The Doctor of Nursing Practice

Visionary Leadership for the Practice of Nursing

Evolution and Current Status of the National Movement

DNP Stakeholder's Meeting: October 11, 2005

Carolyn Williams, PhD, Dean College of Nursing, University of Kentucky
Chairperson, DNP Roadmap Task Force

Donna Hathaway, PhD, University of Tennessee Health Science Center
Chairperson, DNP Essentials Task Force
Overview of Presentation

• Introductory Comments on the Present Context and the Development of the DNP
• Discussion Related to the Work of the Road Map Task Force
• Description of the Work of the Essentials Task Force
Focus of Comments Related to the Road Map Task Force

• Comment on the Paradigm Shift Occurring in Graduate Education in Nursing
• Describe the Task Force’s Charge
• Comment on Diffusion of Innovations as a Framework for Looking at what is happening and a Framework for Guiding the Work
• Discuss Frequently Asked Questions and Fears
• Comment on Feedback from Regional Conferences
It is About the FUTURE !!!
Creating the Future

We have a responsibility to create the future for our patients, for our profession, and for the health of the public.
A Paradigm Shift is Underway in Graduate Education in Nursing

• A Number of Factors are Converging to Build Momentum for a Major set of Shifts
• These Include: Aging of the Population; Expansion of Knowledge Underlying Practice; Increased Complexity of Patient Care; Major Concerns about Quality of Care and Patient Safety; Shortages of Nursing Personnel Demanding a Higher Level of Preparation for Leaders Who Can Design and Assess Care and Lead; Shortages of Prepared Nursing Faculty, Leaders in Practice, and Nurse Researchers, and Increasing Educational Expectations for the Preparation of other Health Professionals
Position Statement on the Practice Doctorate in Nursing
October 2004
The Report Focuses on Increasing the Number of Nurse Scientists and Increasing the Number of Productive Research Years for Nurses Prepared in PhD Programs
National Academy of Sciences 2005 Report

- Calls for a distinction between
- “the educational needs and goals of nursing as a practice profession that require practitioners with clinical expertise from
- Nursing as an academic discipline and science that requires independent researchers and scientists to build the body of knowledge” (p.74)
“The need for doctorally prepared practitioners and clinical faculty would be met if nursing could develop a new nonresearch clinical doctorate, similar to the M.D. and Pharm.D. in medicine and pharmacy, respectively.”
Development of the Clinical Nurse Leader at the Master’s Level
Graduate Education in Nursing 2004
Graduate Education in Nursing 2004 - 2010
Members of the Roadmap Task Force

• Kathleen Andreoli – Rush University
• Debra Davis – University of South Alabama
• Carolina Huerta – Univ. of Texas-Pam American
• Martha Hill – Johns Hopkins University
• Nancy Moser – Waynesburg College
• Robyn Nelson, Cal. State Univ.-Sacramento
• Marjorie Lawson – Univ. of Southern Maine
• Anna Alt-White – Dept. Veterans Affairs, D.C
• Carolyn Williams (Chair) Univ. of Kentucky
Charge of the Roadmap Task Force

• Develop an Implementation Plan that provides a Roadmap for Achieving the Goals of the Position Statement by 2015

• Delineate Key Institutional and Academic Issues that Must be Addressed in Academic Institutions
Charge of the Roadmap Task Force

- Assess Regulatory and/or Legislative Frameworks that Shape Practice Authority, Reimbursement, and/or Academic Authority, and Identify Implications of these Frameworks and
- Identify Actual and/or Potential Challenges and Opportunities Inherent in the Assessments and Make Recommendations
Charge of the Roadmap Task Force

• Map Potential Interfaces and/or Partnerships that can be Created to Assist Undergraduate and Graduate Nursing Programs to Participate in Achieving the 2015 Goal

• Develop Recommendations that Detail Actions and Timelines for Accomplishment with Specific Focus on the Role of AACN in Facilitating the Implementation Process
Rogers ’Diffusion of Innovations as a Conceptual Framework

• A Way of Looking at What is Happening

• A Framework for Guiding Our Work
Diffusion of Innovations

- Provides a Conceptual Framework for Understanding the Process of the Adoption of New Technologies or Practices and Social Change
- An Innovation is an idea, practice, or object, that is perceived as new
- The diffusion component is the process by which an innovation is communicated
Diffusion of Innovations

- Generally an innovation moves slowly through a group when it is first introduced. Many are skeptical and resist change, but as the number trying the innovation increases the idea moves at a faster rate especially if the early adopters are pacesetters.
- The diffusion phenomenon initially follows an S-shaped curve.
Variables Determining the Rate of Adoption – Attributes of the Innovation

- Relative Advantage - Better than Previous Approaches
- Compatibility – Consistent with values/needs
- Complexity – Degree to which it is difficult to Understand or put into place
Determining Adoption – Attributes of the Innovation

- Triability – The degree to which an innovation can be experimented with
- Observability – The degree to which the results of an innovation are visible to others
Variables Influencing Rate of Adoption

- Communication Networks and Opinion Leaders
- Extent of Change Agent Efforts/Effectiveness – key elements include developing contact with “clients”, developing a felt need for change, providing information exchange – effectiveness is increased if there is similarity between the change agents and those they are seeking to influence
Household technology adoption rates, from the Federal Reserve of Dallas [1]
(http://www.dallasiir.org/fed/annual/1999p/ar96.pdf)
Rogers, E.M. Diffusion of Innovations, 2003
Reference on Roger’s Work

Work of the Task Force

• We Understand that our Job is NOT limited to data gathering and getting out a Report - BUT A REPORT WE WILL DO!!!

• We need to Establish Mechanisms for Input from Various Stakeholders

• We need to serve as Change Agents and Encourage Others to Do So
Work of the Task Force

• Development of Communication Opportunities in Various Media
• Regional Conferences in Partnership With Essentials Task Force
• National Nursing Stakeholders Meeting in Partnership With Essentials Task Force
• Participation in Conference Calls with Various Organizations
Work of the Task Force

• As we Think Things Through we also Need to Provide Information About the Innovation and Opportunities to Help the Community of Potential Adopters and other Stakeholders Clarify Their Understanding of the Innovation and Reduce Uncertainty

• This Translates Into Developing Materials and Developing Communication Channels such as Conferences and The Internet
Figure I
INFORMATION AND “VIEW” GRID

Information
HIGH

Stamp this out!  Let’s get on with it!

LOW
Products in Process

- Frequently Asked Questions – On Web
- Bibliography on the DNP – On Web
- Pathways Diagram – On Web
- Comparison of DNP and PhD/DNSc/DNS Programs – Done with Essentials T. Force
- Strategy For Growing DNP Faculty
- Description of An Institutional Partnering Effort
- Possibility of a DNP “Tool Box”
Feedback From Regional Meetings

• National Level – Interest in Federal Funding Possibilities, Interest in having AACN work with Accrediting and Certifying Groups; Questions about what will Happen with the Master’s in Nursing

• State Level – Recognition that Practice Acts vary and some work may need to be done here
Feedback from the Regional Meetings

• Institutional Issues – Interested in help in making case to the Institution and Partnering with Other Institutions; Tenure Possibilities for DNP

• School/College/Department of Nursing – Availability and Preparation of Faculty; How to Plan for Transition; Interest in having help with marketing
Frequently Asked Questions

Is this program just for primary care providers?

No, the DNP degree prepares individuals for a variety of roles at the highest level of nursing practice.

Are there going to be standards for programs?

Yes, the DNP Essentials document will help guide development of standards. CCNE has indicated the intent to establish accreditation standards.

Is there going to be credentialing for individuals?

Yes, individuals will continue to be credentialed by the various specialty organizations.
Frequently Asked Questions

Does the DNP prepare for faculty positions?
As a professional doctorate, DNP curricula focus on the core discipline of nursing, teaching content could be incorporated in addition to this core.

Will all APN’s have to get a DNP?
Current APN’s will retain their privileges, after 2015 all APN programs should be offered through DNP programs.
**Frequently Asked Questions**

**Will faculty with DNP be eligible for tenure?**

Tenure is an institutional prerogative with two major considerations.

1. **Who is eligible for tenure?**

   If the institution tenures holders of other professional degrees (EdD, MD, PsyD, PharmD, JD, PTD, AudD, etc.) then DNP graduates should also be tenurable.

2. **What are the criteria for tenure?**

   If the institution defines scholarly productivity broadly to include external funding and publications other than that associated with only NIH R-Level grants, then the DNP graduate should be tenurable.
Frequently Expressed Fears

There are no data to support these programs.

The Aiken data suggest that health outcomes improve as the educational level of nurses increases.

Surveys of graduates indicate they have acquired new knowledge and skills that have enhanced their practices.

Reports from employers are indicating DNP graduate are bringing added valued to their places of employment.
PhD Program enrollments will decline.

There is no evidence for this. Those who select the DNP appear to be from a population that is not interested in a PhD and probably would not engage in doctoral study without the emergence of the practice doctorate.
<table>
<thead>
<tr>
<th></th>
<th>Univ. Tenn. Memphis</th>
<th>Univ. Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PhD</td>
<td>DNP</td>
</tr>
<tr>
<td>1997</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>2000</td>
<td>18</td>
<td>41</td>
</tr>
<tr>
<td>2001</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>2002</td>
<td>19</td>
<td>42</td>
</tr>
<tr>
<td>2003</td>
<td>19</td>
<td>44</td>
</tr>
<tr>
<td>2004</td>
<td>18</td>
<td>52</td>
</tr>
<tr>
<td>2005</td>
<td>28</td>
<td>62</td>
</tr>
</tbody>
</table>
Doctoral Students at University of Tennessee - Memphis

- PhD
- DNP

Doctoral Students at the University of Kentucky

![Bar chart showing the number of doctoral students (PhD and DNP) at the University of Kentucky from 1997 to 2005. The chart indicates an increase in the number of PhD students and a steady number of DNP students over the years.](chart.png)
What Kind of Individuals are Attracted to the DNP?

“I have been waiting for a program like this, I am not interested in a research career, but there is more I need to learn to make me a better practitioner.”
Doctoral Education for Nursing Practice

1960—Boston University opens 1st clinical doctorate
1979—Case Western Reserve opens 1st ND program

1999—UTHSC opens DNSc practice doctorate
2001—University of Kentucky opens First DNP Program
2002—AACN forms practice doctorate Task Force
2003—Columbia University admits students
2004—AACN members approve DNP Position Paper
2005—(Spring) 8 programs admitting students,
       60 schools considering programs
2005—(Summer) 80 schools considering programs
2005—(Fall) 20 programs “approved”
       140 schools considering programs
An Important Driver is the Growing Desire Clinically Focused Nurses Have in Advanced Study that will Enhance their Effectiveness
Factors Contributing to the Tipping Point

IOM called attention to problems facing health care

1999—*To Err is Human*, focused on fragmented nature of health care

2001—*Crossing the Quality Chasm*, calls for a restructuring of healthcare

2003—*Health Professions Education: A Bridge to Quality*, call for educators to prepare health care providers for a new type of practice as members of interdisciplinary teams that emphasize evidence-based practice, quality improvement, and informatics
Factors Contributing to the Tipping Point

Expanding length of MSN programs

longer than most masters (many 60+ hrs and 3 yrs)

didactic and clinical increased by 72 and 36 hours respectively for NP programs between 1995-2000

(AACN & NONPF 2002)

• even more content is needed (eg., information and practice management, health policy, risk management, evaluation of evidence, and advanced diagnosis and management)

(Bellack, Graber, O’Neil, Musham, & Lancaster, 1999; Lenz, Mundinger, Hopkins, Clark, & Lin, 2002).
Factors Contributing to the Tipping Point

Movement of other disciplines to the doctorate
(MD, DDS, PsyD, DPT, PharmD, AudD)

Emerging and active interdisciplinary teams

“The tipping point for me
was when I was at a team meeting
and everyone there had a doctorate
in their respective fields
except the nurse.”
“Nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills are most likely to be able to critique nursing and other clinical scientific findings and design programs of care delivery that are locally acceptable, economically feasible, and which significantly impact health care outcomes.”

AACN Position Paper on the Practice Doctorate
“There exists a fleeting and deliriously exciting moment in the life of an idea when it teeters between what one person suspects and what everyone accepts.

In that moment, months or years before it exerts any practical influence, the idea holds the greatest potential to inspire and incite.

Opportunities, implications, and related discoveries open up from it in all directions like a hall of mirrors.”

Essentials Task Force Members

Janet Allan – University of Maryland
Julie Sebastian – University of Kentucky
Edward Thompson – University of Iowa
Maureen Keefe – University of Utah
Ann Hamric – University of Virginia
Judy Honig – Columbia University
Carol Howe - Oregon Health and Science University
Elizabeth Lenz – The Ohio State University
Heidi Taylor - West Texas A & M University
Sr. Mary Margaret Mooney – North Dakota State University
The Essentials of the Doctorate of Nursing Practice

Task Force charged to develop the curricular and content requirements for the DNP as well as identify the competencies to be acquired in a DNP program.

The document follows the model of the BSN and Master’s Essentials

Provides direction for program development and accreditation.
Charge to Task Force

Develop the curricular and content requirements for the DNP as well as identify the competencies to be acquired in a DNP program.

Establish a clear strategy for educational changes and transition, and hallmarks that distinguish the DNP from existing programs that offer the Master of Science in Nursing.

Identify the critical curricular content that should be present and competencies that should be acquired in the DNP programs in which master’s prepared nurses seek to acquire the DNP.

Develop recommendations and strategies for AACN, and the full contingent of AACN’s academic programs to respond to this transition.
Essentials Reflect End-of-Program Competencies for All Graduates

BS (nursing) → DNP
BS (non-nursing) → MS-APN
MS-APN → MS-non-APN
Task Force Strategy

Re-confirm 7 essentials identified by original Practice Doctoral Task Force

Read a lot, and consult constituents and leaders

Discuss and deliberate—8th essential added

“Clinical Prevention and Population Health for Improving the Nation’s Health”

Draft document core—the essential competencies and related curricular content

Hold regional and stakeholder meeting for feedback

Post draft document on web site for feedback
Preliminary Content for the Essentials

Introduction
- Background/Trends leading to this paradigm shift
- Summary of process and purpose of the document

Context of Graduate Education in Nursing
- Relationship of MSN, DNP, and PhD
- Integration of faculty/teaching role in graduate nursing education

Doctoral Education for nursing practice
- Broad curricular model—including links to specialty certifying bodies
- Description of 8 Essentials (document circulated at regionals)
- Curricular Elements (content circulated at regionals)

DNP Programs in the Academic Environment
- Curricular parameters (eg, typical length/credit hours)
- Residency
- Capstone Project
- Faculty characteristics

Glossary
Introduction

Review of 2004 TF recommendations

Summary of Process

Task Force creation
Regional meetings
Definition of advanced nursing practice

Curriculum Model

Essential Competencies
Overview of the Curriculum Model

DNP is a degree preparing individuals for multiple roles.

Seven of the core competencies are for all graduates regardless of role.

Core competencies form the basic foundation for advanced nursing practice (essential 8) where competencies bifurcate with the DNP program of study focusing on either:

- Roles involving the direct delivery of care to individuals, families, and/or populations
- Roles that influence the delivery of care indirectly through organizational and system leadership.
Linkage of DNP Curriculum Model to Specialty Practice

Specialty specific competency expectations continue to be defined by specialty groups such as NP, administration, CNS, or other specialty practice areas.

- 7 Foundational Core Essential Competencies
- Advanced Nursing Practice Core Essential Competencies
  - Direct Care Competencies
  - OR
  - Systems/Organization Competencies

Specialty Practice Competency Expectations
Each of the Eight Essentials includes:

• **Background information** which provides the rationale for the essential nature of each competency for the highest level of nursing practice.

• A statement regarding the **specific competencies** for each DNP essential. Includes integration of masters level competencies while adding competencies that reflect the highest level of nursing practice

• **Recommended content** for each essential
Recommended DNP Content

Some content overlaps or is noted multiple times due to the synergistic nature of competencies and the utility of some content for more than one essential.

Content ≠ Course
Essential Competencies for DNP Graduates

1. Scientific underpinnings for practice

   Recognizes the philosophical and scientific underpinnings essential for the complexity of nursing practice at the doctoral level.

2. Organizational and systems leadership for quality improvement and system thinking

   Recognizes the competencies essential for improving and sustaining clinical care and health outcomes, eliminating health disparities, and promoting patient safety and excellence in care.
3. Clinical scholarship and analytical methods for evidence-based practice

*Recognizes competencies essential for translation of research into practice, evaluation of practice, practice improvement, and the development and utilization of evidence-based practice.*

4. Technology and information for the improvement and transformation of patient-centered health care

*Recognizes competencies essential to manage, evaluate, and utilize information and technology to support and improve patient care and systems.*
Essential Competencies for DNP Graduates

5. Health care policy for advocacy in health care

Recognizes the responsibility nurses practicing at the highest level have to influence safety, quality, and efficacy of care, and the essential competencies required to fulfill this responsibility.

6. Interprofessional collaboration for improving patient and population health outcomes

Recognizes the critical role collaborative teams play in today’s complex health care systems and the competencies essential for doctorally prepared nurses to play a central role on these teams.
7. Clinical prevention and population health for improving the nation’s health

Added to original competencies in response to:

- IOM 2001 call for transformation “…of health professional education in response to the changing needs of the population and the demands of practice.”
- Health People 2010 support of IOM and objective to include “core competencies in health promotion and disease prevention” in clinical education
- In consideration of nursing’s the longstanding focus on health promotion and prevention
Essential Competencies for DNP Graduates

8. Advanced nursing practice for improving the delivery of patient care

*Recognizes the essential competencies reflective of the distinct, in-depth knowledge and skills that form the basis for nursing practice at the highest level regardless of practice role.*
Essential Competencies for DNP Graduates

8a. APN or individual and population-focused competencies for the DNP graduate

*Recognizes the unique competencies associated with the specialized knowledge and clinical expertise essential for the direct care of individuals, families, or discrete population aggregates.*

8b. Systems or organization-focused competencies for the DNP graduate

*Recognizes the unique competencies associated with the organizational expertise and specialized knowledge essential for leadership of health care delivery systems.*
Scheduled Constituent Meetings

Boston Regional—September 14-15
76 attendees from 45 institutions

St. Louis Regional—September 29-30
116 attendees from 56 institutions

Washington Stakeholder—October 11

Atlanta Regional—November 3-4

Houston Regional—December 8-9

San Diego Regional—January 12-13
Regional Process

Gather input and as clear, consistent messages emerge they will be incorporated

Iterative process with changes made between regional meetings and posted on web site

Less clear or consistent suggestions tracked and reviewed for incorporation following completion of regional meetings

Final changes made and draft completed for submission to AACN Board by summer 2006

Final draft to membership October 2006
Feedback to Date

The eight essentials are being affirmed

Minor changes and suggestions for wording and format

Need to address teaching expectations for DNP graduates

Support for duality of advanced nursing practice roles (direct care delivery and organizational-systems leadership)

Desire to control length of program is being expressed

Need further clarification of master’s and DNP relationship
Feedback to Date

Need direction regarding residency and capstone project

Redundancy in content across essentials, need to clarify that some content has relevance for multiple competencies.

Clarify that content *does not* equal course.

Some outcome competencies and content is more reflective of the master’s level, need to clarify that the master’s essentials have been integrated along with the addition of a higher level of practice competencies.