

Doctorate of Nursing Practice (DNP)

Talking Points Prepared For / Responses to Frequently Asked Questions

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Why is the DNP Important for Texas?

- The complexity of health care and technology has changed significantly over the past decade and is expected to continue to become increasingly complex in the future.
- DNP graduates will help meet the needs of the increasing complexity of health care, the large number of elderly with chronic illnesses, as well as the many uninsured Texans who do not receive primary care except in expensive emergency rooms.
- It is anticipated that the DNP has the potential to increase nursing excellence in patient care by increasing the quality of care provided. Quality patient care is an issue that is important to All Texans!
- The DNP is evidenced based and is grounded in research collected from advanced nursing practice education programs since 1999. The American Association of Colleges of Nursing is developing a “common core competencies” expected for graduates of these programs.
- Failure to implement the DNP in Texas will significantly stifle the state’s health care delivery in consideration of the national movement that will “leave Texas” behind with a “lesser educated nursing workforce”.

Will the implementation of the DNP negatively impact upon the nursing shortage?

- Texas is 4th from the bottom of all 50 states in the severity of the nursing shortage. We need 35,000 more nurses now to be at the national average of patient to population.
- The current and projected shortage of nurses in Texas and the nation are at two levels: new nurses (RNs who earn an entry level degree into the profession) and nursing faculty members, most particularly those prepared with a *terminal* degree.
- The DNP is a new terminal degree in nursing and as such is expected to attract a new pool of nurses to doctoral study and faculty roles. Nurses who desire to emphasize clinical expertise (versus research) will now have a pathway to a terminal degree.
- It is expected that many DNP graduates will assume faculty roles in Texas’s community colleges, universities and health science centers, thus helping to ease the faculty shortage and contributing to the education of more new RNs.
- Texas is behind—there are currently no DNP programs in the state. In the United States, there are 10 in existence and 144 in the planning stages.

- Failure of Texas to establish DNP programs will result in loss of students to other states. Currently nine nursing faculty in Texas are going out of state for the DNP education, and we risk their not returning.

How will the DNP graduates be prepared to assume the nurse educator role?

- As in other disciplines, the doctorate is the appropriate degree for a permanent faculty role in Texas universities and health sciences centers. Some community colleges also prefer the terminal degree for faculty preparation as well.
- The DNP program is not designed to prepare educators, per se, any more than are PhD programs.
- Graduates from all doctoral programs (PhD or DNP) who wish to be educators will be offered additional preparation (such as education courses and graduate teaching assistantships) to add pedagogical skill to their base of clinical expertise.

Will the implementation of the DNP result in elimination of existing Master's degree programs in Texas?

- The model proposed for Texas is to build on our existing strong master's degree programs.
- All existing master's degree programs in Texas will continue to offer those educational opportunities for nurses pursuing higher education.
- Those master's programs who do not have degree granting authority for doctoral education, yet interested in partnering with programs offering the DNP will be encouraged to do so via regional/system collaboratives.

Will the DNP degree add cost by requiring hospitals and health care agencies to pay more for advanced practice nurses?

- This is a marketplace issue, not an educational one. It is anticipated that DNP graduates employed in practice settings will contribute significantly to better patient outcomes and concomitantly to reduced cost (e.g., fewer complications, fewer readmissions, reduced medication errors). Over time DNP graduates may command higher salaries based on the contributions they make to the health care system.
- Recent research does indicate that better educated nurses do clearly result in better patient outcomes and thus actually reduce cost of health care delivery.
- The ultimate driver of health care economics related to the DNP will be tied to patient outcomes. If outcomes do improve, as anticipated, the cost to the state in preparing highly educated nurses may have a significant return on investment.

Is the intent of the DNP to further expand the legal scope of practice for APNs?

- No. Transitioning to the DNP will not alter the current scope of practice for advanced practice nurses. The Texas Nurse Practice Act describes the scope of practice allowed for advanced practice nurses. These would likely remain unchanged. The transition to the DNP will better prepare advanced practice nurses for their current roles given the growing complexity of health care.
- The Texas model of nursing practice is to work collaboratively with our physicians to give the best care to our patients with an interdisciplinary team approach. The DNP should strengthen nursing's ability to work in interdisciplinary teams.

Will having nurses hold the title “doctor” confuse patients or the public?

- This is not the intent of the DNP, nor is it likely to occur.
- Many advanced practice nurses in Texas currently hold doctoral degrees and are addressed as “doctor”, which is similar to how other expert practitioners in clinical areas are addressed, including clinical psychologists, dentists, optometrist, and podiatrist.
- DNPs will be expected to clearly display and explain their credentials to insure that patients understand their preparation as provider, just as current advanced practice nurses do.