

PART I

Role Transition

The evolution of a Doctor of Nursing Practice (DNP) degree continues to be a fascinating journey for the profession of nursing. As DNP graduates begin their own journeys, many challenges and issues related to role transition are likely to be presented. While reading the chapters in Part I, it is indeed apparent that today's DNP graduate will engage in a variety of roles that will include leadership, evaluation and translation of research, practice, education, health policy, and ethics. Often, these roles will be integrated and adapted to meet the current needs of health-care delivery.

As a practice-focused profession, nursing is responding to the healthcare needs of individuals, communities, and systems by developing a practice-focused doctorate. Most assuredly, as the demands of a complex healthcare environment continue to evolve, nursing will continue to evolve as well. The Doctor of Nursing Practice degree truly exemplifies this evolution and nursing's commitment to the future of health care. The following chapters specifically discuss the various roles DNP graduates may fulfill to meet the current and future needs of a complex health-care environment.



Overview of the Doctor of Nursing Practice Degree

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“You cannot hope to build a better world without improving the individual. To that end each of us must work for his own improvement, and at the same time share a general responsibility for all humanity, our particular duty being to aid those to whom we think we can be most useful.”

—Marie Curie (1867–1934)

What exactly is a Doctor of Nursing Practice (DNP) degree? As enrollment to this innovative practice doctorate program increases, this question is frequently posed by nurses, patients, and other healthcare professionals both in and out of the healthcare setting. Providing an explanation to this question requires not only defining the DNP degree but also reflecting on the rich history of doctoral education in nursing. Doctoral education in nursing is connected to our past and influences the directions we may take in the future (Carpenter & Hudacek, 1996). The development of the DNP degree is a tribute to where nursing has been and where we hope to be in the future of doctoral education in nursing.

Understanding what a DNP degree is requires developing an awareness of the rationale for a practice doctorate. This rationale illustrates the motivation behind the evolution of doctoral education in nursing and provides further explanation of this contemporary degree. The need for parity across the healthcare team, the Institute of Medicine’s call for safer healthcare practices, and the need for increased preparation of advanced practice registered nurses to meet the changing demands of health care are all contributing antecedents of the development of the practice doctorate in nursing (American Association of Colleges of Nursing [AACN], 2006a; AACN, 2006b; Apold, 2008; Dracup, Cronenwett, Meleis, & Benner, 2005; Roberts & Glod, 2005). Becoming familiar with the motivating factors behind the DNP degree will add to the understanding of the development of this innovative degree.

This chapter provides a definition of the DNP degree as well as a discussion of the evolution of doctoral education in nursing. The rationale for a practice doctorate is also described. The recipe for the DNP degree, which includes the *Essentials of Doctoral Education for Advanced Nursing Practice* degree outlined by the American Association of Colleges of Nursing (AACN, 2006b) and the *Practice Doctorate Nurse Practitioner Entry-Level Competencies* outlined by the National Organization of Nurse Practitioner Faculties (NONPF, 2006), is provided in this chapter as well. The pathway to the DNP degree is also discussed. Providing a discussion regarding these topics will equip one with the information necessary to become familiar with this innovative degree.

■ The Doctor of Nursing Practice Degree Defined

The DNP degree has been adopted as the terminal practice degree in nursing (AACN, 2004; AACN, 2006b). The AACN (2004) position statement specifically defines the DNP degree as a “practice focused” doctorate degree with nursing practice defined 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. 3)

Preparation at the practice doctorate level is considered to be the highest level of preparation for nursing practice, hence, the terminal degree for nursing practice (AACN, 2004).

The DNP degree curriculum is focused on, although not limited to, evidence-based practice, scholarship to advance the profession, organizational and systems leadership, information technology, healthcare policy and advocacy, interprofessional collaboration across disciplines of health care, and advanced nursing practice (AACN, 2006b). It is projected that by 2015, the DNP degree will be the terminal preparation for advanced practice nursing, and current master's degree options for advanced nursing practice will be replaced by the DNP degree (AACN, 2006a). A newly developed master's degree, the Clinical Nurse Leader (CNL) degree, will be offered for those who wish to provide healthcare services at the point of care to individuals and cohorts of clients within a healthcare unit or setting (AACN, 2007). This degree prepares the graduate as “a leader in the health care delivery system, not just in the acute care setting but in all settings in which health care is delivered” (AACN, 2007, p. 10). Details regarding the content of the DNP degree curriculum are provided later in this chapter.

■ The Research-Focused Doctorate and the Practice-Focused Doctorate Defined

The question, What is a Doctor of Nursing Practice degree? is often followed by the question, What is the difference between a Doctor of Philosophy (PhD) and a DNP degree? Nurses now have a choice between a practice-focused or research-focused

doctorate as a terminal degree. Although the academic or research degree, once the only terminal preparation in nursing, has traditionally been the Doctor of Philosophy (PhD), the American Association of Colleges of Nursing has included the Doctor of Nursing Science (DNS, DNSc, DSN) as a research-focused degree as well (AACN, 2004). Further, the AACN Task Force on the Practice Doctorate in nursing has recommended that the practice doctorate be the DNP degree, which will replace the traditional Nursing Doctorate (ND) degree (AACN, 2006a). Currently, nursing doctorate programs are taking the necessary steps to adjust their programs to fit the curriculum criteria of DNP degree programs.

The practice- and research-focused doctorates in nursing share a common goal regarding a “scholarly approach to the discipline and a commitment to the advancement of the profession” (AACN, 2006b, p. 3). The differences in these programs include differences in preparation and expertise. The practice doctorate curriculum places more emphasis on practice and less on theory and research methodology (AACN, 2006b; AACN, 2004). The final scholarly project differs as well in that a dissertation required of a PhD degree should document development of new knowledge, and a final scholarly project required of a DNP degree should be grounded in clinical practice and demonstrate ways in which research has an impact on practice.

The focus of the DNP degree is expertise in clinical practice. Additional foci include the *Essentials of Doctoral Education for Advanced Nursing Practice* as outlined by the AACN (2006b), which includes leadership, health policy and advocacy, and information technology. The focus of a research degree is the generation of new knowledge for the discipline and expertise as a principal investigator. However, although the research degree prepares the expert researcher, it should be noted that frequently DNP research projects will also contribute to the discipline by generating new knowledge related to clinical practice as well as demonstrate the use of evidence-based practice.

Please refer to **Table 1-1** for AACN’s comparison of DNP and PhD/DNS/DNSc programs.

■ The Evolution of Doctoral Education in Nursing

To appreciate the development of doctoral education in nursing, one must understand where nursing has been with regard to education at the doctoral level. Indeed, nursing has been unique in the approach to doctoral preparation since nurses began to earn doctoral degrees. Even today nurses are prepared at the doctoral level through varying degrees, which include Doctor of Education (EdD), Doctor of Philosophy (PhD), Doctor of Nursing Science (DNS), and more recently, the Doctor of Nursing Practice degree. Prior to the development of the DNP degree, the Nursing Doctorate was also offered as a choice for nursing doctoral education.

Examining the chronological development of doctoral education in nursing is somewhat complicated due to the fact that early doctorates were offered outside of nursing. These included the EdD degree and the PhD degree in basic science fields,

Table 1-1 AACN Contrast Grid of the Key Differences Between DNP and PhD/DNS/DNSc Programs

	DNP	PhD/DNS/DNSc
<i>Program of study</i>	<p>Objectives:</p> <ul style="list-style-type: none">■ Prepare nurse specialists at the highest level of advanced practice <p>Competencies:</p> <ul style="list-style-type: none">■ Based on <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> (AACN, 2006b)	<p>Objectives:</p> <ul style="list-style-type: none">■ Prepare nurse researchers <p>Content:</p> <ul style="list-style-type: none">■ Based on <i>Indicators of Quality in Research-Focused Doctoral Programs in Nursing</i> (AACN, 2001)
<i>Students</i>	<ul style="list-style-type: none">■ Commitment to a practice career■ Oriented toward improving outcomes of care	<ul style="list-style-type: none">■ Commitment to a research career■ Oriented toward developing new knowledge
<i>Program faculty</i>	<ul style="list-style-type: none">■ Practice doctorate and/or experience in area in which teaching■ Leadership experience in area of specialty practice■ High level of expertise in specialty practice congruent with focus of academic program	<ul style="list-style-type: none">■ Research doctorate in nursing or related field■ Leadership experience in area of sustained research funding■ High level of expertise in research congruent with focus of academic program
<i>Resources</i>	<ul style="list-style-type: none">■ Mentors and/or preceptors in leadership positions across a variety of practice settings■ Access to diverse practice settings with appropriate resources for areas of practice■ Access to financial aid■ Access to information and patient-care technology resources congruent with areas of study	<ul style="list-style-type: none">■ Mentors/preceptor in research settings■ Access to research settings with appropriate resources■ Access to dissertation support dollars■ Access to information and research technology resources congruent with program of research
<i>Program assessment and evaluation</i>	<p>Program outcome:</p> <ul style="list-style-type: none">■ Healthcare improvements and contributions via practice, policy change, and practice scholarship■ Oversight by the institution's authorized bodies (i.e., graduate school) and regional accreditors■ Receives accreditation by specialized nursing accreditor■ Graduates are eligible for national certification exam	<p>Program outcome:</p> <ul style="list-style-type: none">■ Contributes to healthcare improvements via the development of new knowledge and other scholarly projects that provide the foundation for the advancement of nursing science■ Oversight by the institution's authorized bodies (i.e., graduate school) and regional accreditor

Source: Reprinted with permission from AACN DNP Roadmap Task Force Report, October 20, 2006.

such as anatomy and physiology (Carpenter & Hudacek, 1996; Marriner-Tomey, 1990). The first nursing-related doctoral program was originated in 1924 at Teachers College, Columbia University and was an EdD designed to prepare nurses to teach at the college level (Carpenter & Hudacek, 1996). Teachers College was unique in that its program was the first to combine both the “nursing and education needs of leaders in the profession” (Carpenter & Hudacek, 1996, p. 5). Doctor of Education (EdD) degrees continued well into the 1960s to be the mainstay of doctoral education for nursing (Marriner-Tomey, 1990).

The first PhD in nursing was offered in 1934 at New York University. Unfortunately, the next PhD in nursing was not offered until the 1950s at the University of Pittsburgh and focused on maternal and child nursing. Incidentally, this degree was the first to recognize the importance of clinical research for the development of the discipline of nursing (Carpenter & Hudacek, 1996). The PhD degrees earned elsewhere continued to be in nursing-related fields, such as psychology, sociology, and anthropology. This trend continued until actual nursing PhD degrees became more popular in the 1970s (Grace, 1978).

Grace (1978) summarized the progression of nursing education over time. During the time between 1924 and 1959, doctoral education in nursing focused on preparing nurses for “functional specialty” (p. 22). In other words, nurses were prepared to fulfill functional roles as teachers and administrators to lead the field of nursing toward advancement as a profession. The problem noted with these programs is that they lacked the substantive content necessary to develop nursing as a discipline, as well as a profession. The next shift in doctoral education attempted to fulfill this need and took place between 1960 and 1969. Within this time period, popularity increased for doctoral programs that were nursing related. This included doctorates (PhDs) that were related to disciplines such as sociology, psychology, and anthropology. Grace (1978) noted that the development of these types of programs provided the basic science and research input necessary for the development of future nursing doctorate programs. Murphy (1981) concurred that this stage in the development of doctoral education in nursing led to pertinent questions for the discipline of nursing, such as: “(1) What is the essential nature of professional nursing? (2) What is the substantive knowledge base of professional nursing? (3) What kind of research is important for nursing as a knowledge discipline? As a field of practice? (4) How can the scientific base of nursing knowledge be identified and expanded?” (p. 646).

In response to these questions, nursing doctoral education again progressed in the 1970s to include doctorate degrees that are actually in nursing (Grace, 1978). This stage also supported the growth of nursing’s substantive structure, hence, the growth of the discipline of nursing.

Now, this is where nursing’s history of doctoral education becomes more complex. In 1960, the Doctor of Nursing Science (DNS) degree originated at Boston University and “focused on the development of nursing theory for a practice discipline” (Marriner-Tomey, 1990, p. 135), hence, the development of the first practice doctorate. The notion

of a practice-focused doctorate in nursing is not new. Even as early as the 1970s, it was proposed that the research doctorate (PhD) should focus on preparing nurses to contribute to nursing science, and the practice (or professional) doctorate (DNS) should focus on expertise in clinical practice (Cleland, 1976). Newman (1975) also suggested a practice doctorate as the preparation of “professional practitioners” (p. 705) for entry into practice. Grace (1978) noted that it was not sufficient to have a core of nursing researchers building the knowledge base (discipline) without also giving attention to the clinical field. It was also suggested by Grace (1978) that nurses prepared through a practice doctorate be titled “social engineers” (p. 26). This seems appropriate given what expert clinicians in nursing are called upon to do.

Although the DNS degree was initially proposed as a practice or professional doctorate, over time the curriculum requirements have become very similar to those for a PhD degree (AACN, 2006a; Apold, 2008; Marriner-Tomey, 1990). Research requirements for this degree have eventually become indistinguishable from that of a PhD in nursing. Because of this, it is not surprising that the American Association of Colleges of Nursing has characterized all DNS degrees as research degrees (AACN, 2004).

With the DNS and PhD degrees so similar in content and focus, the challenge to develop a true practice doctorate remained. An attempt toward this was made in 1979 when the Nursing Doctorate (ND) originated at Case Western Reserve University, followed by the University of Colorado, Rush University, and South Carolina University. The first ND program was developed by Rozella M. Schlotfeldt, PhD, RN. The Nursing Doctorate was different in that the research component was not the general focus of the degree. This degree was designed to be a “pre-service nursing education which would orient nursing’s approach to preparing professionals toward competent, independent, accountable nursing practice” (Carpenter & Hudacek, 1996, p. 42). This general theme for a practice doctorate remains consistent even today. Unfortunately, this program did not share the same popularity of DNS or PhD degrees in nursing, and it was less common to find a clinician with this preparation. Further, the curricula in these programs were varied and lacked a uniform approach toward a practice doctorate (Marion, et al., 2003).

In 2002, the AACN board of directors formed a task force to examine the current progress of practice doctorates in nursing. Their objective also included comparing proposed curriculum models and discussing recommendations for the future of a practice doctorate (AACN, 2004). To accomplish their mission, the AACN task force (2004) took part in the following activities:

- Reviewed the literature regarding practice doctorates in nursing and other disciplines.
- Established a collaborative relationship with the National Organization of Nurse Practitioner Faculties (NONPF).
- Interviewed key informants (deans, program directors, graduates, and current students) at the eight current or planned practice-focused doctoral programs in the United States.

- Held open discussions regarding issues surrounding practice-focused doctoral education at AACN's Doctoral Education Conference (January 2003 and February 2004).
- Participated in an open discussion with the NONPF along with representatives from key nursing organizations and schools of nursing that were offering or planning a practice doctorate.
- Invited an External Reaction Panel, which involved participation from 10 individuals from various disciplines outside of nursing. This panel responded to the draft of the AACN *Position Statement on the Practice Doctorate in Nursing*.

In 2004, the AACN published a *Position Statement on the Practice Doctorate in Nursing* and recommended that the Doctor of Nursing Practice degree would become the terminal degree for nursing practice by 2015. According to the NONPF, the purpose of the Doctor of Nursing Practice degree is to prepare nurses to meet the changing demands of health care today by becoming proficient at the following (Marion, et al., 2003):

- Evaluating evidence-based practices for care.
- Delivering care.
- Developing healthcare policy.
- Leading and managing clinical care and health systems.
- Developing interdisciplinary standards.
- Solving healthcare dilemmas.
- Reducing disparities in health care.

Not only is the development of the DNP degree a culmination of today's emerging healthcare demands, this degree also provides a choice for nurses who wish to focus their doctoral education on nursing practice.

Since its inception, the growth of this degree has been astonishing. The University of Kentucky's College of Nursing was the pioneer for this innovative degree and admitted the first DNP class in 2001. In spring of 2005, eight DNP programs were offered, with over 60 in development. By summer of 2005, 80 DNP programs were being considered. In the fall of 2005, 20 programs offered DNP degrees, and 140 programs were in development. Currently, approximately 130 DNP degree programs exist, and 100 are being considered (AACN, 2011a).

It should also be mentioned that in 1999, Columbia University's School of Nursing was formulating plans for a Doctor of Nursing Practice degree (DrNP) that would build on a model of "full-scope, cross-site primary care that Columbia had developed and evaluated over the past ten years" (Goldenberg, 2004, p. 25). This degree was spearheaded by Mary O. Mudinger, DrPH, RN, dean of Columbia University's School of Nursing. The curriculum of a DrNP program is clinically focused with advanced preparation designed to teach "cross-site, full-scope care with content in advanced differential diagnosis skills, advanced pathophysiology and microbiology, selected issues of compliance, management of health care delivery and reimbursement, advanced

emergency triage and management, and professional role collaboration and referrals” (Goldenberg, 2004, p. 25). This expanded clinical component is what seems to differentiate a DrNP degree from a DNP degree. The first DrNP class graduated from Columbia University in 2003.

Since the development of the DrNP degree, the Commission on Collegiate Nursing Education (CCNE), the autonomous accrediting body of the American Association of Colleges of Nursing, has decided that only practice nursing doctorate degrees with the Doctor of Nursing Practice title will be eligible for CCNE accreditation (AACN, 2005). This decision was reached unanimously by the CCNE Board of Directors on September 29, 2005 in an effort to develop a process for accrediting only clinically focused nursing doctorates (AACN, 2005). The CCNE’s decision is consistent with accrediting organizations for other health professions and helps to ensure consistency with degree titling and criteria. Specific criteria for the DNP degree, including the AACN’s *Essentials of Doctoral Education for Advanced Nursing Practice* (2006b) and the *Practice Doctorate Nurse Practitioner Entry-Level Competencies* (NONPF, 2006), are discussed later in this chapter.

■ Why a Practice Doctorate in Nursing Now?

It has already been mentioned that the notion of a practice doctorate is not new, so why the development of the DNP degree now? It has been noted that the development of the DNP is “more than a mere interruption but rather a response to the need within the healthcare system for expert clinical teachers and clinicians” (Marion, O’Sullivan, Crabtree, Price, & Fontana, 2005, p. 1). The needs of health care are also not new, yet the growth of this program has been escalating. The question is therefore posed, What are the drivers of this DNP degree, and why such urgency?

The Institute of Medicine’s Report and Nursing’s Response

In 2000, the Institute of Medicine (IOM) published a report titled *To Err Is Human*. This report summarized information regarding errors made in health care and offered recommendations to improve the overall quality of care. It was found that “preventable adverse events are a leading cause of death in the United States” (Kohn, Corrigan, & Donaldson, 2000, p. 26). Out of over 33.6 million admissions to U.S. hospitals in 1997, 44,000 to 98,000 people died as a result of medical-related errors (American Hospital Association, 1999). It was estimated that deaths in hospitals by preventable adverse events exceed the amount attributable to the eighth leading cause of death in America (Centers for Disease Control and Prevention, 1999b). These numbers also exceed the number of deaths attributable to motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516) (Centers for Disease Control and Prevention, 1999a). The total cost of health care is greatly affected by these errors as well, with estimated total national costs (lost income, lost household production, disability, healthcare costs) reported as being between \$29 billion and \$36 billion for adverse events and between \$17 billion and \$29 billion for preventable adverse events (Thomas, et al., 1999).

As a follow-up to the *To Err Is Human* report, in 2001 the IOM published *Crossing the Quality Chasm: A New Health System for the 21st Century*. In an effort to improve health care in the 21st century, the IOM proposed six specific aims for improvement. According to the IOM (2001), these six aims deem that health care should be:

1. Safe in avoiding injuries to patients from the care they receive.
2. Effective in providing services based on scientific knowledge to those who could benefit but refraining from providing services to those who may not benefit.
3. Patient centered in that provided care is respectful and responsive to individual patient preferences, needs, and values. Also, all patient values should guide all clinical decisions.
4. Timely in that wait time and sometimes harmful delays are reduced for those who give and receive care.
5. Efficient in that waste is avoided, particularly waste of equipment, supplies, ideas, and energy.
6. Equitable in that high-quality care is provided to all regardless of personal characteristics, such as gender, ethnicity, geographic location, and socioeconomic status.

The IOM (2001) emphasized that to achieve these aims, additional skills may be required of the healthcare team. This includes all individuals who care for patients. The new skills needed to improve health care and reduce errors are, ironically, many skills that nurses have long been known to exemplify. Some examples of these skills include using electronic communications, synthesizing evidence-based practice information, communicating with patients in an open manner to enable their decision making, understanding the course of illness that specifically relates to the patient's experience outside of the hospital, working collaboratively in teams, and understanding the link between health care and healthy populations (IOM, 2001). Developing expertise in these areas required curriculum changes in healthcare education as well as addressing how healthcare education is approached, organized, and funded (IOM, 2001).

In 2003, the Health Professions Education Committee responded to the IOM's *Crossing the Quality Chasm* report by publishing *Health Professions Education: A Bridge to Quality* (Greiner & Knebel, 2003). The committee recommended that "all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics" (Greiner & Knebel, 2003, p. 45). To meet this goal, the committee proposed a set of competencies to be met by all healthcare clinicians, regardless of disciplines. These competencies include the following: provide patient-centered care, function in interdisciplinary teams, employ evidence-based practice, integrate quality improvement standards, and utilize various information systems (Greiner & Knebel, 2003).

As part of the continued effort to advance the education of healthcare professionals, the Robert Wood Johnson Foundation (RWJF) and the IOM specifically

addressed advancing nursing education. In 2008, the RWJF and the IOM “launched a two-year initiative to respond to the need to access and transform the nursing profession” (IOM, 2010a, p. 1). The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing. This committee published a report titled *The Future of Nursing: Focus on Education*.

Within this report, the IOM (2010a) concluded that the “the ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of healthcare in the 21st century” (p. 2). The IOM reiterated the need for the aforementioned competencies such as leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration. In response to the increasing demands of a complex healthcare environment, the IOM recommended higher levels of education for nurses as well as new ways to educate nurses to better meet the needs of this population.

The IOM (2010a) included recommendations within this report that specifically address the number of nurses with doctorate degrees. It was noted that, although 13% of nurses hold a graduate degree, less than 1% hold doctoral degrees (IOM, 2010a). The IOM (2010a) concluded that “nurses with doctorates are needed to teach future generations of nurses and to conduct research that becomes the basis for improvements in nursing science and practice” (p. 4). Therefore, Recommendation 5 states that “schools of nursing, with support from private and public funders, academic administrators and university trustees, and accreditation bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity” (IOM, 2010b, p. 4).

The development of the DNP degree is one of the answers to the call proposed by both the IOM’s Health Professions Education Committee and the IOM’s and the RWJF’s Initiative on the Future of Nursing Committee to redefine how healthcare professionals are educated. Nursing has always had a vested interest in improving quality of care and patient outcomes. Since Nightingale, “nursing education has been directed toward the individualized, personalized care of the patient, not the disease” (Newman, 1975, p. 704). To further illustrate nursing’s commitment to improve quality of care and patient outcomes, the competencies described by the Health Professions Education Committee are reflected in the AACN’s *Essentials of Doctoral Education for Advanced Nursing Practice* and the NONPF’s *Practice Doctorate Nurse Practitioner Entry-Level Competencies*. Preparing nurses at the practice doctorate level who are experts at using information technology, synthesizing and integrating evidence-based practices, and collaborating across healthcare disciplines will further enable nursing to meet the challenges of health care in the 21st century.

Additional Drivers for a Practice Doctorate in Nursing

In 2005, the National Academy of Sciences also recommended that nursing develop a nonresearch doctorate in a report entitled *Advancing the Nation’s Health Needs: NIH*

Research Training Programs (National Academy of Sciences, 2005). The rationale for this initiative included increasing the numbers of expert practitioners who can also fulfill clinical nursing faculty needs (AACN, 2011b). The report specifically states 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 MD and PharmD in Medicine and Pharmacy, respectively” (National Academy of Sciences, 2005, p. 74). The initiatives of the National Academy of Sciences regarding doctoral education in nursing are reflected in the American Association of Colleges of Nursing’s development of the DNP degree.

Additional rationale for a practice doctorate is reflected in nursing’s educational history when the practice doctorate was first proposed. Newman (1975) noted that “nursing lacked the recognition for what it has to offer and authority for putting that knowledge into practice” (p. 704). Starck, Duffy, and Vogler (1993) stated that “for nursing to be accountable to the social mandate, the numbers as well as the type of doctorally prepared nurses need attention” (p. 214). The NONPF Practice Doctorate Task Force summarized the most frequently cited additional drivers for a practice doctorate in nursing (Marion, et al., 2005):

- Parity with other professionals who are prepared with a practice doctorate. Disciplines such as audiology, dentistry, medicine, pharmacy, psychology, and physical therapy require a practice doctorate for entry into practice.
- A need for longer programs that both reflect the credit hours invested in master’s degrees as well as accommodate additional information needed to prepare nurses for the demands of health care. Most master’s degrees require a similar number of credit hours for completion to the number required for that of practice doctoral degrees.
- Fulfill the current needs for nursing faculty shortages. The development of a practice doctorate will help meet the needs for clinical teaching in schools of nursing.
- The increasing complexity of healthcare systems requires additional information to be included in current graduate nursing programs. Rather than further burden the amount of information needed to prepare nurses at the graduate level for a master’s degree, a practice doctorate allows for additional information to be provided as well as afford a practice doctorate to prepare nurses for the changing demands of society and health care.

■ What Is a DNP Degree Made Of? The Recipe for Curriculum Standards

The standards of a DNP program have been formulated through a collaborative effort among various consensus-based standards. These standards reflect collaborative efforts among the AACN as the *Essentials of Doctoral Education for Advanced Nursing Practice*, the NONPF as the *Practice Doctorate Nurse Practitioner Entry-Level Competencies*, and most recently, the National Association of Clinical Nurse Specialists (NACNS) as *Core*

Practice Doctorate Clinical Nurse Specialist (CNS) Competencies. These organizations' strategies for setting the standards of a practice doctorate in nursing demonstrate inter-related criteria that are congruent with all rationales for a practice doctorate in nursing. It should be noted, however, that while maintaining these consensus-based standards, there may be some variability in content within DNP curricula.

The Essentials of Doctoral Education for Advanced Nursing Practice

In 2006, the AACN published the *Essentials of Doctoral Education for Advanced Nursing Practice*. These Essentials are the “foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus” (AACN, 2006b, p. 8). Nursing faculties have the freedom to creatively design course work to meet these Essentials, which are summarized as follows:

Essential I: Scientific Underpinnings for Practice

This Essential describes the scientific foundations of nursing practice, which are based on the natural and social sciences. These sciences may include human biology, physiology, and psychology. In addition, nursing science has provided nursing with a body of knowledge to contribute to the discipline of nursing. This body of knowledge or discipline is focused on the following (adapted from AACN, 2006b; Donaldson & Crowley, 1978; Fawcett, 2005; Gortner, 1980):

- The principles and laws that govern the life process, well-being, and optimal functioning of human beings, sick or well
- The patterning of human behavior in interaction with the environment in normal life events and critical life situations
- The processes by which positive changes in health status are affected
- The wholeness of health of human beings, recognizing that they are in continuous interaction with their environments

Nursing science has expanded the discipline of nursing and includes the development of middle-range nursing theories and concepts to guide practice. Understanding the practice of nursing includes developing an understanding of scientific underpinnings for practice (the science and discipline of nursing). Specifically, the DNP degree prepares the graduate to:

- Integrate nursing science with knowledge from the organizational, biophysical, psychological, and analytical sciences as well as ethics as the basis for the highest level of nursing practice.
- Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.
- Utilize science-based concepts and theories to determine the significance and nature of health and healthcare delivery phenomena, describe strategies used to enhance healthcare delivery, and evaluate outcomes

(Adapted from AACN, 2006b)

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

Preparation in organizational and systems leadership at every level is imperative for DNP graduates to have an impact on and improve healthcare delivery and patient care outcomes. DNP graduates are distinguished by their ability to focus on new healthcare delivery methods that are based on nursing science. Preparation in this area will provide DNP graduates with expertise in “assessing organizations, identifying systems’ issues, and facilitating organization-wide changes in practice delivery” (AACN, 2006b, p. 10). Specifically, the DNP graduate will be prepared to:

- Utilize scientific findings in nursing and other disciplines to develop and evaluate care delivery approaches that meet the current and future needs of patient populations.
- Guarantee accountability for the safety and quality of care for the patients they care for.
- Manage ethical dilemmas within patient care, healthcare organizations, and research, including developing and evaluating appropriate strategies.

(Adapted from AACN, 2006b)

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

DNP graduates are unique in that their contributions to nursing science involve the “translation of research into practice and the dissemination and integration of new knowledge” (AACN, 2006b, p. 11). Further, DNP graduates are in a distinctive position to merge nursing science, practice, human needs, and human caring. Specifically, the DNP graduate is expected to be an expert in the evaluation, integration, translation, and application of evidence-based practices. Additionally, DNP graduates are actively involved in nursing practice, which allows for practical, applicable research questions to arise from the practice environment. Working collaboratively with experts in research investigation, DNP graduates can also assist in the generation of new knowledge and affect evidence-based practice from the practice arena. To achieve these goals, the DNP program prepares the graduate to:

- Analytically and critically evaluate existing literature and other evidence to determine the best evidence for practice.
- Evaluate practice outcomes within populations in various arenas, such as healthcare organizations, communities, or practice settings.
- Design and evaluate methodologies that improve quality in an effort to promote “safe, effective, efficient, equitable, and patient-centered care” (AACN, 2006b, p. 12).
- Develop practice guidelines that are based on relevant, best-practice findings.
- Utilize informatics and research methodology to collect and analyze data, design databases, interpret findings to design evidence-based interventions,

evaluate outcomes, and identify gaps within evidence-based practice, which will improve the practice environment.

- Work collaboratively with research specialists and act as a “practice consultant” (AACN, 2006b, p. 12).

(Adapted from AACN, 2006b)

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

DNP graduates are cutting edge in their ability to use information technology to improve patient care and outcomes. Knowledge regarding the designing and implementing of information systems to evaluate programs and outcomes of care is essential for preparation as a DNP graduate. Expertise is garnered in information technology, such as web-based communications, telemedicine, online documentation, and other unique healthcare delivery methods. DNP graduates must also develop expertise in utilizing information technologies to support practice leadership and clinical decision making. Specific to information systems, DNP graduates are prepared to:

- Evaluate and monitor outcomes of care and quality of care improvement by designing, selecting, using, and evaluating programs related to information technologies.
- Become proficient at the skills necessary to evaluate data extraction from practice information systems and databases.
- Attend to ethical and legal issues related to information technologies within the healthcare setting by providing leadership to evaluate and resolve these issues.
- Communicate and evaluate the accuracy, timeliness, and appropriateness of healthcare consumer information.

(Adapted from AACN, 2006b)

Essential V: Healthcare Policy for Advocacy in Health Care

Becoming involved in healthcare policy/advocacy has the potential to affect the delivery of health care across all settings. Thus, knowledge and skills related to healthcare policy are central to nursing practice and therefore essential to the DNP graduate. Further, “health policy influences multiple care delivery issues, including health disparities, cultural sensitivity, ethics, the internalization of health care concerns, access to care, quality of care, health care financing, and issues of equity and social justice in the delivery of health care” (AACN, 2006b, p. 13). DNP graduates are uniquely positioned to be powerful advocates for healthcare policy through their practice experiences. These practice experiences provide rich influences for the development of policy. Nursing’s interest in social justice and equality requires that DNP graduates become involved in and develop expertise in healthcare policy and advocacy.

Additionally, DNP graduates need to be prepared in leadership roles with regard to public policy. As leaders in the practice setting, DNP graduates frequently assimilate research, practice, and policy. Therefore, DNP preparation should include experience in recognizing the factors that influence the development of policy across various settings. The DNP graduate is prepared to:

- Decisively analyze health policies and proposals from the points of view of consumers, nurses, and other healthcare professionals.
- Provide leadership in the development and implementation of healthcare policy at the institutional, local, state, federal, and international levels.
- Actively participate on committees, boards, or task forces at the institutional, local, state, federal, and international levels.
- Participate in the education of other healthcare professionals, patients, or other stakeholders regarding healthcare policy issues.
- Act as an advocate for the nursing profession through activities related to healthcare policy.
- Influence healthcare financing, regulation, and delivery through the development of leadership in healthcare policy.
- Act as an advocate for ethical, equitable, and social justice policies across all healthcare settings.

(Adapted from AACN, 2006b)

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

This Essential specifically relates to the IOM's mandate to provide safe, timely, equitable, effective, efficient, and patient-centered care. In a multitiered, complex healthcare environment, collaboration among all healthcare disciplines must exist to achieve the IOM's and nursing's goals. Nurses are experts at functioning as collaborators among multiple disciplines. Therefore, as nursing practice experts, DNP graduates must be prepared to facilitate collaboration and team building. This may include both participating in the work of the team and assuming leadership roles when necessary.

With regard to interprofessional collaboration, the DNP graduate must be prepared to:

- Participate in effective communication and collaboration throughout the development of "practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products" (AACN, 2006b, p. 15).
- Analyze complex practice or organizational issues through leadership of interprofessional teams.
- Act as a consultant to interprofessional teams to implement change in healthcare delivery systems.

(Adapted from AACN, 2006b)

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

Clinical prevention is defined as health promotion and risk reduction/illness prevention for individuals and families, and population health is defined as including all community, environmental, cultural, and socioeconomic aspects of health (Allan, et al., 2004; AACN, 2006b). Nursing has foundations in health promotion and risk reduction and is therefore positioned to have an impact on the health status of people in multiple settings. The further preparation included in the DNP curriculum will prepare graduates to “analyze epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population health” (AACN, 2006b, p. 15). In other words, DNP graduates are in an ideal position to participate in health promotion and risk reduction activities from a nursing perspective with additional preparation in evaluating and interpreting data pertinent to improving the health status of individuals.

(Adapted from AACN, 2006b)

Essential VIII: Advanced Nursing Practice

Because one cannot become proficient in all areas of specialization, DNP degree programs “provide preparation within distinct specialties that require expertise, advanced knowledge, and mastery in one area of nursing practice” (AACN, 2006b, p. 16). This specialization is defined by a specialty practice area within the domain of nursing as well as a requisite of the DNP degree. Although the DNP graduate may function in a variety of roles, role preparation within the practice specialty, including legal and regulatory issues, is part of every DNP curriculum. With regard to advanced nursing practice, the DNP graduate is prepared to:

- Comprehensively assess health and illness parameters while incorporating diverse and culturally sensitive approaches.
- Implement and evaluate therapeutic interventions based on nursing and other sciences.
- Participate in therapeutic relationships with patients and other healthcare professionals to ensure optimal patient care and improve patient outcomes.
- Utilize advanced clinical decision-making skills and critical thinking, as well as deliver and evaluate evidence-based care to improve patient outcomes.
- Serve as a mentor to others in the nursing profession in an effort to maintain excellence in nursing practice.
- Participate in the education of patients, especially those in complex health situations.

(Adapted from AACN, 2006b)

A Note About Specialty-Focused Competencies According to the AACN

The purpose of specialty preparation within the DNP curricula is to prepare graduates to fulfill specific roles within health care. Specialty preparation, along with the DNP Essentials I–VIII, prepares DNP graduates for roles in two different domains. The first domain includes roles that involve specialization as advanced practice registered nurses who care for individuals (including, but not limited to: clinical nurse specialist, nurse practitioner, nurse anesthetist, nurse–midwife). The second domain includes roles that involve specialization in advanced practice at an organizational or systems level. Because of this variability, specialization content within DNP programs differs (AACN, 2006b).

The National Organization of Nurse Practitioner Faculties Practice Doctorate Nurse Practitioner Entry-Level Competencies

The NONPF has developed specific *Practice Doctorate Nurse Practitioner Entry-Level Competencies* for nurse practitioner/DNP graduates. These Competencies differ somewhat from the AACN's Essentials in that they are particular to nurse practitioner roles. However, these Competencies are also reflective of the AACN's Essentials. These Competencies are as follows:

- I. Competency Area: Independent Practice
 - Practices independently by assessing, diagnosing, treating, and managing undifferentiated patients.
 - Assumes full accountability for actions as a licensed practitioner.
- II. Competency Area: Scientific Foundation
 - Critically analyzes data for practice by integrating knowledge from arts and sciences within the context of nursing's philosophical framework and scientific foundation.
 - Translates research and data to anticipate, predict, and explain variations in practice.
- III. Competency Area: Leadership
 - Assumes increasingly complex leadership roles.
 - Provides leadership to foster intercollaboration.
 - Demonstrates a leadership style that uses critical and reflective thinking.
- IV. Competency Area: Quality
 - Uses best available evidence to enhance quality in clinical practice.
 - Evaluates how organizational, structural, financial, marketing, and policy decisions affect cost, quality, and accessibility of health care.
 - Demonstrates skills in peer review that promote a culture of excellence.
- V. Competency Area: Practice Inquiry
 - Applies clinical investigative skills for evaluation of health outcomes at the patient, family, population, clinical unit, systems, and/or community levels.

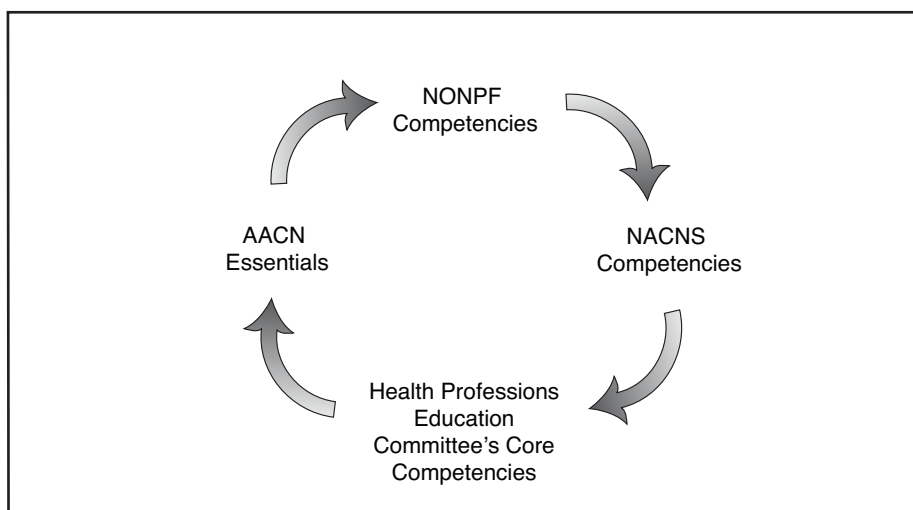
- Provides leadership in the translation of new knowledge into practice.
 - Disseminates evidence from inquiry to diverse audiences using multiple methods.
- VI. Competency Area: Technology and Information Literacy
- Demonstrates information literacy in complex decision making.
 - Translates technical and scientific health information appropriate for user need.
- VII. Competency Area: Policy
- Analyzes ethical, legal, and social factors in policy development.
 - Influences health policy.
 - Evaluates the impact of globalization on healthcare policy.
- VIII. Competency Area: Health Delivery System
- Applies knowledge of organizational behavior and systems.
 - Demonstrates skills in negotiating, consensus building, and partnering.
 - Manages risks to individuals, families, populations, and healthcare systems.
 - Facilitates development of culturally relevant healthcare systems.
- IX. Competency Area: Ethics
- Applies ethically sound solutions to complex issues.¹

Core Practice Doctorate Clinical Nurse Specialist (CNS) Competencies

In 2006, the National Association of Clinical Nurse Specialists (NACNS) consulted with various nursing organizations and nursing accrediting entities regarding the implications of the DNP degree for CNS practice and education (NACNS, 2009). A formal task force, including representatives from NACNS and 19 other nursing organizations, was charged with developing competencies for the CNS at the doctoral level (NACNS, 2009). Because traditional CNS education has included a master's degree, the *Core Practice Doctorate Clinical Nurse Specialist Competencies* should be used with the National CNS Competency Task Force Organizing Framework and Core Competencies (2008) and the AACN *Essentials of Doctoral Education for Advanced Nursing Practice* (2006) to inform educational programs and employer expectations" (NACNS, 2009, p. 10). The NACNS core competencies can be accessed at <http://www.nacns.org/docs/CorePracticeDoctorate.pdf>.

The foci of the *Core Practice Doctorate Clinical Nurse Specialist Competencies* are congruent with the AACN's *Essentials of Doctoral Education for Advanced Nursing Practice* and the NONPF's *Practice Doctorate Nurse Practitioner Entry-Level Competencies*. (See **Figure 1-1**.) Specifically, graduates of CNS-focused DNP programs should be prepared beyond traditional CNS competencies to "strengthen the already significant contribution that CNSs make in ensuring quality patient outcomes through

¹Competencies provided courtesy of the National Organization of Nurse Practitioner Faculties (NONPF). Available at www.nonpf.org.



■ **Figure 1-1** Relationship among the DNP Essentials, the NONPF Competencies, the NACNS Competencies, and the Core Competencies Needed for Healthcare Professionals per the Committee on Health Professions Education.

establishing a practice foundation based on advanced scientific, theoretical, ethical, and economic principles” (NACNS, 2009, p. 11). These competencies ensure that doctoral-prepared CNS graduates are prepared to:

- Generate and disseminate new knowledge
- Evaluate and translate evidence into practice
- Employ a broad range of theories from nursing and related disciplines
- Design and evaluate innovative strategies to improve quality of care and safety in all settings
- Improve systems of care
- Provide leadership that promotes interprofessional collaboration
- Influence and shape health policy

(Adapted from NACNS, 2009)

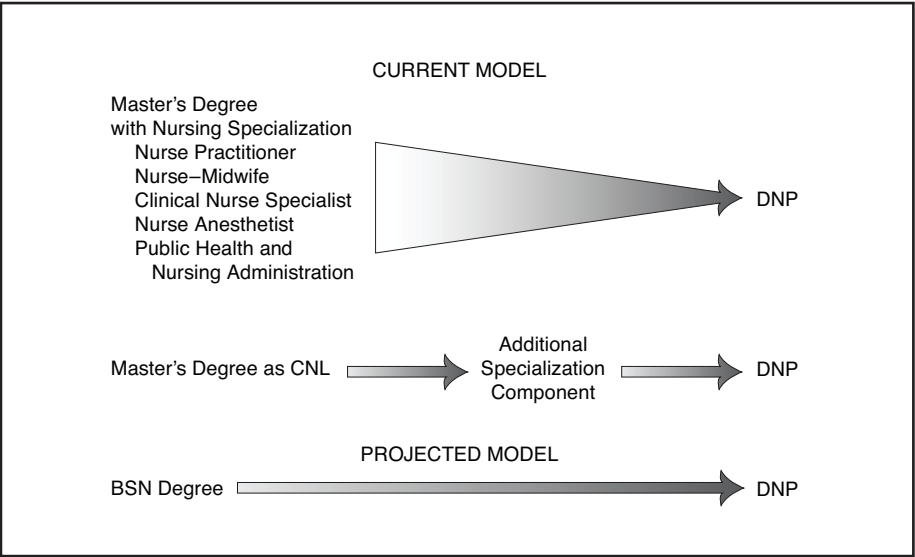
The Path to the DNP Degree: Follow the Academic Road

The path to the DNP degree is currently in transition. It should be mentioned that while the transition toward DNP preparation as entry into advanced nursing practice is taking place, current DNP programs are being offered as a post-master’s degree. Many prospective students will have already fulfilled several of the criteria listed in the *Essentials of Doctoral Education for Advanced Nursing Practice* as well as the

Practice Doctorate Nurse Practitioner Entry-Level Competencies in their master's degree curricula. Further, as mentioned earlier, the specialization content included in the DNP degree curriculum is currently being fulfilled within the master's degree curriculum. Therefore, each individual's path to the DNP degree may be unique. Prospective students' program content may be individualized to include the learning experiences necessary to incorporate the described requirements for the DNP degree. Please refer to **Figure 1-2** for an illustration of the pathways to the DNP degree.

■ **Role Transition Introduced**

As explained earlier in the chapter, the DNP is currently not a specialization degree but rather a practice doctorate for advanced nursing practice. This degree builds upon advanced nursing practice specialization and provides additional preparation in the formulation, interpretation, and utilization of evidence-based practices, health policy, information technology, and leadership. Although DNP graduates may function as evaluators and translators of research, health policy advocates, nursing leaders, educators or clinicians, it is entirely likely that these roles will be integrated as well. One DNP graduate may participate in research in addition to practicing as a nurse anesthetist. Another DNP graduate may be a nurse executive in addition to developing health policy. Nursing has always been a profession that involves juggling multiple roles (Dudley-Brown, 2006; Jennings & Rogers, 1988; Sperhac & Strodbeck, 1997).



■ **Figure 1-2** Pathways to the DNP Degree.

Within these multiple roles, the fundamental goal of the DNP graduate remains the development of expertise in the delivery of high-quality, patient-centered care, which utilizes the necessary avenues to provide that care.

Interview with a DNP Co-Founder: Then and Now

Carolyn A. Williams, PhD, RN, FAAN, is Professor and Dean Emeritus of the University of Kentucky. She was president of the American Association of Colleges of Nursing from 2000 to 2002 and Scholar-in-Residence at the Institute of Medicine from 2007 to 2008.

Then . . . 2008

Dr. Williams, could you please describe your background and current position?

I began my nursing career as a public health nurse at a public health department in a rural area and practiced for 2 years before returning to graduate school. I then received my master's degree in public health nursing. This was a joint master's degree from both the School of Nursing and the School of Public Health from the University of North Carolina at Chapel Hill (UNC, CH). I then went on to earn a PhD in epidemiology from the School of Public Health at UNC, CH. This was met with some controversy in that I did not have a large amount of nursing experience before returning to graduate school. Interestingly, the School of Public Health was supportive of my doctoral studies whereas the School of Nursing seemed to think I needed more nursing experience. This is what I call a "pernicious pattern" in nursing education. I actually had to talk faculty (in nursing) into supporting me to earn a doctorate. However, faculty from other disciplines, e.g., medicine, psychology, and sociology in the School of Public Health, were very supportive. This is where nursing differs from medicine: We don't build in the experience into our educational programs.

Upon finishing my PhD in epidemiology, I took a faculty position at Emory University's School of Nursing. From there, I was asked to return to Chapel Hill to participate in the development and evaluation of a family nurse practitioner program in the School of Nursing and to teach epidemiology in the School of Public Health. The program in the School of Nursing was one of the first six federally funded family nurse practitioner programs in the country. I remained at Chapel Hill for 13 years before accepting an appointment as dean of the College of Nursing at the University of Kentucky. Last year I retired as dean after 22 years in that position and remained as a faculty member.



This year (2007 to 2008) I am a Scholar-in-Residence at the Institute of Medicine in Washington, DC. My role here includes development of a project, which happens to be interprofessional collaboration. This stems from the view that improvement in quality care depends on people working together in interprofessional teams. Interprofessional collaboration is happening around the margins of education for health care instead of in the mainstream, particularly core clinical components of undergraduate and graduate education for health care. It may be picked up in passing, but frequently it is not a formal part of the curriculum. Part of my project involves identifying the policy changes [that] are needed at the university level to integrate interprofessional collaboration as part [of] an integral component of education in the health professions. Interprofessional collaboration is a necessary part of practice and therefore needs to be integrated into the preparation of healthcare professionals. This leads me to an issue I have always struggled with: Too few clinical faculty in nursing actually practice. This is a problem due to the fact that a practice culture is not as visible as I believe it needs to be in most schools of nursing. Some progress in having nursing faculty engaged in practice was achieved with the nurse practitioner movement that started in the 1970s, but it is still a struggle for nursing faculty to engage in practice as part of their faculty role in a manner similar to what happens in medical education. Some faculty attempt to practice on their own, not as a part of their faculty role, and usually faculty practice is not viewed as a priority in schools of nursing. I feel if we want nursing faculty to provide leadership in practice and develop leaders for practice, each school of nursing needs to have a core group of faculty who actually engage in practice as part of their faculty role.

Dr. Williams, could you please describe how your vision for a Doctor of Nursing Practice became a reality?

While on the faculty at the University of North Carolina at Chapel Hill and consulting with a number of individuals in practice settings, I developed some ideas of what nursing education to prepare nurse leaders needs to be. Initially, I viewed the degree as what public health nurses could earn to prepare them to face the challenges of public health nursing. I didn't feel that the master's degrees in nursing offered at that time (1970s through early 1980s) were sufficient for the kind of leadership roles nurses were moving into. I felt a true practice degree at the doctoral level was needed.

When I went to the University of Kentucky as the dean of nursing, I was charged with developing a PhD in nursing program. While at Chapel Hill I had been very involved in research activity, doctoral education in epidemiology, and was active nationally in research development and advocacy in nursing as chair of the American Nurses Association's Commission on Nursing Research and as the president of the American Academy of Nursing. I proceeded to work with the faculty at the University of Kentucky, and we developed the PhD program in nursing. However, I was still interested in the concept of a practice doctorate and promoting stronger partnerships between nursing practice and nursing education.

As time went on it became clearer and clearer to me that to prepare nurses for leadership in practice, something more in tune with preparing nurses to utilize knowledge, not necessarily generate new knowledge, which was expected in PhD programs, was needed. Thus, I began to talk with and work with my faculty colleagues on the concept of a new practice degree for nurses to prepare for leadership in practice, not in education or research.

I saw practice as the focus with this degree, not research. Working with my University of Kentucky faculty colleagues, particularly Dr. Marcia K. Stanhope and Dr. Julie G. Sebastian, we developed the initial conceptualization of the degree. These foci included four themes that I feel should be central to a practice doctorate in nursing:

- Leadership in practice, which included leadership at the point of care. This also includes leadership at the policy level to impact care.
- A population approach and perspective. This involves a broader view of health care, which recognizes the importance of populations when planning and evaluating care processes.
- Integration of evidence-based practice to make informed decisions regarding care.
- The ability to understand change processes and institute positive changes in health care.

These four themes guided the development of the curriculum of the first DNP program at the University of Kentucky, which when we instituted it was the first in the United States. These themes also influenced and are incorporated in what became the AACN's *Essentials of Doctoral Education in Advanced Nursing Practice*.

To expand on the development of the DNP program at University of Kentucky, the following is the timeline:

1994–1998	Informal conversations among faculty, people in practice, and others regarding a practice doctorate in nursing.
1998	Professional Doctorate Task Force Committee formed.
May 1999	Approval of DNP program by total college faculty.
July 1999	Medical Center Academic Council approval.
January 2000	University of Kentucky Board of Trustees approved the program.
May 2000	Approval by the Kentucky Council of Postsecondary Education.
January 2001	The first national paper on the DNP degree at the AACN's National Doctoral Education Conference (Williams, Stanhope, & Sebastian, 2001).
Fall 2001	Students admitted to the first DNP program in the country.

In 1998, when the University of Kentucky's DNP task force was created, we decided we didn't want this degree to look like anything else currently in nursing education. We also decided on the name of this degree in this committee. We wanted the degree and the name to focus on nursing practice, and we did not want the degree to be limited to preparing for only one particular type of nursing

practice. We decided on the Doctor of Nursing Practice because that describes what the degree is: a practice degree in nursing.

One of the most important things that happened during my presidency of the American Association of Colleges of Nursing was the appointment [of] a task force to look at the issue of a practice doctorate. The task force committee was carefully planned. I wanted to have a positive group of people as well as major stakeholders represented. These stakeholders were credible individuals who had an interest in the development of a practice doctorate. Members of the committee included representatives from Columbia University, the University of Kentucky, a representative from an ND program, as well as a representative from schools that did not have nursing doctoral programs. This committee was chaired by Dr. Elizabeth Lentz, who has written extensively on doctoral education in nursing. As this task force began sorting out the issues, it became the goal that by 2015, the DNP would become the terminal degree for specialization in nursing.

From this point, a group to develop both the essentials of doctoral education in nursing and a roadmap task force were formed. These committees worked together, and we presented together nationally in a series of regional forums. We invited others to engage in discourse regarding the essentials as well as ask questions about the DNP degree. As our presentations across the country came to a conclusion, we noticed an obvious transformation. The DNP degree was beginning to gain more acceptance. By the time we were done, the argument of whether to adopt a practice doctorate in nursing had given rise to how to put this degree in place.

Dr. Williams, are you surprised by the acceptance of the degree and speed with which programs are being developed?

Yes, I am surprised. I thought the DNP degree would be an important development for the field of nursing, and I thought some would adopt a practice doctorate. I certainly did not think things would move so fast. The idea of a DNP really struck a chord with many people.

Dr. Williams, do you think the history of doctoral education in nursing has influenced the development of a practice doctorate in nursing?

Well, we need to have scientists in our field. However, we also need to come to grips with the fact that we are a practice discipline. Over the years, since the late 1970s, many of the leading academic settings in nursing have become increasingly research intensive and [have] not spent as much effort on developing a complementary practice focus. I feel the development of a practice doctorate has more to do with our development as a discipline than the history of doctoral nursing education. Attraction and credibility from the university setting stem from involvement in research. Therefore, it becomes a struggle when handling this practice piece. If nursing wants acceptance as a discipline, we must have research. But we are a practice discipline, and all practice disciplines struggle to some extent in research-intensive university environments.

Dr. Williams, do you agree that nursing should have both a research- and a practice-focused doctorate?

Of course. The ratio between research-focused and practice-focused doctorates may be tipped toward the practice focused due to the practice focus of our discipline.

Dr. Williams, could you describe what you feel is the future of doctoral education in nursing?

Down the pike, some people may move into DNP programs and then discover they want to be researchers and end up also getting a PhD. This would be very healthy for our profession. Essentially, we have lost talented folks due to offering only a research-focused terminal degree. The DNP allows us to accommodate those folks who don't want a research-focused degree.

I also feel we need a more intensive clinical component integrated into the degree. This may be in the form of residency programs integrated within nursing degrees or as a postdoctorate option.

Dr. Williams, could you expand on the grandfathering of advanced practice registered nurses (APRN) who don't wish to pursue a DNP degree?

The DNP degree will not be required to practice anytime soon. It took a while to require a master's degree to practice as an APRN. There will be a similar transition regarding the DNP degree. If someone is certified and successful as an APRN without a DNP, they should continue to be successful.

Dr. Williams, do you believe the DNP will continue to flourish as a degree option for nursing? If so, what would your advice be regarding nurses earning a DNP degree?

Yes, I do. My advice regarding nurses earning a DNP degree is that it depends on their career choice. Some have been looking for this option for a long time. This may be the right degree for some no matter where they are in practice.

Now . . . 2011

Dr. Williams, we discussed your nursing background and education last time we spoke. Could you please describe your current position and what types of projects you are currently involved in?

After leaving the deanship at the University of Kentucky I continued my role as a professor on the faculty. Throughout my time as dean of the college I always had a teaching assignment, although limited but usually one course a year. I now have a full-time teaching commitment and teach several courses in the DNP Program including one course that both DNP and PhD students take. In addition, I am working on a project to try to enhance the role of nursing faculty in clinical practice and decision-making roles in academic health science centers. This is the environment where many of our graduate students in nursing in North America are prepared, as well as a large proportion of our undergraduates. Yet, the way

nursing education has been involved in clinical matters is very different from the role medicine plays. There are many reasons for this. I am evaluating this in an effort to understand and identify options for change.

Last time we talked, you were working at the Institute of Medicine on a special project regarding interprofessional collaboration. Did this project include any implications for DNP graduates?

While I was at the IOM I spent some time looking at interprofessional collaboration and how to enhance it. There is much written about preparing health professionals to value interprofessional collaboration and engage with other health professionals as they care for patients. However, innovative learning opportunities to expose students to interprofessional experiences represent a major challenge for educators in all of the health professions. Creating such experiences are particularly important for those preparing DNP students because of the role DNP graduates will play in working with and coordinating with other health professionals. But the educational model many DNP programs have developed involving distant learning strategies means that DNP faculty members have to be both highly committed to the importance of such learning experiences and extremely creative as they design them.

What is your impression of the progress of the DNP degree? How does the current progress of the DNP degree compare to your original vision of the DNP degree?

Our original vision at the University of Kentucky was that the DNP would be a doctoral degree for leadership in practice. The first program was set up as a post-master's offering. When AACN's Doctoral Task Force, that I appointed while I was AACN's President, proposed that preparation for specialization in nursing should be at the DNP level, I supported the proposal and worked to implement it as chair of the Roadmap Task Force and in other ways. I am still supportive of the concept.

I am surprised about how many programs have developed in a relatively short time. And, I admit to being somewhat concerned about what seems to be an effort in some programs to make the program as short as possible. Of course, we do not want to have unnecessarily long programs, but the DNP is a doctoral degree and there needs to be time for in-depth doctoral-level work. The challenge the discipline faces is to make sure that all DNP programs are high-quality doctoral programs. As more schools develop BSN to DNP programs, this challenge will be felt to a greater extent. Faculty will be challenged to prepare, in a very limited time frame, beginning specialists in an area of practice who also possess the broader analytical skills necessary for leadership.

I am aware that there are those in nursing who argue we should retreat back to the master's in order to respond to human resources concerns. I do not agree. I believe the history of nursing is replete with examples of compromising the education of nurses to deal with human resources issues. I think the momentum of the DNP, a concept that has "clicked" with so many young nurses, is strong enough to overcoming the backtracking of some.

Why do you think the DNP degree continues to gain acceptance and momentum?

In my view the reason is that the DNP was conceived to prepare nurses to move with and lead the kind of system changes necessary in health care. The first DNP program at Kentucky had four key concepts which formed the foundation for the program: a population-system perspective, evidence-based decision making, leadership, and facilitating change. These concepts remain as important components of the DNP essentials and as curricular components in DNP programs. I believe that young nurses who want to make a difference in their career in nursing realize that they will need additional knowledge, skills, and approaches to be successful in the complex arena of health care and they see that the DNP program can help provide what is needed.

When we last spoke in 2008, you agreed that nursing needed both a research- and practice-focused doctorate. Do you still agree that a research- and practice-focused doctorate are beneficial to the profession?

Absolutely YES!!!! We are a practice discipline and we need some of those in practice to be prepared with a focus on practice at the doctoral level. Had we had a practice-focused second professional degree earlier in our history I believe our discipline would be in a very different place today. We have a lot of ground to make up when we consider that as a health professional group, professional nurses are the least educated of the health professionals and each year the majority of those who sit for the licensure examination are not prepared at the baccalaureate level. Yes, we desperately need as many nurses with a practice doctorate that we can produce in order to change the world of nursing practice.

Do you believe that a partnership is currently forming between PhD and DNP graduates?

I believe this is coming. I think it will be most evident in schools that offer both programs. I think it will become clear to thoughtful faculty in such schools that there are some commonalities to both programs and we will see some creative curricular plans that allow students in both programs to work together at various points in their programs of study. The faculty at the University of Iowa has developed an innovative curricular model that brings together both student groups for selected experiences and has excellent potential for facilitating collaboration. A key factor at Iowa is that the faculty who teach in both programs are modeling what collaboration looks like for the students of both programs. This is very innovative and very inspiring.

How would you recommend we continue to move forward with the AACN's recommended target date of the DNP for entry into practice by 2015?

My answer is very simple, KEEP PRESSING FORWARD, DON'T MISS A BEAT!



SUMMARY

- The DNP degree is defined as a practice-focused doctorate degree that prepares graduates as experts in nursing practice.
- Nursing practice is defined by the AACN as “any form of nursing intervention that influences health care outcomes for individuals or populations, including direct care of individual patients, administration of nursing and health care organizations, and the implementation of health policy” (AACN, 2004, p. 3).
- According to the AACN’s (2004) position statement, the DNP degree is proposed to be the terminal degree for nursing practice by 2015.
- A nursing PhD degree is a research-focused degree, and the DNP degree is a practice-focused degree.
- The evolution of doctoral education in nursing illustrates where we have been in doctoral education and the direction nursing is taking in the development of doctoral education.
- The concept of a practice doctorate is not new. The idea began in the 1970s with the development of the DNS degree.
- The AACN now designates the DNS and PhD degrees as research-focused degrees, with the DNP/DrNP being the designated practice-focused degrees.
- In 2002, the AACN board of directors formed a task force to examine the current progress of proposed doctorates in nursing.
- In 2000, the Institute of Medicine published a report titled *To Err Is Human*, which summarized errors made in the healthcare system and proposed recommendations to improve the overall quality of care.
- In 2003, the Health Professions Education Committee published *Health Professions Education: A Bridge to Quality*, which outlined a specific set of competencies that should be met by all clinicians.
- In 2008, the IOM appointed the Committee on the RWJF Initiative on the Future of Nursing. This committee published a report in 2010 titled *The Future of Nursing: Focus on Education*, which concluded that the “the ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of healthcare in the 21st century” (IOM, 2010, p. 2). This committee also recommended doubling the number of nurses with doctorates by the year 2020.
- In 2004, the AACN published a position statement regarding a practice doctorate in nursing and recommended that by 2015 all nurses pursuing advanced practice degrees will be prepared as DNP graduates.
- In 2005, the National Academy of Sciences also recommended that a nonresearch nursing doctorate be developed to meet nursing faculty needs.
- In 2006, the AACN described the *Essentials of Doctoral Education for Advanced Nursing Practice*, which represents the standards for DNP curricula.
- The NONPF outlined the *Practice Doctorate Nurse Practitioner Entry-Level Competencies* as standards for DNP curricula.

- In 2009, the NACNS developed *Core Practice Doctorate Clinical Nurse Specialist Competencies*.
- The DNP degree is currently a post-master's degree program while the transition to the doctoral preparation for advanced nursing practice is taking place.
- Graduate students may follow an individualized path to the DNP degree depending on their current master's degree preparation.
- DNP graduates may be involved in many different roles that may include, but are not limited to, evaluation and translation of research, leader, health policy advocate, educator, and clinician.

REFLECTION QUESTIONS

1. How do you think nursing's history has contributed to the development of the DNP degree?
2. How do you think the IOM report *To Err Is Human*, along with the follow-up report *Crossing the Quality Chasm*, contributed to the development of the DNP degree?
3. Explain why you think the IOM and the RWJF concluded in their report *The Future of Nursing: Focus on Education* that nurses need improvement in their educational preparation.
4. Do you think a struggle still exists within nursing today regarding whether doctoral education should be research or practice focused?
5. Do you think nursing doctoral education should be research focused, practice focused, or both?
6. Do you think a DNP degree is the right degree for you?

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