

Doctor of Nursing Practice Program

Rita D'Aoust, PhD, ANP-BC, CNE, FAANP, FNAP, FAAN
Associate Dean for Teaching and Learning
Interim Director, Advanced Practice and DNP Programs
Johns Hopkins School of Nursing



Objectives

1. Examine the history and factors leading to the development of the DNP
2. Consider benefits of the DNP
3. Identify pathways for the DNP
4. Examine DNP curriculum components
5. Discuss DNP practice hours and scholarly project requirements

History of DNP Program Development

- 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
- 2009—COA Position Statement on Doctoral Education for Nurse Anesthetists requires doctoral education for all NA entry programs by 2022
- 2018—National Organization of Nurse Practitioner Faculties (NONPF) commitment to move all entry-level nurse practitioner (NP) education to the DNP degree by 2025.

Factors Influencing Need for DNP

- 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
- Increasing Educational Expectations for the Preparation of other Health Professionals (MD, DDS, PsyD, DPT, PharmD, AudD)

Practice Doctorate

- Practice-focused doctoral programs prepare experts in specialized advanced nursing practice.
- Builds on master's nursing curricula
- Focus:
 - clinical practice that is innovative and evidence based
 - translates credible research findings for effective clinical practice
 - applies research processes to evaluate outcomes



American Association of Colleges of Nursing. (2006). The essentials of doctoral education for advanced nursing practice. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>

The Mission

“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 healthcare outcomes.”

American Association of Colleges of Nursing. (2004). AACN position statement on the practice doctorate in nursing. <http://www.aacn.nche.edu/DNP/pdf/DNP.pdf>.



WHY PURSUE A DOCTORATE ?



- Increase in intellectual knowledge
- Career advancement
- Eligibility as nursing faculty
- Increase in income
- Enhanced health outcomes
- Increased scholarly activities
- Enhanced teaching

- Loomis, J., Willard, B., Cohen, J., (December 22, 2006). Difficult Professional Choices: Deciding Between the PhD and the DNP in Nursing. *OJIN: The Online Journal of Issues in Nursing*. Vol. 12 No. 1.
- National Academies of Sciences, Engineering, and Medicine. (2016). *Assessing progress on the Institute of Medicine report The Future of Nursing*.
- Rosseter, R. J. (2014). The impact of education on nursing practice. *American Association of Colleges of Nursing Fact Sheet*.



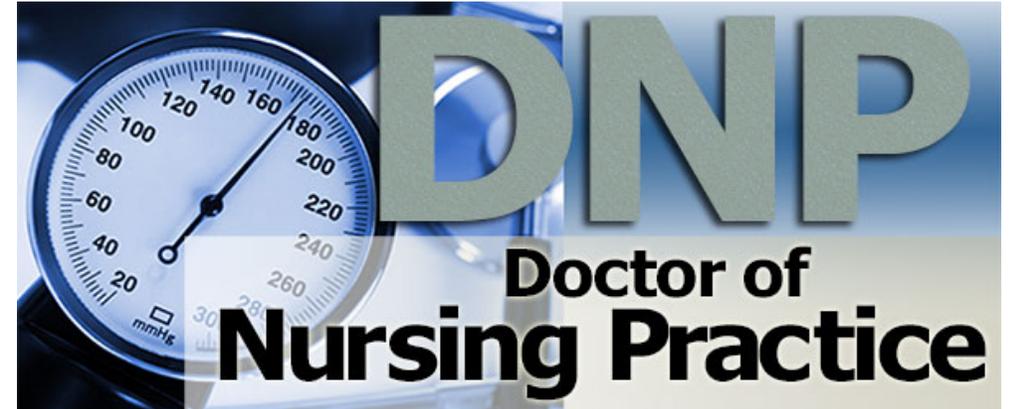
KEY POINTS

- Practice doctorate – defined as any form of nursing intervention in advanced nursing practice such as Advanced Practice Nursing, Leadership/Administration, or Informatics (AACN, 2004; AACN, 2015)
- The DNP is the terminal practice degree that prepares graduates for the highest level of nursing practice
- The DNP is not an entry-level degree.
- Typically, licensure would occur prior to entering the DNP program



The Focus of the DNP

- Clinical decision making
- Research utilization in clinical practice
- Organizational and systems leadership
- Information systems and technology
- Health care policy
- Clinical prevention and population health



DNP Pathway Options

- DNP Entry
 - APRN DNP
 - ANP DNP
- ANP Post-master's entry (gap analysis indicated)
- Dual degree options for individuals with MS Nursing education:
 - MS ANP (i.e., Health Systems Management or Informatics) and Post-Master's DNP
 - Gap analysis to maximize practice hours from 1st MS that meets AACN Essentials of Doctoral Education for Advanced Nursing



DNP programs

Focus heavily on practice that is innovative and evidence-based, reflecting the application of credible research findings.

- Advanced nursing practice is broadly defined by AACN (2004) as: “any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy (p. 2).”

The Essentials of Doctoral Education for Advanced Nursing Practice (2006)

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytic Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice

DNP Curriculum Components

1. DNP Essentials 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus.
2. Specialty competencies/content prepare the DNP graduate for those practice and didactic learning experiences for a particular specialty. Competencies, content, and practical experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations.

Common DNP curriculum components

- APN preparation – before or during the DNP Program
- Organizational and Systems Leadership for Quality Improvement
- Clinical Scholarship and Analytic Methods for Evidence-Based Practice
- Information Systems/Technology and Patient Technology
- Health Care Policy for Advocacy in Health Care
- Interprofessional Collaboration for Improving Patient and Population Outcomes
- Clinical Prevention and Population Health for Improving the Nation's Health

- DNP Scholarly Project
- DNP Practice Hours (1000)



DNP Scholarly Project

- Documents the synthesis and outcomes of the student's educational experiences
- Produces a measurable medium of the student's practice immersion experience
- Summarizes the student's growth in knowledge and expertise
- Reviewed and evaluated by an academic committee
- Serves as the foundation for future scholarly practice

DNP Project Title

- “The final scholarly project should be called DNP Project to avoid confusion with the term capstone, which is used at varying levels of education (National Organization of Nurse Practitioner Faculties, 2013). The DNP Project is not a research dissertation; therefore, this term should not be used. “

American Association of Colleges of Nursing. (2015). The Doctor of Nursing Practice: Current issues and clarifying recommendations. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>, p.7

DNP Project

All DNP Projects should:

- a. Focus on a change that impacts healthcare outcomes either through direct or indirect care.
- b. Have a systems (micro-, meso-, or macro- level) or population/aggregate focus.
- c. Demonstrate implementation in the appropriate arena or area of practice.
- d. Include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).
- e. Include an evaluation of processes and/or outcomes (formative or summative). DNP Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research.
- f. Provide a foundation for future practice scholarship.

American Association of Colleges of Nursing. (2015). The Doctor of Nursing Practice: Current issues and clarifying recommendations. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>, p.4

Types of Projects

- The AACN DNP Implementation Task Force Report (2015) has a GREAT list on the types of DNP Projects, available at Available at <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>,
- The report provides a list of at least 12 settings or areas of practice (review pages 21-23).
- Group/Team Projects are acceptable when the individual contribution can be clear and measurable (see pages 4-5).

American Association of Colleges of Nursing. (2015). The Doctor of Nursing Practice: Current issues and clarifying recommendations. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>,

What is not considered a DNP Project?

- Integrative and Systematic Reviews:

“Contrary to the *DNP Essentials*, the task force believes that an integrative and systematic review alone is not considered a DNP project and does not provide opportunities for students to develop and integrate scholarship into their practice. “
p.4

- Portfolios:

“A student’s portfolio is not considered a DNP Project, but rather a tool to document and evaluate professional development and learning or synthesis of student’s development and learning. “

American Association of Colleges of Nursing. (2015). The Doctor of Nursing Practice: Current issues and clarifying recommendations. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>, p.7

Practice Experiences for the DNP Provide:

- Systematic opportunities for feedback and reflection.
- In-depth work/mentorship with experts in nursing, as well as other disciplines.
- Opportunities for meaningful student engagement within practice environments.
- Opportunities for building and assimilating knowledge for advanced nursing practice at a high level of complexity.
- Opportunities for further application, synthesis, and expansion of learning.
- Experience in the context of advanced nursing practice within which the final DNP Project is completed.
- Opportunities for integrating and synthesizing all of the DNP Essentials and role requirements necessary to demonstrate achievement of defined outcomes in an area of advanced nursing practice.

American Association of Colleges of Nursing. (2015). The Doctor of Nursing Practice: Current issues and clarifying recommendations. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>



Vision

Support

Passion

Essential Characteristics of Doctoral Candidates

Time
Management

Focus

Resourceful

Persistence

DO I REALLY WANT TO DO THIS AGAIN?





What are your career goals?

Are you committed to career in practice or leadership?

Are you oriented toward improving outcomes of care?

Are you interested in advancing policy development?

Are you interested in nursing scholarship and dissemination?





References

- American Association of Colleges of Nursing. (2015). The Doctor of Nursing Practice: Current issues and clarifying recommendations. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/news/articles/2015/dnp-white-paper>
- American Association of Colleges of Nursing. (2006). The essentials of doctoral education for advanced nursing practice. Washington, DC: AACN. Available at <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- American Association of Colleges of Nursing. (2004). AACN position statement on the practice doctorate in nursing. *http://www.aacn.nche.edu/DNP/pdf/DNP.pdf*. Available at <http://www.aacnnursing.org/Portals/42/News/Position-Statements/DNP.pdf>
- Knebel, E., & Greiner, A. C. (Eds.). (2003). *Health professions education: A bridge to quality*. National Academies Press.

References

- Loomis, J., Willard, B., Cohen, J., (December 22, 2006). Difficult Professional Choices: Deciding Between the PhD and the DNP in Nursing. *OJIN: The Online Journal of Issues in Nursing*. Vol. 12 No. 1.
- National Academies of Sciences, Engineering, and Medicine. (2016). *Assessing progress on the Institute of Medicine report The Future of Nursing*. National Academies Press.
- National Research Council. (2005). *Advancing the nation's health needs: NIH research training programs*. National Academies Press
- Rosseter, R. J. (2014). The impact of education on nursing practice. *American Association of Colleges of Nursing Fact Sheet*.
- Theresa, M., & Thornlow, D. (2018). What to consider when choosing a graduate nursing program. *Nursing2018*, 48(1), 11-14.



Additional slides if needed



IOM (2003) Health Professions Education: A Bridge to Quality

identifies core competencies for all Health Professionals in the 21st Century

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

National Research Council of the National Academies (2005) Report

- Recognized a distinction between the educational needs of nursing as a practice profession that require practitioners with clinical expertise and nursing as an academic discipline and science that requires independent researchers and scientists to build the body of knowledge
- Proposed that “The need for doctorally prepared practitioners and clinical faculty would be met if nursing could develop a new non-research clinical doctorate, similar to the M.D. and Pharm.D. in medicine and pharmacy, respectively.” (p.74)



Increasing length of Master's Programs in Nursing

- Many 60+ credit hours, requiring 3 + years to complete
- Theory (didactic)and clinical credit hours increased by 72 and 36 hours respectively for NP programs between 1995--2000
- Need for additional content in informatics, practice management, health policy, risk management, evaluation of evidence, and advanced diagnosis and management



Charge to the Task Force on the Practice Doctorate – 2002

- clarify the purpose of the professional clinical doctorate, specifically core content and core competencies;
- describe trends over time in clinical doctoral education;
- assess the need for clinically focused doctoral programs;
- identify preferred goals, titles, outcomes, and resources.



Evidence-Based Practice (EBP): : Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

- What is the best approach for managing neuropathic pain in the terminally ill patient?
- What research has been done that could provide clinical practice guidelines?

Quality Improvement (QI): Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

- Are we doing the right things to appropriately manage patients' neuropathic pain?
- How do we know? How are we measuring patient outcomes?

Research (R):

What is it like to live with neuropathic pain?

Does drug “A” work better than drug “B?”

DNP program practice experiences are designed to provide:

- Systematic opportunities for feedback and reflection.
- In-depth work/mentorship with experts in nursing, as well as other disciplines.
- Opportunities for meaningful student engagement within practice environments.
- Opportunities for building and assimilating knowledge for advanced nursing practice at a high level of complexity.
- Opportunities for further application, synthesis, and expansion of learning.
- Experience in the context of advanced nursing practice within which the final DNP Project is completed.
- Opportunities for integrating and synthesizing all of the DNP Essentials and role requirements necessary to demonstrate achievement of defined outcomes in an area of advanced nursing practice.

<http://www.aacnnursing.org/Portals/42/DNP/DNP-Implementation.pdf> , p.8