

**National Forum on the Practice Doctorate
December 8, 2003
National Center for Higher Education
Washington, DC**

Executive Summary

The first practice (clinical) doctorate program began in 1979. A handful of programs emerged over subsequent years to offer nurses an alternative to the traditional PhD preparation. These programs vary considerably in purpose and curricular design and have adapted over the years to meet community and student needs. Whereas the PhD is devoted to theory-building research, the practice doctorate is intended to focus primarily on evidence-based clinical practice. Within the past several years the nursing education community has given considerable attention to this form of preparation. The major impetus for this increasing interest in a practice doctorate in nursing is recognition of the need for nursing graduates to be prepared for the delivery of exceptional, high quality care and leadership in an increasingly complex health care delivery system.

With the growing focus on the practice doctorate in nursing, the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) co-hosted a meeting December 8, 2003 in Washington, DC to engage the broad community of organizations from nursing practice, education, regulation, certification, and accreditation in a national dialogue. Nursing schools with or actively planning a practice doctorate program also were invited to attend so they could bring their unique and experiential perspectives to the discussion. Over forty national nursing organizations and academic institutions participated in this National Forum on the Practice Doctorate (see Appendix A).

The Forum agenda generated broad discussion on key issues and the identification of potential next steps for the nursing community. The one-day forum included a summary of work done to date to establish practice doctorate programs, open dialogue on the purpose and relevance of the practice doctorate in nursing, and small group discussions on key issues related to education, regulation, certification and accreditation. Two guest participants, external to nursing and representing higher education and the public health discipline, concluded the day by responding to the key issues addressed throughout the day. Notes from all of the day's discussions can be found in Appendix B. Overall, the Forum helped to delineate the advantages and associated education, practice and regulation challenges of a practice doctorate in nursing

Major Areas of Discussion

The following is a summary of the key issues and questions identified and addressed by the Forum participants. The format for discussion allowed the presentation of diverse opinions and ideas. No attempt to reach or measure consensus on any one specific issue was made.

Benefits

The practice doctorate in nursing has the potential to make significant contributions in nursing and health care. By enhancing the skill and science base of the graduate and strengthening the focus on research utilization, this level of preparation will support national efforts to improve patient care and the safety and efficiency of health care systems. Increased autonomy of the graduates as independent practitioners will lead also to increased access to care. For example, practice doctoral programs could prepare leaders in public health who are able to blend clinical, organizational, and policy sciences within the context of care. An increased focus on health promotion and disease prevention, as well as cultural competency, also will enhance health care. With doctoral level credentials, increased stature, ability and authority to facilitate patient care, and expanded influence on the health care system, graduates will be able to directly impact patient outcomes. A practice doctoral program also will provide graduates with an overall better understanding of the health care system and how to work within the system to improve patient care. With an emphasis on evidence-based practice, cutting-edge nursing interventions would more readily be integrated into nursing practice and care delivery.

For the nursing discipline, the practice doctorate enhances the status and privilege of the profession. A practice doctorate degree would reflect the extent of graduate work accomplished and competencies acquired and would raise the bar for all levels of nursing education. By providing parity in educational preparation with other health care disciplines, the degree would provide graduates the skills and credentials for increased leadership opportunities across health care systems and may provide the potential for higher levels of reimbursement for services provided. Practice doctorate students may have increased opportunities for interdisciplinary education experiences, leading to enhanced interdisciplinary team practice. For nursing education, the practice doctorate may help alleviate the dire shortage of nursing faculty by growing the next generation of expert clinicians who will also teach.

Challenges

For widespread implementation of practice doctorate programs, Forum participants identified a number of potential obstacles. First, program development will require diversion of limited funding and other resources. Second, the current shortage of faculty and program administrators limits the capacity for program development. Third, some nursing schools may face political hurdles and logistical impediments at the institutional level in establishing a doctoral level program due to institutional mission and limited clinical and faculty resources. Fourth, programs may face difficulty marketing the program, which could decrease graduate nursing education enrollments if students find it takes longer and more money to be ready to enter practice.

For widespread acceptance and employment of practice doctorate graduates within the health care system, nursing will need to put significant effort into educating the public,

other nurses, and other disciplines on the purpose and benefits of the practice doctorate. Public and regulatory perceptions of the “doctor” designation may hinder recognition of the term in nursing. Dialogue with potential employers will be imperative to ensure the acceptance of the graduate and address reimbursement and other practice issues. As the number of practice doctorate graduates increases and if APN education evolves to the practice doctorate, a significant challenge will be to accommodate the role(s) of existing master’s prepared nurses within an evolving education and health care system. The nursing profession will need to determine how the different roles and types of preparation will fit into the education and practice paradigms to avoid confusion and prevent the possibility of losing current nursing functions and roles to other disciplines.

Considerations for Education

In terms of the scope of practice doctoral education, participants discussed how practice may be different and broader than the current master’s prepared, advanced practice nursing (APN) roles – nurse anesthetist, nurse midwife, nurse practitioner, and clinical nurse specialist. The need to delineate the difference between advanced practice nursing, as currently defined by the four roles listed above, and advanced nursing practice was stressed. “Practice” might encompass the clinical role, administrator, educator, or informaticist. The curriculum might include core courses in leadership, health economics, theory, population-based health care, evaluation research and a focus on one area of “advanced nursing practice.”

Discussion focused on whether all current APN role preparation should or would evolve to the practice doctorate, as would other specialization; however, no consensus was reached on this issue. Programs may vary, either offering a clinical career ladder by building on the variety of current master’s education models, or by offering a seamless, direct-entry program to the doctorate. In addition, other innovative education models may evolve in the future. Just as it did with master’s nursing education programs, the financial support available for program development will have a significant influence on the design and proliferation of practice doctorate programs. The practice doctorate degree will have to become valued within the academic structure for it to flourish. Also, clinically expert, doctorally prepared faculty will have to be recognized and have parity with other doctorally prepared faculty.

Considerations for Practice

The graduate of the practice doctorate will have in-depth clinical expertise, will have the ability to link policy making with clinical systems, will be able to translate research into practice, will be change agents for health care, and will be able to function from a broad perspective. Employment opportunities for graduates will include clinical education, management, practice, clinical outcomes research and administration in nurse-managed centers and other health care systems. To fully support these graduates in the practice environment, nursing should first determine the needs of clinical agencies, consumers, employers, and current APNs and then clarify the desired outcomes and competencies of graduates. Extensive dissemination of information regarding the purposes and benefits of

the practice doctorate must occur, and how practice doctorate education may impact current graduate prepared nurses must be addressed. Evaluation of outcomes, both education and practice outcomes, related to the practice doctorate should be delineated.

Considerations for Regulation, Certification, and Accreditation

Nursing regulation exists to ensure patient safety; not to define the content or scope of practice. The expectation of practice doctorate graduates would be that these nurses will practice as autonomous health care providers. Expected competencies for the various roles would need to be differentiated after the roles are defined. These new roles may necessitate a change in scope of practice and related regulatory change in many states and in federal regulations.

Similarly, certification allows for roles and practice to develop and then adapts accordingly. Certification may need to be expanded if practice doctorates are dealing with populations. While certification is currently voluntary and entry into practice is determined by completion of an accredited program, many state and federal regulations require certification for higher levels of autonomy and reimbursement. If the scope of practice remains unchanged, certification could accommodate an evolution from master's to doctoral preparation.

Current accreditation of nursing education programs does include accreditation of entry into practice doctoral level programs but does not address other career ladder or research-focused doctoral programs. If accreditation is expanded to include practice doctoral programs, accreditation criteria and processes would most likely need to change or be expanded.

Issues Not Addressed

Due to time constraints, a number of questions were identified but not addressed during the day's discussion. Several of these questions related to titling, educational models, feasibility or appropriateness of grandfathering current APNs into practice roles or degrees, and the appropriate or minimum nursing practice base for all practice doctorates — RN, generic master's, specialty master's, or no nursing preparation.

External Response

Dr. Arnold Kaluzny of the School of Public Health at the University of North Carolina, Chapel Hill and Dr. Les Sims, the Senior Scholar in Residence and Director of External Grants Programs at the Council of Graduate Schools, provided an external perspective on the discussion and issues addressed. Dr. Kaluzny presented a comparison of his work in establishing a professional doctorate in public health practice. He cited several reasons for the initial difficulties in establishing and growing the program, particularly the perception of the practice doctorate as being a lesser degree than the traditional PhD in public health and the inability to attract established people in the profession but rather attracting more students in transition. Dr. Kaluzny indicated that at UNC-Chapel Hill the

program has been revised to an executive format and will be offered through the School of Health Policy and Administration.

Dr. Sims provided his response from the perspective of developing professional degrees and reform in all areas of higher education. The practice doctorate, according to Dr. Sims, would provide the opportunity to increase the number of women with doctoral preparation; currently only one third of all women in higher education go on for a doctorate. He suggested that the decline in science doctorates by U.S. citizens further bolsters the significance of elevating the clinical preparation of nurses. As “scholarship reconsidered” becomes an increasing trend in other disciplines, the professional degree will gain higher recognition in the academic setting. He recommended looking to other disciplines to explore the benefits of the professional degree and the quality of students these programs have attracted. To advance the practice doctorate within the profession, he recommended the following activities: (1) clarify the purpose, competencies, and the admission and degree requirements; (2) define the role and distinguish it from the APN and PhD; (3) develop program standards; (4) develop articulation models but do not offer a grandfather approach; and (5) establish a single credential, such as the doctorate of professional nursing (DPN). To facilitate program development, he suggested marketing the opportunities and benefits for this role to society, including increased diversity, parity among disciplines, enhanced preparation of the first response team for homeland security, and the broadening of scholarship.

Identified Potential Next Steps and Issues for Ongoing Dialogue

In a written evaluation, participants identified potential next steps and priority considerations for addressing the practice doctorate in nursing. Clearly, the need for ongoing dialogue among all stakeholders regarding the practice doctorate in nursing was identified as the primary recommendation. Specific next steps included:

- Continuing dialogue among stakeholders to cull concepts, evaluate the practice doctorate to date, and formulate a common vision for how the practice doctorate fits into the current and future nursing education and practice paradigm.
- Expanding the community of stakeholders as the national dialogue continues, to include consumers, potential employers, other disciplines, more educators, and prospective students.
- Identifying core competencies and curriculum for the practice doctorate.
- Continuing the dialogue on the titling and credentialing associated with the practice doctorate degree.
- Continuing dialogue on how the practice doctorate fits within the current APN education and practice, which will then determine the potential need for change to existing regulation and accreditation processes.
- Continuing dialogue on the financial implications for the institution, the student, and the practice environment.

APPENDIX A

**National Forum on the Practice Doctorate
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American Association of Colleges of Nursing (AACN)
American Association of Critical Care Nurses (AACN)
American Association of Nurse Anesthetists (AANA)
American College of Nurse Midwives (ACNM)
American College of Nurse Practitioners (ACNP)
American Nurses Association (ANA)
American Nurses Credentialing Center (ANCC)
American Organization of Nurse Executives (AONE)
American Psychiatric Nurses Association (APNA)
American Public Health Association (APHA) Public Health Nursing Section
Association of Community Health Nursing Educators (ACHNE)
Association of Women's Health and Neonatal Nurses (AWHONN)
Commission on Collegiate Nursing Education (CCNE)
International Society of Psychiatric Nursing (ISPN)
National Association of Clinical Nurse Specialists (NACNS)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National Conference of Gerontological Nurse Practitioners (NCGNP)
National Council of State Boards of Nursing (NCSBN)
National League for Nursing (NLN)
National League for Nursing Accrediting Commission (NLNAC)
National Organization of Nurse Practitioner Faculties (NONPF)
Pediatric Nursing Certification Board (PNCB)

Case Western Reserve University
Columbia University
George Washington University
Oregon Health Sciences University
Purdue University
Rush University
University of Colorado Health Sciences
University of Illinois at Chicago
University of Iowa
University of Kentucky
University of Massachusetts, Worcester
University of Michigan
University of South Carolina
University of Tennessee Health Science Center
University of Washington
Yale University