Doctorate of Nursing Practice: Blueprint for Excellence

Arlene M. Sperhac, PhD, CPNP, FAAN, & Patricia Clinton, PhD, CPNP, FAANP

ABSTRACT
A great deal of work has been done during the past several years since the American Association of Colleges of Nursing voted in October 2004 to move advanced practice nursing to the doctoral level by 2015. Following the approval, task forces were formed to address curriculum issues and the strategies for transitioning advanced practice nursing education from the master’s level to the doctorate of nursing practice (DNP). The DNP curriculum contains content on leadership, management, and other topics that are needed to address some of the issues in the health care system that traditionally have not been included in most master of science in nursing curricula, as well as additional essential content and nurse practitioner competencies. As pediatric nurse practitioners and other advanced practice nurses go forward in their careers, the DNP may have an impact on their role. In this article, the background of the DNP movement, changes in advanced practice nursing education, and the concerns of currently practicing pediatric nurse practitioners prepared at the master’s level will be addressed. J Pediatr Health Care. (2008) 22, 146-151.

Key words: doctorate of nursing practice (DNP), advanced practice nursing (APN), APN education

The changing demands of the United States’ complex health care environment require the highest level of scientific knowledge and practice expertise to ensure high quality patient outcomes. The Pew Health Professions Commission (1995) report, Reforming Health Care Workforce Regulations: Policy Considerations for the 21st Century, led to reflections on how to reconceptualize the education of health care providers. The report called for a learning environment characterized by partnerships with technology, health care systems, and the government in order to forge new alliances. Publications by the Institute of Medicine (2001, 2003) identified core competencies that all health care providers should possess. These competencies include a focus on patient-centered care, an interdisciplinary approach to health care management, the use of evidence-based practice, continuous quality improvement, and the incorporation of informatics to manage and understand the wealth of data available to clinicians. Members of the American Association of Colleges of Nursing (AACN), an organization composed of deans and directors that establishes quality standards for nursing education programs, responded to the Institute of Medicine and other reports citing a need for changes in education of health professionals. In October 2004, the AACN endorsed the Position Statement on the Practice Doctorate in Nursing (AACN, 2004). This document recommended that advanced practice nursing education move from the master’s degree to the doctorate level (DNP) by the year 2015. The DNP requires additional skills and competencies that are directly applicable to advanced practice nursing and would address many of the changing demands of the health care environment.
The DNP movement received further support when, in 2005, the National Research Council of the National Academies (2005) issued the report *Advancing the Nation’s Health Needs*. The report called for a distinction between “the educational needs and goals of nursing as a practice profession that require practitioners with clinical expertise from nursing as an academic discipline and science that requires independent researchers and scientists to build the body of knowledge” (National Research Council of the National Academies, 2005, p. 74). It further stated 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 M.D. and Pharm.D. in medicine and pharmacy, respectively (National Research Council of the National Academies, 2005, p. 74).

Currently, advanced practice nurses (APNs), including nurse practitioners (NPs), clinical nurse specialists, nurse midwives, and nurse anesthetists, are prepared in master’s degree programs that often carry a credit load equivalent to doctoral degrees in the other health professions. The DNP, also called the practice or clinical doctorate, would provide nurses with a professional doctorate analogous to the M.D. for physicians, Pharm.D for pharmacists, or the AuD for audiologists. The practice doctorate in nursing would convey a level of competence and accountability that the public, legislators, and other stakeholders understand, and it would provide additional content on use of evidence-based materials, health care systems, and management and the leadership skills needed to coordinate care across settings. The DNP curriculum includes content that addresses competencies in areas such as health care systems, policy, and technology, thus providing the skills needed to forge new alliances as suggested in the Pew Report (1995).

**DOCTORAL EDUCATION**

The DNP is intended for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. PhD programs in nursing typically focus on basic or clinically focused research. DNP programs are clinically focused and led by APN faculty as outlined in the Table (adapted from AACN Comparison of DNP and PhD/DNSc/DNS Programs, 2005). The program of study for the DNP degree centers on leadership, knowledge, and refining skills in the areas of scholarly practice, practice improvement, innovation, and testing of care delivery models, and on clinical expertise for advanced nursing education. This new degree option will provide nurse practitioners with skills to complement the well-established clinical knowledge and skills acquired in current advanced practice programs. The DNP credential will establish title parity with other health professionals with whom NPs collaborate in providing health care.

**DNP Education**

In 2004, the AACN Board of Directors formed a task force to address the transitions needed in nursing education. The Task Force on the Essentials of Nursing Education for the DNP developed the critical content and the curricular elements that must be present in programs that offer the DNP degree. After a 2-year consensus-building process, AACN member institutions voted to endorse the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The DNP Essentials underwent numerous revisions and refinement and resulted in the content outlined in the Box. The DNP Essentials were purposely developed to incorporate *The Essentials of Master’s Education for Advanced Practice Nursing* (AACN, 1996) and to further expand and increase the level of this content. The AACN Essentials are the basis for advanced nursing education and are incorporated into the graduate nursing core and the APN core courses, such as research, pharmacology, pathophysiology, and advanced assessment.

Competencies for NP specialty education were developed and published in 2002 by the National Organization of Nurse Practitioner Faculties (NONPF), an organization focused on NP education (NONPF, 2002). These competencies were refined and clarified in 2006 by a validation panel that included representatives from education, certification, and institutional organizations and, following a public comment period, the Practice Doctorate Nurse Practitioner Entry-Level Competencies were distributed (NONPF, 2006). The Figure (Sperhac & Martin, 2007) shows a schematic overview of NP education. Both the AACN Essentials and the NONPF Competencies, shown in the schematic, build on the current master’s level advanced practice programs by providing education in such areas as evidence-based practice, quality improvement, and systems thinking.

The competencies for the DNP degree are similar to the master of science in nursing (MSN) competencies, but the DNP competencies are formulated at a higher level with more emphasis on leadership, quality, health care delivery systems, and health care policy (NONPF, 2006). Exemplars of the competencies can be found on the NONPF Web site (http://www.nonpf.com/). Currently the MSN and DNP competencies are being integrated given the movement for NP education to the practice doctorate level.

The NONPF DNP competencies for NPs include the following:

- Independent practice
- Scientific foundation
- Leadership
- Quality
- Practice inquiry
- Technology and information literacy
In 2002, NONPF leadership voted to support clinical doctoral education for nurses. The NONPF Executive Board took this action believing that it would result in the standardization of new advanced clinical programs in nursing, enhance career mobility, and strengthen leadership, management, and outcomes content in APN education. With these changes in the education of NPs, there ultimately would be an impact resulting in an improvement in health care delivery systems and in patient care.

**EDUCATIONAL PROGRAMS**

In the past 2 years there has been a tremendous increase in the movement of programs offering the DNP. In 2004, there were approximately nine programs. Since then the number of programs has grown exponentially to more than 190 in various stages of development, from planning to admitting and graduating students with the DNP (AACN, 2007).

DNP educational programs range from post-baccalaureate to post-master’s level, and therefore, the requirements for admission to DNP programs may vary. Additionally, some programs admit students who have a generalist master’s degree and wish to obtain a clinical specialty at the DNP level. In these cases, students may be required to take all of the didactic and practica currently at the master’s level in addition to completing coursework for the DNP. Other programs admit students who are practicing NPs with a master’s degree and who wish to gain the added knowledge and skills afforded them by the DNP. In this situation, the length of time in the DNP program will be shorter and the course content will concentrate on the leadership, health policy, and other skills that are the focus of the DNP.

In general, post-master’s programs vary from 1 to 2 years of full-time study. Examples of courses that students might enroll in include epidemiology, business concepts, organizational analysis, health policy, evidence-based practice, and leadership. Most programs will expect students to complete and present a capstone project that demonstrates the ability to synthesize and apply the concepts learned in the didactic courses.

### TABLE. Comparison of DNP and PhD programs

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<tr>
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<th>DNP</th>
<th>PhD</th>
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<tr>
<td><strong>Faculty requirements to teach in programs</strong></td>
<td>Practice doctorate or research doctorate Senior leadership experience; professional organization involvement; high level of expertise in area of practice; clinical and business method skills (strategic planning, marketing)</td>
<td>Research doctorate in nursing or related field Research funding at senior level; program of research consistent with area(s) of focus of program; expertise in methods, e.g., quantitative/qualitative</td>
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<td><strong>Educational preparation Experience</strong></td>
<td>Leadership and management skills; emphasis on clinical expertise and faculty roles; DNP Essentials (AACN, 2007)</td>
<td>Prepare nurse researchers Theory; research methodology; role component; emphasis on research and faculty roles</td>
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<tr>
<td><strong>Programs of study</strong></td>
<td><strong>Objectives</strong> Prepare nurse practitioners and leaders at the highest level of practice</td>
<td>Prepare nurse researchers</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>Leadership and management skills; emphasis on clinical expertise and faculty roles; DNP Essentials (AACN, 2007)</td>
<td>Theory; research methodology; role component; emphasis on research and faculty roles</td>
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<td><strong>Resources</strong></td>
<td>Mentors in leadership positions across a variety of health care settings, not limited to nursing; state of the science information technology resources; access to diverse practice settings; access to evaluation data and databases in practice setting</td>
<td>Active programs of research in fundable areas; access to dissertation support dollars; technical and support services for state of the science information acquisition, communication, and management; mentors in research</td>
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<td><strong>Students</strong></td>
<td>Depending on program model, may require basic clinical and administrative experience; commitment to career in practice and/or service leader; oriented to improving outcomes of care</td>
<td>Commitment to research career; oriented to development of new knowledge and establish a pattern of productive scholarship</td>
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<tr>
<td><strong>Program assessment/ evaluation/ outcome</strong></td>
<td>Contributes to improvement in health care via direct service and policy change; reviews accreditation by specialized nursing accreditor</td>
<td>Research contributions that help guide service change and advance nursing science</td>
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Meeting the responsibility of preparing APNs whose skill sets meet the public’s need is the primary concern of educators. As the AACN Essential’s content and the NONPF competencies are integrated into the current curriculum, education at the DNP level will prepare future PNPs to be leaders in health care.

**TRANSITION TO THE DNP**

In 2004, the AACN Board of Directors formed the Task Force on the Roadmap to the DNP and charged it with developing an implementation plan. The plan involves identifying, assessing, and making recommendations regarding practice and regulatory issues and examining master’s-to-doc-toral transition programs. There is strong recognition of the need to offer reasonable ways for current MSN-prepared NPs to pursue the DNP. Distance learning methods and resources to support NPs in this endeavor are important considerations in order to minimize the need to stop working or relocate.

**PNP CONCERNS**

**Career Goals**

Many pediatric nurse practitioners (PNPs) are concerned about what actions they should take when considering their future career goals. There is no simple answer that would apply to everyone. Each PNP must examine and assess where he or she is in relation to clinical experience, leadership experience, knowledge base, and career trajectory. Thus, PNPs with fewer than 10 years until retirement may decide that further formal education is not something they would want to pursue. On the other hand, fairly new graduates who anticipate working for the next 20 to 30 years may want to return for the DNP to better position themselves in a future job market.

While the DNP has caused concern for some NPs about their continued legitimacy to practice, it is important to remember that the shift from the MSN, as the terminal degree, to the DNP as the appropriate level of preparation for practice is an education-driven initiative. It is impractical to imagine that educational institutions can retro educate the more than 100,000 NPs currently providing quality health care in a multitude of settings. Also, at this time, state boards of nursing and certification agencies require an MSN, not a DNP, for licensure or certification at the advanced level (National Council of State Boards of Nursing, 2002).

For NPs who wish to acquire the practice doctorate, credit may be given for previous graduate study

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**BOX. The essentials of doctoral education for advanced nursing practice**

- Scientific underpinnings for practice
- Organization and system leadership for quality improvement and systems thinking
- Clinical scholarship and analytic methods for evidence-based practice
- Information systems/technology and patient care technology for the improvement and transformation of health care
- Health care policy for advocacy in health care
- Interprofessional collaboration for improving patient and population health outcomes
- Clinical prevention and population health for improving the nation’s health
- Advanced nursing practice


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and clinical experience. The doctoral objectives and core competencies would then build on the knowledge and skills of the experienced NP. A portfolio approach to document attainment of competencies (NONPF, 2007) is one method faculty may use to evaluate the DNP candidate. Specific indicators for these competencies are identified, both in didactic courses and clinical courses. Assessment measures to ensure the education of professionally competent NP graduates as well as multiple uses of the portfolio as an approach to competency-based education evaluation are outlined (NONPF, 2007).

It is important that NPs who will be practicing beyond 2015 stay informed of the potential changes in practice regulation. If, in the future, boards of nursing or certification agencies require DNP education, some PNPs may take advantage of the grandfathering option. However, this option may be valid only in the state where the PNP is currently practicing. If the PNP would move to another state, the DNP standard may be mandated. Therefore, it is essential to attend to announcements from the appropriate state board of nursing and the relevant professional organizations.

Job Market

Questions have been raised regarding the benefit of additional education and whether the time and expense involved in completing the DNP would equate to an increase in salaries. Education in and of itself is probably not the element that will drive salaries. However, a clear link between higher levels of nursing education and better patient outcomes has been demonstrated in research (Aiken, Clarke, Cheung, Sloane, & Silber, 2005). Tracking patient outcomes is data that can be shared with employers to demonstrate that PNPs not only can generate revenue but also can improve the health of clients. For example, children with newly diagnosed diabetes who are well managed and show better control demonstrate positive patient outcomes. Evidence-based practice should result in better outcomes leading to a better quality of life for children and families. Given sufficient data on positive patient outcomes and the impact of better control, such as decreased hospitalizations, a marketing plan could be devised that could generate more revenue by attracting new patients. These are examples of the knowledge and skills with which DNP graduates will be prepared. As stakeholders, employers will hire for the skills and expertise a potential employee brings to a practice.

It is expected that PNPs prepared with a DNP will have the ability to demonstrate their increased worth based on the additional leadership, business, policy knowledge, and skills that they will bring to their practice. Expectations of employers will evolve as they employ more PNPs equipped with the skill set acquired in DNP programs will be able to demonstrate to employers and the public what their contribution and their worth is to the health of children and families.

Potential Challenges

There continue to be unfounded concerns from physicians regarding the NP scope of practice. Their concerns include NP practice in retail-based health centers and in other primary and acute care areas. Some physicians advocate moving the regulation of NPs from the state nursing boards to the State Board of Medical Examiners. Because nursing is an independent and autonomous discipline with all the rights and responsibilities to govern its own professional practice, such a move would be ill advised. An invitation for nurses to serve on the boards of professional medical organizations as public advisory members would be welcome and may help address these inaccuracies and keep resolutions limiting the scope of practice of NPs from gaining status in the medical community. Working with state and national professional organizations on communications regarding the NP role also is suggested.

While there is opposition, mainly from some state medical societies, to the DNP movement, there is strong support as well. An editorial on the shortage of physicians and the future role of nurses in Academic Medicine (Whitcomb, 2006) states that it is wrong for the medical profession to try and block the APN movement. There is an inadequate supply of physicians to care for the increasing population of patients with acute and with chronic illnesses. To address this need, Whitcomb calls for the leadership in academic medicine to place the needs of patients in the forefront and to work with the leadership in nursing to determine how best to provide for care, particularly for the chronically ill population.

Another potential challenge is the great deal of variability regarding advanced nursing practice preparation that the National Council of State Boards of Nursing (NCSBN) is attempting to address. In the NCSBN Vision Paper (2002), recommendations, such as mandating an advanced practice nursing core examination and requiring a residency to follow an educational program, were proposed. Most of the advanced practice organizations, including the National Association of Pediatric Nurse Practitioners (NAPNP), responded to the vision paper with concerns regarding some of the provisions, such as the core examination and other implications for education. The NCSBN should be assured that the AACN Essentials, NONPF Competencies, and Specialty Competencies would help to address their concerns regarding the variability of advanced practice preparation.
PNP Advocates

In the past, having visionary PNP leaders who developed a professional organization, educational programs, certification mechanisms, and practice standards has helped to address issues and threats to PNP practice. To address today’s challenges, PNPs should continue to work with these professional organizations as the DNP movement goes forward. The Association of Faculties of Pediatric Nurse Practitioners continues to be a resource for faculty and monitors standards for PNP education. The Pediatric Nursing Certification Board offers certification examinations for PNPs in primary care and in acute care. The Pediatric Nursing Certification Board provides self-assessment exercises in pharmacology, primary care and acute care to help PNPs maintain clinical competence. NAPNAP, a resource for PNPs and a strong advocate for pediatric nursing, has recently joined with the Society of Pediatric Nurses to develop a unified scope and standards of pediatric nursing from the generalist to the APN role. NAPNAP has been and continues to be an advocate for the profession through its lobbying efforts as a strong voice for PNPs. A position statement on the DNP is being developed by NAPNAP.

CONCLUSION

PNPs must be prepared with additional knowledge and skills in leadership, policy, and evidence-based practice in order to be active participants in improving health care systems. The DNP curriculum provides this essential content so that PNPs will have the skills in evidence-based practice, quality improvement, and systems thinking to enable them to provide leadership in coordination of care and improving methods of health care delivery for children.

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REFERENCES


