

THE PRACTICE DOCTORATE: Good? Bad? Or Otherwise?

Northeast TN Nurse Practitioner Association
October, 2005

What ?

- October 25, 2004 American Association of Colleges of Nursing (AACN) endorsed the Position Statement on the Practice Doctorate in Nursing.
- AACN member institutions voted to move current entry level (MSN) to advanced nursing practice to the doctorate level by 2015.
- Other supporting institutions: National Organization of Nurse Practitioner Faculties (NONPF), National Academy of Sciences (NAP), National Institutes of Health's (NIH) department of Health and Human Services and the Agency for healthcare Research and Quality (AHRQ)

Purpose?

- Improvement in health care delivery by addressing the complexity of health care today.
- Parity of status with medicine, pharmacy and academicians in other fields
- Development of nurse scientists and researchers
- Acquisition of practice doctorate as entry level into advanced practice
- Provide NPs with a higher level of knowledge that could advance clinical practice, enhance leadership skills, provide greater career and flexibility (Gottesman, 2003).

HOW?

- March 2002, AACN Board of Directors charged an 11 member task force to examine current status of clinical or practice doctoral programs, compare various models, and make recommendations. Their charge was to:
 - Clarify purpose of professional clinical doctorate (core content and competencies)
 - Describe trends over time in clinical doctoral education
 - Assess the need for clinically focused doctoral programs
 - Identify preferred goals, titles, outcomes, and resources
 - Discuss elements of a unified approach versus a diverse approach
 - Determine potential implications for advanced practice nursing programs
 - Make recommendations regarding related issues and resources and
 - Describe potential for various tracks or role options
- Activities of the task force:
 - Lit review
 - Established collaborative relationship with NONPF
 - Interview of key informants (deans, program directors, graduates, current students of doctoral programs)
 - Open discussions at AACN's doctoral education conference in Jan 03 and Feb 04, Master's Education Conference (March 03) and Spring annual meeting (March 04)
 - Cosponsored with NONPF an open discussion on practice doctorates with representatives from key nursing organizations and schools of nursing with present or planned practice doctoral program (Dec 03)
 - Invited External Reaction Panel with 10 persons representing a wide array of perspectives and disciplines outside of nursing to respond to Draft Position Statement of practice doctorate (Feb 04)

Recommendations of Task Force

- Terminology: practice doctorate instead of clinical doctorate
 - Many MS programs exceed 60 credits, not congruent with degree earned
 - Practicing NPs identified areas needing additional training
 - Knowledge required to provide leadership in nursing is so complex and rapidly changing that additional or doctoral level education is needed.
 - Provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (clinical faculty)
 - Parity with other health professions, most of whom have a doctorate as credential required for practice
 - Improve image for nursing.

Recommendations of Task Force

- The practice-focused doctoral program be a distinct model of doctoral education that provides an additional option for attaining a terminal degree in the discipline
- Practice-focused doctoral programs prepare graduates for the highest level of nursing practice beyond the initial preparation in the discipline.
- Practice-focused doctoral nursing programs include seven essential areas of content:
 - Scientific underpinnings for practice
 - Advanced nursing practice
 - Organization and system leadership/management, quality improvement and system thinking
 - Analytic methodologies related to the evaluation of practice and the application of evidence for practice
 - Utilization of technology and information for the improvement and transformation of healthcare
 - Health policy development, implementation and evaluation, and
 - Interdisciplinary collaboration for improving patient and population healthcare outcomes

Recommendations of Task Force

- Practice doctoral nursing programs should include development and/or validation of expertise in at least one area of specialized advanced nursing practice.
- Practice-focused doctoral nursing programs prepare leaders for nursing practice. The practice doctorate prepares individuals at the highest level of practice and is the terminal practice degree.
- One degree title should be chosen to represent practice-focused doctoral programs that prepare graduates for the highest level of nursing practice.
- The Doctor of Nursing Practice (DNP) be the degree associated with practice-focused doctoral nursing education.

Recommendations of Task Force

- The Doctor of Nursing (ND) degree title be phased out.
 - “Given the time, credit and clinical experience required for master’s degree APN programs serious consideration should be given to moving toward the practice doctorate as the graduate degree for APN preparation. It will be necessary to provide an extended transition period during which nurses with master’s degrees would be recognized to be fully credentialed for current advanced practice roles.”
 - Concern over the cost in time and resources, especially financial resources required to upgrade credentials.
 - Concern over the economic impact of such an educational shift on the labor market for APNs, but belief is that the benefits will outweigh the costs.
- The practice doctorate be the graduate degree for advanced nursing preparation, including, but not limited to the 4 current APN roles.
- A transition period be planned to provide nurses with master’s degrees who wish to obtain the practice doctoral degree, a mechanism to earn a practice doctorate in a relatively streamlined fashion with credit given for previous graduate study and practice experience. The transition mechanism should provide multiple points of entry, standardized validation of competencies, and be time limited.

Recommendations of Task Force

- Practice doctorate programs, as in research-focused doctoral programs, are encouraged to offer additional coursework and practica that would prepare graduates to fill the role of nurse educator.
- Practice-focused doctoral programs need to be accredited by a nursing accrediting agency recognized by the US Secretary of Education.

Potential Negative Consequences

- Nursing Outlook 2005, 53(4):177-182.
- The DNP may erode the major progress nursing as a scientific discipline has made in universities over the past 3 decades
- The DNP will threaten the generation of theory-based science in our discipline
- The creation of 2 doctoral tracks will further widen the gap between nurse scientists and clinicians
- Potential for negative impact on health care and society
- The DNP can create confusion among colleagues and consumers.
- Medical backlash may occur as economic competition among providers increases (Marion, et al, 2003).

Reasons for DNP

- Marion, L, et al (2003). The practice doctorate in nursing: future or fringe? Topics in Advanced Practice Nursing eJournal 3(2).
- Graduate students from other fields shy away from nursing because it does not offer a comparable credential after 4 years of preparation as pharmacy or medicine
- There is little difference between DNS, DNSc/DSN and EdD and the research-intensive PhD programs
- The ND has clinical practice as its goal
- Impetus for change: Knowledge revolution, demographic changes, “new” healthcare consumer (uninsured, well-informed, non-traditional), present poor quality of healthcare, workforce shortages, and increasing educational demands.
- “The ND is seen as a way to increase the workforce of accountable healthcare providers, clinically expert nursing faculty, and clinical leaders/managers and to attract new types of students who seek these roles into the nursing profession.”

Reasons for DNP

- Nurses with practice doctorates would be prepared and credentialed as independent practitioners just as other professional disciplines credential their providers: doctors of pharmacy, doctors of clinical psychology, doctors of medicine
- Traditional titles like physician and nurse will blur as we transcend disciplines and overlapping roles to provide evidence-based and satisfying care with different perspectives.
- The premise of direct practice doctorate in nursing is that the graduate would not require specific physician ties (APN-physician relationship)
- This will infuse nursing values strategically into healthcare

Challenges Ahead

- Should the practice doctorate replace the clinical masters or serve as clinical ladder for those who wish to build on their clinical expertise and advance to a higher level of leadership and authority for decision making and policy setting?
 - If so, regulation, including state-by-state licensure, accreditation of programs, and certification of graduates would need extensive changes.
 - Grandfathering would need to be considered in each regulatory arena for a smoother transition.
- Standardization of a credential title curricula, terminal competencies, and educational delivery models are major issues, since no one person organization or governmental body has the authority to mandate a standard model.

Challenges Ahead

- If 2-tiered system occurs, then currently practicing clinicians and APN faculty may feel devalued, and the identify and visibility for advanced practice could be diminished.
- Currently there is no mechanism for accrediting practice doctoral programs or certifying the graduates.
- Need for extensive dialogue from stakeholders (National Association of Clinical Nurse Specialists, 2005) preceding a change of this magnitude.
- Presents a divisive change in a profession with a long history of lack of professional cohesion.
- We are challenged by the forces of change, but still tethered by our own traditions.

Concerns about Proposal

- Lack of input from ANA and NLN and AAN (not invited to participate in proposal for the DNP)
- Lack of input from specialty and other professional organizations about how this proposal will affect the nursing profession.
- No studies showing that doctorally prepared advanced practice nurses have better outcomes than master's-prepared advanced practice nurses.
- Much opportunity for inconsistent expectations and degree requirements.
- The nature of additional knowledge to be infused into the DNP curricula versus the knowledge in the present MSN curricula is not known.

Concerns about Proposal

- Impact upon already scarce faculty resources is not known.
- May be competition between DNP and PhD, leading to reduction in number of nurse scientists and leading to a decreased evidence base for nursing practice.
- Current evidence supports the safety of APNs in providing high-quality and cost-effective advanced practice nursing.
- The cost and affordability of shifting curricula have not been determined.

Concerns about Proposal

- It is unknown if post graduation salaries for APNs will offset the increased educational costs.
- It is unknown if DNP-prepared advanced practice nurse will be affordable to employers and third-party reimbursers.
- Limited input from CNSs, nurse midwives, nurse anesthetists in this major paradigm shift that affects all APNSs.
- Decisions to initiate this major paradigm shift were not derived from an extensive nursing practice analysis, but from one group of advanced practice professionals.

Concerns about Proposal

- Regulations of APNs varies from state to state and the scope of practice will be affected differently depending on the state's nurse practice act.
- Nurse practice acts will need to be opened and modified so as to change the language to incorporate doctoral competencies and scope of practice.
- Variability within state-level regulations exists with respect to using the title doctor when providing patient care.

Concerns about Proposal

- APNS prepared at the master's level must be given authoritative assurance that they can continue to practice without additional graduate course preparation. Licensure/certification issues are not articulated and need to be addressed.
- Practices with respect to specialty and subspecialty need to be examined.
- Nursing has yet been unsuccessful in arriving at a uniform standard of educational preparation for entry into basic practice, so will this be another area of “muddy water”? (Carlson, 2003)

Now What?

- A critical mass of organizations and institutions are now committed to the future development of this degree.
- Need for a shared strategic vision, agreement about major issues, including titling and whether to maintain the master's or replace with practice doctorate.
- Other nursing organizations need to have position statements and input.
- Now is the time to consider your views and voice your opinion.
- Discuss with your colleagues, and within your respective nursing organizations. Express your opinions to our nursing leaders.
- **USE OUR COLLECTIVE INFLUENCE TO AFFECT CHANGE!!**

THE DNP

- The AACN (American Association of Colleges of Nursing) has asked for our feedback:

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