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**Clarifying the Educational Model DNP Workgroup  
Dialogue on Seamless DNP Programs  
January 18, 2019**

On April 20, 2018, the National Organization of Nurse Practitioner Faculties (NONPF) made the commitment to move all entry-level nurse practitioner (NP) education to the Doctor of Nursing Practice (DNP) degree by 2025. There are four workgroups moving forward with this important work. Each workgroup includes representatives from NONPF as well as other key stakeholders from education, practice, licensure, accreditation, and certification.

The workgroup on *Clarifying Educational Models* is charged with developing and disseminating curriculum models, tools, and strategies to transition current NP programs to seamless DNP degrees without master's exits. Directors and academic leaders of 11 BSN to DNP programs without master's exits and 2 programs with master's exits who attended the 2019 AACN Doctoral Conference participated in this dialogue on lessons learned during the process of transitioning their NP programs to a DNP entry-level. A summary of the discussion is detailed below, organized by the five questions that guided the discussion.

**What lessons did you learn as you went through the process of migrating NP education to the post-baccalaureate DNP?**

- Need to break down silos between APRN faculty and DNP Core faculty as well as between APRN tracks
  - Facilitate NP and non-NP Faculty to team teach so students can get different views from different areas of practice and expertise.
  - Utilize DNP planning committee during the transition to facilitate collaboration and cross teach across APRN and DNP faculty
  - Build program as an integrated curriculum and faculty team
- Need to develop preceptors and practice partners
  - Bring in NP and QI leaders from practice partners
  - DNP council to help systems' CNOs translate program outcomes throughout healthcare systems and to incorporate the DNP into promotional ladders
- Challenges of educating new BSNs with less than 3 years' experience and nurses with extensive experience in the same class

- Challenges with student projects – balancing the focus on something they love vs. what is available in practice
- Blend post BS (completing a specialty) and post MS (returning DNP only) students together or keep them separate?
  - Students need to learn together
  - Perhaps keep separate in DNP project courses
- Developing direct care and systems level competencies to produce a doctorally-prepared clinician who has competencies in both areas
  - Need to look at final product and build integrated programs rather than DNP courses/content stacked on master's content/courses
  - Integrate direct care competencies with DNP project expectations
  - Clarity is needed related to competencies as students progress
  - Have students also focus on systems level questions during direct care clinicals
- Preparation for temporary dip in admissions when discontinuing MS/MSN programs
  - Need to develop tagline on return on investment.

**How are you integrating direct care, systems-level competencies and clinical hours throughout your program?**

- Challenge is to elevate practice level to doctoral preparation
- Add more hours to clinical practicum so students can learn to integrate higher level content
- Need to move clinical competency evaluation to the doctoral level
- Align project hours with each phase of project; scholarly project runs with each phase of program
- Systems level objectives are included in each course – not either/or
- Team OSCIs for those situations in which outcomes are sensitive to team performance; telepresence can be used
- Course assignments and projects need to focus on a sustainable systems level project from a skillset perspective, even on a small level
- Focus on systems level policy experiences to help students put pieces together

**What are the benefits and drawbacks to front loading didactic content related to direct care prior to clinical immersion, versus later in the program?**

- One approach is to scale the didactic and clinical together with didactic heavy in the beginning and a small amount of clinical, and then toward program end didactic decreases and clinical increases
- Need to keep energy level up so give students a little clinical time/experience in the beginning of the program
- Students are responsible to go back to first level of scaffold so faculty are not repeating content in each course – all faculty must be on same page
- DNP resource page to provide students consistent area to refer to for refreshing prior content

**Have you had success with your students passing their certification exams using your model?**

- No issues with certification
- Although not related to certification, there was a discussion about whether they can work during program – multiple models

**If you had a crystal ball, how would you design a program to prepare NPs in this complex health care system?**

- A comment was made that perhaps we might consider offering some students a stop out; critical thinking skills for projects are different for direct care than for systems level
- Responses:
  - We need to do a better job of teaching the value of systems level skills
  - Master's level NP is not a role for the future and we cannot enable this role

**Summary**

This dialogue on challenges and best practices was an important first step in gathering qualitative data to develop and disseminate curriculum models, tools, and strategies to transition current NP programs to seamless DNP degrees without master's exits.

Participants

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\*BS to DNP programs without master's exits