The Doctor of Nursing Practice (DNP): How Will It Impact Urologic Nursing?

In the United States, nursing doctoral programs currently fall into one of two categories, research-based or practice-based (clinical). While some nurses have completed doctoral work in education (for example, the EdD) or other fields (such as anthropology), research-based nursing doctoral programs generally grant graduates a PhD or Doctor of Nursing Science (DNS, DSN, or DNSc) degrees. In the late 1970s, the School of Nursing at Case Western Reserve University began the first clinical nursing doctoral program and awarded graduates a doctor of nursing (ND) degree (Barker, 2009). Since that time, much discussion has ensued regarding the benefits and challenges of both approaches to doctoral education, the future of the master’s degree as the minimum preparation for advanced practice, and the rapidly changing nature of nursing clinical practice.

In 2002, as a continuation and result of these types of discussions, the American Association of Colleges of Nursing (AACN) established a task force focused on the Practice Doctorate in Nursing. During the next two years, this task force obtained information about existing programs, led discussion groups and forums regarding this topic, and in 2004, issued a position statement on the Doctor of Nursing Practice (DNP) (AACN, 2004). AACN members subsequently voted to adopt the DNP as the highest practice degree and recommended that by 2015, the DNP be the entry point into advanced practice (AACN, 2006a). Although the recommendation remains controversial and is often the topic of discussion among clinicians and academic nursing leaders, the reality is that DNP programs have, for the most part, replaced ND programs (Peterson, 2008), and many academic institutions have developed new DNP programs or are considering development of practice-based doctoral programs. According to AACN, practice-focused nursing doctoral programs are rigorous and demanding, place a great emphasis on practice, and generally include “integrative practice experiences and an intense practice immersion experience” (AACN, 2006b, p. 3). These immersion experiences most often take the form of a clinical dissertation or practice application-oriented “capstone” project.

Will the DNP impact urologic nursing, and if the answer is “yes,” then how will it affect us? Attendance at two national conferences in October 2008 sparked my interest in trying to answer these questions, and in addition, identify questions we, as urologic nurses, should consider. First, I believe there will be a direct impact on all urologic clinical settings where we take care of patients. Like many of you, in early October, I enjoyed and learned from the presentations at the SUNA Annual Conference in my hometown of Philadelphia, PA. On the last day of the conference, Dr. Howard Snyder discussed the reality of the impending “major shortage” of urologists and the importance of nurse practitioners (NPs) and physician’s assistants (PAs) as part of the solution to this significant problem. Thus, we are very likely to see more NPs in urologic clinical settings, and some of these NPs will have received either post-master’s or entry-level NP education via a DNP program.

In addition, we are also likely to encounter DNP students in clinical rotations or completing capstone projects in our urology practice settings. I believe these experiences will impact the flow of our practices, how our patients interact with these individuals, and the clinical knowledge we may gain as a result. For example, in mid-October, I spoke at the Geriatric Nursing Education Consortium (GNEC) Training Institute in St. Louis, MO. I was fortunate to meet Renee Dugger, MSN, GCNS-BC, a DNP student at the University of Southern Indiana, currently doing her capstone project on the use of bladder scanners in nursing homes. GNEC is a national initiative to enhance geriatric content in senior-level baccalaureate courses administered by AACN and funded by the John A. Hartford Foundation. Her goals are to place bladder scanners in

Christine Bradway, PhD, CRNP
select nursing homes in the state of Indiana, provide staff education regarding evidence-based assessment and management of UI, evaluate outcomes of the project (including the impact on health-related quality of life for the nursing home residents), and submit a report to the Indiana State Department of Health with the hope of instituting this as a “best practice” model for all nursing homes in the state. I hope she will also consider publishing the results of her project in *Urologic Nursing* so that we can all benefit from the knowledge she gains as a result of this project!

Many questions remain, such as: How similar or different will DNP graduates be compared with master’s-prepared APNs and PAs already practicing in urology settings? How will SUNA respond to this role, and how will advanced practice certification in urology be affected? If nurses with a clinical doctorate also teach in nursing schools, how will capstone projects focused on urologic nursing impact what future undergraduate and graduate nursing students learn about our specialty? How will patients, family members, urologists with whom we collaborate, and other staff react to this new title, and in some cases, new role? These and I suspect many other questions are ones we should be discussing with our colleagues, and at regional and national forums focused on urologic nursing. Furthermore, I believe it is our responsibility to be knowledgeable about the DNP, critically examine its impact on our specialty, and use this knowledge to address current and future educational and certification mandates likely to affect our practice, and in turn, the health of our patients.

Christine Bradway, PhD, CRNP
Editorial Board Member

References