

The DNP

A Need for Standardized Educational Policies

Ying Mai Kung

FNP-BC, MN, MPH

Second National Doctors of Nursing Practice Conference:
Defining Ourselves

September 30 - October 2, 2009

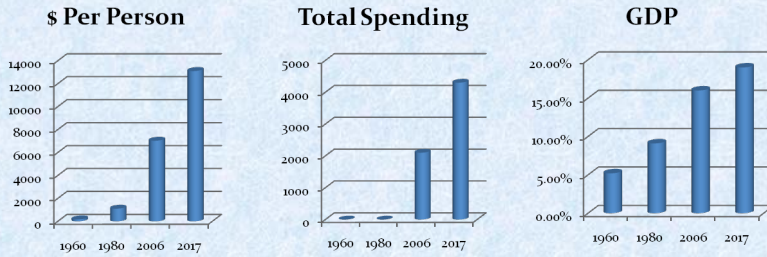
Objectives:

By the end of this session, participants will be able to:

1. Discuss ramifications of the DNP movement and potential impact on stakeholders.
2. Name one rationale that makes DNPs natural nursing educators.
3. Identify one DNP educational policy that needs standardization across programs.

DNP MOVEMENT/HEALTHCARE ENVIRONMENT

Health Care Spending in U.S.



Year	\$ Per Person	Total Spending in Billion	GDP
1960	168	(27.5 Million)	5.2 %
1980	1,100	(253.0 Million)	9.1 %
2006	7,025	(2.1 Trillion)	16.0 %
2017	13,101	(4.1 Trillion)	19.0 %

Centers for Medicare & Medicaid Services (CMS). *National Health Expenditure Data: Historical*. 2008.



Institute of Medicine

- Preventable Medical Errors cost \$29 billion, 98,000 deaths/yr
- Identified the critical role nurses play in patient safety
 - Work environment
 - Need for nursing leadership
- Overhaul of health professional education

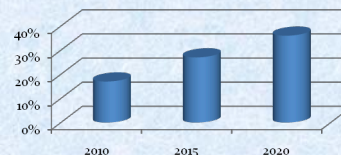
IOM. Available at: <http://www.iom.edu/>

DNP MOVEMENT/HEALTHCARE ENVIRONMENT

Nursing Shortage

Year	Nursing Shortage
2010	17%
2015	27%
2020	36%

Nursing Shortage Projection



Qualified applicants to nursing programs are turned away

- 2004-2007: >30,000/yr
- 2008: 49,948

FL shortage
 •2007- 11,000
 •2020-52,000

*US Department of Health and Human Services. What is Behind HRSA's Projected Supply, Demand, and Shortages of Registered Nurses? 2004.
 *Nooney J, Unruh L, Danesh V, Cantiello J. Florida Center for Nursing: forecasting supply, demand, and shortages of RNs and LPNs in Florida, 2007-2020. July 2008.

DNP MOVEMENT/HEALTHCARE ENVIRONMENT

Nursing Faculty

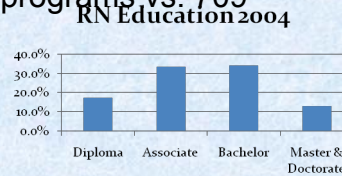
- Vacancy rate (AACN 2008):
 - 7.6% = 1.8 faculty/school
 - 88% vacancies require doctoral degree
- Average faculty retirement age is 62.5
- Aging faculty (mean age)
 - Doctoral 54.3
 - Master's 49.2
- 44% faculty are dissatisfied re: workload
- 25% planned to leave citing overwork as primary motivator
- Nursing faculty are less educated
 - ~30% nursing faculty are doctorally prepared vs. 60% in other disciplines

*AACN. Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scopes of the Problem and Strategies for Expanding the Supply. June 2005.
 *AACN. Nursing faculty shortage. June 2009. Available at: <http://www.aacn.nche.edu/Media/FactSheets/FacultyShortage.htm>

DNP MOVEMENT/HEALTHCARE ENVIRONMENT

Nursing Image

- Professional Nursing vs. Technical Practice
 - In 1996: The National Advisory Council on Nurse Education and Practice recommended $\geq 2/3$ basic nurse workforce hold baccalaureate or higher degrees in nursing by 2010
 - In 2004: <50% of RNs have a bachelor's or higher degrees
 - In 2006: 920 diploma/associate programs vs. 709 bachelor programs



DNP MOVEMENT/HEALTHCARE ENVIRONMENT

Physician Shortage

- Physician short fall of 124,400 by 2025 (Dill & Salsberg, 2008)
- Shortage for primary care physicians
 - The ratio between specialists and generalists is 65 to 35 (Shi & Singh, 2004).
 - American Academy of Family Physician (AAFP) stated nearly one in five Americans have no access to primary care physicians (Arvantes, 2007).

*Arvantes, J. (3/22/2007). Primary care physician shortages creates medically disenfranchised population. *AAFP News Now*. Retrieved April 12, 2008, from http://www.aafp.org/online/en/home/publications/news/news_now/professional_issues/20070322disenfranchised.html

•Dill MJ, Salsberg ES. (2008). The complexities of physician supply and demand: Projections through 2025. Association of Medical Colleges Center for Workforce Studies. Available at: <http://www.aame.org/workforce>

•Shi, L., & Singh, D. A. (2004). *Delivering healthcare in America: A systems approach* (3rd ed.). Boston: Jones and Bartlett Publisher.

Evolution of DNP Movement

American Association of Colleges of Nursing (AACN)

- October 2004:
 - Recommended that the DNP be the entry-level degree for advanced practice nursing by 2015
- 2006:
 - The Essentials of Doctoral Education for Advanced Nursing Practice
 - The DNP Roadmap Task Force Report
 - To guide CoNs in transitioning their APN program from the master's level to the new practice doctorate level.

AACN's Mission & Vision for DNP

1. Clinical practice degree
2. Award a degree commensurate with program requirements for APNs/Parity with other health professionals
3. Develop needed advanced competencies for different roles
4. Improve nursing practice and patient outcome
5. Enhance leadership skills to improve healthcare delivery
6. Enhance ability to attract individuals to nursing from non-nursing backgrounds
7. Increase supply of faculty for practice instruction
8. Improve nursing image

Stakeholders

Nursing students/Nurse educators/Colleges of nursing
Nurses
Physicians
Employers
Professional organizations
Policy makers/Regulators
Consumers/Tax payers/Third party payers

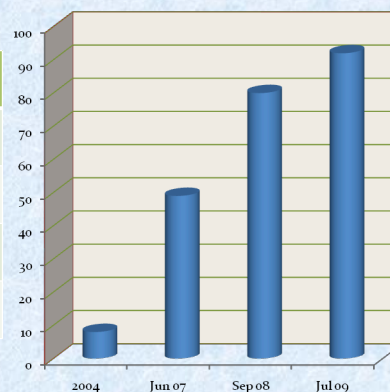


IMPACT

Number of DNP Programs

DNP Programs

Year	# Programs
2004	8
Jun 07	49
Sep 08	80
Jul 09	92



IMPACT

- PhD program enrollment 2007-2008
 - Up by 0.1% or 3 students
- DNP program
 - 2007: 1,874 enrolled, 122 graduated
 - 2008: 3415 enrolled, 361 graduated
- Loomis et al reported 55% of DNP students have nursing education as their intended career goal
- Increased doctorally prepared nursing faculty
 - Teach practical clinical content
 - Reduce nursing and nursing faculty shortage
 - Positive step toward BSN entry to practice

Source: AACN

Loomis JA, Willard B, Cohen J. Difficult professional choices: deciding between the PhD and the DNP in nursing. *Online J Issues Nurs.* 2007;12(1).

DNP Educational Policies

AACN Recommendation

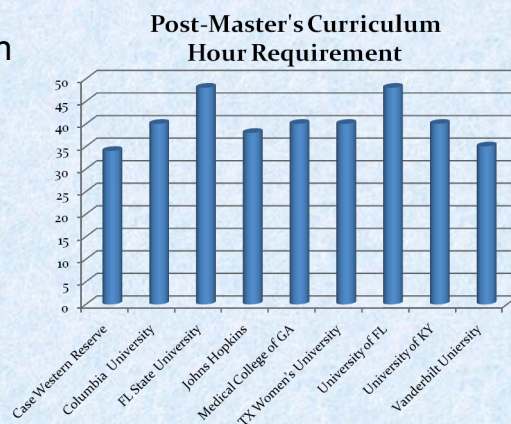
- **Post-baccalaureate nurses:**
 - 36 months of full-time study
 - At least 1000 clinical practice hours (CPHs)
- **Post-master's APNs:**
 - At least 12 months of full-time study
 - Did not specify number of CPH



DNP Educational Policies

Requirements differ significantly between DNP programs:

- Type of programs
 - Clinical Practice
 - Leadership
- Curriculum hours
- Clinical hours



AACN. DNP Programs. <http://www.aacn.nche.edu/DNP/DNPProgramList.htm>

DNP Educational Policies

- Multiple entry models to DNP program
 - MSN to DNP
 - BSN to DNP
 - Non-nursing to BSN to DNP
- Diverse DNP student population
 - Experienced vs. not experienced
 - APNs:
 - Master vs. certificate prepared
 - RNs:
 - BSN vs. Diploma/Associate prepared
 - Non-Nursing background



DNP Educational Policies

Be clear with what we are creating



What makes DNP special?
What about the scope of practice?
What about interdisciplinary care?

DNP Educational Policies

How to achieve the vision?

- Maximize nursing resources in a already stressed system?
- Improve healthcare delivery, increase competency in various roles (clinical, faculty, and leadership), improve patient outcome?
- How to measure outcomes?
 - Clinical, faculty, & leadership competencies
 - Improve nursing image
 - DNP vs. Master preparation
- Standardize educational policies



DNPs in Faculty Role

- AACN created DNPs to increase supply of nursing faculty
- Great for clinical instruction
- One step towards realizing bachelor as entry to professional nursing practice ideology
- DNPs possess unique experiences and valuable knowledge to affect policy decisions, enriching DNP education
- Standardize educational policies to realize the vision

Standardize Educational Policies

How to find the right balance?

- Curriculum requirements:
 - Clinical vs. leadership program emphasis
 - Course requirement
 - Clinical practice requirement
- Individual requirement for
 - APNs with or without APN experience
 - Post-master's vs. post-certificate's degree
 - RNs with or without experience
 - BSN and non-BSN degree nurses

Ramifications & Impact

- Provide solutions for the nursing shortage and nursing faculty shortage crisis
- Improve nursing image
- Enhance leadership skills to improve healthcare delivery
- Improve the healthcare system and health outcomes
- Control healthcare costs and deliver patient centered, high quality, safe, timely, efficient, effective care.

Conclusion

- Nursing needs to encourage more education
- DNP is created in response to changing healthcare environments
- DNP programs are gaining acceptance and popularity
- Social, economical, ethical and legal implications
- DNPs are natural educators
- DNPs and PhDs, together, will play a pivotal role in shaping the future of the nursing profession

Acknowledgement

Susan Porterfield, FNP-BC, PhD
for her contribution in the publication of

The DNP: A Need for Standardized educational
policies

The American Journal for Nurse Practitioners
May 2009, Vol. 13 No. 5

Contact Information



Ying Mai Kung, FNP-BC, MN, MPH

mkung@admin.fsu.edu

Florida State University

850-644-9507