

# Making a Statement

## The ANA DNP Position Statement: Advancing the Nursing Profession

Third National Doctors of Nursing Practice Conference  
DNP Leadership and Innovation  
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# A Position Statement

*A “no nonsense” written **Policy** statement on how an (organization, group, business) is to be perceived by their target audience/market providing clarity, consistency, direction and continuity to the target audience/market an (organization, group, business) serves.*

Multiple sources [www.businessdictionary.com](http://www.businessdictionary.com)

# Importance of Developing a Position Statement

- Provides a uniform message to the public
- Further advances the nursing profession
- Board Approved statements serve as written policy on behalf of the profession
- Serves as a resource document for DNP graduates to clarify the role
- Clarifies to our medical colleagues the integration and level of support among the nursing profession for Advanced Practice including the Doctorate of Nursing Practice

# THE ENVIRONMENT 2006-2010

- Growth of DNP Programs
- Growth of AMA Scope of Practice Partnership initiated in 2006 (SOPP)
- AMA and medical colleague statements
- Strong organizational support from several NP organizations
- The 2008 APRN Consensus Document
- Imminent Health Care Reform Initiatives
- The AACN DNP Roadmap Task Force Report (2006)

# Resolution 214



- Resolution 214 adopted by AMA Annual Meeting June 2008
  - “That our AMA oppose the National Board of Medical Examiners participating in any exam for DrNP and refrain from producing test questions to certify DrNP candidates”
  - “That our AMA adopt policy that Doctors of Nursing Practice must practice as part of a medical team under the supervision of a licensed physician who has final authority and responsibility for the patient”

# Resolution 232 (formerly 303)



- Resolution 232 adopted by AMA June 2008
  - “That our AMA advocate that professionals in a clinical health care setting clearly and accurately identify to patients their qualifications and degrees attained, and develop model state legislation for implementation”
  - “That our AMA supports state legislation that would make it a felony to misrepresent oneself as a physician (MD/DO)”
  - Felony language posed by Texas delegation with Illinois and Arizona speaking against saying it was a mistake to bring criminal justice system into it
  - Delegates stated AMA needed to take a hard stance against “dabblers” and “encroachers”

# Debate on Resolution 232



- Use of the term “doctor” generated more heated opposition by AMA members than any other issue taken up—at least publicly—at the meeting. ANA staff testified in opposition to the resolution when debated before the reference committee.
- The resolution no longer advocates for restrictions on the titles “doctor”, “resident”, and “residency”

# Our Medical Colleagues

- AMA House of Delegates Meeting 2008 published

“Collaborative Practice Agreements between Physicians and Advanced Practice Nurses and the Physician to Advanced Practice Nurse Supervisory Ratio.”



*(Resolution 716 A-08 and Resolution 211, 1-08)*



# Medical Leadership Comments



- *The physician is responsible for the supervision of nurse practitioners and other advanced practice nurses in all settings.*
- *The physician is responsible for managing healthcare of patients in all settings.*
- *Address the AACN promoting the “doctor nurse” degree “DNP’s like other APRNs are members of a fully integrated multidisciplinary health care team – a team that should be physician led.*



## Resolution 846-Clarification of the Title “Doctor” in the Hospital Environment-November 2008

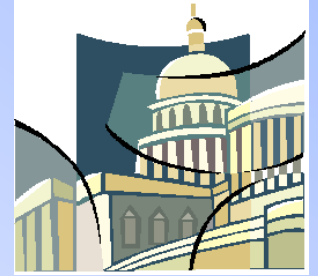
*“That AMA adopt policy that requires any one in a hospital environment who has direct contact with a patient presenting himself or herself to the patient as a “doctor” who is not a “physician” must specifically and simultaneously declare themselves a “non-physician” and define the nature of their doctorate degree; work with Joint Commission and the American Osteopathic Association to implement such policy and study feasibility of a public education campaign on the use of the terms “doctor’ and “physician”*

# AACN Support of the DNP

- *“Expansion of scientific knowledge required for safe nursing practice and growing concerns regarding the quality of patient care delivery and outcomes”*
- *“Increasingly complex health care environment”*
- *IOM Reports on the state of health care delivery “dramatic restructuring of all health professionals education”*

*DNP Roadmap Task Force Report & Essentials for Doctoral Education For Advanced  
Nursing Practice [www.aacn.nche.edu](http://www.aacn.nche.edu)*

# Imminent Health Care Reform



- *IOM Report 2003 “the best prepared senior level nurses should be in key leadership positions and participating in executive decisions”*
- *“Not substituting nurses for doctors as we transform health care but creating a central leadership role for nurses.. To deliver health care in a different way ... we want to liberate nurses to take on a different role in the health care system. Future changes should liberate nurses for leadership and operational roles”*

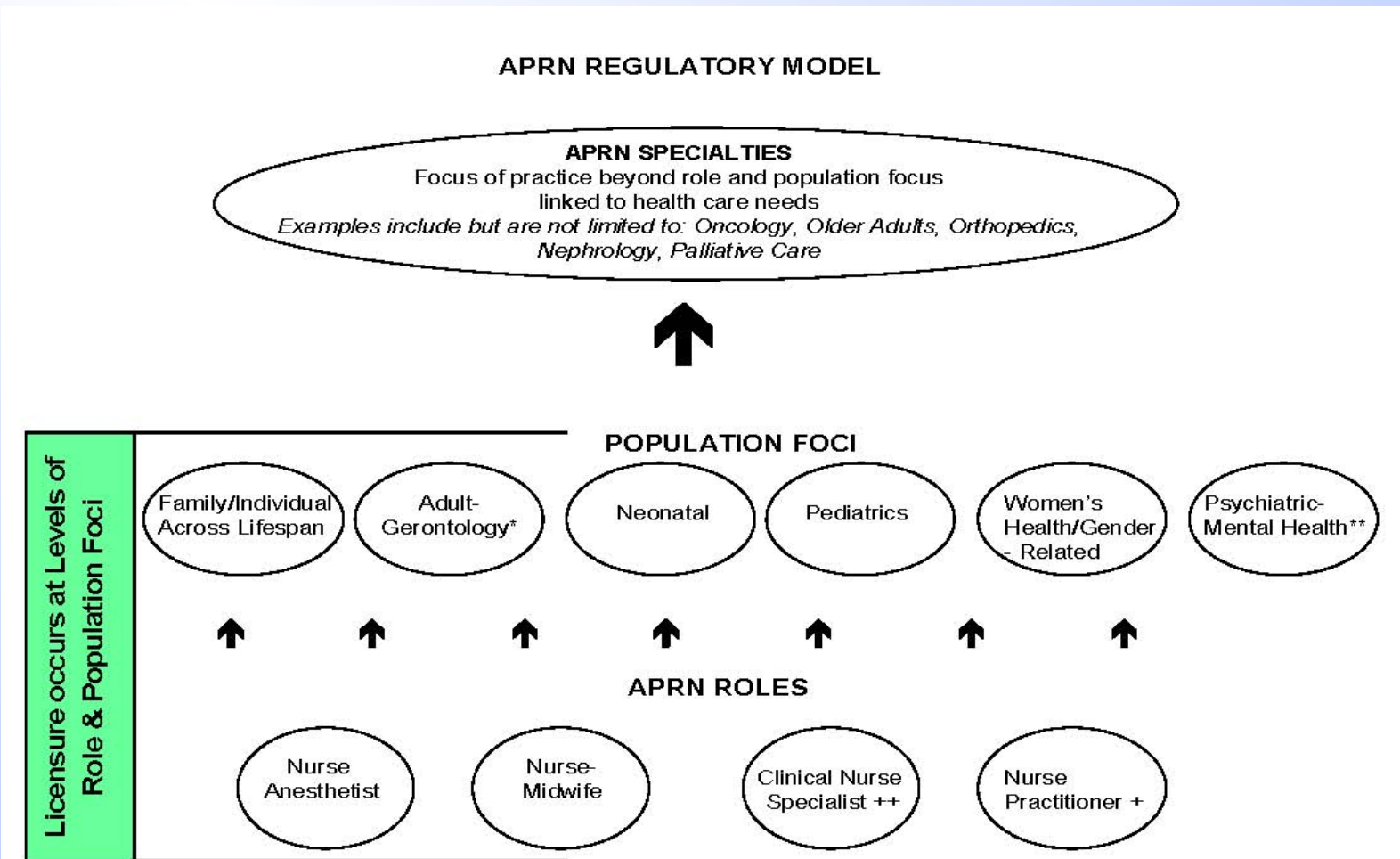
*Donna Shalala, PhD Chair RWJ The Future of Nursing Initiative 2009*



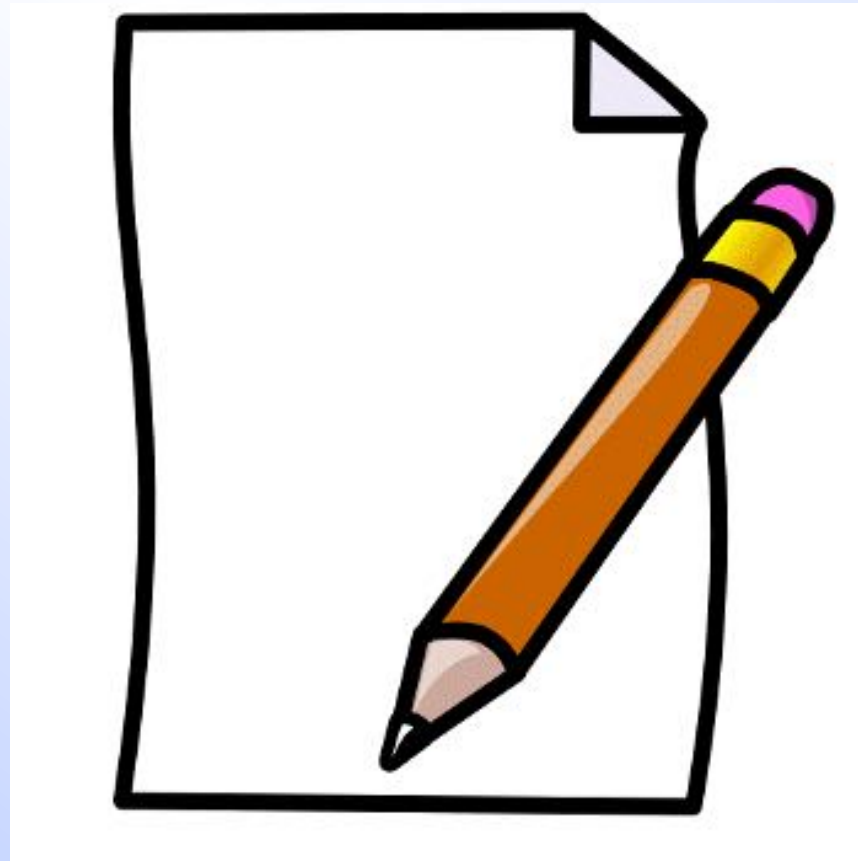
# Consensus Model for APRN Regulation

- Consensus Model was the 5 year product of over 20 APRN stakeholder organizations and the Boards of Nursing.
- Conceived to ensure that all APRNs are:
  - appropriately educated in nationally recognized and accredited programs
  - able to practice safely and independently
  - eligible upon graduation to sit for appropriate certification in a role and population, and
  - eligible to be legally recognized for practice, regardless of the state in which they reside.

# APRN Consensus Model



# Process of Statement Development



# Delegation to the Congress of Nursing Practice and Economics

- Membership includes those from a variety of roles, settings and educational levels
- 30 or more elected members elected via the ANA House of Delegates
- 25 organizational affiliates' representatives, including AACN, and most other prestigious specialty orgs





# Committee Process



# DNP POSITON STATEMENT WRITING COMMITTEE REPRESENTATION

- Academic Settings
  - All who were PhD prepared, no DNPs on the committee
- Practice Settings
  - APRNs
- American Nurses Credentialing Center
  - Senior leadership Staff to address issues of certification
- American Association of Colleges of Nursing org  
affiliate representative
- American Nurses Association
  - Chairperson of CNPE
  - Chief Programs Officer - ANA programs

# KEY DNP ISSUES IDENTIFIED BY THE WRITING COMMITTEE

- How does the DNP interface with the PhD, both in academic circles and practice arena?
- How is consistency of academics assured among DNP programs?
- How does the AACN DNP implementation date of 2015 interface with the APRN Consensus Model implementation date of 2015? Will there be grandfathering?

# KEY DNP ISSUES IDENTIFIED BY THE WRITING COMMITTEE *continued*

- What are the required prerequisites for entry into a DNP program? How do we address the non nurse (non RN) prepared DNP?
- How do we assure clinical competence of the DNP graduate in the BSN – DNP model? The New York Model? For purposes of ANCC Certification?
- What support is there for DNP preparation among employers and insurers in a Health care reform climate? Where does the DNP fit into the impending Healthcare Reform Issues?

# KEY DNP ISSUES IDENTIFIED BY THE WRITING COMMITTEE *continued*

- What challenges are likely for DNPs regarding tenure earning tracks in academic settings?
- What are reasonable considerations for addressing the AMA proposal of limiting the use of the title “doctor” to physicians?



# DNP POSITION STATEMENT WRITING PROCESS

- Historical Overview of DNP Evolution
- Review of the Literature
- Consultation with Stakeholders
- Formulation of Recommendations
- Public comment Process

# Formulating the Position Statement

## *Recommendations*

- The Doctorate of Nursing Practice be the terminal **PRACTICE** focused degree in nursing.
- The degree and title associated with it is awarded by the academic institution, thus the DNP graduate is entitled to be called “**doctor**” versus physician, which is a legitimately protected title for an MD.
- As included in many of the supportive documents (IOM, AACN, APRN Consensus Statement) evidence-based practice impacts patient safety and outcomes and the DNP graduate according to the Essentials of Doctoral Education for Advanced Nursing Practice is well prepared in this methodology.

# Formulating the Position Statement

## *Emerging Principles*

- Assuring quality education in DNP preparation, based on the Essentials for DNP Education via accreditation of programs, was a common theme in supportive documents and public comments.
- Expressed belief that the inclusion of the DNP (or a practice/clinical doctorate) in a tenure track is the purview of each individual university.





# Formulating the Position Statement

## *Emerging Principles* continued

- Because the DNP is a nursing doctorate, the committee felt all DNPs must be a registered nurse upon entry into a program.
- Given the changing health care environment associated with health care reform and the need for APRNs as primary care providers, the ANA position was that APRNs continue to practice in the role. Also, since the DNP is an academic degree, there is no need for a “grandfathering” to a DNP status in 2015.

# Formulating the Position Statement

## *Emerging Principles* continued

- A resounding theme in the public comments was the need for ongoing research on the impact of the DNP as it relates to the cost, quality and access to health care.



# COMMON CONCERNS OF THE PUBLIC COMMENTS

- 87 Public comments
- Grouped into :
  - Practice Issues
  - Licensure / Certification Issues
  - Education Issues



# PUBLIC COMMENTS: *PRACTICE* ISSUES

- *“There is no evidence that a doctorally prepared CNM provides safer or better care and we are concerned about the cost factor.”*
- *“As a Clinical Nurse Specialist I feel the DNP gives unity to Advanced Practice Nurses and credibility to our role.”*
- *“The DNP supports the bridge from research to application of research in a way the PhD has not and probably can not. The support of ANA of the DNP would help validate this degree in the nursing community.”*

# PUBLIC COMMENTS: *PRACTICE* ISSUES

- *“I believe the nurse executive is not focused on enough in the document.”*
- *“In California the majority population is an ethnic minority and our goal is to increase the # of minority nurses.. Establishing a DNP as entry level will present an obstacle to many nurses.”*

# PUBLIC COMMENTS:

## *Licensure and Certification* ISSUES

- “How do we assure/certify clinical competence in the BSN to DNP educational model?”



# PUBLIC COMMENTS: *EDUCATION* ISSUES

- *“The transition of APRN preparation from Master’s to the DNP is reflective of the transformation in education occurring in multiple other health professions.”*
- *“I have no issues with the position statement but I am concerned about where institutions will find the faculty.”*
- *“If we let such programs replace a clinical research doctorate or PhD we would be seriously hurting our developing profession. Knowledge generation only comes out of conducting research.”*

# PUBLIC COMMENTS: *EDUCATION* ISSUES

- *“I take offense to some schools of nursing which have voted that a DNP is not a terminal degree. I would wager that a DNP program is more rigorous than any Ed.D program completed by your average college professor.”*



# Finalization of the Position Statement

- Review/ Integration of public comments
- Writing Committee Consensus
- Approval by the Congress of Nursing Practice and Economics
  - Feb 20, 2010
- Approval of the ANA Board April 2010





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## Nursing Practice

These are the **position statements** from ANA regarding Nursing Practice. Background information regarding each of these statements is available in the Members Only section of the site. Login required.

### The Doctor of Nursing Practice: Advancing the Nursing Profession - 6/14/2010

Statement of ANA Position: The Doctor of Nursing Practice (DNP) is a practice-focused doctoral degree to prepare nurses for advanced nursing practice roles. The DNP provides expanded knowledge through the formulation and interpretation of evidence-based practice (Chism, 2010). Nurses serve as front-line caregivers. Preparing highly educated nurses to provide expert care, formulate policy, administer health care delivery systems, and educate the next generation of health care providers is a critical step for increasing access to quality health care and improving health care outcomes. The DNP prepares the graduate for multiple roles including health policy development, leadership, advanced clinical practice, or information technology in an environment of transdisciplinary collaboration. The DNP serves as a role model, visionary, facilitator, consultant, and expert clinician in the health care sector (AACN, 2006). In 2009, the ANA Board of Directors approved a recommendation to support both practice and research focused doctoral preparation for nurses as a terminal degree. [Background Info](#)

### Electronic Health Record - 12/11/09

Statement of ANA Position: The ANA believes that the public has a right to expect that health

# Integration of the DNP Position Statement

- Unification of the Nursing Community
- Integration into DNP Education Curriculum
- Provides a formal policy to advocate for the DNP with our Medical Colleagues
- Role Clarification in the Practice Setting

# Contact Information

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- American Nurses Association Position Statement at  
<http://www.nursingworld.org/NursingPractice>

# QUESTIONS / COMMENTS

