THE FUTURE OF NURSING: 
THE CALL FOR ADVANCED DEGREES

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OBJECTIVES

• Identify the need and benefits of obtaining an advanced degree.

• Identify and discuss the types of advanced nursing degrees.
THE INTERNATIONAL AGENDA

- Improving Global Health
- Concept of Advance Practice Nursing: Potential for collaboration across the globe
- Importance of work with other disciplines as these roles evolve
THE AGENDA IN THE UNITED STATES

- Health care reform/ IOM Report
- Accountable care organizations
- Medical home model
- Workforce predictions
- Degree Choices
  - Masters
  - Doctor of Nursing Practice
  - PhD
INSTITUTE OF MEDICINE REPORT: FUTURE OF NURSING: LEADING CHANGE, ADVANCING HEALTH

- Involves legislative actions, interprofessional collaboration, removal of practice barriers

- Patient center, patient-driven HEALTH care system

www.iom.edu/nursing
FUTURE OF NURSING CALLS FOR NURSES TO:

• practice to the full extent of their education
• achieve higher levels of education and training through an education system that promotes 
  seamless academic progression
• be full partners, with physicians and other health care professionals, in redesigning the health care in 
  the U.S.
• engage in effective workforce planning and policy making require better data collection and in 
  improved information infrastructure
TRANSFORMATIVE HEALTHCARE/EDUCATION MODELS

- Accountable Care Organizations
- Patient-Centered
- Medical Home
- Interprofessional Education Competencies
INTERPROFESSIONAL EDUCATION COLLABORATIVE

- **Perform effectively in various team roles** to deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

- **Leverage the unique roles and responsibilities of interprofessional partners** to appropriately assess and address the health care needs of patients and populations served.

- **Communicate with patients, families, communities, and other health professionals** in support of a team approach to preventing disease and disability, maintaining health, and treating disease.

IMPLEMENTING THE RECOMMENDATIONS

• Changes in Medicare, Medicaid for reimbursement
• Reform scope of practice acts
• Prepare the workforce to assume leadership positions at all levels
• Infrastructure to collect nursing workforce data
• Implement nurse residency programs
• BSN 80/20; Doctorates 50/20
• Engage in lifelong learning
NURSING'S RESPONSE

Licensure, Accreditation, Certification & Education (LACE) Guidelines

APRN consensus model

2015 statement about the DNP
IMPLEMENTATION OF MODEL

• Licensure
• Accreditation
• Credentialing
• Education
THE APRN CONSENSUS MODEL

• Four roles:
  • Nurse Practitioner
  • Clinical Nurse Specialist
  • Nurse Midwife
  • Nurse Anesthesia

• Six population foci:
  • family/individual across the lifespan
  • adult-gerontology
  • pediatrics
  • neonatal
  • women’s health/gender-related
  • psych/mental health
APRN CONSENSUS MODEL

• Certification occurs within a role and population foci

• All APRNs must have three “P’s” within educational programs
American Association of Colleges of Nursing is the national voice for America’s Baccalaureate and higher degree nursing education programs

- Sets quality standards for nursing education
- Provides resources for member schools
- Influences the nursing profession to improve health care
- Develops leadership capacity to advance nursing education, research and practice
AACN’s Selected Recommendations
(Paraphrased)

1. DNP prepare graduates for the **highest level of nursing practice** beyond the initial preparation

2. DNP should serve as the **terminal degree**.

3. DNP **title** should be chosen to represent practice-focused doctoral programs that prepare graduates for the highest level of nursing practice

4. All master’s degrees except for **CNL** will migrate to a DNP curriculum

**Advocates:** The DNP as an entry requirement for nurse practitioners, clinical nurse specialists, nurse midwives and nurse anesthetists
* Specialized nursing should occur at the doctoral level
The Doctorate of Nursing Practice, DNP, as an entry requirement for:

- nurse practitioners,
- clinical nurse specialists,
- nurse midwives
- nurse anesthetists
- everyone except CNLs

AACN Advocates the Following:
Moving the current level of preparation necessary for advanced nursing practice from the master’s degree to the doctoral level by 2015
Who will this affect?

Advanced nursing practice roles:

• Clinical Nurse Specialist*
• Advanced Nurse Practitioner*
• Nurse Midwife*
• Nurse Anesthetists*
• Public Health
• Nurse Executives / Leaders
• Nurse Informaticists
• Health Policy Analysts
• Nurse Educators*
Goal 2015

Some Challenges:

- Not enough DNP programs yet rapidly increasing
- Insufficient faculty
- State regulations
- Regulatory requirements
- Need for APRN’s
- Challenges at some educational institutions
Organizational Responses

American Association of Nurse Anesthetists

• Mandate that all CRNA programs transition to the practice doctorate, DNP, by 2022.

• All new CRNA grads must hold a practice doctorate by 2025 to be eligible for certification.

The Nurse Practitioner Coalition Statement

• 7 NP organizations (AANP, ACNP, AFPNP, NCGNP, NONPF, NPWH, NPNP): “the DNP degree more accurately reflects current clinical competencies and includes preparation for the changing healthcare system.”
Organizational Responses

National Organization of Nurse Practitioner Faculties
Endorsed the DNP and developed competencies for NP practice at the doctoral level.

National Association of Clinical Nurse Specialists
Neutral position on the DNP; has developed DNP level competencies for CNS graduates.

American College of Nurse Midwives
Recognizes the DNP as an option for some midwifery programs.

C. Fay Raines, PhD, RN
President AACN 3/21/10
Organizational Responses

American Organization of Nurse Executives (AONE)

• AONE supports the work of AACN that aligns with the AONE Guiding Principles of Future Care Delivery
• AONE acknowledges the work of AACN ...and the intent of higher level preparation of nurses working in advanced practice roles
• AONE looks forward to working with stakeholders

(AONE, April 2007)

Council on Graduate Education for Administration in Nursing*
(CGEAN)

CGEAN Mission: To further the development and improvement of graduate education in nursing administration

* The voice for education in nursing administration
Organizational Responses

American Nurses Association (ANA)

ANA Board of Directors approved a recommendation to support both practice and research focused doctoral preparation for nurses as a terminal degree. (2009)
There are ten Essentials which:

• Delineate the knowledge and skills that all nurses prepared in master’s nursing programs acquire
• Guide the preparation of graduates for all health care settings
• Prepare leaders at the microsystem level (i.e. managers)

“Master’s level preparation is broader than the practice specialization achieved at the Doctor of Nursing Practice Level” (p.1)
MASTERS OPTIONS

- Clinical Nurse Leader
- Nursing Administration
- Nursing Education
- Community Health
- APRN Roles
# Key Descriptors for the CNL and CNS

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<thead>
<tr>
<th>CNL</th>
<th>CNS</th>
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<tr>
<td>- Microsystem</td>
<td>- Macrosystem</td>
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<tr>
<td>- Generalist</td>
<td>- Specialist</td>
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<td>- Communication, collaboration at the unit level</td>
<td>- Communication within &amp; across the organization, systems</td>
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<tr>
<td>- Cohort of patients</td>
<td>- Population of patients at the system (even if unit based)</td>
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<td>- Responsible to unit manager usually</td>
<td>- Responsible to Director level position or CNO</td>
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KEY ACTIVITIES OF THE CNL

• Resource for other caregivers on the unit

• Provides a comprehensive health assessment of patient and family/caregiver at initial contact

• Responsible for ongoing assessment and careplan modification

• Patient/family caregiver education
CNL EDUCATION

• Master’s degree

• Curriculum prepares CNL in core competencies that span 3 primary role functions
  • nursing leadership
  • clinical outcomes management
  • care environment management

• Immersion experience (clinical practicum)
  • Formal collaboration between academia and service
  • Projects = real time problems within organization
KEY ACTIVITIES FOR THE CNS

• Serve as a mentor for nurses (even CNLs)

• Educational programs for the macrosystem

• Generate and evaluate evidence for practice
  • Implementation of guidelines, standards
  • Appraise research studies
  • Conduct research

• Leadership for multidisciplinary groups across the system

• Innovation
CNS EDUCATION

• Master’s or doctoral degree

• 7 competencies
  • Direct care/clinical expert
  • Consultation
  • Collaboration
  • Coaching/teaching/mentoring
  • Moral agency/advocacy
  • Research/evidence based practice
  • Systems leadership

• 3 spheres of influence (patient, nursing, system)
In order to truly advance the profession, we need both DNPs and PhDs

Complimentary roles

Practice informs research just as research informs practice
What’s the Difference Between DNP & PhD?

The preferred environment is to have DNP and PhD prepared nurses working together to:

1. Identify clinical problems (DNP & PhD)
2. Generate solutions through research (PhD)
3. Translate research into clinical practice (DNP)

Bridging the gap between evidence and implementation
Growth in Doctoral Nursing Programs: 2006-2011

DNP
- 2011: 182
- 2010: 153
- 2009: 124
- 2008: 120
- 2007: 120
- 2006: 53

Research-Focused Doctoral
- 2011: 116
- 2010: 111
- 2009: 103
- 2008: 126
- 2007: 124
- 2006: 20

Source: © American Association of Colleges of Nursing. All Rights Reserved
Enrollments in Both DNP & PhD Programs: 2003-2011

Source: © American Association of Colleges of Nursing. All Rights Reserved
Essentials of Doctoral Education for Advanced Nursing Practice (AACN)

Direct care provided by APRN
- CRNA
- CNM
- NP
- CNS

Indirect care provided by:
- Nurse execs
- Policy makers
- Nurse informaticians
DNP

- Practice Expertise
- Addition of Policy expertise
- Finance and Economic
- Evidence-based Practice
- Implementation/Evaluation skills

Tracks
- Post BSN
- Post MSN
BENEFITS OF DNP

• Empowers APRN’s with the tools to make change in healthcare systems
• Is the “terminal” degree for clinical practice
• Advanced credentials for those who do not want a research-focused degree
• Addresses our historical challenge of credential to credit hour ratio
• Parity with other professionals
PHD

- Research Expertise

- Roles:
  - Education
    - Faculty
  - Service positions
    - Research Directors
    - NIH, NINR, AHRQ roles
PLANNING YOUR CAREER PATH

Options for Advanced Education

• Career goals
  • Practice?
  • Education?
  • Both?

A CAREER IN NURSING IS MUCH MORE THAN YOU THINK
PLANNING YOUR CAREER PATH

What questions should you ask?

- What is your goal?
- What type of program matches my goal?
KEEPING INFORMED

Choose wisely

Multiple entry/exit points
CHOOSING THE PROGRAM THAT’S RIGHT FOR YOU

Program Delivery options
- All online,
- Hybrid model
- All onsite

Questions to ask
- Practice supervision
- Accreditation of the Program
- Outcomes of previous graduates
CURRICULUM GUIDED BY ACCREDITATION BODIES AND CERTIFICATION BODIES

- LACE, CCNE, NLNAC
- Core
- Implementation crafted by each school
- Practice hours – vary on the degree specialization
  - Master APRN minimums set by certification requirements
  - DNP total of 1000 hours (includes master’s hours if post-masters)
FUNDING YOUR EDUCATION

- Grants
- Faculty Loan program
- Traineeships
- State initiatives
- Link with professional organizations for funding sources
- Grad offices at the schools
TIME FRAMES

• Dependent on entry point

• Full-time vs. Part time
NURSES: KEY TO IMPROVING HEALTH


REFERENCES / RESOURCES


It is journey … not a destination