Shaping the Future of Doctor of Nursing Practice Education

The practice-focused doctorate has made a significant impact on our profession in recent years, but the idea is not new. As early as 1979, Case Western Reserve University had an entry-level, practice-focused doctoral degree (the ND). In the 1980s, additional practice doctoral programs were added to the nursing landscape (Cronenwett et al., 2011), but the momentum for change that we are currently seeing in practice doctoral education began in 2000 with the establishment of the Council for the Advancement of Comprehensive Care.

Recognizing the need for well-qualified clinicians to provide high-quality, coordinated care to an increasingly complex patient population in a convoluted health care delivery system, leaders at Columbia University School of Nursing brought clinical and policy experts together to address the development of a new nursing graduate program to deliver comprehensive care at the doctoral level. Their focus was on the education of nurses in advanced clinical practice to care for patients with complex comorbidities across care settings, which was recognized by the health system and the payers. In 2003, The Council published a set of doctoral competencies for all clinical specialties (Mundinger, Starck, Hathaway, Shaver, & Woods, 2009). The work of the Council continued until 2007 and informed the early work of American Association of Colleges of Nursing (AACN).

Concurrent with the early work of the Council, several AACN task forces were charged to examine the impact and benefits of practice doctoral education, which culminated in the release of the final report, Position Statement on the Practice Doctorate in Nursing (AACN, 2004). This report represented the official AACN position on the practice doctorate to move advanced practice nursing education from the master’s degree to a clinical doctoral degree. The goal of the doctor of nursing practice (DNP) program is to produce the most competent nurse clinicians to improve the quality of care to patients and their families and improve the overall health care delivery system. Unlike the early work of the Council, which focused on the practice doctorate for direct clinical providers only, the AACN envisioned practice doctoral education as including clinical, leadership, and administrative competencies.

In October 2004, the AACN membership passed a motion endorsing the report and supporting the recommended changes by 2015. This action was an advisory, visionary statement of AACN as a membership organization that would require further adoption at the individual member school and college level. In 2010, the AACN reaffirmed its position on the importance of the DNP and the 2015 goal (AACN, 2013a). According to the AACN annual statistic reports, 8 years out from this initial action, there is well-documented growth in DNP programs (20 in 2006 to 229 in 2013) and increasing numbers of new programs in development (AACN, 2013b, 2013c).

As the number and type of DNP programs have developed over time, and the graduates of these programs have created new roles, it becomes increasingly important to review the landscape to assess progress on the goals represented in the 2004 position statement. A conversation about this occurred between two Commission on Institutional Cooperation (CIC) deans in a taxi cab on a shared trip to the airport following a meeting. They spoke of the revolutionary changes this innovation has had on health care and the nursing profession. As the deans spoke, they realized that any new innovation must be examined over time to assess its relevance to the current environment and its concordance to its designed purpose. These two insightful deans brought that charge to the CIC Deans’ Committee to see how we, the CIC deans, might contribute to that assessment.

In August 2012, the deans of the CIC convened an invitational conference on DNP education in Chicago, Illinois, to consider the quality issues related to DNP programs in the context of the rapid growth of this movement. Deans and directors of schools offering existing or new DNP programs were invited to attend. The purpose of the conference was to provide a focused opportunity for a national conversation on issues important to the future of nursing and DNP education and to share best practices to promote quality outcomes in our DNP programs and graduates. The speakers for the conference were the deans of the CIC schools, who were among the early adopters of DNP education in the country. What ensued was a lively, robust, and thoughtful conversation about the current status of DNP education, the quality issues currently being faced, and innovative approaches toward excellence in DNP education. We also realized that this conference was only a first step in the discussion about the evolution of and quality in DNP education.
The major articles in this special issue of the *Journal of Nursing Education* were developed from the sessions included in the conference sponsored by the CIC. Each topic was chosen to address a critical area of DNP education. For example, the session on models of capstone projects delivered by Drs. Jane Kirkpatrick and Terri Weaver (2013) explored the range of options available to meet the requirements for a capstone experience. Drs. Marion Broome, Mary Riner, and Eman Allam (2013) examined the literature and described the contributions of the DNP scholarly papers to the literature. Dr. Rita Frantz (2013) described the resource requirements needed for launching and implementing a DNP program, an area that is often overlooked amidst the challenges of developing the curriculum. Dr. Bernadette Melnyk (2013) explored the complementary roles of the PhD and DNP graduates, and Drs. Julie Sebastian and Connie Delaney (2013) described the process of faculty development and socialization. Dr. Jacqueline Dunbar-Jacob opened the conference with an overview of how DNP education is shaping health care (Dunbar-Jacob, Nativio, & Khalil, 2013) and, at the conclusion of our conference, Dr. Margaret Grey (2013) played the role of provocateur, helping us to see where we had consensus and where we needed further assessment and quality improvement. Her recommendation to have a follow-up summit with key stakeholders, including those in nursing administration, was taken up by the AACN and resulted in the AACN National DNP Summit held in Chicago, Illinois, in April 2013.

We recognize that the landscape is changing quickly due to the rapid expansion of DNP education across the country. Although we do not have consensus in our discipline about the need for the practice doctorate for advanced clinical practice or the approach to educating our students (post-master’s or direct-entry) (Cronenwett et al., 2011), it is clear that the DNP movement has taken hold and many educational institutions are developing DNP programs. The success of the DNP will be measured by the quality of the educational programs, the graduates we prepare, and their influence on improving health care. The articles in this issue of the *Journal of Nursing Education* examine the critical areas in which we, as educators, can have an impact in shaping the future of DNP education.

**References**


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