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Curriculum Models for the Practice Doctorate in Nursing

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Drivers of the Practice Doctorate Movement

The practice doctorate in nursing initiative has advanced surprisingly rapidly over the last several years, prompting nursing educators, prospective students, and clinicians to question and indeed to work to influence the future of education for advanced practice registered nurses (APRNs). The swift emergence of new programs (some are in developmental stage) and the ongoing national dialogue suggest broad recognition that the practice doctorate is more than a mere interruption but rather a response to the need within the healthcare system for expert clinical teachers and clinicians. The challenge and opportunity within the profession is to develop a shared strategic vision for the structure and focus of practice doctorate programs. A task force within the National Organization of Nurse Practitioner Faculties (NONPF) has identified sample curriculum models for consideration by educators in creating practice doctorate programs.

The NONPF Practice Doctorate Task Force previously introduced key issues surrounding the practice doctorate in a Teleweb seminar^[1] and then published in this eJournal a widely read article assessing the impetus for this movement – "The Practice Doctorate in Nursing: Future or Fringe?"^[2] In brief, key drivers for the movement include the following:

- Parity with other disciplines – Other disciplines such as audiology, dentistry, medicine, pharmacy, and psychology have established the practice doctorate as the standard entry into practice. Nurse practitioners (NPs) and other APRNs will be left behind with master's preparation.
- Credentials to correspond with educational preparation – NPs and other APRNs currently complete master's programs that require far more credit hours for completion than most master's degree programs in other disciplines. Professional students today expect to gain higher degree recognition, and nursing will lose prospective students to other disciplines where they can achieve a higher terminal degree for clinical practice for an equivalent amount of time and other costs.
- Faculty shortage crisis – The current shortage of nursing faculty is impeding the progress to expand nursing educational programs to address practice shortages in most healthcare arenas to include acute and critical care, public health nursing, and home care nursing. Predictions are that this faculty shortage will continue to rise significantly. Clinical teaching necessitates advanced clinical expertise.
- Changes in healthcare systems – Despite the high number of credit hours in current APRN programs, nurse educators feel an urgency to pack content into the curriculum and yet must make difficult choices about what to include and exclude. Nevertheless, the increasing complexity of healthcare systems requires additional leadership and management content for APRNs. As well, with the rapid expansion of healthcare knowledge, APRNs need more skills in utilization rather than acquisition. We no longer can train students to memorize all content but rather to access information quickly and to synthesize for critical thinking to improve patient outcomes.

In a recently released position statement, the American Association of Colleges of Nursing^[3] reported on their task force study of the practice doctorate and provided further discussion of the need for implementation of these programs. This paper was accepted by member deans in 2004, but concerns about diminishing the importance of the doctorate of philosophy in nursing and disenfranchising master's prepared nurses were voiced by the membership.

NONPF established a Web-based resource center^[4] to provide members and other interested persons with access to information about the practice doctorate. This site includes statements and recommendations from the NONPF Board of Directors, key articles, and key presentations.

Information posted on the site includes a slide overview of the curriculum models as presented by the NONPF Practice Doctorate Task Force to the NONPF membership in 2004. This article provides the first published elaboration of the different identified models for the practice doctorate. NONPF hopes that the models will provide educational institutions with a wide variety of options to consider in offering the practice doctorate to their students. Each of these models can lead to the same outcomes – practice doctoral competencies.

Model 1: The Traditional Model

The Traditional Model, otherwise known as the ladder model, reflects no major changes to the existing NP curriculum models but adds (or "layers on") the practice doctorate (Table 1). The student can begin at the baccalaureate level, which is standard in our educational system today, and move forward to the APRN master's specialty degree. Then the APRN can complete his or her education with the practice doctorate and gain new knowledge with an emphasis on a higher level synthesis through a scholarly practice "capstone project." The capstone project is similar to a dissertation, in that the student conducts substantial independent study with an advisor and committee members, all of whom have expertise to support the capstone. While the dissertation focus is the development of knowledge, the capstone focuses on improving clinical outcomes through clinical leadership, translational studies, and the development of evidence-based guidelines. To understand this model, one must understand each rung of the ladder:

- *BSN* – At this level, we expect the student to have preprofessional preparation. It usually consists of a 2-year general education program with the following 2 years spent in basic nursing education. At the end of this time (typically 4 years), the student takes the registered nurse licensing exam and either enters practice as a registered nurse or continues with his or her education.
- *Master's* – At this graduate level, the leadership role is strengthened and advanced for the student. As well, the student gains an advanced specialty role, such as NP, clinical nurse specialist, nurse midwife, or nurse anesthetist. This level usually takes 2 to 3 years in today's educational programs.
- *Practice Doctorate* – The doctoral competencies and some subspecialization could be provided at the end of the master's degree. This would require about 2 years of study beyond nursing master's degrees, according to the competencies gained in the master's programs. Additional options might even be postdoctorate and joint PhD preparation for students who also wish to pursue a knowledge/theory-building research career.

Model 2: Master's Entry Model

The second model, the Master's (sometimes called Graduate) Entry Model blends the Traditional Model with the current model for second-degree students (Table 2). The student receives the preprofessional preparation with a full baccalaureate degree and takes prerequisites that he or she may not have received during the first degree coursework. The master's entry into nursing program includes or is integrated with specialty preparation. The student enters the program and acquires basic nursing education within 15 to 18 months, typically. At this point, the student can take the national licensing registered nurse exam. The student also usually receives the clinical leader preparation as part of his or her specialty preparation, which might be within one of the APRN roles, public health nursing, or administrative nursing.

Much like in the Traditional Model, the student then can proceed up the ladder to achieve the practice doctorate after national certification in a nursing specialty. This final level layers on the additional content and development of clinical skills, synthesis ability, and evidence-based practice. As in all of the models presented here, postdoctoral education or a PhD is also available for an additional research focus.

Model 3: Generic Master's Model

The third model option can be designed as a highly efficient program, presenting itself to students desiring a second degree as preparation for master's entry into nursing. We call this the Generic Master's Model, and it can be closely linked to the Clinical Nurse Leader (CNL) preparation (Table 3).^[5] The CNL requires a baccalaureate degree (other than nursing) plus science and other foundational prerequisites for entry into this sequence. The student is prepared with a generic (not specialty) master's degree and, within 4 semesters, receives basic nursing as well as strong leadership training.

The CNL will fill a variety of positions in health systems and public/community health. This very intensive immersion study lends itself to a focused and mature learner. For the practice doctorate model based on the CNL preparation, the student receives the nursing specialty program in which the doctoral competencies are integrated as a total package. Some students could progress through both the generic master's and practice doctorate in 4 years (including summers); however, in some institutions, the program might take 5 to 6 years, depending on how the program is sequenced.

Model 4: Seamless (Practice Doctorate Entry) Model

The Seamless Model is also known as the Practice Doctorate Entry model (Table 4). In this model, the student enters the practice doctorate program after the baccalaureate degree plus prerequisites. The basic nursing, specialty nursing, and practice doctoral competencies are integrated in this program, preparing students at the end (estimated at 4 to 6 years) with the education for licensure and specialty certification.

This continuing and integrated program provides the student with discipline socialization and skill development from basic nursing through doctoral competencies. The student takes the licensure exam at the completion of the basic nursing preparation (a point determined by the program or at some level of competence) so as to accommodate flexibility of clinical experiences for specialty preparation. As with all the other models, a postdoctoral program, joint degree, or additional PhD degree provides students with additional options if they wish to pursue a research career.

Next Steps

Beyond the curriculum models, NONPF is focused on identifying the NP competencies at the practice doctorate level. NONPF began this work in 2003 with a review of the literature and an environmental scan. In 2004, NONPF collected additional data through questionnaires and an open discussion forum. A qualitative research task force within NONPF analyzed the data to put ideas into patterns of expected competencies for NP graduates of practice doctorate programs. The NONPF Practice Doctorate NP Competencies Work Group is now using this analysis to identify additional competencies beyond the current domains and core competencies for all NP graduates. NONPF will then use its established process of national consensus and validation to create the doctoral competencies specific to NPs for our nation.

Nursing education continues to meet the complex and continually changing healthcare needs with innovative nursing programs. The practice doctorate is expected to produce valuable resources for the nation as we strive to meet the needs of patients, fully use the clinical expertise of NPs (APRNs), and ensure the relevancy of the profession.

Table 1. MODEL 1: Traditional Model -- Baccalaureate + Master's + Practice Doctorate Ladder

Levels of Competence	Degrees Conferred	Time for Completion	Licensure or Certification
Preprofessional preparation Basic nursing	BSN	4 years	RN licensure
Clinical leader Nursing specialty	MSN/MN and APRN specialty	2 years	National Specialty Certification/ additional recognition in some states
Doctoral competencies/ subspecialization	Practice doctorate	Approximately 2 years	No additional licensure or certification at this time
ADDITIONAL OPTIONS: Postdoctoral and joint PhD preparation			

Table 2. MODEL 2: Master's Entry Program + Practice Doctorate

Levels of Competence	Degrees Conferred	Time for Completion	Licensure or Certification
Preprofessional preparation	Bachelor's degree (BA/BS) + prerequisites	4 years + time for prerequisites	

Basic nursing Clinical leaders Nursing specialty	MSN/MN (Master's Entry Program) and specialty preparation	3 years	RN (often after 15-month program); National Specialty Certification Exam/ additional recognition in some states
Doctoral competencies/ subspecialization	Practice doctorate	Approximately 2 years	
ADDITIONAL OPTIONS: Postdoctoral and joint PhD preparation			

Table 3. MODEL 3: Generic Master's Entry (CNL) + Specialty Practice Doctorate

Levels of Competence	Degrees Conferred	Time for Completion	Licensure or Certification
Preprofessional preparation	Bachelor's degree (BA/BS) + prerequisites	4 years + time for prerequisites	
Basic nursing Clinical leader	Generic Master's (CNL)	4 semesters (15-18 months)	RN licensure
Nursing specialty Doctoral competencies/ subspecialization	Practice doctorate	3+ years	National Specialty Certification/additional recognition in some states
ADDITIONAL OPTIONS: Postdoctoral and joint PhD preparation			

Table 4. MODEL 4: Seamless Model for Post-Baccalaureate Practice Doctorates

Levels of Competence	Degrees Conferred	Time for Completion	Licensure or Certification
Preprofessional preparation	Bachelor's degree (BA/BS) + prerequisites	4 years + time for prerequisites	
Basic nursing Clinical leaders Nursing specialty Doctoral competencies/ subspecialization	Practice doctorate and specialty preparation	4-5 years	RN National Specialty Certification/ additional recognition in some states
ADDITIONAL OPTIONS: Postdoctoral and joint PhD preparation			

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