

May 2018

Current Trends in Doctoral Education in the US

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Michelle Hampton. "Current Trends in Doctoral Education in the US" *Konan Women's University* (2018).

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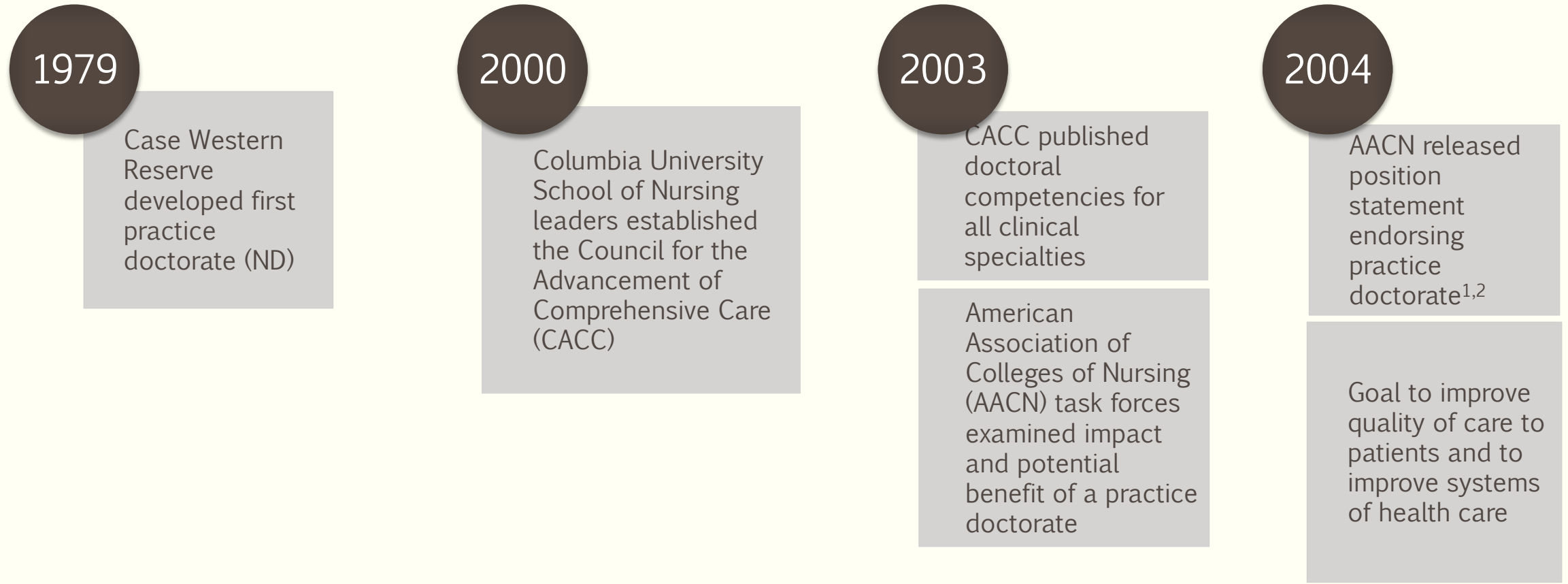
CURRENT TRENDS IN DOCTORAL EDUCATION IN THE US

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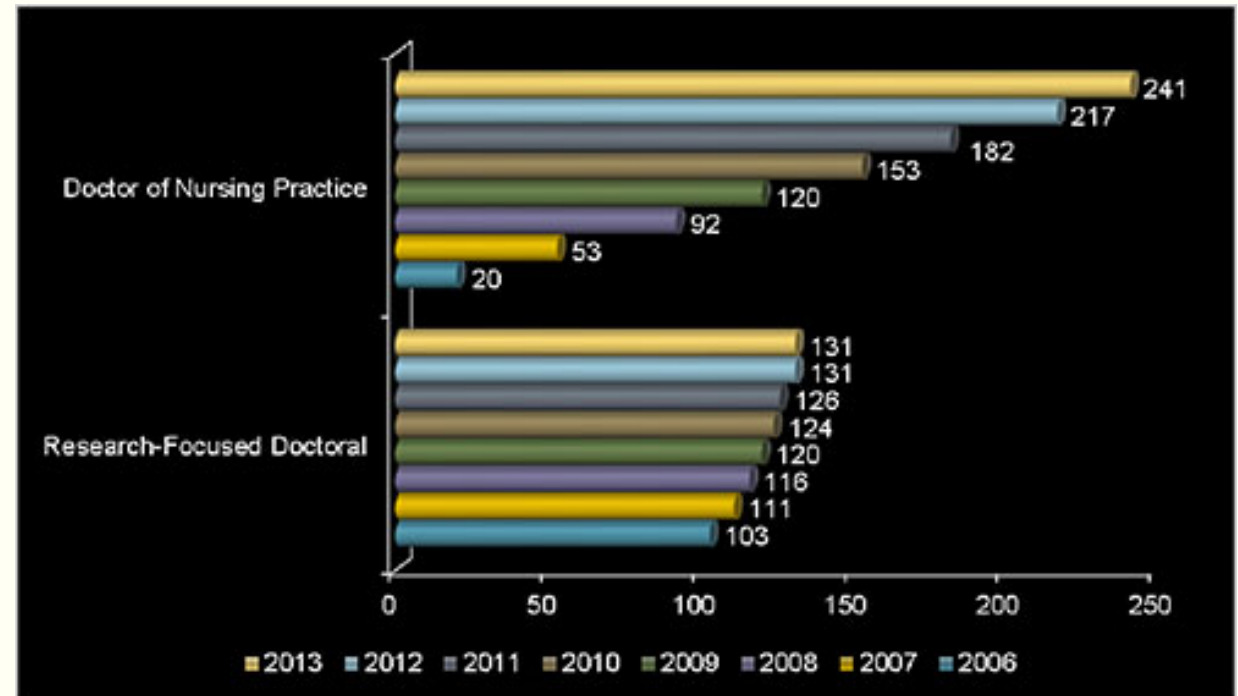


Development and Current Status of Doctor of Nursing Practice Degree



Development and Current Status of Doctor of Nursing Practice Degree cont.

- DNP programs have grown at a faster rate than PhD programs in the United States
 - 2006 – 20 programs
 - 2013 – 241 programs³
- In 2013, DNP program student enrollment is:
 - >9,000 students
 - ~1,600 total graduates
- There are several types of DNP programs
 - Post Master's programs are for students with Master's degrees in nursing specialties and may be considered if the Master's degree is in Public Health or nursing education
 - Baccalaureate to DNP programs are for those with a nursing license and baccalaureate degree. The curriculum includes the Master's specialty and doctoral coursework.
 - There are multiple focus areas for DNP studies:
 - Advanced practice nursing programs are the most common. Nurse practitioners, nurse anesthetists and nurse midwives
 - Administration focused DNP degrees exist, but are not the most common. There are also generic DNP degrees that a nurse with an administrative focus can enter
 - Education focused DNP degrees will likely be eliminated since the American Association of Colleges of Nursing recommends that the DNP degree remain focused on practice





Is a PhD or DNP the correct choice?



PhD-prepared Nurses

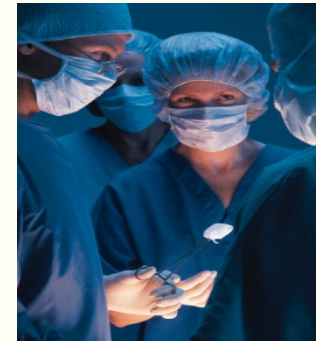
- Generate original research evidence
- Study is heavily focused on research methods and statistics to prepare for research design and analysis
- Typically pursue careers in research and academia

DNP-prepared Nurses

- Critically appraise and apply the best research evidence to resolve health problems in practice settings
- Study is more broadly focused on research translation, evaluation, leadership, and policy; issues that affect health care innovation and practice changes
- The goal is to enter careers in practice to meet the needs of patients in the community, though many pursue academic careers as well

Why get a DNP degree? degree?

- ❑ Advanced practice roles include:
 - ❑ Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, and Nurse Practitioner
- ❑ Health care and required competencies in Education are increasingly complex. Areas of study that advanced practice nurses need additional education in to enhance practice include:
 - ❑ Genetics and genomics
 - ❑ Chronic illness in patient populations
 - ❑ Population diversity
 - ❑ Global health care
- ❑ Advanced Practice Nurses require more training than Master's programs can provide in the usual two year program length.
- ❑ Master's programs in nursing typically require more units and clinical hours than Master's programs for other health professionals at the Master's level. What's required currently is very close to what is required for a doctorate.
- ❑ American Association of Colleges of Nursing recommended transition from MSN preparation to DNP by 2015. Other advanced practice organizations are also issuing similar recommendations and schools of nursing are beginning to transition from Master's to doctoral programs only.





The Purpose of the Clinical Doctorate

- “Practice-focused doctoral programs are designed to prepare experts in specialized **advanced nursing practice**. They focus heavily on practice that is **innovative** and **evidence-based**, reflecting the **application of credible research findings**.”
- “**Advanced nursing practice**,...is any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the provision of direct care or management of care for individual patients or management of care populations, and the provision of indirect care such as nursing administration, executive leadership, health policy, informatics, and population health.”
- <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- <http://www.aacn.nche.edu/aacn-publications/white-papers/DNP-Implementation-TF-Report-8-15.pdf>



DNP Essentials – American Association of Colleges of Nursing

<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>

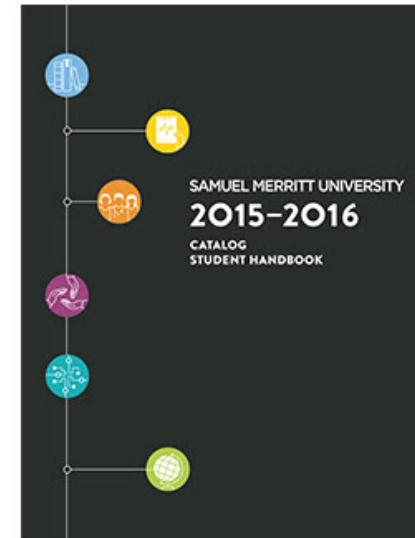
1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods of Evidence Based Practice
4. Information Systems/Technology and Pt. Care Technology for the Improvement and Transformation of Healthcare
5. Healthcare Policy for Advocacy in Healthcare
6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation's Health
8. Advanced Nursing Practice

DNP Program Components

To plan for a DNP program, the major components include:

1. Considerations for the curriculum development are:
 - Course that will be offered – titles, objectives, content
 - Deciding on the content delivery format – face to face in the classroom, online, or a hybrid with both face to face and online
 - In what order should the courses be taken?
 - What specialty tracks are you prepared to offer. Typically the Master's specialties that you offer can be transitioned to a specialty focused DNP degree or a post-Master's curriculum
 - Post Master's and/or post-baccalaureate tracks offered
 - CRNA, NP, CNM, CNS?
2. Clinical hours are mentored, but it is not necessary for the student to have constant supervision as in a baccalaureate program.
 - The hours completed in a Master's program can be applied to the total hours required.
 - The hours for completing the DNP Project hours also contribute to the total number of practice hours.
 - A total of 1,000 hours is required. A minimum number of hours might be required by a program to take place in the DNP program if many hours are completed in the Master's program.
3. The DNP Project is required for every student.
 - The project type can vary, but most will be practice focused, systematic literature reviews, and quality improvement projects are alternative formats.
 - Clinical placements and institutional support for student projects are needed.
 - Other requirements might include institutional review board approvals for students who wish to publish their work. Health care organizations might have quality improvement approval processes or ethics boards.

UNIVERSITY CATALOG



Current Catalog: [2015 - 2016](#)



1. Curricula

Post-Master's DNP

Post-baccalaureate (FNP)

Course #	Title	Units
	YEAR 1	
N704	Biostatistics	3
N703	Epidemiology & Population Health	3
N710	Health Care Economics & Financial Analysis	3
N700	Evidence-Based Research	3
N715	Outcomes management and evaluation	3
N706	Advanced Informatics	3
N720	DNP Project Seminar	1
	YEAR 2	
N705	Organizational & Systems Leadership in Complex Healthcare Systems	3
N702	Advanced Health Policy & Advocacy	3
N721	DNP Project Development	2
N714	Educational Innovations in Health Care	3
N730	DNP Project Residency	5
N723	DNP Project Presentation	1
	Total Units	(36)

Course #	Title	Units
	YEAR 1	
N601	Research Methods	3
N626	Theoretical Foundations for Advanced Practice Nursing	3
N670	Family Centered Advanced Practice Nursing	2
N672	Professional Role Development for Advanced Practice Nursing	1
N619	Advanced Pathophysiology	3
N703	Epidemiology & Population Health	3
N677	Advanced Pharmacology	3
N700	Evidence-Based Research	3
N710	Health Care Economics & Financial Analysis	3
	YEAR 2	
N706	Advanced Informatics	3
N715	Outcomes management and evaluation	3
N671	Advanced Health Assessment	3
N702	Advanced Health Policy & Advocacy	3
N704	Biostatistics	3
N674	Health Protection, Promotion, and Screening	3
N678	Clinical Practicum	2
N714	Educational Innovations in Health Care	3
	YEAR 3	
N675	Care of Acute and Episodic Conditions	4
N679	Clinical Practicum	3
N720	DNP Project Seminar	1
N673	Professional Advocacy	1
N676	Care of Chronic and Complex Conditions	3
N679	Clinical Practicum	3
N705	Organizational & Systems Leadership in Complex Healthcare Systems	3
N680	Clinical Internship	4
N721	DNP Project Development	2
	YEAR 4	
N723	DNP Project Presentation	1
N730	DNP Project Residency	5
	Total Units	(79)

What is the timeline to complete a DNP degree at SMU?

Sequence Options	Time to Degree
Post-Master's DNP	2 years full-time 3 years part-time
Post-baccalaureate Family Nurse Practitioner DNP (full-time only)	~3.5 years
Family Nurse Practitioner Master's program full-time followed by DNP full-time	~3.5 years
Family Nurse Practitioner master's program part-time followed by DNP part-time	~5.5 years



What to expect with online/hybrid (face to face and online course content) courses



- ❑ For online courses, the class size is small, usually ≤ 18 students.
- ❑ Course content/education is delivered using variety of methods including:
 - ❑ Video
 - ❑ Interactive exercises
 - ❑ Group assignments
 - ❑ Online discussions
- ❑ Faculty are able to give individual feedback and attention to every student compared to in the classroom where only the most vocal receive individual attention.
- ❑ For Family nurse practitioner/DNP students only: the Master's level courses focus on family nurse practitioner skill development
 - ❑ There will be **some face to face meetings every semester**, one course meeting per course every month of the semester. Clinical preceptorship is face to face with a mentor.
 - ❑ There are 630 precepted clinical hours in the Master's level coursework.
- ❑ For all students: **Doctoral level courses** build sequentially toward the development and completion of the DNP Project
 - ❑ 370 supervised hours are dedicated to DNP Project in the practice setting under the guidance of the faculty DNP Project Chair and a Practice Mentor at the site. The number of hours can be >370 , but should not be <250 .
 - ❑ Course content is delivered primarily online and asynchronously. There are some courses that have synchronous class sessions or online office hours. Our learning management system is Canvas and we also use Adobe Connect for meeting with students.
 - ❑ Students and faculty gather **once per year in December**. There is a day for new student orientation and two days for student presentations. Students present at the proposal stage and again at the completion of the DNP Project.

2. Clinical Hours

1. **Total required:** 1,000 hours are required and this includes hours obtained in Master's and doctoral coursework
2. **Students track the hours using a log . They track the hours and document how the time spent on the activity meets the AACN Essentials for Doctoral Education**
(<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>)
3. **Precepted clinical hours are interpreted in various ways between institutions, but generally the hours include those in which the student is:**
 - a. working on the DNP project
 - b. engaged in work related to or that informs the project
 - c. Precepted in advanced practice or leadership (Hours spent on the DNP practice do not require direct supervision and may be guided by the Practice Mentor intermittently and as needed)
4. **Acceptable clinical hours DO NOT include:**
 - a. Usual work responsibilities, but may be completed at the student's worksite.



3. DNP Project

The DNP Project is one that:

“Involves rigorous scholarly inquiry with a focus on:

1. advancing knowledge by identifying issues related to clinical practice,
2. helping influence change that will lead to an improvement in clinical practice, and/or
3. contributing to solutions” p. 113, Moran et al. 2014

Examples of DNP Scholarly Projects can be searched at the following site:

http://www.doctorsofnursingpractice.org/student_projects.php



3. DNP Project

There are several types of DNP Projects. The ones that most closely adhere to the goals of the DNP are:

1. Evidence based practice project – In this type of project, the student identifies the best evidence available to resolve a practice problem in a healthcare setting, implements the intervention, and evaluates the results
2. Quality improvement – This type of project might be similar to the evidence based practice project, but it can also involve the evaluation of a previously implemented practice change, evaluation of the outcomes, and recommendations for change based on the best research evidence available.
3. Systematic literature review – This type of project involves an exhaustive search of the literature about a health problem or intervention's effectiveness. If the research literature is quantitative in nature, a meta-analysis might be the product. The goal of the systematic review is to generate practice recommendations based on the best evidence available.





“7 Steps of Evidence Based Practice”

Melnyk, Fineout-Overholt, & Williamson, 2010

Preparation

- Step 0: Cultivate a spirit of inquiry. This involves fostering an openness to change amongst the staff.
- Step 1: Ask the clinical question in PICOT format
 - Patient population of interest (P)
 - Intervention or area of interest (I)
 - Comparison intervention or group (C)
 - Outcome (O)
 - Time (T)
- Step 2: Search for the best evidence. Using health research databases, the nurse must be able to locate the research evidence that pertains to the health problem
- Step 3: Critically appraise the evidence. Using critique skills, the nurse determines which studies are best to inform practice decisions.

Implementation

- Step 4: Integrate the evidence with clinical expertise and patient preferences and values. The nurse must then consider how to merge the research evidence with the desires of the patients in the setting and his/her own clinical knowledge and experience.
- Step 5: Evaluate the outcomes of the practice decisions or changes based on evidence. After the intervention has been implemented, the patient care outcomes must be assessed to determine if the implementation was successful.
- Step 6: Disseminate evidence based practice results. The last step is to share what was learned including the results of the implementation and the process of implementation. There might be challenges that arose that can be shared with others who might implement the same intervention.



Steps to DNP Project Completion

Proposal

1. The DNP Project Chair is assigned when there are approximately 6 semesters left in the program (or 5 for post-Master's students)
2. The topic is selected with the guidance of the DNP Project chair and the student's employer, if possible. The program's Progression Committee approves the topic selection.
3. Students should begin to build the literature review or gather research articles as soon as the topic is selected. The Epidemiology and Evidence Based Research course provide guidance in the early semesters.
4. The final DNP Project proposal is written when there are 4 remaining semesters in the program. A preliminary proposal is written in the Evidence Based Research course, so this is a refinement of the previous proposal. (1st DNP Project course)
5. Students present the proposal and readiness to move forward is evaluated by the program's Progression Committee.
6. Once Progression Committee approval is obtained, the student can proceed with other necessary approvals as appropriate including:
 - Health care institution approvals
 - Samuel Merritt University's Institutional Review Board
 - JBI Protocol Approval Process (Joanna Briggs Institute – systematic literature review) <http://joannabriggs.org/>

Completion

7. When approvals are obtained, the project is implemented. (2nd DNP Project course)
8. Data collection is ongoing during implementation.
9. Data analysis or outcome evaluation takes place upon completion of data collection. (3rd DNP Project Course)
10. The literature review is updated and the student considers potential journals for publication. The student may format the final paper in the style recommended by the journal.
11. The final manuscript is written. The program's Progression Committee again meets to evaluate student's readiness for graduation.
12. The final presentation is given in front of peers and faculty.
13. The clinical hours are documented in the 4th DNP Project course.

2014 Samuel Merritt University DNP Student Graduates: DNP Project Titles

Doctor of Nursing Practice Graduates 2014

AJ Benham & Kathy Geier: (Program development & evaluation)	"Assessment of an Orthopedic Primary Care Fellowship for Nurse Practitioners"
Ellen Christiansen: (Quality improvement)	"Patient Empanelment: A strategy to improve continuity & quality of patient care"
Joycelyn Gardner: (Systematic literature review)	"The Effectiveness of Rapid Response Teams Activated by Patients or Family Members of Patients Admitted to Inpatient Hospital Units: A Systematic Review"
Reena Haymond: (Program development & evaluation)	"Breast and Ovarian Cancer Genetic Risk Assessment in Primary Care: The Value of an Educational Module to Address Clinical Application"
Jodi Hein: (Program development & evaluation)	"The Development, Education, Implementation, and Evaluation of Evidence-Based Practice for the Prevention of Hospital Acquired Pressure Ulcers"
John Hurley: (Program development & evaluation)	"The Nursing Engagement Development Project: Developing - Nurturing - Sustaining Work Engagement Among Pediatric Emergency Department Staff Nurses"
Lena Jesrani: (Quality improvement)	"A System Change to expand scope of practice to include evaluation and management Hypertension in the Retail clinic for patients that otherwise lack access to care"
Phyllis Kantor: (Health policy)	"A Certified Registered Nurse Anesthetist Policy Brief Identifying Barriers and Solutions for an Opt Out in Nevada"
Raji Menon: (Program development & evaluation)	"Obstetric life support (OBLS) - The New Standard for Every Labor and Delivery Unit"
Joni Williams: (Clinical/practice-based inquiry)	"Nursing Education to Improve Early Recognition and Management of Pediatric Sepsis"
Marc Code: (Clinical/practice-based inquiry)	"Too anxious to learn? Should the Ongoing Debriefing Technique be amongst the Best Practices in Simulation?"



Challenges for DNP Programs in the United States

- Faculty resources are limited
 - Growing programs mean more faculty required to advise individual students
 - Faculty teach mostly in other programs that require a lot of time
- There is limited data on impact of DNP graduates on health care
 - We do not have studies that demonstrate that health outcomes are better for patients treated by a doctorally prepared advanced practice nurses compared to one with a master's degree
 - We do not have studies that confirm that positions held by DNP graduates compared to those with Master's degrees
- DNP programs at different schools of nursing are not consistent with:
 - Curriculum: The number of courses and units can vary widely between programs.
 - The focus on direct patient care, administration, or education can vary between programs. The AACN would like the program to exclusively focus on direct patient care.
 - The definition of acceptable clinical hours² varies between programs. There was a recent change from the AACN with the decision to accept DNP Projects completed in the student's place of employment.
 - Some programs have implemented a process for DNP Projects similar to the PhD dissertation and some have no requirements for a formal project, instead opting for a portfolio of case studies, for example. There is hope that greater consistency can be established in the near future.



Challenges for faculty⁴ in DNP program

- The distinction of the DNP from PhD must be learned
 - Faculty must learn
 - What is appropriate for DNP Projects?^{8,9,11}
 - What is practice inquiry?
 - Faculty needs to learn about how to serve as a DNP Project chair/advisor role
 - They must also understand that the primary role for a DNP graduate is intended to be in the practice setting
- Schools of Nursing must develop policies for compensating faculty for advising doctoral students⁸
 - The time required to advise a baccalaureate student is significantly different than for advising a doctoral student.
 - How will workload credit be allotted for faculty annually?
 - The needs of novice practitioners such as post-baccalaureate students will be greater than for post-Master's students possibly
- Procedures for tenure and advancement of DNP prepared faculty must also be developed.
 - There are questions in the United States about a DNP prepared faculty member's eligibility for promotion or tenure.
 - Should they only teach clinical courses?
 - In annual evaluations, is the scholarship of evidence translation considered as scholarly as original research?¹⁰



Challenges for students in DNP Programs

- Types of DNP Projects vary.
 - Students need to get consistent messages from faculty about the purpose (evidence based practice), expectations (a clinically focused project), and end product (a scholarly paper, but not a dissertation)⁹
- It can be difficult to identify a project
 - Post-Master's students might have a lot of ideas, but begin to pursue an idea that is not supported by the employer.
 - Post-baccalaureate students are often new to nursing, might not be currently employed, and clinical experiences begin in close proximity to the time to write the proposal. This leaves little time to negotiate with a practice setting to complete the project.
- The students also need to learning how their role can complement the role of the PhD-prepared nurse rather than duplicate.
- The cost can be prohibitive.
 - Managing work, home, and student responsibilities often leaves insufficient time for studies and can result in attrition.
 - If the student does not work, large student loan debt can accrue.





Summary and Conclusions

Purpose of DNP Degree

- “Practice-focused doctoral programs are designed to prepare experts in specialized **advanced nursing practice**. They focus heavily on practice that is **innovative** and **evidence-based**, reflecting the **application of credible research findings**.”
- **“Advanced nursing practice**...is any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the provision of direct care or management of care for individual patients or management of care populations, and the provision of indirect care such as nursing administration, executive leadership, health policy, informatics, and population health.

<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
<http://www.aacn.nche.edu/aacn-publications/white-papers/DNP-Implementation-IF-Report-8-15.pdf>

Needs for Successful Program Development

1. Acceptance from faculty and participation in curriculum and course development
 - Understanding the distinction of the DNP from the PhD degree
 - Faculty workload must be considered, especially for Schools of Nursing without pre-existing doctoral programs
2. Student interest
 - Students need a clear understanding of the purpose of the degree and what it prepares them to do
 - The “rewards” of degree in terms of recognition and opportunity should be understood, for example, it might not result in immediate salary increases.
3. Health organization administration
 - Students need opportunities to engage in implementing evidence based practice at health facilities. They need to receive approvals to enter the facility and access data and patients.
 - There is the potential to expand the role of the DNP-prepared nursing in organizations when their value or contributions are understood.



The DNP prepared nurse takes a leadership role to:

- identify healthcare/system problems,
- search and critically appraise the literature to address the problem,
- and implement and evaluate the effectiveness of evidence based practice in the clinical setting.



QUESTIONS?

For additional questions contact: Dr. Michelle DeCoux Hampton

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See also: <http://www.samuelmerritt.edu/nursing/dnp>