The Doctor *of* Nursing Practice Essentials

A New Model for Advanced Practice Nursing

Mary E. Zaccagnini *and* **Kathryn Waud White**

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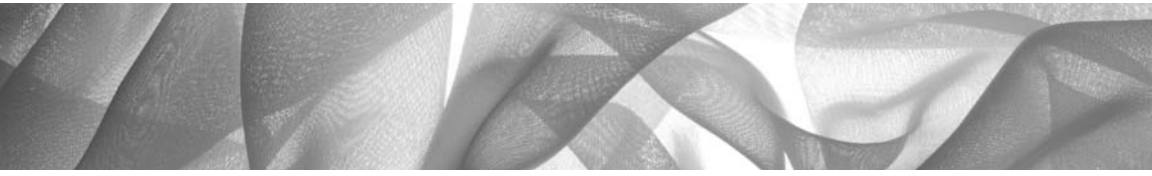

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This book is dedicated to all of our current and future DNP colleagues, especially those who so graciously gave of their time and volunteered to author this book.

—Kathy & Mary

This book is also dedicated to my sister Karen, who passed away suddenly while I was writing this book.

—Mary

CONTENTS

PREFACE

Health care is in a whirlwind of change, and advanced practice nurses are right in the center of that change. The societal forces driving the transformation of health care have been dissected, researched, and exhaustively discussed, debated, and documented. Now, with the development of the Doctor of Nursing Practice program of study and the American Association of Colleges of Nursing's *Essentials of Doctoral Education for Advanced Nursing Practice*, we have the opportunity to place these ideas into action—to bring them into nursing practice in a way never before done. This book provides a roadmap for creating change in health care and the tools to make those changes.

It is important to mention that this book was authored solely by nurses who practice at an advanced level and who have achieved the Doctor of Nursing Practice degree. Some fulfill traditional advanced practice roles, and some have expanded roles as administrators, educators, and entrepreneurs. Each of these nurses took hours out of his or her busy practice to author these materials. In that aspect, this book is unique. Additionally, this book is unique in that it lays out a step-by-step template or framework for the development of the scholarly project.

Purpose of the Book

This book is intended to serve as a core textbook for DNP students and faculty to use to achieve mastery of the American Association of Colleges of Nursing essentials as well as a shelf reference for practicing DNPs. The DNP essentials are all covered herein; each essential is covered in adequate detail to frame the foundation of the DNP educational program. This book provides the infrastructure for students, faculty, and practicing DNPs to achieve and sustain the highest level of practice.

This book gives students the foundation necessary to enter into the highest level of advanced practice nursing and develop that practice to the

highest level possible for the benefit of their patients and the health of the country and the world. For faculty, this book provides a framework that can partner with their creativity to make a program their own unique program, different from others but all coming to the same endpoint: graduates who practice at the clinical doctorate level. For practicing DNPs, this book serves as a reference to reinforce their skills as they take on leadership roles in health care. The skills outlined in this book will help DNPs engage in advocacy, lead large and small organizations, integrate the skills of collaboration, use informatics to demonstrate the value of nursing interventions, document quality clinical competencies, and improve the health of the nation.

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INTRODUCTION

Imagining the DNP Role

Sandra R. Edwardson

Doctoral preparation in nursing has had a long development. From programs designed to prepare nursing faculty to the Doctor of Nursing Practice (DNP), the profession has experienced several forms of doctoral education. Before describing the development of the DNP concept, this section summarizes its roots in doctoral education.

Beginning in the mid-1950s with the first pre- and postdoctoral research grants and the research fellowship program of the Division of Nursing Resources (precursor of the Division of Nursing within the U.S. Public Health Service), nursing leaders have gradually won recognition at both the federal and university levels. Although the first emphasis was on preparing faculty and developing research programs, the call for clinical or professional programs was ever present.

Stevenson and Woods (1986) identified four generations of nurses with doctorates:

- 1900–1940: EdD or other functional degree offered through colleges of education to prepare nursing faculty
- 1940–1960: PhD in basic or social science with no nursing content
- 1960–1970: PhD in basic science with minor in nursing through nurse scientist programs offered in conjunction with basic science programs
- 1970–present: PhD in nursing or DNS
- 2000 and beyond: Programs projected to contain "greater specificity within nursing" and "formalized postdoctoral programs" (p. 8)

To this chronology, we can now add the practice doctorate. Since the formal approval of the DNP by the American Association of Colleges of Nursing (AACN) in October 2004, the AACN has reported that, by April 2009, 92 programs had been launched, with even more in the planning stages. Although many of the programs are offered by schools that also offer

research doctorates, 43 of the programs are the only doctoral program in the school (AACN, 2009). Clearly the degree has made it possible for many schools unable or unwilling to offer research degrees to move into doctoral education. Because the accreditation process had just begun, it is not clear how many of these new programs will warrant accreditation.

From the beginning, the primary reason for wanting doctoral preparation in nursing was to develop the knowledge necessary for practice and to gain credibility within the academy. Some of the early programs were DNS (Doctor of Nursing Science) programs. In their earliest incarnations, the DNS programs were established as substitutes for the PhD (Meleis, 1988). This was because some states allowed the PhD to be offered only through the main campus of the system or because the school was a baccalaureate-granting institution (Downs, 1989). In other cases, university officials believed that there was insufficient research and scholarship in nursing to justify a PhD degree. Therefore, some of the early schools seeking permission to establish PhD programs lacked a mechanism for doing so and chose the DNS as an option.

Early thinkers recommended PhD preparation for generation of new knowledge and DNS programs to prepare individuals to apply that knowledge (Cleland, 1976; Peplau, 1966). This was in keeping with the statements of the Association of Graduate Schools and the Council of Graduate Schools, who distinguished PhD from professional degrees: "The professional Doctor's degree should be the highest university award given in a particular field in recognition of completion of academic *preparation for professional practice*, whereas the Doctor of Philosophy should be given in recognition of *preparation for research* whether the particular field of learning is pure or applied" (Council of Graduate Schools in the United States, 1966, p. 3).

Over time the purpose of DNS programs tended to move toward research preparation. Noting the number of articles describing the differences and similarity in types of nursing doctoral programs, Starck, Duffy, and Vogler (1993) proposed that the DNS prepares individuals "in a specialized area of practice for the purpose of testing and validating application of" knowledge that extends and generates nursing practice protocols (p. 214). They advocated for content including healthcare practices; biologic, psychosocial, economic, legal, and ethical knowledge; and research methods for investigating clinical problems.

An analysis of the curricula of PhD and DNS programs showed that there was more clinical emphasis in the latter, but the differences between the pro-

grams as they were implemented were very subtle (Edwardson, 2004). Florence Downs (1989), the long-term editor of *Nursing Research*, conducted an informal review of topics by PhD and DNS authors in the journal. It revealed essentially the same number of manuscripts on clinical topics by each. Her bottom line was that she was less concerned about the structure and content of the programs than with the quality and excellence of them.

Practice Doctorates

There are subtle although uncertain distinctions between professional degrees such as the DNS and practice degrees such as the DNP. Recently, the Council of Graduate Schools appointed a task force to examine the growth of professional programs, but it too has been grappling with defining exactly what they are (Rawitch, 2008). European and Australian universities have also attempted to make meaningful distinctions between professional and research degrees. In those countries, professional doctorates have been attempts to make the doctorate more focused on the application of knowledge to the solution of societal problems (Maxwell, Shanahan, & Green, 2001).

In the United States, professional doctorates have existed for many years in fields such as in education (e.g., the EdD). Although subtle, the major distinction between a professional and a practice degree seems to be in the goals. In the view of Starck, Duffy, and Vogler (1993), the DNS has as its purpose the testing and validation of knowledge to extend and generate nursing practice protocols. In other words, the purpose is to extend the knowledge generated by research doctorates by testing it in practice. The practice doctorate, on the other hand, is the highest-level preparation for the actual practice of the discipline. Holders of practice doctorates are in the business of applying knowledge as they provide direct service to clients. In so doing, they may also do systematic inquiry similar to that of holders of professional or research degrees, but the primary purpose of the degree is to prepare practitioners.

The first nursing doctoral degree dedicated solely to practice was the Doctor of Nursing (ND) established at Case Western Reserve University in 1979 (Case Western Reserve University, n.d.). It began as an entry-level nursing degree but evolved into a program offering preparation for advanced practice. Few other schools embraced the ND degree, and by the late 1990s,

there was only one institution (the University of Colorado) that offered an entry-level program.

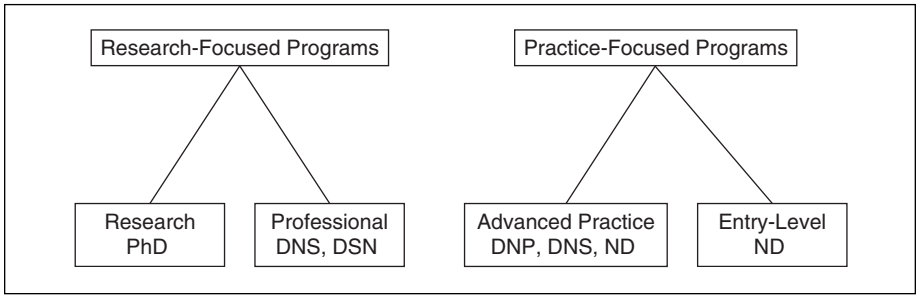
There are many examples of practice-focused degrees in other disciplines, including entry-level degrees such as the Doctor of Medicine (MD) and Juris Doctor (JD) and advanced practice degrees such as the Doctor of Psychology (PsyD). In the early part of the 21st century, existing practice-focused degrees in nursing were mainly advanced practice doctoral degrees. They included the ND at Case Western Reserve University, Rush University, and the University of South Carolina; a Doctor of Nursing Science (DNSc) at the University of Tennessee, Memphis; the Doctor of Nursing Practice (DNP) at the University of Kentucky, and the Doctor of Nursing Practice (DrNP) at Columbia University.

The DrNP (now DNP) offered by Columbia provides greater depth and breadth of knowledge and practice than existing master's programs in clinical science, informatics, and research methods. It is also designed to prepare students to admit, co-manage, and discharge patients from hospitals. They are expected to be able to provide care from the outpatient to the inpatient setting and vice versa (Mundinger, 2005). Few if any schools have adopted the model of admitting patients to acute care settings.

The AACN's Role in Creating the DNP

This brief review of our history brings us to 1999. In that year, the board of the American Association of Colleges of Nursing appointed a task force to revise quality indicators for doctoral education and to address the differences among three types of nursing doctorates: PhD, DNSc/DNS/DSN, and ND degrees. The task force was able to prepare a revised version of the *Indicators of Quality in Research-Focused Doctoral Programs in Nursing* (2001), but found that for all of its attempts to make distinctions between research degrees (PhD) and professional degrees (DNS, DNSc, DSN), the faculty of programs that offered the DNS/DSN degrees saw the need for a common set of quality indicators for both. The task force members concluded that there may be differences in the roles for which the graduates are prepared and in the curricular content of the programs, but that the basic requirements for quality programs were viewed as the same for research and professional degrees.

Based on its analysis, the quality indicators task force constructed Figure 1 to describe what was happening in the field. Although the task



■ Figure 1 Proposed classification of nursing doctorates.
Source: Edwardson, 2004.

force was able to address the research half of the model, there was insufficient time and clarity to deal with the practice-focused half of the model. There seemed to be only one true entry-level doctorate left at the time (the ND), although the discussion suggested that there were a number of AACN member deans who thought that the idea ought to be resurrected. Other programs, such as those at the University of Kentucky, Columbia, and University of Tennessee–Memphis, had emerged to give nurses advanced practice preparation at the doctoral level, but they too differed in goals and structure.

Because of the lack of clarity concerning the right half of the model, the quality indicators task force recommended appointment of a second group to study it, and the Task Force on the Practice Doctorate in Nursing was established to focus on that issue alone (AACN, 2004). There were several resources available for the group's work, but the task force also found it necessary to gather some information on its own.

Marion and colleagues (2003) pointed out discernible differences between practice-focused and research-focused programs. Practice-focused programs place less emphasis on theory, meta-theory, and research methods than do research-focused programs. Capstone projects are designed to solve practice problems or inform practice, with an emphasis on scholarly practice and outcome evaluation. Clinical practica or residencies are required (Marion, Viens, O'Sullivan, Crabtree, Fontana, & Price, 2003).

After considering published definitions and consulting with leaders in health care and nursing education, the task force defined *practice* as follows:

> The term practice, specifically nursing practice, as conceptualized in this document refers to 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. Preparation at the practice doctorate level includes advanced preparation in nursing, based on nursing. (AACN, 2004)

There was controversy about including in the definition roles other than nurse practitioner, clinical nurse specialist, nurse–midwife, or nurse anesthetist. But the task force concluded that caring for populations and seeing to the arrangements under which nursing is practiced were equally important as direct clinical care for advancing the health of the public. Omitted from the definition was preparation for nursing education. This omission is consistent with PhD and practice education in other disciplines, in which preparation concentrates on the specific specialty or subspecialty, and preparation for faculty roles is something that is added as a separate discipline. In short, the task force concluded that nursing faculty need substantive expertise in the subject matter of the discipline and not just pedagogical theory and practice.

Another topic of considerable discussion was the title of the degree. Whereas many in the task force might have preferred the simple Doctor of Nursing or DN label, a search of titles revealed that DN was reserved for the Doctor of Naprapathy (National College of Naprapathic Physicians, n.d.). Similarly, the ND degree title was in use by Doctors of Naturopathy (American Association of Naturopathic Medicine, n.d.) in some states and not available to us. It was finally concluded that there should be only one title and that it should be Doctor of Nursing Practice. It was thought to be the most descriptive title despite the assumption of some that it referred only to nurse practitioners. The task force recommended that the ND be phased out.

A transitional plan was also proposed. Knowing that most of the graduates of the programs would want or need specialty certification, it was clear that the education sector could establish the educational preparation for the role but had no control over the certification process. Therefore, the recommendation was that the many bodies that certify nurses set the year 2015 as the time when initial certification would require the DNP degree.

A final discussion focused on quality control. Whereas the quality of PhD programs is the responsibility of graduate schools, professional and practice

degrees are typically awarded by professional schools without the built-in quality control mechanisms provided by graduate schools. For this reason, the task force recommended that an accreditation process similar to that for master's and baccalaureate programs be established to ensure quality in DNP programs. The Commission on Collegiate Nursing Education (CCNE) took up the challenge immediately, developed the criteria, and began reviewing DNP programs in the fall of 2008.

Factors Propelling the Practice Doctorate

From the outset, the DNP had significant opposition. Several nationally recognized leaders in nursing objected based on the fears that the degree would detract from the hard-fought growth and recognition of research in nursing and of nursing in the academy. Meleis and Dracup (2005) argued that the MS and PhD degrees are widely understood and accepted and that a new doctoral degree would amount to second-class citizenship. They believed that the nursing doctorate should be dedicated to advancing and translating knowledge and that separating the practice and research foci could thwart knowledge development and interfere with establishing evidence for quality and safety in health care. Having been among those who fought most vigorously for the acceptance of nursing as a bona fide academic discipline, they feared the DNP would lead to remarginalization within the academy.

Many factors led to the perceived need for the DNP. First was the growing complexity of the healthcare environment, coupled with the rapid expansion of knowledge required for practice. Groups such as the Institute of Medicine, the Robert Wood Johnson Foundation, and others urged health profession educators to meet this growing complexity with educational programs that acknowledge the high levels of scientific knowledge and practice expertise required to ensure high-quality patient outcomes. The Institute of Medicine, for example, emphasized the need for all health professions programs to prepare students able to deliver patient-centered care as members of interdisciplinary teams that emphasize evidence-based practice, quality improvement, and informatics (Institute of Medicine, 2003a).

Another Institute of Medicine report observed how management decisions in healthcare organizations had expanded the responsibilities of chief nursing executives, increased the scope of responsibilities for all nursing managers, and led to the loss of midlevel nurse managers (Institute of Medicine,

2003b). The result has been that nurses at all levels need increased knowledge and administrative skills to provide the needed leadership. The Institute of Medicine recommended preparation of nursing leaders for all levels of management and encouraged nursing managers to participate in executive decisions (Institute of Medicine, 2003b).

Another factor propelling the DNP was the movement to doctoral entry levels in related health professions such as pharmacy and physical therapy. These professions had recognized the need for advanced preparation in order to realize fully their potential contribution to health care. Lest it appear that this was a keeping-up-with-the-Joneses rationale, there were others who saw the need for doctoral preparation of practitioners. For example, a landmark study by the National Research Council of the National Academies noted the following: "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" (National Research Council, 2005, p. 74). But the DNP, which is designed for nurses who are already licensed practitioners, is unlike the doctoral degrees in other health disciplines that are required for entry into the professions.

Leaders of national nursing, medical, and healthcare organizations with whom the Task Force on the Clinical Doctorate met confirmed the need for nurses able to deal with the increasing complexity and sophistication of health care. In response to concerns that the DNP might amount to degree creep, they were sympathetic with the need for additional preparation and expressed confidence that such preparation would add value (AACN, 2004).

As noted earlier, there were eight clinically focused programs in existence when the Task Force on the Clinical Doctorate began its work. The task force's survey of these programs showed considerable variation among the programs in design but also revealed some commonalities. The commonalities included content related to advanced clinical practice (including both patient and practice management); organizations, systems, and leadership skills; research methods; and basic scientific underpinnings for practice (AACN, 2004).

Yet another issue propelling the development of the DNP was the way master's programs had responded to the inexorable growth in scientific knowledge and technological sophistication. To fulfill their obligation to provide adequate preparation and to meet the requirements of specialty cer-