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## AACN Position Statement on the Practice Doctorate in Nursing

*October 2004*

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Practice-focused doctoral degree programs in nursing are not a recent development. The first such program, offering the Doctor of Nursing (ND), was established at Case Western Reserve University in 1979 and offered an entry-level nursing degree. Since then, several practice-focused doctoral programs and degree titles have emerged. Over the last several years, an increased interest in developing a viable alternative to the research-focused degrees, [Doctor of Philosophy (PhD) and Doctor of Nursing Science (DNS, DNSc, DSN)] has occurred. Currently, eight clinical or practice doctoral nursing programs exist or are in the approval stage. In March 2002, the American Association of Colleges of Nursing (AACN) Board of Directors charged a task force to examine the current status of clinical or practice doctoral programs, compare various models, and make recommendations regarding future development. The exact charge to the 11-member Task Force on the Clinical Doctorate was:

- clarify the purpose of the professional clinical doctorate, specifically core content and core competencies;
- describe trends over time in clinical doctoral education;
- assess the need for clinically focused doctoral programs;
- identify preferred goals, titles, outcomes, and resources;
- discuss the elements of a unified approach versus a diverse approach;
- determine the potential implications for advanced practice nursing (APN) programs;
- make recommendations regarding related issues and resources; and
- describe potential for various tracks or role options.

To address this charge the Task Force carried out the following activities:

- reviewed literature regarding professional practice doctorates in nursing and other disciplines and printed materials and web pages from all institutions offering practice-focused doctoral programs in nursing;
- established a collaborative relationship with the National Organization of Nurse Practitioner Faculty (NONPF); the Chair of the NONPF Practice Doctorate Task Force, Dr. Lucy Marion, serves on the AACN Task Force and Dr. Elizabeth Lenz, AACN Task Force Chair, participated in a teleweb conference sponsored by NONPF in February, 2003;
- interviewed key informants (deans, program directors, graduates, and current students) at the eight current or planned practice-focused doctoral programs in the United States;
- held open discussions regarding issues surrounding practice-focused doctoral education at AACN's Doctoral Education Conference (January 2003 and February 2004), Master's Education Conference (March 2003), and Spring Annual Meeting (March 2004);
- co-sponsored with NONPF an open discussion on practice doctorates to which representatives from key nursing organizations and schools of nursing offering or planning a practice doctoral program were invited (December 2003).
- invited an External Reaction Panel, consisting of 10 individuals representing a wide array of perspectives

and disciplines outside of nursing, to respond to the Draft Position Statement on the Practice Doctorate (February 2004). The list of External Reaction Panel members is shown in Appendix A.

## BACKGROUND

In November 1999, the Institute of Medicine (IOM) issued the comprehensive report on medical errors, *To Err is Human: Building a Safer Health System*. The report, extrapolating data from two previous studies, estimates that somewhere between 44,000 and 98,000 Americans die each year as a result of errors in health care. These numbers, even at the lower levels, exceed the number of people that die from motor vehicle accidents, breast cancer, or AIDs. Total national costs of preventable adverse healthcare events (injury from errors) were estimated to be between \$17 billion and \$29 billion, of which health care costs represented over one-half. In addition, medication-related and other errors that do not result in actual harm not only are extremely costly as well but have a significant impact on the quality of care and health care outcomes. The IOM report also focused on the fragmented nature of the health care delivery system and the context in which health care is purchased as being major contributors to the high and inexcusable error rate and compromises in patient safety.

The IOM report, *Crossing the Quality Chasm* (2001), stresses that the health care system as currently structured does not, as a whole, make the best use of its resources. The aging population and increased client demand for new services, technologies, and drugs contribute to the increase in health care expenditures, but also to the waste of resources. Recommendation two in the report calls on all health care organizations and professional groups to promote health care that is safe, effective, client-centered, timely, efficient, and equitable (p. 6).

In a follow-up report, *Health Professions Education: A Bridge to Quality* (2003a), the Institute of Medicine Committee on the Health Professions Education states, "All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics (p. 3)."

Recent management decisions in our nation's health care organizations have expanded the responsibilities of chief nursing executives to encompass other patient care services, in addition to nursing. In addition, the loss of mid-level nurse managers and increased responsibility of those remaining have decreased the direct management support to patient care staff (IOM, 2003b). This has resulted in a need for increased knowledge and skills for clinical and administrative leadership across services and sites of healthcare delivery. To respond to this critical issue, the IOM committee recommended several strategies to get the best prepared clinical nursing leadership at the most senior levels of management, including the acquisition of nurse leaders for all levels of management and the participation by nursing management in executive decisions within the healthcare organization (IOM, 2003b, p.8).

Nursing has many of the answers to the predominant health care dilemmas of the future, including:

- the problems associated with normal human development, particularly aging;
- chronic illness management in all ages;
- health disparities associated with socioeconomic dislocations such as global migration, classism, sexism; and
- the need for health promotion and disease prevention.

Transforming health care delivery recognizes the critical need for clinicians to design, evaluate, and continuously improve the context within which care is delivered. The core function of health care is to provide the best possible clinical care to individuals, families and communities. The context within which care is delivered exerts a major impact on the kinds of care that are provided and on the satisfaction and productivity of individual clinicians. Nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills are most likely to be able to critique nursing and other clinical scientific findings and design programs of care delivery that are locally acceptable, economically feasible, and which significantly impact health care outcomes.

## Context

Doctoral programs in nursing and other practice disciplines can be categorized into two distinct types: research-focused and practice-focused.

*The term practice, specifically nursing practice, as conceptualized in this document refers to any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. Preparation at the practice doctorate level includes advanced preparation in nursing, based on nursing science, and is at the highest level of nursing practice.*

What distinguishes this definition of practice from others is that it includes both direct care provided to patients by individual clinicians as well as direct care policies, programs and protocols that are organized, monitored, and continuously improved upon by expert nurse clinicians.

The two types of doctorates - research-focused and practice-focused - may co-exist within the same nursing education unit. The majority of research-focused programs in nursing offer the academic doctorate, the PhD. However, some programs offer a professional doctorate, such as the DNS or DNSc. In developing the *Quality Indicators for Doctoral Nursing Programs*, the AACN Task Force on Quality Doctoral Education found few differences between PhD and professional degree programs' (DNS or DNSc) curricula and requirements. Therefore, that Task Force recommended these programs be designated *research-focused* doctoral programs and are addressed in AACN's *Position Statement on Quality Indicators for Doctoral Programs* (2001).

The second category of doctoral nursing education programs are the practice-focused programs. Examples of *practice-focused* degrees offered in other disciplines include entry-level degrees [e.g., the Doctor of Medicine (MD), Doctor of Dental Surgery (DDS)], and those that offer advanced practice degrees [e.g., the Doctor of Psychology (PsyD)]. In nursing, two institutions (the University of Colorado and Case Western Reserve University) currently offer a practice-focused doctoral degree (ND) as an entry-level degree. Practice-focused, advanced practice doctoral degrees currently offered in nursing include a Doctor of Nursing (ND) at Case Western Reserve University, Rush University, and the University of South Carolina; a DNSc at the University of Tennessee, Memphis; and the Doctor of Nursing Practice (DNP) at the University of Kentucky. Columbia University has received institutional approval for a Doctor of Nursing Practice (DrNP) program, and the University of Iowa is in the exploratory phase of developing a practice-focused doctoral degree program. The DNSc, except at the University of Tennessee, Memphis, is used to designate a research-focused degree in nursing. The focus of this position paper is the practice-focused doctoral program that prepares nurses for advanced nursing practice.

**Recommendation 1: *The Task Force recommends that the terminology, practice doctorate be used instead of clinical doctorate.***

#### **Trends and Current Practice-Focused Doctoral Nursing Programs**

The first ND program was established as an entry-level practice doctorate analogous to the MD and did not provide specialty preparation. The ND graduate wanting to specialize or prepare for an advanced practice role was expected to earn a master's degree. Despite much initial fanfare, there has been considerable confusion within nursing and with the public regarding the competencies of graduates and the roles within the health care delivery system they were prepared to fill. Case Western Reserve University ultimately expanded its ND degree program beyond the original conceptualization to include advanced practice specialty content and permitted multiple entry points, including entry for nurses with either baccalaureate or master's preparation in nursing, as well as those with degrees in other disciplines.

It can be surmised that as a result of the initial confusion surrounding the ND, relatively few institutions (four) currently offer the ND degree. In addition, there is some, but not complete, consistency among these four programs. The most problematic area of confusion is whether the degree is an entry-level degree or an advanced practice degree. Of the four existing ND programs, two (Case Western Reserve University and the University of South Carolina) prepare individuals for advanced practice nursing but require students to write a practice-related dissertation. A recent evolution of one of the programs (Rush University) has changed its focus from hands-on or direct advanced clinical practice to leadership and business and requires a practice-focused capstone project. The University of Colorado and Case Western Reserve University currently are the only institutions to offer an ND program as an entry-level degree or pre-licensure option. Graduates of the University of Colorado ND program, in addition to entry-level preparation, can be certified in case management.

Two established practice-focused degree programs include the University of Tennessee, Memphis, which opened a practice-focused DNSc program in July 1999 and the University of Kentucky, which opened a DNP program in Fall 2001. Both of these programs admit master's-prepared students with expertise in an area of advanced practice

nursing. The University of Tennessee, Memphis program requires a dissertation and confers the DNSc degree. The University of Kentucky program confers the DNP and requires a capstone project rather than a dissertation. The University of Tennessee, Memphis program allows students to develop their own area of specialization. The University of Kentucky program offers specializations in executive management and population-based clinical practice.

In addition to the existing programs described, two institutions are pursuing approval for new practice-focused doctoral programs. Columbia University has received university approval for a DrNP program and is in the process of approval and registration of the new degree title with New York State. The curriculum plan was developed with the intent of producing APNs who can utilize skills and knowledge to independently provide expert advanced primary care to patients in all care settings. The University of Iowa is exploring a DNP program that is grounded in specialty practice and will provide students opportunities for residencies in administration, education and direct practice. Students for both programs will be admitted post-baccalaureate (BSN) or following a generic or specialized master's degree.

The Task Force on the Professional Clinical Doctorate's 2002 interviews of administrators, students, and graduates of practice-focused nursing programs revealed considerable variation. Differentiation between research-focused and practice-focused doctoral programs has been an ongoing concern, because all institutions offering a practice-focused doctorate also offer a research-focused nursing doctorate. Discernable differences between the practice-focused programs and the research-focused programs do exist. These differences include:

- less emphasis on theory and meta-theory;
- considerably less research methodology content, with the focus being on evaluation and use of research rather than conduct of research;
- different dissertation requirements, ranging from no dissertation to theses or capstone projects (termed dissertations in some programs) that must be grounded in clinical practice and designed to solve practice problems or to inform practice directly;
- an emphasis on practice in any research requirement;
- clinical practica or residency requirements; and
- emphasis on scholarly practice, practice improvement, innovation and testing of interventions and care delivery models, evaluation of health care outcomes, and expertise to inform health policy and leadership in establishing clinical excellence (Marion, Viens, O'Sullivan, Crabtree, Fontana, & Price, 2003).

A review of the specialized emphases or tracks within the existing practice-focused programs revealed that in general they fall into three major categories of *practice*: 1) direct care of individual patients; 2) care of patient populations, including community health nursing; and 3) practice that supports patient care. The latter category includes organizational and professional leadership, management, health policy, and nursing/health informatics.

In addition to advanced nursing practice foci, the 2002 survey conducted by the AACN Task Force on the Professional Clinical Doctorate identified core content areas and competencies common to all practice-focused nursing doctoral programs. Despite variation in the time and attention devoted by each program to each area, the five common content areas are (in order of decreasing emphasis):

- advanced clinical practice, including both patient and practice management (on average, this constituted 33% of content emphasis within programs);
- organizations and systems, and leadership skills (average 19% of content emphasis);
- research methods, including accrual and use of evidence to improve practice (average 19%);
- basic scientific underpinnings for practice, including emerging areas of science, such as genetics and psychoneuroimmunology (average 9%); and
- informatics, use of technology and information (average 8.5%).

The programs surveyed differed in the content area that constituted the primary focus of the program, i.e., represented over 40% of the content. Clinical practice was the primary focus of two programs, organizational leadership was the focus of one program, and research was named as the focus of one program (leading one to question whether the program is in fact research- and not practice-focused). Dual foci, direct clinical practice and organizational leadership, characterized three of the programs. The content foci were not consistent with degree names.

### Need and Perceived Benefits

During the past three decades the doctorate has become firmly established as the terminal degree in nursing. As programs developed, priority was placed on research-focused education that would lay the groundwork for knowledge development in the field. Tremendous strides have been made in the development of nursing science. At the same time research-focused doctoral programs were expanding, master's degree programs were moving from an emphasis on role preparation (e.g., educator, administrator) to an emphasis on specialized clinical knowledge and practice (advanced practice nursing).

The growing complexity of health care, burgeoning growth in scientific knowledge, and increasing sophistication of technology have necessitated master's degree programs that prepare APNs to expand the number of didactic and clinical clock hours far beyond the requirements of master's education in virtually any other field. From 1995 to 2000, the mean number of semester credit hours required for the NP master's degree remained stable; however, the didactic and supervised clinical practice hours increased by 72 and 36 clock hours, respectively (AACN & NONPF, 2002). Many NP master's programs now exceed 60 credits and cannot be completed in less than three years. Faculty have identified additional content areas needed, particularly information and practice management (Bellack, Graber, O'Neil, Musham, & Lancaster, 1999). In addition, even with the expanded credit requirements, practicing NPs identify content areas, including practice management, health policy, use of information technology, risk management, evaluation of evidence, and advanced diagnosis and management, in which they perceive the need for additional training (Lenz, Munding, Hopkins, Clark, & Lin, 2002).

Based on this information, two challenges are evident:

- Master's prepared advanced practice nurses identify additional knowledge that is needed for a higher level of advanced practice.
- The time spent in master's level nursing education is not congruent with the degree earned.

In response to changes in health care delivery and emerging health care needs, additional knowledge or content areas have been identified by practicing nurses. In addition, the knowledge required to provide leadership in the discipline of nursing is so complex and rapidly changing that additional or doctoral level education is needed.

Based on input from several stakeholder groups, including attendees at the AACN master's and doctoral conferences, the NONPF annual meeting, the NONPF teleweb conference, the Committee on Institutional Cooperation (CIC) deans' group, the multi-disciplinary group attending the invitational DrNP planning conferences convened by Columbia University, and the National Forum co-hosted by AACN and NONPF, benefits of practice-focused doctoral programs include:

- development of needed advanced competencies for increasingly complex clinical, faculty and leadership roles;
- enhanced knowledge to improve nursing practice and patient outcomes;
- enhanced leadership skills to strengthen practice and health care delivery;
- better match of program requirements and credits and time with the credential earned;
- provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (e.g., clinical faculty);
- parity with other health professions, most of which have a doctorate as the credential required for practice;
- enhanced ability to attract individuals to nursing from non-nursing backgrounds;
- increased supply of faculty for clinical instruction; and
- improved image of nursing.

In addition to interest expressed by these national groups, evidence exists of more local interest in the markets of the schools that have either initiated a practice doctoral program or plan to do so. A market analysis survey conducted by the University of Kentucky College of Nursing prior to opening their DNP program showed that potential employers of these graduates in that state were very interested in hiring nurses with this level of preparation. In Fall 1999, a questionnaire was mailed to 382 top executives in acute, long-term, and public health care settings in Kentucky. A total of 111 responses were received for a response rate of 29%. Sixty-eight respondents (61%) indicated they would be interested in hiring graduates of this program and estimated they would have within the next five years a total of 80 positions available for graduates of this program (University of

Kentucky College of Nursing, 1999). Examples of the positions for which respondents would hire graduates included Vice President for Clinical Services, Program Director, Vice President for Patient Care, Chief Executive Officer, Health Officer or Commissioner, Quality Improvement Director, Director of Clinical Services, Clinical Information Technology Specialist, Direct Care Clinician, and Faculty Member.

**Recommendation 2:** *The practice-focused doctoral program be a distinct model of doctoral education that provides an additional option for attaining a terminal degree in the discipline.*

**Recommendation 3:** *Practice-focused doctoral programs prepare graduates for the highest level of nursing practice beyond the initial preparation in the discipline .*

This position is consistent with formal action taken in April 2002 by the NONPF Board and in May 2003 by the CIC deans. The addition of practice-focused doctoral programs should not threaten enrollment in existing research-focused programs, but rather would fill an unmet need for nurses who would like to pursue doctoral study, but would prefer to focus on practice rather than research. The two types of programs, research and practice-focused, would attract students with very different goals and interests.

## ISSUES AND CHALLENGES

With increased attention on the practice-focused doctorate that has occurred in recent months, several issues and challenges have come to light.

### Unified Versus Diverse Approach

Among the most difficult issues is whether all programs should adopt a standardized purpose and set of expected competencies for graduates. Although most stakeholders identify the desirability of standardization to minimize confusion among prospective students, employers and the public, there is some disagreement about the form standardization should take. For example, while some have argued that the practice-focused doctorate should be limited to those involved in the direct or hands-on clinical care of patients, others have broadened the definition of advanced nursing practice to include both direct clinical practice and areas of practice that support clinical practice. Given the complexity of the current health care system, the current need for advanced practice nursing expertise is broad and encompasses all areas of advanced nursing practice. Therefore, it is reasonable to endorse a plan that will permit practice-focused programs to focus on any area of advanced nursing practice that influences health care outcomes for individuals or populations, while adhering to a consistent set of standards regarding areas of core content, supporting resources, student qualifications, and faculty expectations.

A set of broad core competencies would be identified and would be expected of all graduates holding a practice-focused doctoral degree. Specific competencies for the various domains of practice and roles for which graduates were being prepared would supplement the core competencies. A similar model was established with the AACN *Essentials of Master's Education for Advanced Practice Nursing*, which identified three components of master's nursing education: graduate nursing core (foundational curriculum content essential for all students pursuing a master's degree in nursing regardless of specialty or functional focus); advanced practice nursing core; and specialty curriculum content (AACN, 1996).

Using this curriculum model, outcome-based competencies would be identified for the core content areas for all graduates of practice-focused doctoral programs. In addition, outcome-based competencies for graduates of programs designed to prepare nurses in one of the advanced nursing practice focus areas (such as advanced direct care practice, care of populations, leadership, or policy) and specialized competencies would be identified by the individual specialty areas of practice (e.g., family primary care, psych-mental health, nurse anesthesia, public health). A validation process similar to that developed by AACN and NONPF for NP primary care competencies could be used.

**Recommendation 4:** *Practice-focused doctoral nursing programs include seven essential areas of content.\* The seven essential areas of content include:*

1. *scientific underpinnings for practice;*
2. *advanced nursing practice;*
3. *organization and system leadership/management, quality improvement and system thinking;*

4. *analytic methodologies related to the evaluation of practice and the application of evidence for practice;*
5. *utilization of technology and information for the improvement and transformation of healthcare;*
6. *health policy development, implementation and evaluation; and*
7. *interdisciplinary collaboration for improving patient and population healthcare outcomes.*

\*Note: The current version of the *DNP Essentials* lists eight content areas that differ from the listing in the original position statement. Click here to read the latest *DNP Essentials*.

Concurrently and with input from the Task Force on the Clinical Doctorate, the AACN Task Force on Education & Regulation II developed the *Working Paper on the Clinical Nurse Leader Role* (AACN, 2003), which subsequently was accepted by the AACN Board in October 2003. The development of this new nurse role, Clinical Nurse Leader (CNL), was in response to growing client care needs and to the changing health care delivery environment. In February 2004, the AACN Board approved the development of new models of nursing practice and nursing education at the master's degree in nursing level that result in a new nursing professional, the CNL (AACN, 2004). The CNL is a generalist, provides care in all health care settings at the point of care, and assumes accountability for client care outcomes by coordinating, delegating, and supervising the care provided by the health care team. The CNL is not an advanced practice nurse, as defined in this position statement. As the education of the generalist nurse is elevated to the master's degree level, it is reasonable to assume that specialty education and the education of those individuals prepared for the highest level of nursing practice would occur at the practice doctoral level.

**Recommendation 5: Practice doctoral nursing programs should include development and/or validation of expertise in at least one area of specialized advanced nursing practice.**

Expert leadership should be a core component of practice-focused doctoral programs. Nurses with superb leadership skills at the most advanced clinical and organizational levels are most likely to be able to identify emerging trends and initiate policy and programmatic efforts to address critical clinical issues. They should be prepared to mobilize interdisciplinary teams of clinicians, administrators, policy makers, and members of the public to solve highly complex clinical problems. It is no longer sufficient to apply clinical, organizational, or economic skills to the resolution of complex health problems in a singular fashion. While still much can and should be gained from interdisciplinary teamwork by experts in each of these areas, the highly integrated health problems faced in the 21st century will be better served by clinicians who have the creativity and knowledge base to combine these domains in novel ways to create new models of care delivery. Holders of the practice doctorate degree in nursing are expected to provide visionary leadership for the practice of nursing. Practice leadership occurs both formally (by means of administrative or management position title and responsibilities) and informally by means of expertise-based interactions with colleagues and other health professionals that influence the nature and quality of care provided. Leadership is not synonymous with an administrative position.

**Recommendation 6: Practice-focused doctoral nursing programs prepare leaders for nursing practice. The practice doctorate prepares individuals at the highest level of practice and is the terminal practice degree.**

#### Degree Titles

The proliferation of doctoral degree titles in nursing has been recognized as a source of confusion within and outside of the profession. The general consensus is that the development of practice-focused doctoral programs should not compound the problem. Two possibilities exist: 1) identify one degree title for all practice-focused doctoral programs, acknowledging that programs with the same degree name may differ from one another, particularly in area of emphasis; or 2) identify two or more degree titles to be used, each with a specific focus and a high degree of consistency among programs offering the same degree. For example, programs that prepare individuals for advanced direct care practice (e.g., primary care NPs) would confer one degree while programs that prepare individuals for nursing practice roles in leadership, policy, informatics or community health, would confer a different degree. Based on input from a variety of stakeholders, the consensus, although not unanimity, of the Task Force is that it is advisable to simplify and decrease the number of doctoral degrees offered within the discipline, rather than continuing the proliferation of degree titles. The degree would represent the highest level of preparation in nursing practice and would carry with it the understanding that a standard set of competencies had been attained. However, the more specific competencies associated with a specialty domain of practice would be validated through a certification process and communicated via a specialty credential (as is the case with current

specialized advanced practice).

One practice doctoral program, already in place, uses the title Doctor of Nursing Practice (DNP), and another is going through the approval process. If one degree title is chosen, it is recognized that all programs offering the degree will not be alike and will indeed produce graduates with somewhat different competencies as defined by the specific track, just as all master's programs in nursing do not prepare graduates with the same specialized competencies.

As described above, the degree title, Doctor of Nursing (ND) currently is conferred by four institutions. In addition, the degree title of ND, Doctor of Naturopathy, is included in the *Classification of Instruction Programs: 2000 Edition*, by the U.S. Department of Education (2002). This document provides a taxonomic scheme that supports the accurate tracking, assessment, and reporting of fields of study and program completions activity. In this report, the discipline of naturopathy claims to have a degree title of ND for those in independent professional practice of naturopathic medicine. Twelve states currently license naturopathic physicians.

The Naprapathy discipline grants individuals the title of DN, Doctor of Naprapathy. According to the American Naprapathic Association, the degree and license is recognized in at least three states (American Naprapathic Association, 2004). Naprapathy is an alternative therapy that focuses on nonpharmacologic pain relief.

It is recognized that institutions confront a variety of issues regarding degree names, and some may have difficulty changing the degree(s) currently offered for their practice-focused doctoral programs, e.g., the current ND and DNSc practice-focused doctoral programs. However, due to the confusion that continues to surround the Doctor of Nursing (ND) degree and to standardize the degree title conferred by all practice-focused nursing doctoral programs, the following recommendations are made:

**Recommendation 7: One degree title should be chosen to represent practice-focused doctoral programs that prepare graduates for the highest level of nursing practice.**

**Recommendation 8: The Doctor of Nursing Practice (DNP) be the degree associated with practice-focused doctoral nursing education.**

**Recommendation 9: The Doctor of Nursing (ND) degree title be phased out.**

#### **Relationship to Current Advanced Practice Nursing Programs**

A new and higher level of preparation for advanced practice nursing is justified if and only if it results in sufficient knowledge and skill above that already included at the master's level. Program content and graduates' competencies clearly must go beyond those of current master's programs. Given the increasing complexity and sophistication of health care, the Task Force members and stakeholders who provided input to the Task Force were confident that the additional education is well justified and does represent added value. The specialty competencies developed for the proposed DrNP graduate (who will be providing direct care to individuals), for example, "are built upon and expand the competencies of the master's prepared nurse practitioner" (Committee on DrNP Competencies, 2003, p.1).

Given the tremendous time, credit and clinical experience required for master's degree APN programs, serious consideration should be given to moving toward the practice doctorate as the graduate degree for APN preparation. Because a major shift of this kind will not occur in the immediate future, it will be necessary to provide an extended transition period during which nurses with master's degrees would be recognized to be fully credentialed for current advanced practice roles. A challenge will be to identify, using an evidence-based approach, the curricular standards associated with both master's and doctoral APN education and provide for a seamless interface between educational programs. In addition, after advanced clinical competencies of the practice doctorate are identified, a standardized method for validating these competencies should be established. During the transition period, it will be necessary to ensure multiple entry points into practice-focused doctoral programs. With an extended transition period and accessible programs, APNs, currently practicing in one of the four APN roles, who wished to obtain the doctoral degree would be provided the opportunity to earn a practice doctorate.

Another identified concern is the cost in time and resources, particularly financial resources, required to upgrade one's credentials. Other disciplines, e.g., pharmacy, have made a recent shift from baccalaureate to doctoral

preparation for entry into practice and have devised a variety of approaches to ease the transition. A variety of approaches to ease the transition should be developed to allow APNs to advance their education and degree title. A final concern that has been identified is the economic impact of such an educational shift on the labor market for APNs. This impact should be taken into account as plans are made for the transition period to ensure a feasible and sustainable shift in educational preparation for advanced practice nurses. The Task Force believes that the benefits of such a move will outweigh the costs but recognizes that the transition plan will need to take into account the timing of costs and benefits.

**Recommendation 10:** *The practice doctorate be the graduate degree for advanced nursing practice preparation, including but not limited to the four current APN roles: clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner.*

**Recommendation 11:** *A transition period be planned to provide nurses with master's degrees, who wish to obtain the practice doctoral degree, a mechanism to earn a practice doctorate in a relatively streamlined fashion with credit given for previous graduate study and practice experience. The transition mechanism should provide multiple points of entry, standardized validation of competencies, and be time limited.*

#### Preparation for the Clinical Educator and Faculty Roles

A practice-doctoral degree in nursing would prepare nurses with advanced preparation and specialized knowledge in one identified area of nursing practice. The discipline of education encompasses an entirely separate body of knowledge and competence. Many nursing practice doctoral graduates may choose the educator role. Graduates of practice doctoral programs will have expertise and preparation for the highest level of nursing practice. Preparation to teach at the collegiate level, as in other disciplines, requires preparation with a terminal degree. However, just as for graduates of research-focused doctoral programs, graduates of practice-focused nursing programs may need additional education in the educator role and pedagogical methodologies (AACN, 2001).

**Recommendation 12:** *Practice doctorate programs, as in research-focused doctoral programs, are encouraged to offer additional coursework and practica that would prepare graduates to fill the role of nurse educator.*

#### Accreditation and Regulation

Accreditation and regulation are complex issues. The quality of research-focused doctoral programs is ensured through ongoing review and quality assessment, which are generally carried out by the graduate school (or comparable entity) of the offering institution. Practice-focused doctoral programs, like master's programs, prepare graduates for specialized professional practice that is regulated by agencies charged with protecting the safety of the public. The quality of practice-focused doctoral programs, their ability to produce graduates with the requisite competencies for advanced practice, and their adherence to high standards of professional education must be scrutinized and ensured by professional nursing accrediting bodies.

It also is recognized that a change in the educational requirements for APN practice could impact certification and regulation. Stakeholders representing certifying and regulatory bodies, however, have indicated that the specific impact and need for change in these arenas cannot be identified at this point in the transition phase. These individuals further indicate that, as outcome-based competencies are identified and programs evolve, certification and regulatory changes will follow.

**Recommendation 13:** *Practice-focused doctoral programs need to be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education.*

### SUMMARY OF RECOMMENDATIONS

The Task Force recommends:

1. The term practice doctorate be used instead of clinical doctorate.
2. The practice-focused doctoral program be a distinct model of doctoral education that provides an additional option for attaining a terminal degree in the discipline.

3. Practice-focused doctoral programs prepare graduates for the highest level of nursing practice beyond the initial preparation in the discipline.
4. Practice-focused doctoral nursing programs include seven essential areas of content.\* The seven essential areas of content include:
  1. scientific underpinnings for practice;
  2. advanced nursing practice;
  3. organization and system leadership/management, quality improvement and system thinking;
  4. analytic methodologies related to the evaluation of practice and the application of evidence for practice;
  5. utilization of technology and information for the improvement and transformation of healthcare;
  6. health policy development, implementation and evaluation; and
  7. interdisciplinary collaboration for improving patient and population healthcare outcomes.

\*For the latest version of the DNP Essentials which lists eight content areas, [click here](#).

5. Practice doctoral nursing programs include development and/or validation of expertise in one area of specialized advanced nursing practice.
6. Practice-focused doctoral nursing programs prepare leaders for nursing practice. The practice doctorate prepares individuals at the highest level of practice and is the terminal practice degree.
7. One degree title be chosen to represent practice-focused doctoral programs that prepare graduates for the highest level of nursing practice.
8. The Doctor of Nursing Practice (DNP) be the degree associated with practice-focused doctoral nursing education.
9. The Doctor of Nursing (ND) degree title be phased out.
10. The practice doctorate be the graduate degree for advanced nursing practice preparation, including but not limited to the four current APN roles: clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner.
11. A transition period be planned to provide nurses with master's degrees, who wish to obtain the practice doctoral degree, a mechanism to earn a practice doctorate in a relatively streamlined fashion with credit given for previous graduate study and practice experience. The transition mechanism should provide multiple points of entry, standardized validation of competencies, and be time limited.
12. Practice doctorate programs, as in research-focused doctoral programs, are encouraged to offer additional coursework and practica that would prepare graduates to fill the role of nurse educator.
13. Practice-focused doctoral programs need to be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education.

#### RECOMMENDED NEXT STEPS

1. A document should be developed that defines:
  - o Educational standards,
  - o Indicators of quality for practice doctoral programs, and

**Educational outcomes/competencies.**

1A. The seven areas of core content for all graduates of practice-doctorate nursing programs have been identified. The outcome-based competencies for each of the seven core content areas should be identified. A process and outcome similar to that of the Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996) should be developed and implemented. The outcome of this process would be to identify the core outcome competencies expected of graduates of practice doctoral programs in nursing.

1B. Specialty competencies/essential content should be developed for individual areas of advanced nursing practice

2. The appropriate preparation and competencies for the clinical educator and faculty roles should be identified by the AACN Task Force on the Professoriate. Practice-doctorate programs, based on the recommendations of that Task Force, could then offer additional coursework and practica, which would adequately prepare graduates to fill the role of nurse educator.
3. Additional work must be done to identify the implications of these recommendations and issues related to full implementation, e.g. moving all APN education to the practice doctoral level, impact on schools, implications for certification and licensure.
4. An interprofessional work group should be formed to examine the potential outcomes resulting from employment of DNP graduates in health care settings. Topics to be examined include: cost-effectiveness, impact on processes and outcomes of care, and priority areas for utilization.

**TASK FORCE ON THE PRACTICE DOCTORATE IN NURSING**

Elizabeth Lenz, *Chairperson*  
The Ohio State University

Kathleen Andreoli  
Rush University

Jean Bartels, *TFER2 liaison*  
Georgia Southern University

Catherine Gilliss  
Yale University

Sandra Edwardson  
University of Minnesota

Judy Honig  
Columbia University

Lucy Marion, *NONPF consultant*  
University of Illinois, Chicago

Lynne Pearcey  
University of North Carolina, Greensboro

Julie Sebastian  
University of Kentucky

Marita Titler  
University of Iowa Hospitals and Clinics

Joan Stanley, *Staff liaison*  
American Association of Colleges of Nursing

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**APPENDIX A**

**EXTERNAL REACTION PANEL  
ON THE AACN PRACTICE DOCTORATE POSITION STATEMENT  
February 4, 2004**

Merilyn Francis, Assistant Vice President  
*National Quality Forum*

Ann Greiner, Independent Consultant  
*National Academy of Sciences*

Karen Haase-Herrick, President  
*American Organization of Nurse Executives*

Donald Hagen, Executive Vice Chancellor  
*Association of Academic Health Centers*

Cathy Rick, Chief Officer, Office of Nursing Services  
*Department of Veterans Affairs*

Barbara Safriet, Associate Dean  
*Yale University Law School*

Les Sims, Senior Scholar in Residence and  
Director, External Grants Programs  
*Council of Graduate Schools*  
(provided written response)

Michael Whitcomb, Senior Vice President  
*Association of American Medical Colleges*

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