



June 11, 2008

David M. Lichtman, MD, Chair
AMA Reference Committee C, Medical Education

Craig W. Anderson, MD, Chair
AMA Reference Committee B, Legislation

c/o Roger Brown, PhD
Director, Office of House of Delegates Affairs
American Medical Association
515 N. State Street
Chicago, IL 60610

Dear Drs. Lichtman and Anderson:

On behalf of the American Association of Colleges of Nursing (AACN), which represents the nation's nursing schools with baccalaureate and graduate programs, I am writing to address concerns regarding **Resolutions 303 and 214**, which are coming forward to the American Medical Association (AMA) House of Delegates for a vote later this month. AACN is distressed by the tone of these resolutions, which may weaken the good working relationships established between many physicians and nurses. Both resolutions serve to stall the national movement underway to prepare a strong cadre of doctorally prepared nurses and to enhance the transition and retention of new nurses in the workforce, which is essential in improving access to and quality of healthcare. AACN requests that the AMA withdraw Resolutions 303 and 214, and if that is not possible, we urge members of the AMA's House of Delegates to vote against these measures.

Resolution 303, Protection of the Titles "Doctor," "Resident" and "Residency," calls for limiting the use of these terms in health care settings to physicians, dentists, and podiatrists. The title of "Doctor" is common to many disciplines and is not the domain of any one group of health professionals. Many advanced practice registered nurses (APRNs) currently hold doctoral degrees and are appropriately addressed as "Doctor," which is similar to how other expert practitioners in clinical areas are addressed. Nurses with doctoral preparation will retain their scope of practice while using a title reflective of their advanced education and level of nursing expertise.

Further, the terms "Resident" and "Residency" have been used for more than 25 years to describe programs that facilitate the transition from student to practicing nurse. In a report released in 2002, the Joint Commission recognized the value of nurse residency programs in fully preparing nurses for practice and enhancing retention of first-year nursing students. The momentum to expand the use of nurse residencies has been building since 2000 when the University HealthSystem Consortium joined with AACN to develop a year-long residency program for graduates of baccalaureate nursing programs. This important work,

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which is yielding positive outcomes in the areas of nurse retention and entry-level competency, should be embraced by the medical community and not undermined by those wishing to unduly limit the use of common terms.

Resolution 214, Doctor of Nursing Practice, calls for adopting a policy that nurses prepared in Doctor of Nursing Practice (DNP) program must only be able to practice under the supervision of a physician. Across the nation, advanced practice registered nurses, including those prepared at the DNP level, are currently practicing independently and have proven to be highly skilled, cost-effective providers of care. Nursing and medicine are distinct health disciplines that prepare clinicians to assume different roles and meet different practice expectations. Physicians do not have the legal authority to oversee the practice of APRNs, which is regulated by each state's Nurse Practice Act. DNP programs prepare nurses for the highest level of nursing practice with the expertise needed to practice independently and contribute as an integral part of the healthcare team. Physicians and APRNs are natural allies and should work collaboratively to ensure that patients have access to essential health care services.

AACN is hopeful that the AMA will reject these resolutions in the interest of maintaining strong interprofessional relationships between Medicine and Nursing based on mutual respect. Physicians and nurses must concentrate our collective energy on advancing solutions to address the nation's unmet health care needs.

Thank you for your attention to these concerns regarding Resolutions 303 and 214. If you have questions or comments, please do not hesitate to contact Geraldine Bednash, PhD, RN, FAAN, the AACN's Executive Director, at 202-463-6930, or pbednash@aacn.nche.edu.

Sincerely,

A handwritten signature in cursive script that reads "C. Fay Raines".

C. Fay Raines, PhD, RN
President