competencies across an integrated DNP NP curriculum

When developing an integrated curriculum, the first step is to map the NONPF *Core and Population Focused Competencies* along with the AACN *DNP Essentials* to student learning objectives and program outcomes so that the linkages are transparent to students, faculty, and accreditors. The core and population-focused competency documents include tables of the competencies and suggested course content to assist faculty with the mapping process. To facilitate this mapping process, faculty can create templates for each population focus using the sample template. These templates include the core and population-focused competencies and suggested course content. Faculty would add courses and course objectives, program objectives, and the DNP Essentials.

Template for Mapping Competencies

Competency Area	NP Core Competencies	Population Focused Core Competencies	Curriculum Content	Course Objectives	Program Objectives	AACN DNP Essentials

It is important to note that these competencies should be introduced to students early in the program. Each competency does not need to be a stand-alone course. The competencies should be integrated throughout the program as they are revisited in increasingly complex ways in subsequent courses. In order to foster integrative learning, or the ability to make, recognize, and evaluate connections among disparate concepts, fields, or contexts (Huber, Hutchings, Gale, Miller, & Breen, 2007), NP faculty need to be intentional about using pedagogies that help students make these connections (e.g., problem-based learning, team-based learning, interprofessional seminars, simulation with unfolding cases, etc.). Many of these pedagogies have been presented at annual NONPF conferences, and NONPF will continue to facilitate this dissemination at future conferences.

Sample curricular guidelines

Examples of several existing integrated post-baccalaureate to DNP NP programs can be more useful than generic curriculum templates, which are currently provided in the NONPF sample curriculum templates. NONPF can establish criteria by which to review the curricula of existing integrated post-baccalaureate to DNP NP programs in consideration for posting as samples on the NONPF website. These examples are not intended to be prescriptive or interpreted as the only NONPF-endorsed models. Instead, they would be showcased to display various methods and approaches that successful programs have already employed.

Efficient and effective use of resources

Programs should utilize resources efficiently and effectively. In the AACN (2015) paper on the *Doctor of Nursing Practice: Current Issues and Clarifying Recommendations*, there are many ideas that programs can use to increase efficient use of resources. For example, courses may be shared by as many programs within a school as possible. All students in the DNP program

should take a common set of core courses, and students in several NP population foci can share some population-focused courses or modules within those courses. Although more challenging to arrange, schools could also consider sharing courses among programs in different schools.

NONPF has adopted the generic title of DNP Project for use by DNP NP programs to designate a final project (NONPF, 2013). As recommended by AACN (2015), DNP project teams should consist of faculty mentors, practice mentors, and groups of students working on projects, with each student taking a leadership role in at least one component of the project. For additional examples of program efficiencies, see Appendix B in the AACN (2015) paper on the *Doctor of Nursing Practice: Current Issues and Clarifying Recommendations*.

Partnerships and mentoring within NONPF

Plenary and concurrent sessions at annual NONPF conferences can be devoted to further development and integration of post-baccalaureate to DNP curricula. In addition, NONPF will facilitate consultative partnerships between faculty at schools with seamless integrated post-baccalaureate to DNP programs that do not offer master's exit points and faculty who are planning programs.

Summary

Full educational preparation of the NP can only be achieved through increasingly complex critical learning experiences that are **integrated** throughout the post-baccalaureate curriculum and are most fitting with a doctoral level entry point. Although steady progress has been made during this transition from masters to doctoral preparation for NP education, NONPF recognizes that many schools and NP educators face challenges when making this transition. NONPF endorses entry-level NP education at the post-baccalaureate DNP level, without a master's exit point and is dedicated to providing guidance and resources to assist and support this important evolution in NP education.

Contributors

Integrated Curriculum Work Group

Lorna Finnegan, PhD, RN, FNP

Steven W Branham PhD, RN, ACNP-BC, FNP-BC, FAANP, CCRN

Kellie Bruce RN PhD FNP-BC

Jeanne Cartier, PhD, APRN, PHMN-BC, CNE

Holly A. DiLeo PhD, RN, FNP-BC

Karen A. Esquibel, PhD, RN, CPNP-PC

Lisa A. Johnson DrNP, CRNP, ACNP-BC

Susan Kelly-Weeder PhD, FNP-BC, FAANP

Valerie King DNP, FNP-BC

Kenneth Lowrance, DNP, APRN, FNP-BC, NEA-BC

Sheryl Mitchell, DNP, APRN, FNP-BC, ACNP-BC

Tamera Pearson, PhD, ACNP, FNP

Kimberly Udllis, PhD, FNP-BC

Kathleen Woodruff DNP, RN, ANP-BC

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