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The Doctorate of Nursing Practice NP Preparation: NONPF Perspective 2015

The National Organization of Nurse Practitioner Faculties (NONPF) Board of Directors reaffirmed in April 2015 an allegiance to advancing the Doctor of Nursing Practice (DNP) degree as entry level for the nurse practitioner (NP) role. This statement further elaborates NONPF's support of the DNP degree and pledges our guidance to support faculty members as they embrace curriculum change.

Now – 2015 - is our time to make the commitment collectively on behalf of our students, the profession, and our patients to making NP education doctoral-level preparation.

Since 2002, the NONPF Board has issued proactive recommendations to support the evolution of NP educational preparation to the DNP degree level (NONPF, 2002a; NONPF 2002b). NONPF has maintained its dedication to all currently credentialed NPs and faculty members; however, we recognize that in moving forward the NP educational community must provide students with doctoral-level NP preparation.

In 2006, NONPF acknowledged implementing the DNP degree as entry level into practice would likely be a gradual implementation across NP educational programs (NONPF Board of Directors, 2006). NONPF has never issued or supported a finite date by when all NP educational programs should transition from master's to doctoral- level preparation. Yet, after ten years of seeing both early adopters and other programs explore the transition to doctoral-level preparation, less than half of NP programs are at the doctoral level. We recognize that the progression from a master's to doctoral program is multi-faceted, often involving change in institutional and state-level processes. For some NP programs, it simply is not possible at this time to award a doctoral degree within their institutions. Instead, the institution must look for collaborations with other institutions to achieve the DNP program.

When the DNP movement started, much of the discussion focused on the preparation of the clinician for the future. That future is here. Nurse practitioners have been providing safe, high quality, cost-effective, coordinated, and comprehensive clinical care grounded in evidence-based practice for over 50 years. Yet the role has evolved, along with the health care delivery system, and we, as NP educators, need to evolve in our approach to the education of NPs. The change to awarding a practice doctorate is comparable to the clinical doctorate preparation for other health care professions. As well, the degree is reflective of the rigorous education that NPs receive to be high quality clinicians, leaders in interprofessional health care team delivery, and contributors to the redesign and improvement of health care delivery models.

Despite the challenges, we should not wait for another ten years to pass to achieve implementation across NP programs. Our half-in, half-out stance is only causing confusion. Resources within NONPF and from others, such as the recent DNP Statement prepared by the AACN Task Force on the Implementation of the DNP, can help faculty to push the pendulum forward (AACN Task Force on the Implementation of the Doctor of Nursing Practice, 2015; NONPF, 2014, 2013, 2012, 2008, 2007, 2005; NONPF Curricular Leadership Committee, 2013; American Association of Colleges of Nursing, 2006).

Considerations for the Doctorate of Nursing Practice and Nurse Practitioner Preparation

1. Multiple pathways can lead to a nursing practice doctorate. NONPF recognizes that there are different educational pathways to accommodate the different stages of the NP learner.
 - A. The post-master's DNP programs offer the opportunity for master's prepared NPs and other APRNs to achieve a clinical doctorate and the potential for acquiring educational preparation in another NP population focus. This option was envisioned as a transition during the evolution of the NP program to DNP that would no longer be needed after widespread implementation of the post-baccalaureate to DNP pathway.
 - B. The post-baccalaureate DNP programs offer RNs the opportunity to articulate to the NP role and earn a clinical doctorate.
 - C. A direct entry post-baccalaureate DNP program offers a path into nursing and the NP role for the individual who has undergraduate preparation in an area outside of nursing.
2. NONPF recommends that NP programs offer a seamless, integrated curriculum in a post-baccalaureate to DNP pathway for preparation as entry to the NP role. We discourage the perpetuation of the model in which the individual must complete distinct curricular levels before achieving the DNP. The DNP NP curriculum is not an add-on to the master's curriculum; instead, the curriculum integrates objectives and learning opportunities for the student to master the DNP Essentials and achieve the NP core and population-focused competencies.
3. NONPF discourages NP programs from offering a master's degree exit point in the post-baccalaureate to DNP pathway. The expectation is that the post-baccalaureate to DNP pathway has critical learning experiences integrated throughout the curriculum, so full educational preparation of the NP is achieved only upon completion of the entire DNP program. A program offering a master's exit point does not reflect comprehensive, integrated DNP NP curriculum development, particularly if it has transitioned from offering a master's to a DNP degree. NONPF recognizes that some programs may be located in states or institutions that impose restrictions that would necessitate the NP to obtain the master's degree. We urge programs and faculty to seek removal of this barrier rather than to compromise the preparation of the NP with DNP preparation.
4. All NP graduates must meet the same NP core and population-focused competencies (NONPF, 2012; Population-Focused Competencies Task Force, 2013). NONPF facilitated a significant review and revision of the NP core and population-focused competencies to support the integrated, DNP NP curriculum. When awarding a master's degree – or when offering a master's exit point to allow NP certification mid-point - a program diminishes the level of achievement of the new NP graduate who has met the competencies that are written for doctoral-level education.
5. Faculty supervised clinical experiences providing direct patient care will remain central to NP preparation for students seeking practice doctorates. The *Criteria for Evaluation of Nurse Practitioner Programs* stipulate a minimum of 500 clinical hours focused on direct care to individuals and families in a specific area of NP practice so as to document attainment of the core and population-focused NP competencies. The evaluation criteria document also states that more than 500 hours will be needed for population foci that cross more than one age group,

such as family/across the lifespan. NONPF recommends that a post-baccalaureate to DNP NP program would also require more than 500 direct patient care hours for the student to meet entry-level graduate competencies and be prepared for entry to the NP role. Clinical education may be organized through multiple sites, as well as through an immersion experience, to allow the student to have the sufficient range and number of experiences needed to achieve competency.

In addition to the direct patient care hours, other mentored learning experiences should be part of the educational experience. These experiences can assist the student to achieve the competencies, and would be recognized as hours that contribute to the 1000-hour requirement described in the DNP Essentials (AACN, 2006). A broad range of learning activities could assist the student NP earning a practice doctorate to achieve the expected student outcomes, e.g., completing simulation experiences, participating in a clinical agency's committee to evaluate a practice protocol, assisting in a health initiative in the state's health department, and facilitating in components of program evaluation within a clinical unit.

6. The NP competencies are not associated with specific clinical practices or sites, and the selection of clinical experiences should support the NP learner in achieving the NP core and population focused competencies. If a site of current employment of the NP student is determined to be a suitable place for clinical learning, the expectation is that new practice opportunities should support the DNP NP student in meeting competencies and that these opportunities are beyond the current employment expectations of the student.
7. The research emphasis in a DNP program differs from traditional, research-focused PhD programs. Rather than preparing nurse scientists for research careers, this program shall prepare expert clinicians to use research knowledge and methods to create, implement, and evaluate practice interventions. As well, this program prepares graduates to assume a key role in establishing, implementing, and testing national practice guidelines and collaboratively managing clinical trials. A need exists for a clear distinction between a practice-oriented doctoral degree and a research- focused doctoral degree as a foundation, particularly to offer guidance in conceptualizing the DNP final project.
8. NONPF recommended the generic title of **DNP Project** for use by DNP NP programs to designate the final project (NONPF, 2013). Our assessment is that consistent titling, language, and student outcomes for the DNP project are absolutely essential to clearly communicate the value of the DNP NP.
9. NONPF is committed to developing resources to advance the transition to the DNP across NP programs. We strive to provide faculty and administrators with the materials and programming to reduce the barriers to implementation. To help the DNP revolution succeed, we must work within NONPF, across programs, and collaboratively with our other colleagues in nursing education for widespread programmatic and curricular changes.

Approved by the NONPF Board of Directors, September 2015.

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