The Doctor of Nursing Practice: Defining Best Practices

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Overview

- Review themes from presentations & discussions
- Report major findings
- Identify areas of consensus
- Identify continuing controversies
- Suggest pathways to solutions
Evidence

- Conference presentations
- Review of the literature
- Reported as consensus and controversies
Doctor of Nursing Practice

- Similar to other practice disciplines MD, PharmD, DrPH
- Based on several major national reports
- 2004 Position Statement - all APNs to hold the DNP by 2015
- Designed to prepare ‘experts in population-based practice’
DNP Programs

- Over 225
  - 107 accredited & 105 in process
- 50/50 public/private
- Accreditation mostly CCNE
- >50% post-MSN only
- Wide range of credits, requirements
Enrollment

- 9094 in 2011; 4000 in PhD programs
- DNP enrollment rapidly growing
- Majority in NP emphasis
- Many others in admin, policy, education
Roles of Graduates (n=1600)

- Hospital administration
- Faculty
- Hospital clinical
- Smaller numbers in other areas
- Unclear roles in generation/summary of evidence
Indicators of Impact

- Based on anecdotal data
  - Acute care leadership
  - Academic leadership
  - Primary care
Dissemination by DNPs

- Broad range of articles
- Mostly in practice journals
- Increasing publications yearly
- > 30% data-based
- Little translational science or practice guidelines
Areas of consensus

- Interest in DNP is high
- Post-master’s programs predominate
- Extends the role of the APN to populations, health policy, and management/leadership
Areas of Controversy

- What is the product?
- What is clinical?
- What is the capstone?
- What are the outcomes?
What is the Product?

- Entry-level APN or ‘advanced, advanced practice’
- Educator
- Administrator
- Health policy analyst
- All of the above

What is clinical experience?

- Traditional APN practice in clinical settings
- Health policy/leadership experiences
- Teaching experience
- Little consistency in requirements across programs
- Need appropriate sites/preceptors
What is the capstone?

- Research
- Evidence-based practice projects
- Leadership projects
- Evidence synthesis
- Translational science
- Group projects?
- Necessary?
What are the outcomes?

- Mostly faculty and administrative roles, not NP
- BSN-DNP different expectations from MSN-DNP
- Tenure vs. clinical track
- Unclear how practice/role has changed
- Unclear how DNP embraced in clinical environments
Impact on Schools

- Very large PT programs, many specialties
- Faculty development esp. for IT
- Availability of qualified faculty
- Impact on research productivity
- Impact on other programs, e.g., PhD programs
- Financial investment & projections

Defining Best Practices

- ‘Seen one DNP Program, you have seen 1 DNP program”
- Impact of the DNP will depend on the type/quality of programs
- Lack of consistency may lead to negative perceptions
- Need serious, respectful dialogue about program quality
Define the product

- What roles do we expect DNP grads to fulfill?
- Where do we expect them to work?
- Are we really preparing them to fill these roles (e.g., educator/academic)?
Clinical

- Need to define link of clinical experiences to outcomes
- Why 1000 hours?
- Depends on the expectations for roles
Curricula

- Great deal of variability
- Inconsistency in objectives
- Interprofessional vs. intraprofessional
- May need flexibility as curricula and programs evolve
Capstone

- Define it more consistently
- Impact on outcomes
- Evidence-based practice projects
- Implementation/Translational Science
Impact on Schools

- Need for scholarship about the impact – positive & negative – of DNP implementation
- Faculty & staff costs
- Faculty socialization
- Tenure vs. clinical track
Impact on the Profession

- Inclusive vs. dismissive
- Respectful dialogue
- Clear standards
- Interprofessional collaboration
Impact on society

- 2015 looms
- IOM report
- Critical to look at outcomes
  - Schools
  - Systems
  - Patients

Conclusions

- DNP programs have potential to advance nursing and health care, but yet unproven
- Standards of quality programs need to be established and supported to assure quality across programs
Suggestions

- Summit on the DNP
- Define the product
- Examine curricula, etc.
- Implement standards
Thoughts?