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**Abstract Category:** DNP in Academic Leadership

**Title:** APRN Survey on Roles, Functions and Competencies

**Purpose:** The purpose of this pilot study was to design a survey to track roles and competencies of DNP/APRNs and to identify performance measures for the delivery of comprehensive care and to test the survey on a sample of M/APRN and DNP/APRNs engaged in faculty practice at the Columbia University School of Nursing.

**Objective 1:** To examine differences in functional role and competencies between MS and DNP APRNs

**Objective 2:** To develop and test a survey to track roles and competencies of DNP/APRNs re: comprehensive care

**Abstract:**

Introduction: The IOM Report on the Future of Nursing’s key messages include that nurses practice to the full extent of their education and achieve higher levels of education. Nursing education is undergoing a major transition with a shift in APRN educational preparation from a master’s degree to the clinical doctorate that is targeted to be fully implemented by 2015. This paradigm shift in nursing education is expanding the role and scope of APRNs. Another key message of the IOM Report is the need to better data collection. As the DNP movement unfolds nationally, there is a unique opportunity to track this new DNP/APRN subgroup from the inception using systematic and structured data collection.

Objective:

To examine differences in functional role and competencies between MS and DNP APRNs

To develop and test a survey to track roles and competencies of DNP/APRNs re: comprehensive care

Design: A two part Web-based survey was distributed using Survey Monkey. Part 1 consisted of 36 items on demographics and role delineation focused on comprehensive care functions. Part II consisted of 32 performance statements derived from the DNP Comprehensive Care Competencies and relate to the provision of clinical care across settings.
Sample: Of 50 faculty who were invited to participate in the survey, 40 (80%) completed Part I and of the 40 invited, 25 (63%) completed Part II.

Findings: We analyzed survey data using descriptive statistics and compared responses of DNP/APRN and M/APRN respondents using chi square or the Fisher’s exact test for categorical variables and t tests for continuous data.

Results: Although the finding must be interpreted with caution, the results indicate that advanced education may have an impact on the role functions and competencies of APRNs who are prepared with the DNP degree. When compared to MS prepared APRNs, DNP educated APRNs tended to include knowledge of genetics and genomics in their patient care, focus on direct care and consultative co-management of patients with chronic illness, apply ethical principles in patient care and participate in shared decision-making. DNP/APRN were more likely to actively participate and guide the palliative care process for patients and their families. In addition, based on the comparison analysis, DNP/APRNs were more likely to maintain accountability for their patients across the continuum of care.

Conclusions: We will present these findings in detail and discuss future survey plans and the implications for DNP education.