

Letters to the Editor

Editor's Note: *These letters were written in response to the Point/Counterpoint column "Should advance practice nurses be grandfathered in, rather than required to obtain a doctor of nursing practice?" in the April 2007 issue.*

Dear Editor:

Yes, I do think that nurse practitioners (NPs) need to be grandfathered in. Now, even though I am 62, I still have a desire and goal to get either a PhD or DNP. But if I don't, I still want to work as long as I am physically able to. And to tell you the truth, of all the curriculum that I have looked at, I do not see how that is going to make a difference in practice. It is just sad to me that nurse practitioners and nurses are still having to prove themselves by getting more and more education and credentials.

*Sharon M. Prince, APRN
MinuteClinic, Atlanta, GA*

Dear Editor:

First, I think it is a shame that there will be another "university" driven, time and money hog hoop for the future caregivers to have to jump through. There is nothing at that level of education that should be mandatory to the ability to PRACTICE your profession. If one wanted to incorporate the theories, research, etc, into their practice, what a good addition, but it should NEVER be mandatory. Once again, here goes what we have for the last 30 years called "nursing at its finest," continuing to show how nursing is no further along in the respect community that you are so desperate to be included.

Stop the madness and get back to what nursing is about—

demand the best there and watch the respect return to the profession. The NPs in the community will be respected and asked for instead of having to try to prove themselves and thinking they can by adding a degree that is useless but has some initials that look like everybody else's.

*Lois Bradley, FNP
Columbia, SC*

Dear Editor:

I never respond to articles in journals, but I have to comment on this one. I understand the shift to a doctorate for APNs. I understand that in the eyes of others, somehow those initials mean something. I understand the basic credibility issue, the need to standardize the profession. I also understand that some people just really want to use the title of "doctor" to refer to themselves.

HOWEVER, I have been working as an NP for almost 10 years now. I am constantly reading, participating in clinical research, going to conferences, and writing. There is NO significant contribution that some ivory-tower initials could make to my current practice. If I were made to go back to school for this, I likely would be departing from the profession in 2015. I just hope we have enough warning so that I can choose my next career path.

Susan Porterfield's article implies that attaining a DNP will

ensure that clinicians are up to date and current with their clinical knowledge. This is flawed in so many ways. I know of many nurses who have plenty of degrees and no ability to function in the clinical setting. I myself have only an MSN and keep myself extremely current in my relevant area of practice. I have learned far more out here in the real world than I ever did in school. As a matter of fact, the tens of thousands of dollars spent at CWRU got me very little other than a degree and a basic (and I do mean basic) familiarity with what my future would hold.

For the students who will be going to school for these DNP degrees, I hope they are not wasting additional time and money on purely academic exercises. APN education should be more like medical school/resident education, and I pray for the future of the profession that this degree has more practical clinical relevance than I think it will.

*LB
Cleveland, OH*

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