To DNP or Not to DNP

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Program Objectives

1. Discuss the history and development of the Doctorate of Nursing Practice (DNP) including:
   - trends and driving factors for Doctorate of Nursing Practice (DNP) education in the US

2. Describe the central components of DNP Education as outlined in the DNP Essentials

3. Explore the value-added of a DNP education for an APRN
What is a 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
  - the highest level of nursing practice

What’s Driving the DNP Trend?

- Aging population
- Growing diversity
- Globalization of health care system
- Bio-medical-& technological advances
- Knowledge explosion i.e. genetics, environmental health
- Changing health care policy & Financing

Answering the Call for Greater Accountability

- 1990’s call for greater health care provider accountability to manage:
  - Health care outcomes
  - Quality and safety
  - Health care expenditures

- Future of Nursing Report (Institute of Medicine, 2010)
  - Need to double the number of nurses with a doctorate by 2020
  - Doctorates in both science (PhD) and practice (DNP) needed

- Health Care Reform (ACA, 2008)
  - Demand for better access
  - Increased Gov. expenditure & call for improved cost control
The DNP Journey-
Began more than 50 years ago

1960: Boston University opens 1st clinical doctorate
1979: Case Western Reserve opens 1st ND program
1999: UTenn HSC opens DNSc practice doctorate
2001: University of Kentucky opens 1st DNP program
2003: Columbia University admits students
2004: AACN members approve DNP Position Statement & 2015 target date
2015: AACN White Paper on DNP
Call to Build a Better Educated Workforce

- IOM *Crossing the Quality Chasm* (2001)
IOM Core Competencies - For All Health Professions

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

Clinical Doctorates: A National Priority

- 2005 Report on Advancing the Nation's Health Needs by NIH Research Training Programs, NAS
  - “called for nursing to develop a non-research clinical doctorate to prepare expert practitioners who can also serve as clinical faculty”.

- DNP follows the direction of other health professions toward clinical doctorate:
  - Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all offer practice doctorates.
DNP Program Curriculum & Competencies

- Modeled after the Essentials for the BSN & Master’s Education for APN

- Eight essentials are the fundamental outcome competencies for all DNP graduates
  - provides direction for program development and accreditation

- Specialty focused competencies and practica delineated by specialty organizations comprise a significant portion of the curriculum

DNP Essentials: Framework for DNP Education & Practice

1. Scientific underpinnings for practice
2. Organizational & systems leadership for quality improvement & system thinking
3. Clinical scholarship & analytical methods for evidence-based practice
4. Technology & information for the improvement & transformation of patient-centered health care
5. Health care policy for advocacy in health care
6. Interprofessional collaboration for improving patient & population health outcomes
7. Clinical prevention & population health for improving the nation’s health
8. Advanced nursing practice for improving the delivery of patient care

Characteristics of the DNP

- Based on nursing science to as the highest level of nursing practice to provide & influence the:
  - delivery of direct care & management of care
  - administration of nursing & health organizations
  - development & implementation of health policy

- Blends clinical, organizational, economic, & leadership skills to impact health outcomes

Characteristics of the DNP Program

- Two primary tracks: Clinical and Administrative (direct and in-direct clinical practice roles)
  - direct care of individual patients
  - care of patient populations
  - practice that supports care
    - organizational & professional leadership
    - management
    - health policy
    - nursing/health informatics
- Clinical practica/residency requirements
  - 1000 hours of practice post-baccalaureate
  - end of program practice immersion

DNP Program: Two pathways

- **BSN to DNP Entry into APRN Route**
  - Typically 3-3 ½ years in length for FT students
  - Prepares graduates for the highest level of Advanced Practice

- **Post-Masters Leadership**
  - Typically 1-2 years FT in length
  - Prepared graduates for the highest level of Advanced Practice
DNP Curriculum & Competencies

- Clinical practice
- Philosophy and theory
- Health care delivery systems
- Health policy
- Leadership
- Quality
- Technology
- Practice Inquiry (Clinical Research)
- Ethics

DNP Program characteristics:

- Less emphasis on theory, meta-theory & research methodology content
- Focus on evaluation and the use of evidence-based research
- Different dissertation requirements range from practice-based/and or clinical dissertations to scholarly projects:
  - guided by clinical practice
  - designed to solve practice problems
  - to inform practice directly

DNP Project Aim/Purpose

- Demonstrate synthesis of the student’s work and lays the foundation for future scholarship
- Develop a practice change project derived from the practice immersion experience
- Document outcomes of the student’s educational experiences
- Provides a measurable medium for evaluating the immersion experience
- Summarizes the student’s growth in knowledge and expertise
DNP Project Expectations (2015, AACN White Paper)

- Focus on a change that impacts healthcare outcomes (direct or indirect care) & on a system and/or population aggregate.
- Focus on Clinical significance in guiding practice.
- Demonstrate implementation in the appropriate arena or area of practice.
- Include a plan for sustainability financial, systems, political realities.
- Include an evaluation of processes and/or outcomes.
- Project processes and/or outcomes are evaluated to guide practice and policy.
- Provide a foundation for future practice scholarship.
Project Forms

- Practice Change Initiative
- Pilot Study
- Program Evaluation
- Quality Improvement Project
- Evaluation of a New Practice Model
- Research Utilization Project
- Others

NONPF provides examples of scholarly projects undertaken in practice doctorate program http://www.nopf.com
Feasibility of Implementing a Non-Pharmacological Weight Loss Program to Address Obesity in a Rural Community

Development of a nurse practitioner credentialing and advancement system

Development of an orthopedic nurse practitioner residency program

Implementation of delirium early intervention program for hospitalized older adults

Implementation of Screening Tool to Identify Early Behaviors of Autism in Infants, Measure Early Intervention Referral and Outcomes.

Postoperative Hyperglycemic Control in Cardiac Surgery Patients, Evaluation of an Evidence Based Practice Change
Choosing a Doctoral Focus for Your Future

- Both the practice-doctorate and research-doctorate enhance nursing skills & knowledge in a formal way

- Both terminal degrees in nursing offer the advanced practice nurse many options and choices over decisions that support their career trajectory

- BSN or Master’s level to DNP or PhD is an individual choice; APNs need to decide what is best for them and begin to chart a course to develop a plan
Programs Growth of Doctoral Programs

Source: AACN http://www.aacn.nche.edu/media-relations/fact-sheets/dnp
Nursing Students in Doctoral Programs

- Total numbers increased by 26.4% from 2007 to 2008

- Enrollment growth limited to DNP programs --doubling from 1,874 to 3,415 students (+82.2%)

- Research-focused enrollments increased by only (0.1%) in same time frame

Perceived Benefits of DNP

- Development of needed advanced competencies for increasingly complex clinical and leadership roles

- Better match of program requirements and credits/time with credential earned (Master’s level preparation)

- Terminal degree and advanced educational credential for those who do not need/want a research-focused degree
Perceived Benefits of DNP (2)

- Improved patient care outcomes
- Enhanced knowledge to improve practice
- Enhanced leadership skills to strengthen practice and health care delivery
- Parity with other health professions
- Increased # of faculty for clinical institutions
- Improved image of nursing
In 2015 AACN contracted Rand Assoc to Report on State of DNP:

- Reported on how schools made decision to offer DNP-
  - Early adopters- wished to lead change;
    - Most often have removed MSN option for NP education
  - Cautious adopters- feel DNP is inevitable, but are following charge, not leading
    - Often have both MSN and DNP entry programs for NPs
  - Traditionalists- skeptics- do not necessarily see the need for new education for NP
    - Generally do not offer BSN to DNP option; many have MSN-DNP now

- Assessed the facilitators and barriers for schools transitioning their master’s level APRN programs to the DNP:
  - Faculty enthusiastic for DNP, autonomous schools, Midwest or West, States with highest numbers of NPs were most likely to support DNP programs
DNP for Entry into Practice

- Traditionalists schools are most likely to wait until DNP is required by accreditor or certifier

- Factors necessary to tip the wagon for DNP entry to practice
  - Identified Market forces- employers
  - Student demand-
  - Accreditation- no plan in place
  - Certification – CRNAs requirement -2020 for DNP
  - States are likely to move last since some still don’t require certification
Clarified AACN recommendations

- Reiterated that:
  - DNP is degree not a role
  - DNPs generate new knowledge through innovative practice change, translation of evidence, and implementation of quality improvement processes in specific settings, systems or populations to improve health or health outcomes

- Emphasized 1000 practice hours for DNPs
  - Not to be waived for post MSN, but can grant hours for advanced certification as APRN, Advanced Nurse Executive, Advanced Public Health certification, or by previous MSN education for APRN.
  - Clinical hours cannot be all individual patient care; leadership and population based care is recommended
  - Hours spent toward project can be used for some of 1000 hrs
  - Practice as nurse educator cannot be counted

- Mandated that all DNP Essential Outcomes be demonstrated
• Projects should not be called capstones
  ○ Term is commonly confused with undergrad culminating experiences
• Must focus on change that impacts health outcomes through direct or indirect care
• Must be implemented in an appropriate arena
• Must include an evaluation or outcomes section
  ○ Includes a cost effectiveness evaluation
• Must have a plan for sustainability
• Must provide a foundation for future scholarship
**AACN White Paper and Scholarly Projects (con’t)**

- Cannot be a portfolio
- Cannot be a systematic review
- Can be a group or team project so long as each member meets all expectations of planning, implementing, and evaluating project
  - Each student must have leadership of at least one component
- Dissemination of project outcomes is mandatory
- All projects must have faculty team oversight
- Schools must archive and share a digital repository for practice improvement
Other conclusions of AACN task force

- Nurse educator role
  - Task force recognizes that DNPs with nurse educator role preparation is needed
  - Nurse education role encompasses an entirely different set of knowledge and skills
  - Additional preparation in education may be added to DNP to foster educator development, but should not substitute for practice.

- Universities are encouraged to develop Academic-Practice collaborations to foster DNP program & projects
Summary of DNP Challenges and Concerns

• Academic and Nursing Community Issues
  ➢ Impact on faculty and existing curricula
  ➢ Cost & funding
  ➢ Accreditation
  ➢ Licensure & Certification
  ➢ Political issues (Titling)
  ➢ Tenure Decisions & Eligibility (broadening the scope of scholastic excellence)
Addressing Myths, Questions and Concerns

- Are DNP graduates more desired for jobs?
- Can a DNP teach in a university?
- How long does it take to complete a post masters program?
- Is the DNP going to be required for licensure?
- Does a DNP get paid more?
References

References

- Raines, F. C. (2010, February 5). Transformation of a profession: The call to doctoral preparation in nursing. Keynote presentation at the educational conference at Western University of Health Sciences on Doctoral Education: What it is and what it is not, Pomona, California.