

**Texas DNP Roadmap Task Force  
White Paper  
“A Roadmap for Establishing the Doctor of Nursing Practice In  
Texas School’s of Nursing”**

**Vision**

Nurses in Texas will have access to education for the Doctor of Nursing Practice (DNP) degree in order to provide the highest level of quality care to patients regardless of setting. Texas Schools of Nursing will endorse a collaborative model of education building upon master’s degree preparation and competencies.

**Assumptions**

- A well-educated and competent nursing workforce will improve the health of Texans.
- Competent nursing care is realized through evidence-based practice.
- For nurses to be adequately prepared to be leaders in advanced practice, they should be prepared to deliver evidence-based practice in complex health care systems through preparation at the doctoral level.
- Nurse educators & other stakeholders must be involved in the process of implementing the DNP in order for this educational option to succeed.

**Background**

The American Association of Colleges of Nursing (AACN), stimulated by a growing interest in practice doctorates and the increasing complexity of health care delivery, established a task force in March, 2002 to examine the trends in practice-focused doctoral education and make recommendations about the need for and nature of such programs in nursing. The task force drafted a position paper on the practice-focused doctorate in nursing, which was approved by the AACN membership in October, 2004 (available at: <http://www.aacn.nche.edu/NDP/DNPPositionStatement.htm>). The statement stipulates that by 2015, all advanced practice nursing should be at the doctoral level with the DNP degree.

A taskforce was created in spring 2005 in Texas, under the auspices of the Nursing Education Policy Coalition (NEPC) and the Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE) to include representatives from a variety of stakeholders. Taskforce members also met with staff from the Texas Higher Education Coordinating Board and the Advanced Nursing Advisory Committee for the Texas Board of Nurse Examiners in spring 2006. This white paper attempts to address the criteria for new doctoral degree programs identified by THECB staff.

## **Response to Texas Higher Education Coordinating Board Suggested Criteria:**

### **1. Evidence for a Better Educated Nursing Workforce**

DNP prepared nurses should significantly contribute to the quality of health care delivery in Texas, through improved health care outcomes and patient safety, increasing efficiency. Lenz (2006) believes “such individuals will be exceptionally well prepared to design, deliver, and direct evidence-based practice; to develop improved practice guidelines; to develop practice innovations; and to evaluate the effectiveness of complex interventions”. The National Academy of Science is one of the entities encouraging nursing to develop a practice-focused doctorate degree. A 2005 report, *Advancing the Nation’s Health Needs*, written by the Committee for Monitoring the Nation’s Changing Needs for Biomedical, Behavioral and Clinical Personnel, which addressed the nation’s workforce issues, states that the nursing profession needs to produce clinicians prepared at the doctoral level and capable of practicing nursing at the highest level.

Evidence is emerging that links cost savings to a better educated nursing workforce. *FitchRatings* reported in 2003 that “it is very possible that lesser skilled (nursing) staff will negatively affect quality, especially with the greater acuteness anticipated in future populations”, thus linking nursing workforce skill levels to public finance and bond ratings. Needleman, Buerhaus, et. al published a study in *Health Affairs* (January 2006) that links higher levels of nursing staffing (RN versus LVN) to reduced number of days patients are hospitalized, adverse outcomes, and patients deaths, with minimal increases in hospital cost. The authors suggest that whether or not employment of a better educated nursing workforce should be implemented depends on the value patients and payers assign to avoided deaths and complications. It is anticipated that Texas patients and payers will value the impact of nurses prepared at the doctoral level (DNP) for nursing practice which will improve the quality and cost of health care delivery.

### **2. Doctoral program Will Not Exacerbate the Professional Nursing Shortage or Reduce the Number of Underrepresented Practitioners in the Field**

The DNP is viewed by many as a viable and necessary alternative to the research-focused doctorate (Ph.D.) because of the many benefits that the availability of high-level preparation in nursing practice will provide to improving the quality of health care delivery in both primary and acute care settings, and to the profession (Lenz, 2006).

It is also anticipated that DNP educated nurses will improve the quality and retention of nursing faculty across the state of Texas. Currently, a large portion (if not the majority) of clinical instruction of undergraduate nursing students in the state is provided by master’s prepared faculty who have not earned a doctoral degree. Many universities in the state do not allow a faculty to progress beyond assistant professor rank without a doctoral degree. This stifles faculties’ abilities to reach senior level positions and higher salaries in those academic institutions where promotion in rank is possible. Texas schools of nursing struggle with retention of master’s prepared faculty due to competition from the practice sector who offer higher salaries. The DNP should provide avenues for nursing faculty, including those representing underrepresented

practitioners, interested in pursuing a terminal degree (other than the research doctorate – Ph.D.), to remain in academia.

Concerns have been expressed by some deans that national implementation of the DNP will result in a smaller number of nurses pursuing the research doctorate (Ph.D.). Current evidence suggest that implementation of the DNP is not related to a decline in number of Ph.D. applicants. At the national level, interest in the post-master’s DNP is supported by reports of a strong applicant pool from the schools offering the program (personal communication with nursing deans at Rush University, the University of Kentucky, and the University of Tennessee at Memphis). These deans report that they have many more qualified applicants than can be accepted to their programs.

The following table displays a historical account of robust growth in enrollments in the doctoral programs at both the University of Kentucky and the University of Tennessee. The experience at these two institutions is that the DNP program and their Ph.D. in Nursing programs have exhibited enrollment growths.

	Uni. TN		Uni. KY	
	DNP	Ph.D.	DNP	PH.D.
1997		14		32
1998		18		33
1999	13	16		38
2000	41	18		36
2001	38	19	13	38
2002	42	19	26	44
2003	44	19	29	50
2004	52	18	32	55
2005	62	28	30	52

### 3. Doctoral Program Supported via Accreditation Process

DNP programs will undergo accreditation by two processes: Institutional and professional. Institutional accreditation will occur under the auspices of the Southern Association of Colleges and Schools Commission on Colleges. Professional accreditation will occur via one of two professional nursing education accrediting entities: National League Nursing Accrediting Council (NLNAC) and the Commission on Collegiate Nursing Education (CCNE), the autonomous accrediting body of the American Association of Colleges of Nursing. The CCNE Board of Commissioners unanimously agreed in 2005 that only practice doctoral degrees with the Doctor of Nursing Practice (DNP) title will be eligible for CCNE accreditation. This decision establishes the DNP as the degree required for schools of nursing offering the practice doctorate, thus creating consistency across the nation. The majority of Texas schools offering baccalaureate and higher degrees are accredited by CCNE.

#### **4. Employers Want Graduates with New Degree**

The DNP program is intended to meet the market demands for these highly skilled professionals in various markets. Many different types of employment opportunities exist for graduates of Doctor of Nursing Practice programs. Nationally there are 10 existing nursing practice doctoral programs; however, a recent survey conducted in September of 2005, by the American Association of Colleges of Nursing revealed that 144 institutions are in the planning stages for developing a Doctor of Nursing Practice program (Davis, 2006).

In addition to DNP graduates employed in advanced practice roles in diverse settings, graduates of practice doctoral programs are assuming positions with the following job titles: Vice President for Nursing and Clinical Services, Program Director, Vice President for Patient Care, Chief Executive Officer, Health Officer, Commissioner of Health, Quality Improvement Director, Clinical Information Technology Specialist, Direct Care Clinician, and Faculty Member (Davis, 2006). The University of Tennessee reports that 40% of their DNP graduates are in faculty positions. Nursing programs in Texas are being asked to develop DNP programs to assist in filling the provider gap that has been created by the requirement to decrease hours worked by medical residents. Existing programs in other states report a high demand for DNP graduates, diverse career opportunities and a high degree of satisfaction among their employers. Employers report that nurses educated with a practice doctorate provide a “value added” to their organizations by improving systems, providing a higher level of quality assessment and intervention and contributing to improved outcomes (Davis, 2006).

#### **5. Doctoral Degree Will Have Clear Distinction in Skills and Scope of Practice between Masters and Doctoral Levels**

Schools of nursing offering the DNP in Texas should build upon their existing MSN programs. Students should be able to enter into a DNP program after the student obtains a Master’s of Science in nursing degree. Current master’s level advanced nursing practice programs in Texas meet educational standards developed by specialty organizations such as AACN, National Organization of Nurse Practitioner Faculties, American Association of Nurse Anesthetists and American College of Nurse Midwives. These standards clearly outline the knowledge and skills that make up the scope of practice defined by the Board of Nurse Examiners of the State of Texas for an advanced practice nurse. Courses at the doctoral level will build upon these competencies, increasing the student’s depth of knowledge in specialty care or other definitive areas of practice. Decisions related to scope of practice for advanced practice will clearly be determined by the Texas Board of Nurse Examiners as nursing care continues to evolve. AACN has developed a document entitled *The Essentials of Doctoral Education for Advanced Practice Nurses* which clearly shows doctoral level competencies beyond those of a master’s degree (see more under Criterion 6).

#### **6. Implementation Plan Addresses Previous Graduates in Field**

The DNP will not impact entry into nursing practice in the state, as entry will remain as it is currently with initial RN licensure being granted after completion of a diploma, associate or baccalaureate educational programs and passage of the national licensure exam.

Given that the DNP degree is conceptualized in Texas as education beyond the master's level and entry into practice for an advanced practice nurse in Texas remains a MSN, previous graduates will be able to continue to practice. There will be no impact on the current Masters in Nursing programs because the DNP is a post-masters program as planned in Texas. The masters prepared faculty who teach in Texas nursing school programs will continue to be able to teach. Development of the template for curricular content of the DNP by stakeholders will provide an additional framework for the Texas BNE to evaluate.

## **7. Programs Should Have Consistent Curriculum Across Programs**

Texas schools of nursing should have a consistent curriculum across programs which provides standardization for regulatory purposes, transferability of courses, and yet allows flexibility for innovative curricular development by individual universities. All Texas programs should adhere to the DNP Competencies developed by AACN. Upon approval of the DNP trajectory by AACN in October 2004, a national taskforce was created to support consistent curriculum development across the nation. The "Essentials of DNP Curricula Task Force" is charged with identifying the essential curricular content for DNP programs and end of program competencies of DNP graduates.

The activities of this national task force are designed to ensure a thoughtful and deliberate approach to the development of new practice doctoral degrees in nursing, a process that has heretofore been left to the discretion of individual programs. Multiple national stakeholder meetings have been held over the past year, including one hosted in Houston in December 2005. These meetings have included nursing organizations, regulatory agencies, certifying groups, accrediting bodies and academic representatives.

The primary work of the "Essentials of DNP Curricula Task Force" is to define DNP curricula through *The Essentials of Doctoral Education for Advanced Practice Nurses* (hereinafter referred to as "the DNP Essentials"). This document is being written to set forth the curricular expectations for DNP programs and the expected competencies for DNP graduates (similar to *The Essentials of Baccalaureate Education for Professional Nursing Practice* [AACN, 1998] for baccalaureate curricula and *The Essentials of Master's Education for Advanced Practice Nursing* [AACN, 1996] for graduate level curricula). The DNP Essentials explicate the essential knowledge and competencies for DNP graduates and provide examples of recommended content (<http://www.aacn.nche.edu/DNP/pdf/Essentials2-06.pdf>).

The DNP Essentials build upon the existing essentials of master's curricula and go beyond those essentials to ensure doctoral level education. The expectations for specific courses required by regulatory and certifying bodies have been incorporated. In its final form (anticipated October 2006), the document is expected to define the suggested length of programs, the foundations for capstone projects and residency/clinical practice requirements. The DNP Essentials will be used by nursing accrediting bodies (specifically the Commission on Collegiate Nursing Education[CCNE]) as a basis for accreditation decisions for DNP programs.

The DNP Essentials document will facilitate the development of programs that are based upon nationally recognized expectations for the education of DNP's and will enhance consistency across programs. This consistency should facilitate the implementation of DNP programs in the Texas and provide a basis for sound regulatory decisions related to program implementation.

## **8. Failure for Texas Schools to Develop Doctoral Program Will Result in Loss of Students to Others States or Private Institutions**

Initial dialogue about the DNP suggests that doctoral education other than the Ph.D. (research degree) is extremely attractive to advanced practice nurses in Texas. Many nurses are very eager to get this degree as it meshes with their career goals. If Texas does not have an accessible program, some nurses will go out of state and may be lost to the Texas workforce. These nurses will have their clinical practice experience out of state and it is very tempting to continue in such a practice where colleagues have formed a bond and a potential patient caseload established. Furthermore, if they have proven valuable to the practice, they will no doubt be heavily recruited by their student preceptors.

If Texas does not have any Doctor of Nursing Practice (DNP) degree programs, it is highly likely that Texas nurses who desire this degree will go out of state with the distinct possibility that they will not return. Currently data indicates that nine nursing faculty are pursuing the DNP out of state (two from Texas Tech, and one from TCU are at Case University in Cleveland, Ohio; one from Texas Tech is attending University of Tennessee; two from Midwestern State University and one from UT Tyler are attending Rush in Chicago; two from the University of Texas at Houston are going to Columbia University in New York, with the possibility of two more going next year; and another TCU faculty considering University of Tennessee).

Presently, DNP degree programs are springing up all over the country. According to the latest data from AACN, there are 10 programs now in existence with 144 more in the planning stages. Texas needs to act responsibly to this emerging trend in advanced degree opportunities. Texas must maintain our ability to recruit advanced practice nurses and nursing faculties into the state. Texas must impact the attractiveness of new health care industries dependent upon new knowledge workers.

## **9. Doctoral Education Need Not Significantly Increase Cost of Education in the State of Texas**

It is recommended that schools of nursing interested in offering the DNP identify cost neutral strategies which encourage collaboration amongst schools. To contain cost across the state, it is recommended that a small number of DNP programs be launched within the next one to three years, linking educational programs by utilization of existing partnerships, creation of new regional partnerships or initiatives emanating from systems. Regional partnerships are highly encourage to assure that nurses from throughout the state are provided access to this new educational opportunity, with a special emphasis on creating partnerships to address rural areas of the state. DNP

programs have the potential of bringing new dollars into the state from federal and private sources.

It is recommended that programs pursuing implementation of the DNP closely examine existing advanced practice master's level tracks to identify those where resources (both financial and human) might be redirected toward DNP education, again creating cost neutral methodologies.

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