

Where do Sustainable DNP Projects Begin?

Reflections and Challenges from an
Academic, Leadership and
Clinical Perspective

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Key West, aka Paradise



Objectives

- Identify the proposed foundations for the success of DNP prepared practice from the perspective of those in academia,
- List elements that both promote and detract from potential sustainability of doctoral projects, and,
- Identify opportunities and challenges for the future of DNP practice success (regardless of the environment or specialty of the DNP graduate).



Underlying Themes

- Grow where you are planted
- Hurdles are merely fun challenges
- All thoughts, actions, and reactions reflect the context of the environment and the passion of the individual



Consider these in context

- Global healthcare efforts and challenges
- Existing and evolving healthcare in the United States
- Practice efforts and abilities
- Education processes and traditions
- Individual student and graduate



Global Healthcare Comparison

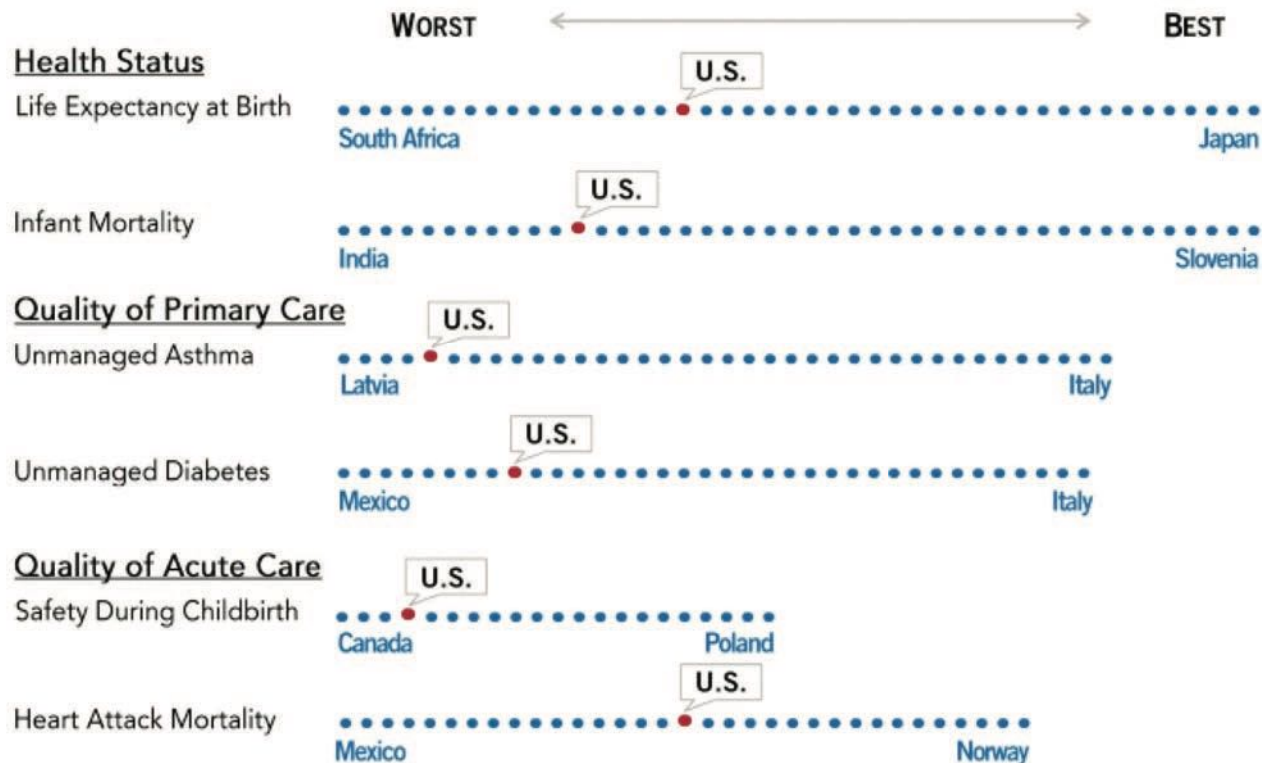
- The United States trails many countries in outcomes yet is the most expensive delivery system on the planet
- Most countries do not embrace advanced practice nursing, or a professional doctorate in nursing



How do we compare?



Although the United States spends more on healthcare than other developed countries, its health outcomes are generally no better



SOURCE: Organization for Economic Cooperation and Development, *Health at a Glance 2017 OECD Indicators*, November 2017. Compiled by PGPF.
NOTE: Data are not available for all countries for all metrics. Data are for 2015 or latest available.

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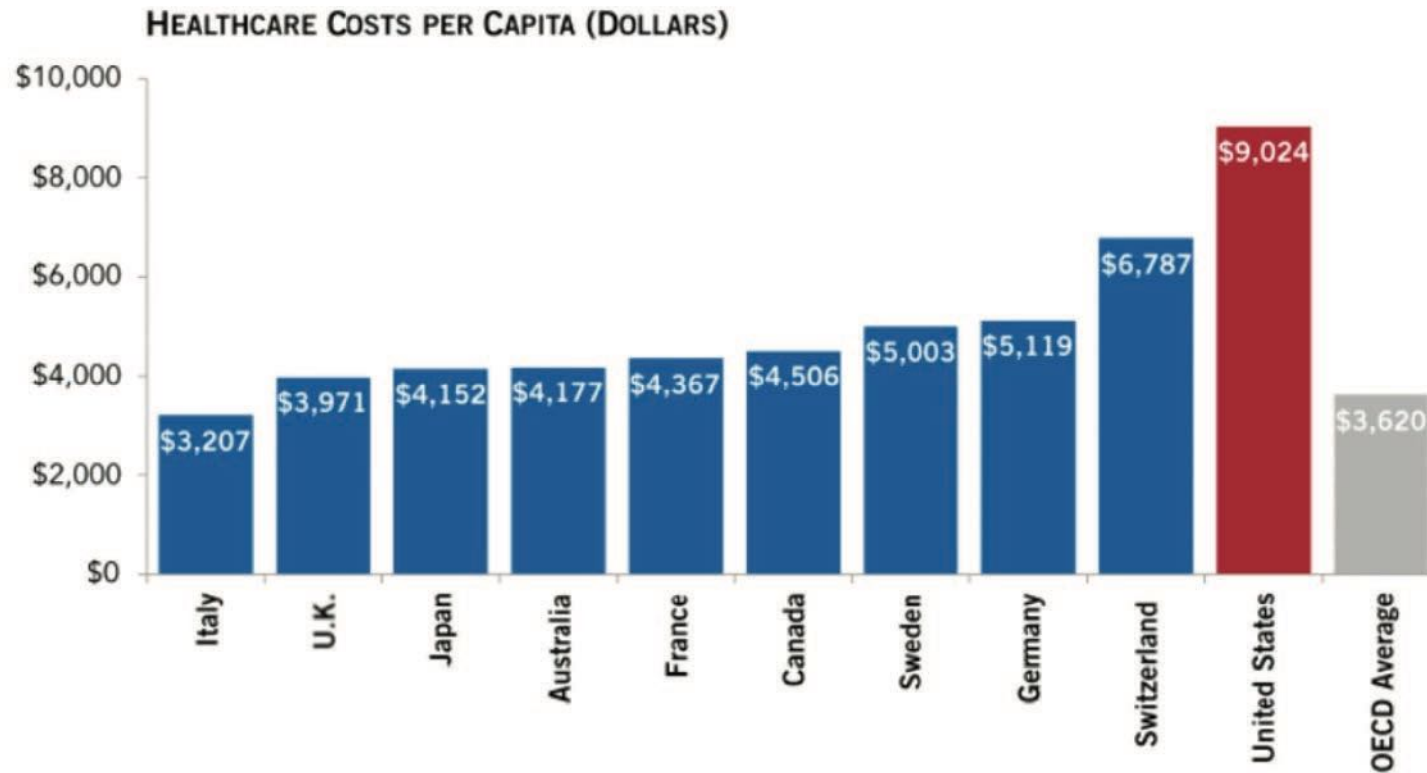
PGPF.ORG



Per Capita Healthcare Spending



United States per capita healthcare spending is more than twice the average of other developed countries



SOURCE: Organization for Economic Cooperation and Development, OECD Health Statistics 2016, June 2016. Compiled by PGPF.
NOTE: Data are for 2014 or latest available. Chart uses purchasing power parities to convert data into U.S. dollars.

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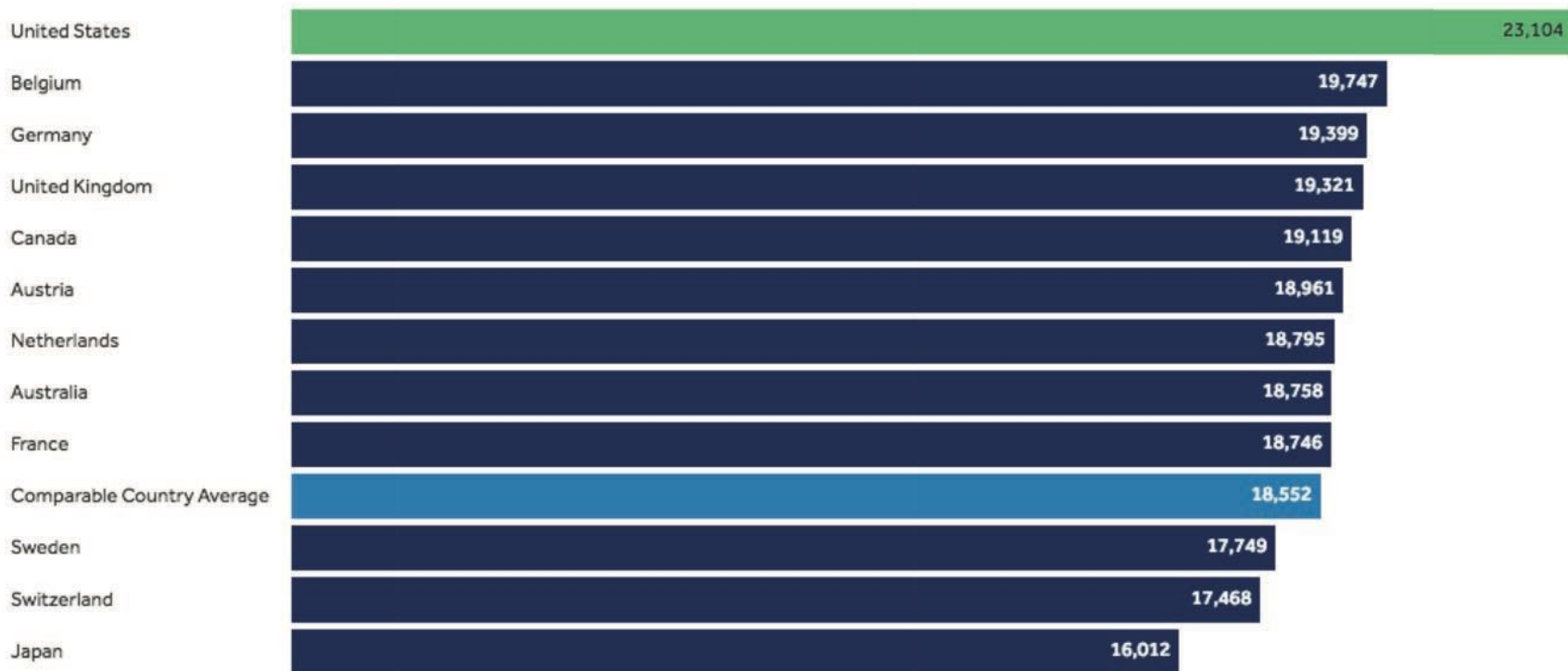
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Comparing Disease Burden

Disease burden is higher in the U.S. than in comparable countries

Age standardized disability adjusted life year (DALY) rate per 100,000 population, 2015



Source: Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2015 (GBD 2015) Data Downloads • [Get the data](#) • [PNG](#)

Peterson-Kaiser
Health System Tracker



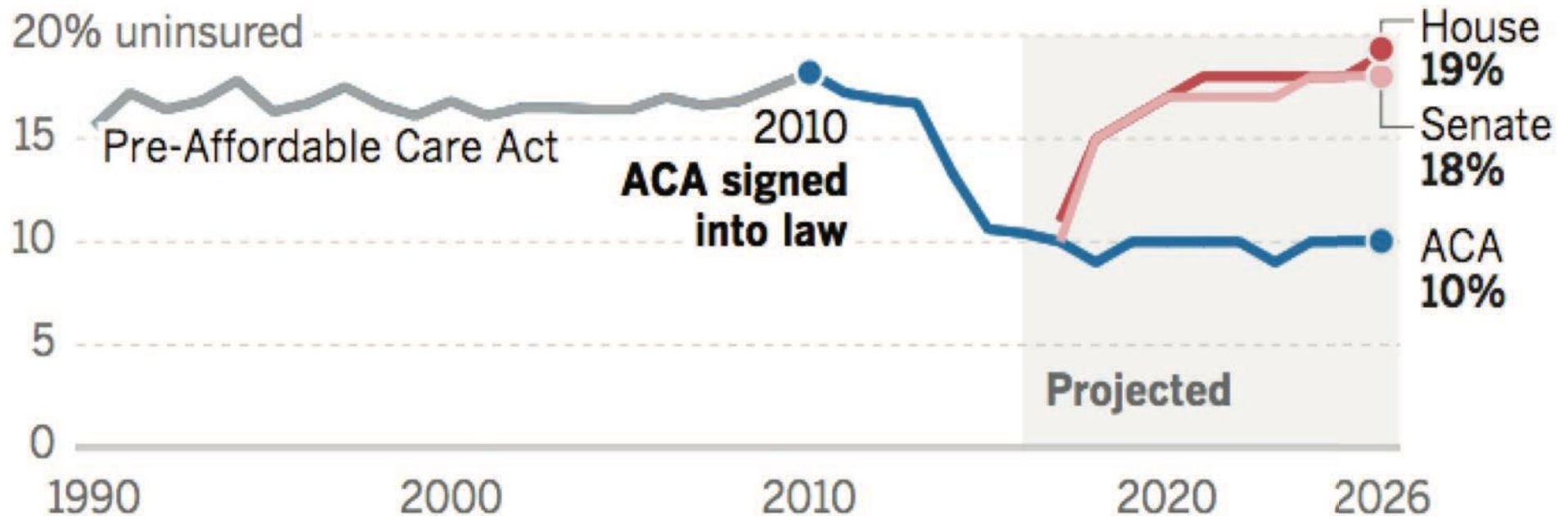
In the United States, Diversity is the Norm

- How many Health Insurance Companies are in the United States? - - - 858
- How many Health Insurance Companies are in Canada? - - - 11 (supplemental plans)
- How many Health Insurance Companies are in the UK? - - - 8 (supplemental plans)



An Alarming Graphic or Increased Opportunity?

Percentage of uninsured could nearly double under GOP plans by 2026



Note: Chart shows the percentage of U.S. residents under 65 who lack health insurance. Data from 1990 to 2016 come from the National Center for Health Statistics; projections for 2017 to 2026 come from the Congressional Budget Office.

Hospital Ownership

- United States:
 - 5,742 hospitals: 50% are nonprofit (including state and federal facilities), 50% are for-profit
 - 35% considered rural, 67% of these are considered Critical Access
 - 400 Academic Medical Centers
 - 53% of all hospitals are a part of a health system (old data – probably higher)



Physician Providers in US

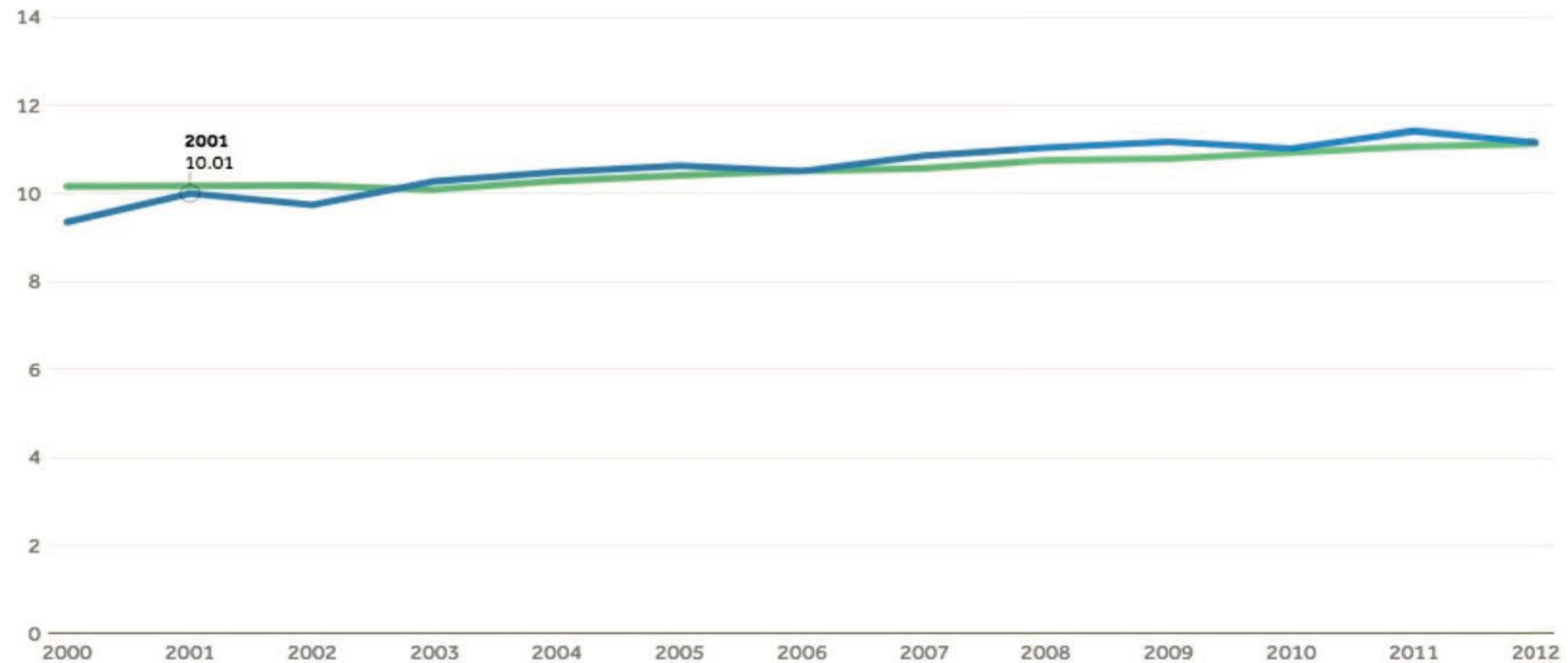
- United States: 2.3 per 1,000 people
- United Kingdom average: 2.2 per 1,000 people
- Canada average: 2.12 per 1,000 people




Number of Nurses Per Capita

Nurses, density per 1,000 population

■ United States ■ Comparable Country Average



Notes: In cases where 2011 data were unavailable, data from the last available year were used.

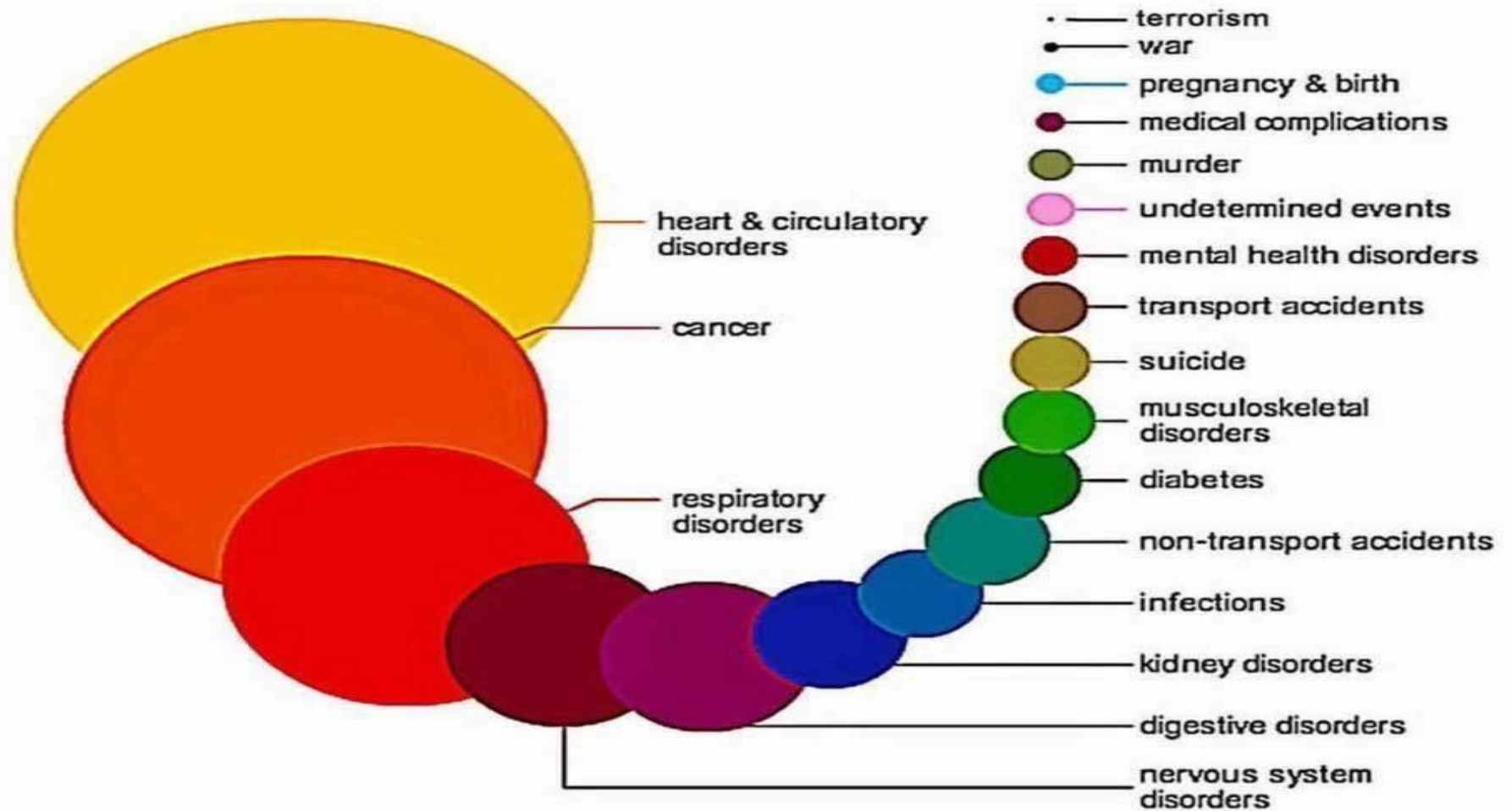
Source: [Kaiser Family Foundation analysis of 2013 OECD data: "OECD Health Data: Health care resources." OECD Health Statistics \(database\) \(Accessed on September 10, 2014\).](#) | 

Peterson-Kaiser
Health System Tracker



Causes of Death – a Reality Check

Leading causes of death in perspective



So – Back to DNP Projects

- How long is “sustainable”?
- What is the context of sustainability?
- Who (or what) influences the creation of a sustainable project?



Stakeholders Moto

Power Goes Where
the Money Flows



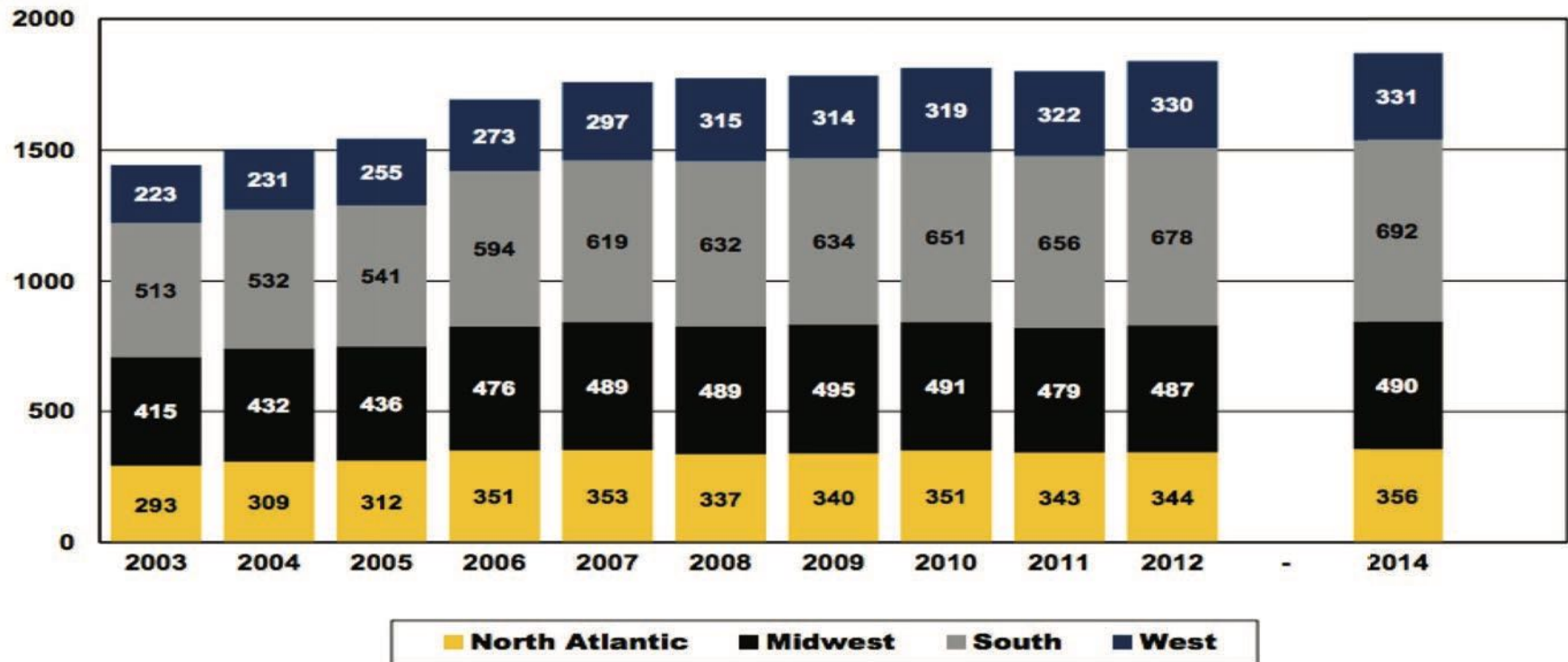
Is our OWN house in order?

- Challenge of Practice within the context of the healthcare delivery system – painfully aware
- Challenges of the status and level of contributions of nurses, again within the context of the current healthcare delivery system – again, painfully aware
- Educational systems that prepare professional nurses at all levels – is the system working?



No shortage of schools of nursing

**Number of Basic RN Programs by Region:
2003 to 2012 and 2014**

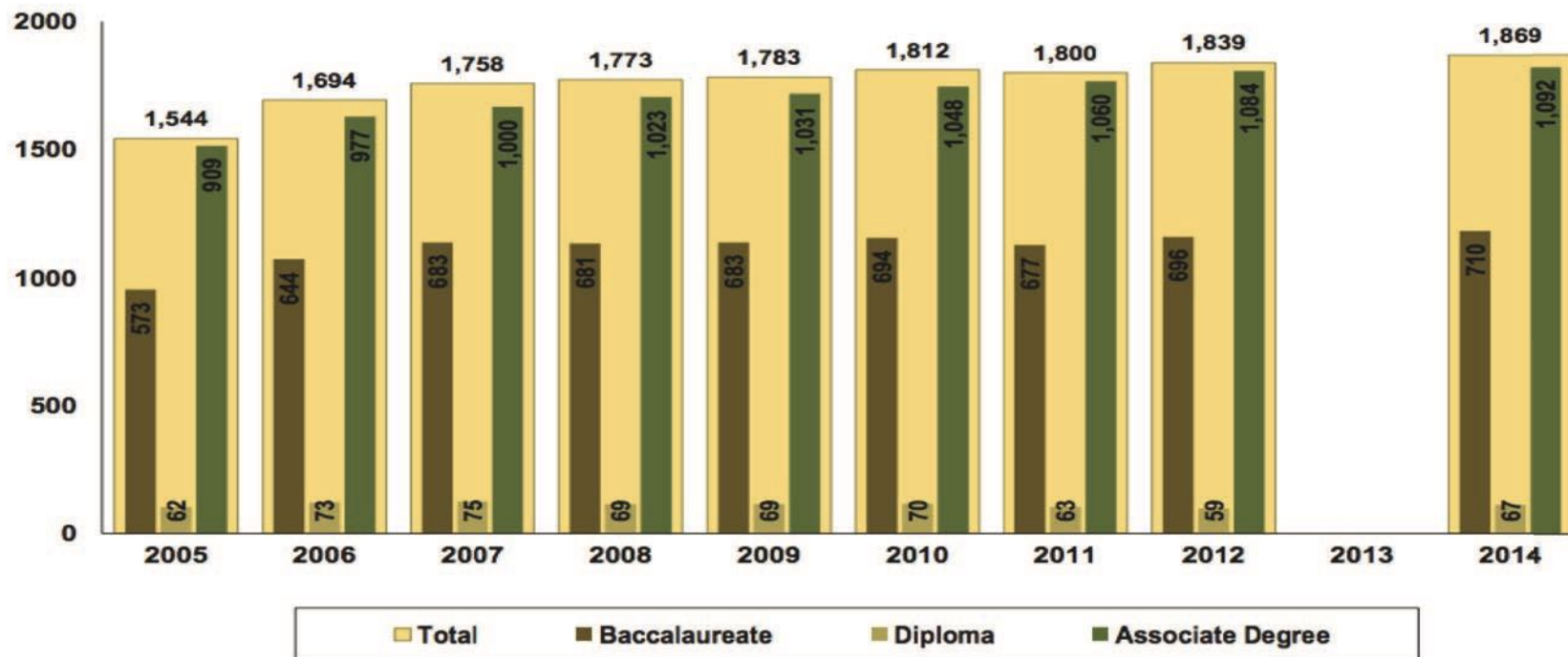


NLN Biennial Survey of Schools of Nursing, 2014



Majority of Entry Level RN programs still ADN

Number of Basic RN Programs, Total and by Program Type:
2005 to 2014



NLN Biennial Survey of Schools of Nursing, 2014



Salute (and raspberries) to the AACN and CCNE

- Gave birth to the DNP degree (or at least served as an incubator)
- 814 school members; 45,000 faculty members
- Standards for Curricula and Accreditation – set our trajectory

- AACN Board of Directors:
 - 12 members (one with the DNP credential)
- CCNE Board of Commissioner:
 - 17 members (none with the DNP credential)



AACN supports faculty growth and development

- Faculty shortage? Over 64,000 potential students turned away due to a lack of faculty, clinical sites, classroom space, preceptors and budget constraints
- National nursing faculty vacancy rate is 7.9%
- Of this 7.9%, 92.8% require a doctorate degree
- Statewide initiatives
- Jonas Center for Nursing Excellence
- Robert Wood Johnson Foundation
- Initiatives for federal funding mechanisms (Title VIII and Medicare)
- Graduate Assistance in Areas of National Need: \$2.4 million for PhD programs awarded to 14 schools of nursing



So – do you want to teach?



P U S H A T ' C H A L L A
@iamclilley

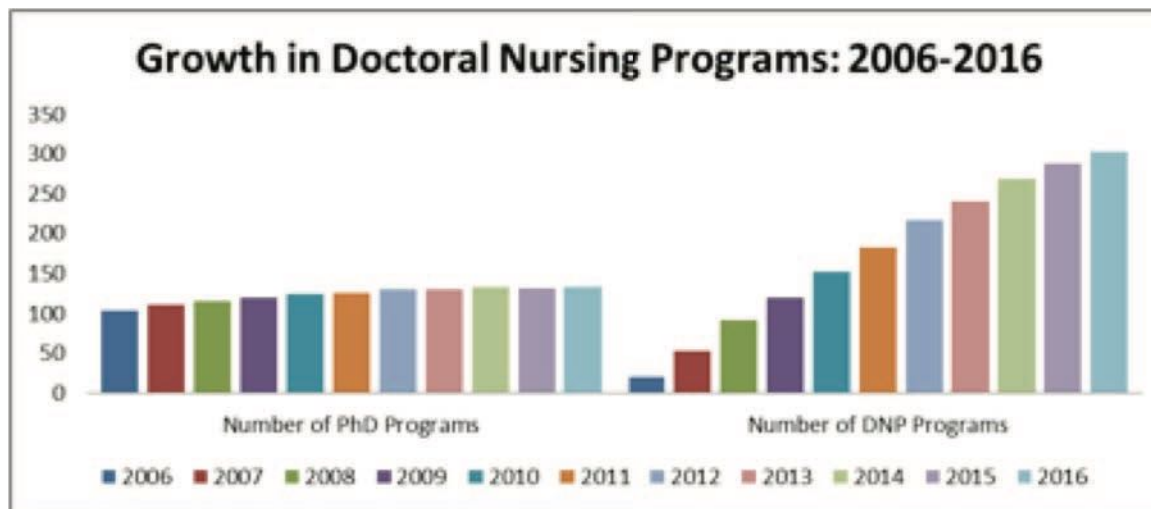
**JUST A REMINDER.
TEACHING IS LIKE
WAY HARDER THAN
TEACHERS MAKE IT
LOOK.
FYI.**

**WE ARE
TEACHERS**

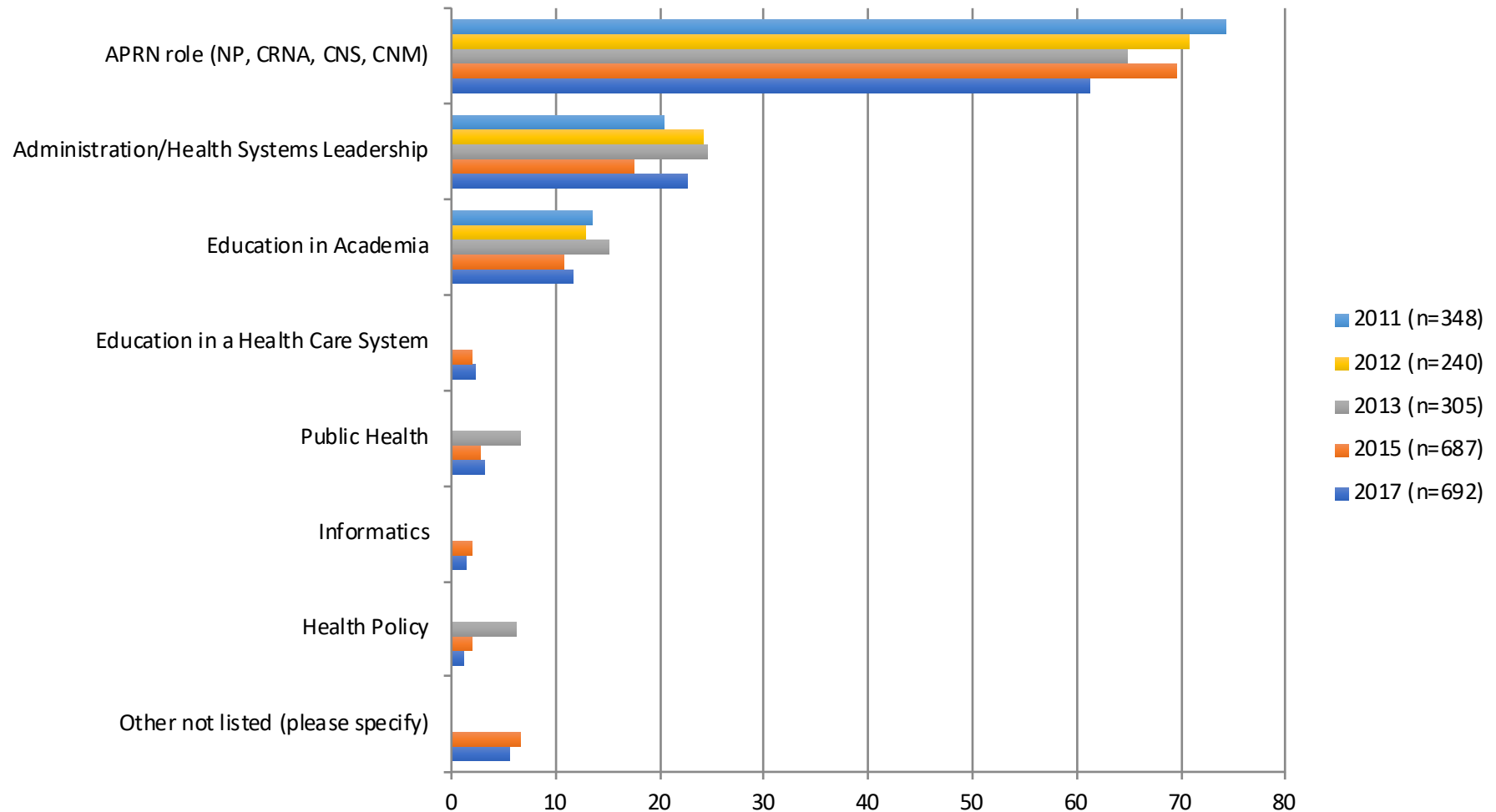
How does this influence DNP Project sustainability?

- Universities are businesses. Throughput is essential!
- Moody's Investor Services, in 2015 predicted closure rates of small colleges and universities will triple and mergers will double.
- Harvard Business School predicts that half of American colleges will be bankrupt in 10 to 15 years.

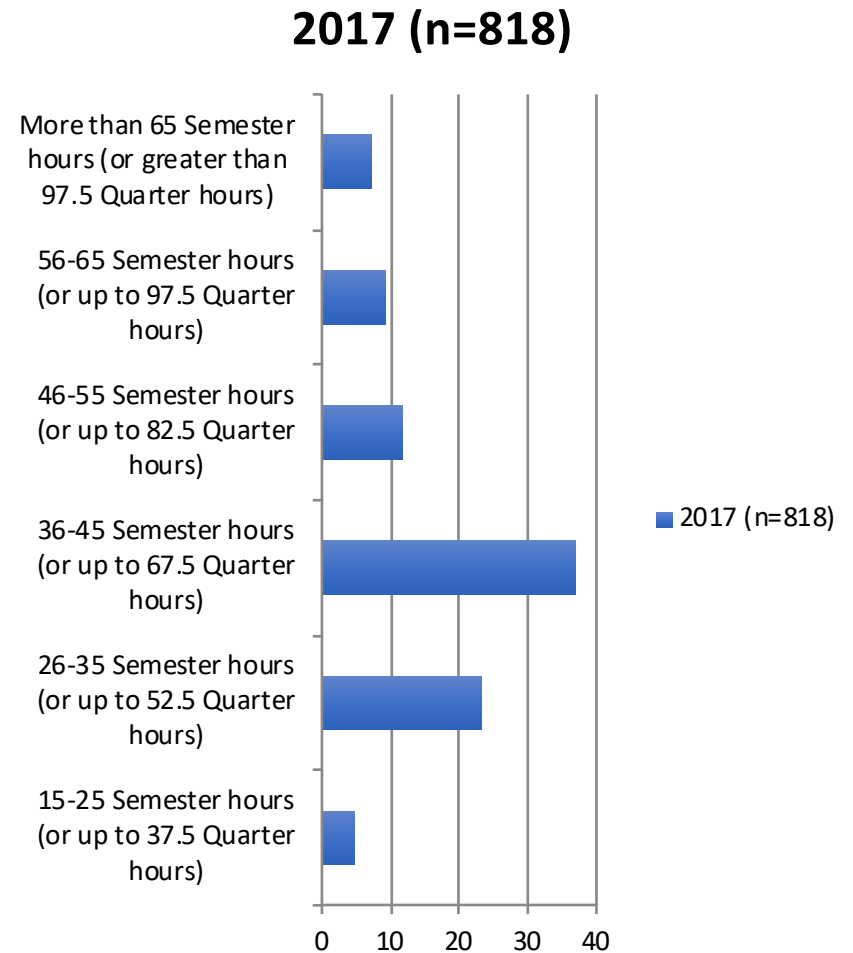
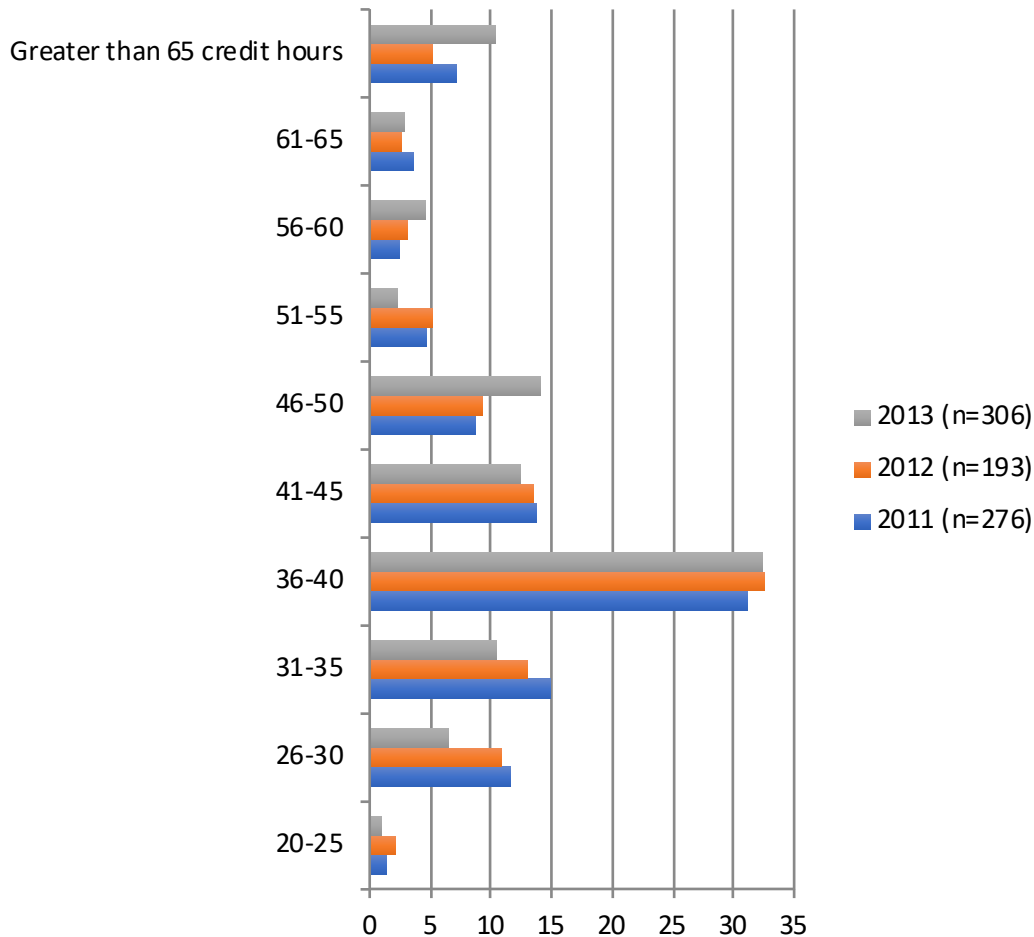
- AACN 2017



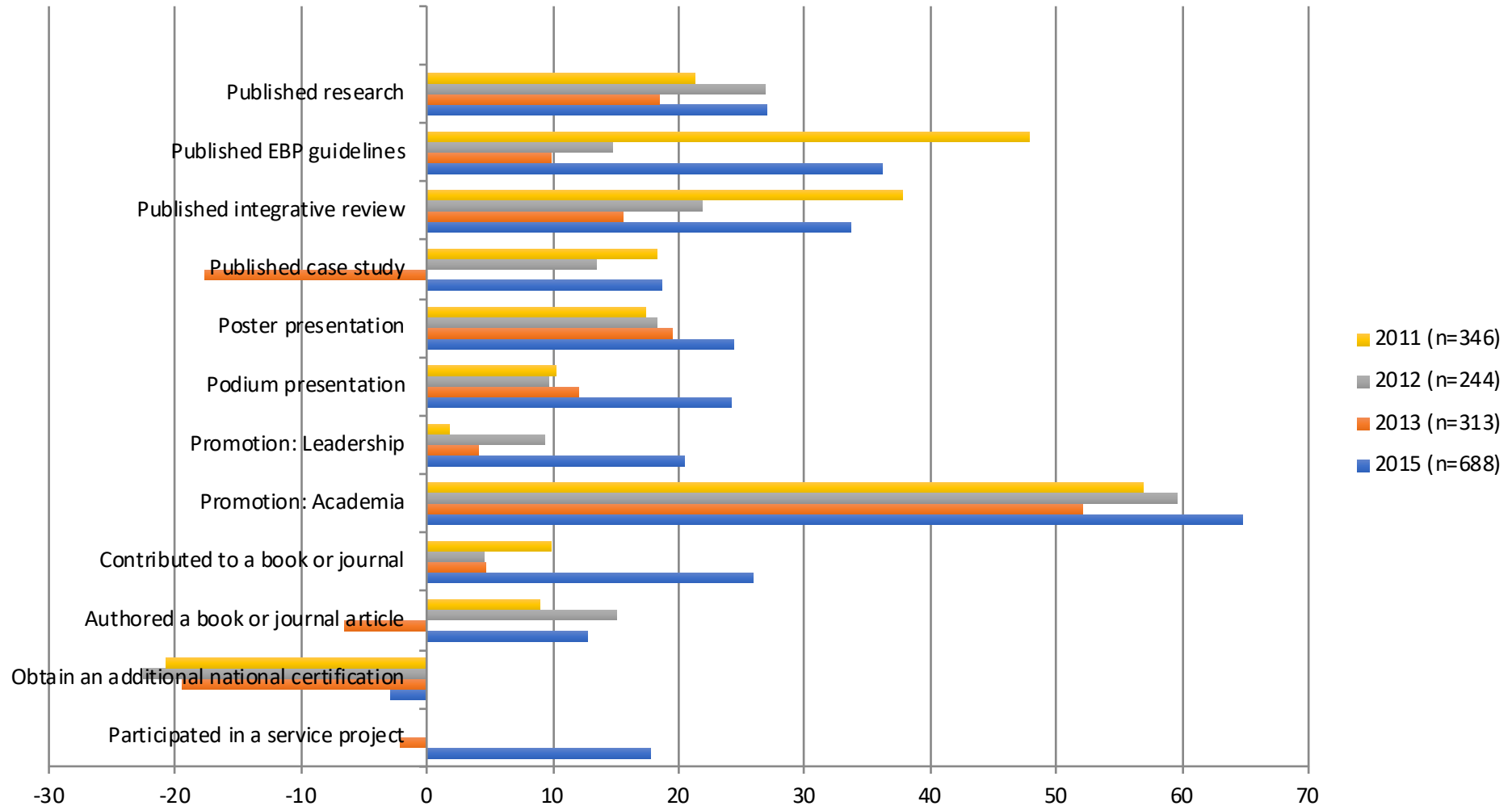
DNP Programs and Project Rigor: Tracks Offered in DNP Programs



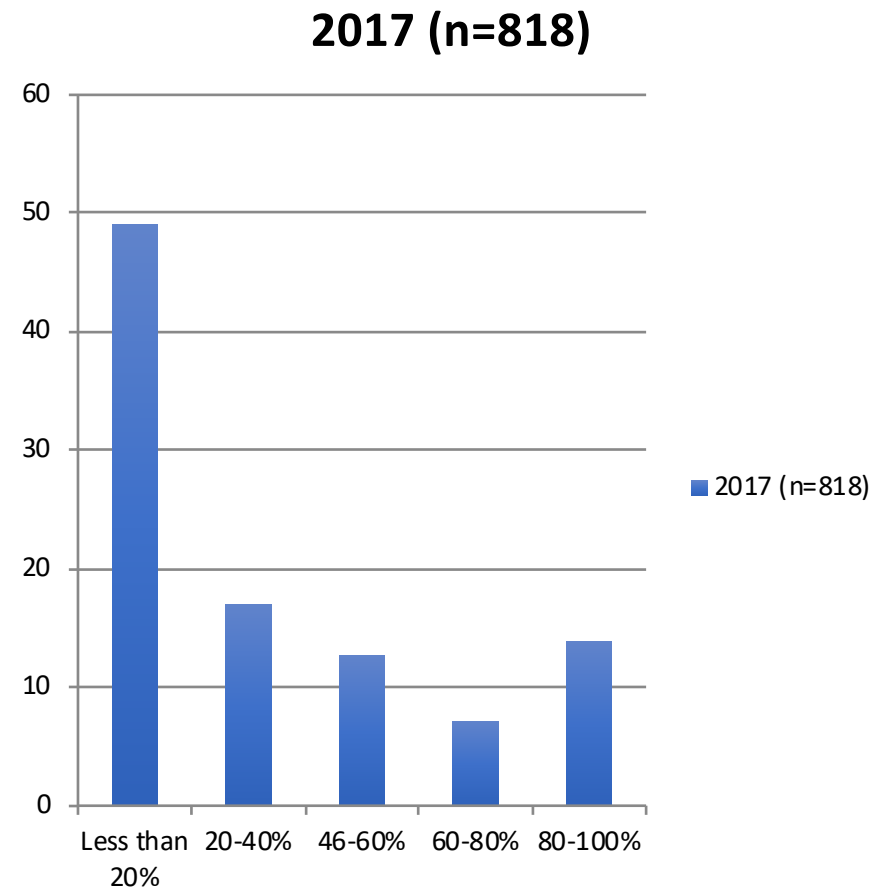
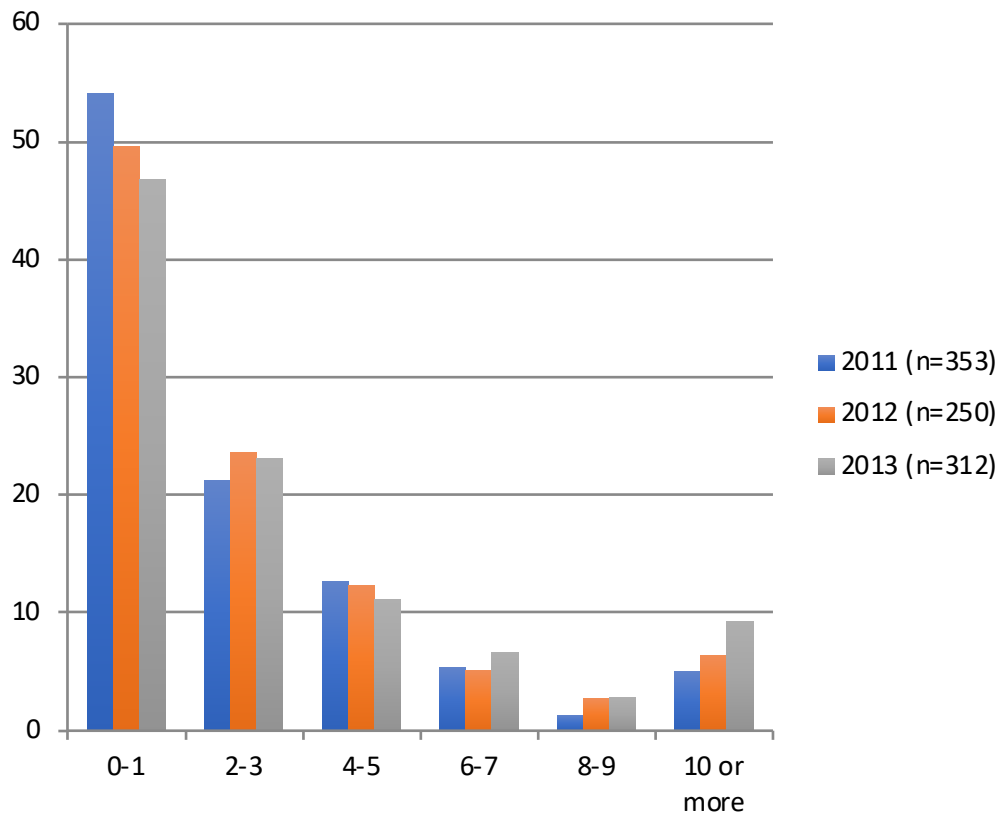
Number of Credit Hours MSN to DNP (2011, 2012, 2013, 2017)



Type of Scholarly Success as a Result of the DNP Degree



Number or Percentage of DNP Faculty (2011, 2012, 2013, 2017)



Does the type of program influence the potential for sustainable projects?

- Consider:
 - Depth and breadth of faculty.
 - Integration with healthcare service organizations.
 - The number of hours of the program.
 - When does the student declares the project (or course of study).
 - Does on-line vs. on-ground vs. hybrid make a difference?
- The DNP program model (aka, the culture of the program)
 - Is it a “move ‘em in and move ‘em out” culture?
 - Is it structured to reflect a PhD model?
 - Are improved healthcare outcomes the expectation of graduates?
 - Are ALL of the Essentials of Doctoral Education addressed and demonstrated?
 - What is the level of faculty support?



Is the faculty Coach or Judge?



Academic Outcomes??????



Blurry McBronzeFace
@apollodorus9



"At the end of this course, students will be able to..."

SOCRATES: "...know that they know nothing."

EDUCATION ADMINISTRATOR: I'm sorry, but that is not a measurable learning outcome.

8/22/18, 2:36 PM

Heidi Westby

Questions of Faculty to Support Sustainable DNP Projects

- Is the DNP faculty truly prepared at the depth needed to build curricula and guide nursing education?
- Does nursing practice included clinical, academic, scholarly, policy, informatics, and research, or all of the above?
- Is the DNP able to contribute on the same level of rigor as other doctoral prepared colleagues (PhD, EdD, DNSc, and others)
- Is a DNP prepared colleague with 24 course credits as capable as a colleague that graduated with 65 or more credits?
- Are courses in pedagogy integrated or offered to those that have the desire to follow the academic path?



What about the students?

- If faculty will coach them in a dance competition, CAN THEY DANCE?
- Are student expectations of a DNP program realistic?



Does the potential student have a Leader or a Follower Mentality?

- Examples that do not point to leadership and independent thought
 - FB Post January 18:
 - Really thinking about my DNP, is it 100% online? How long does it take? Is there any clinical?
 - FB post May 5:
 - Have any of you done DNP on a track other than nurse practitioner? I'm a BSN, looking at education or leadership. All the information I can find is for NPs and I really want to hear from someone who went leadership or education to see what kind of job you have now and whether you feel it was worth it.



Another Example of a DNP student wanting the fast track

- FB Post April 17:

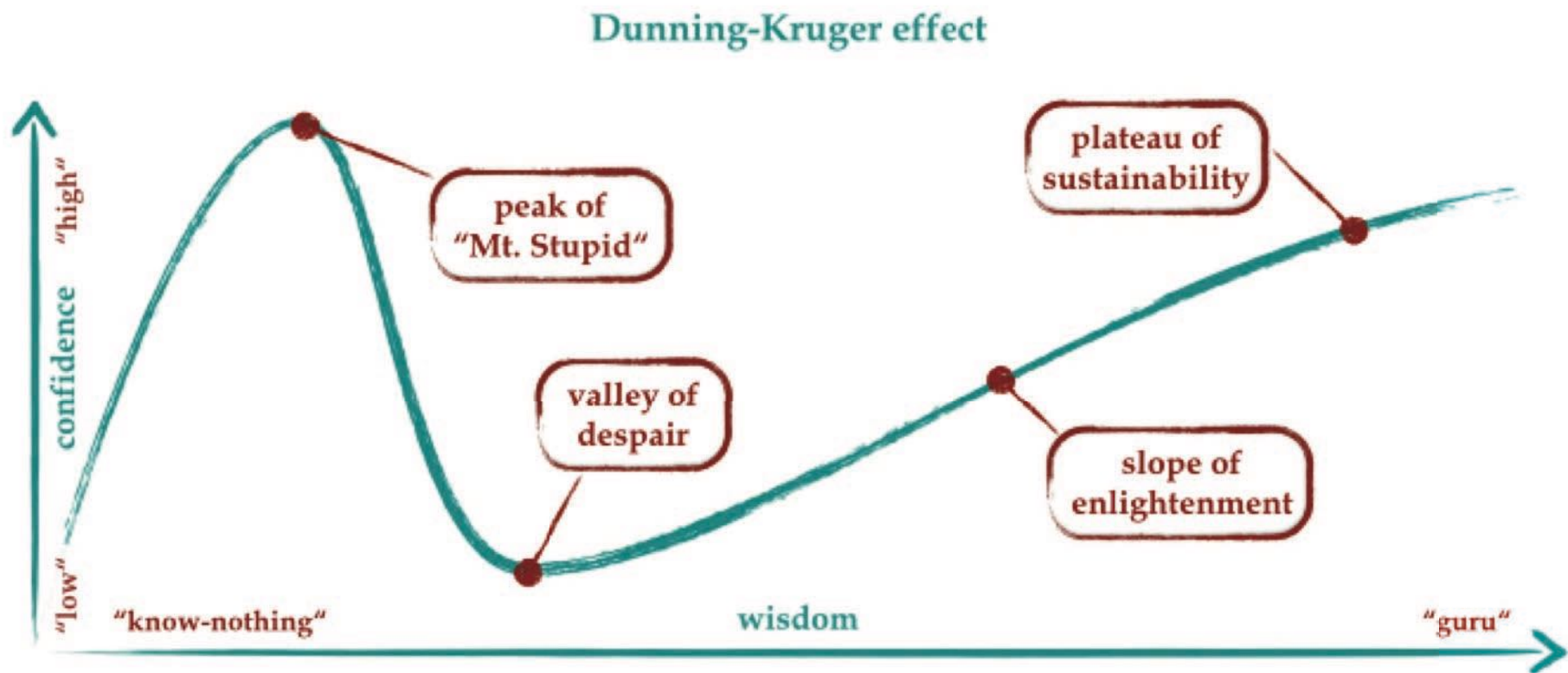
So, I'm seriously debating starting a DNP program in Fall of 2019. Right now my top candidates are X University (28 credits at \$15k) and Y University (27 credits at \$24k). Please throw other options at me to consider. My requirements are the following:

- 1) The program must not, under any circumstances, require more than 34 credits.
- 2) The total cost of the program must not exceed \$25k.
- 3) The program must not require me to do Preceptorship hours with another clinician at another agency. It must allow me to do my clinical hours exclusively as part of my normal work hours at work or working on the project and will allow me to use my work site as my clinical site.
- 4) The program must be almost exclusively online. I'm willing to attend an orientation and do my defense of my project out of state but that's it.

Any other options? Also, just for context, I want to retain the ability to do the DNP-PhD program at Z University (33 credits) only 27 credits from DNP will transfer. I want to avoid taking as many unnecessary credits as possible.

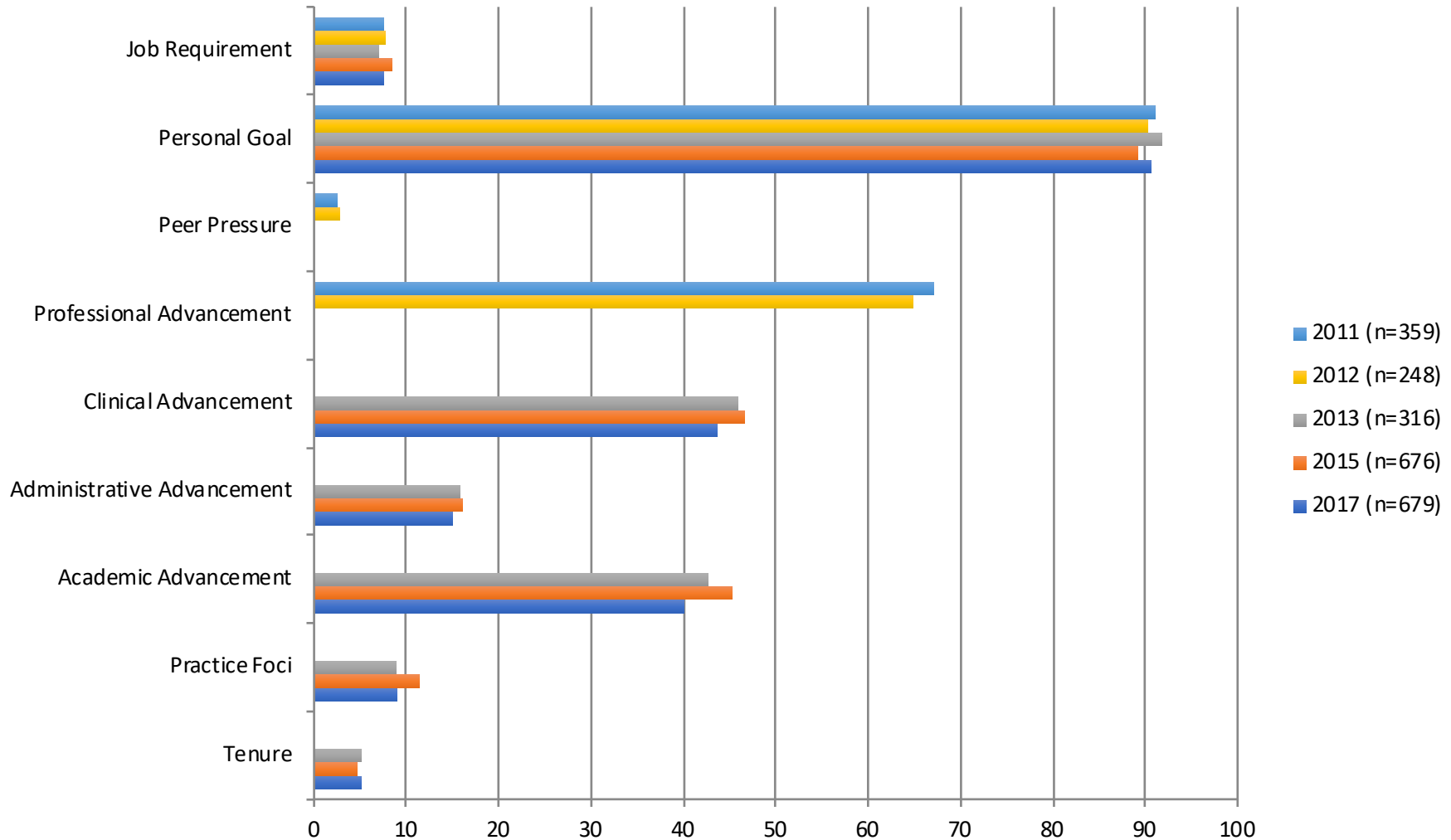


Dunning-Kruger Effect (for students, faculty, programs, and practice)

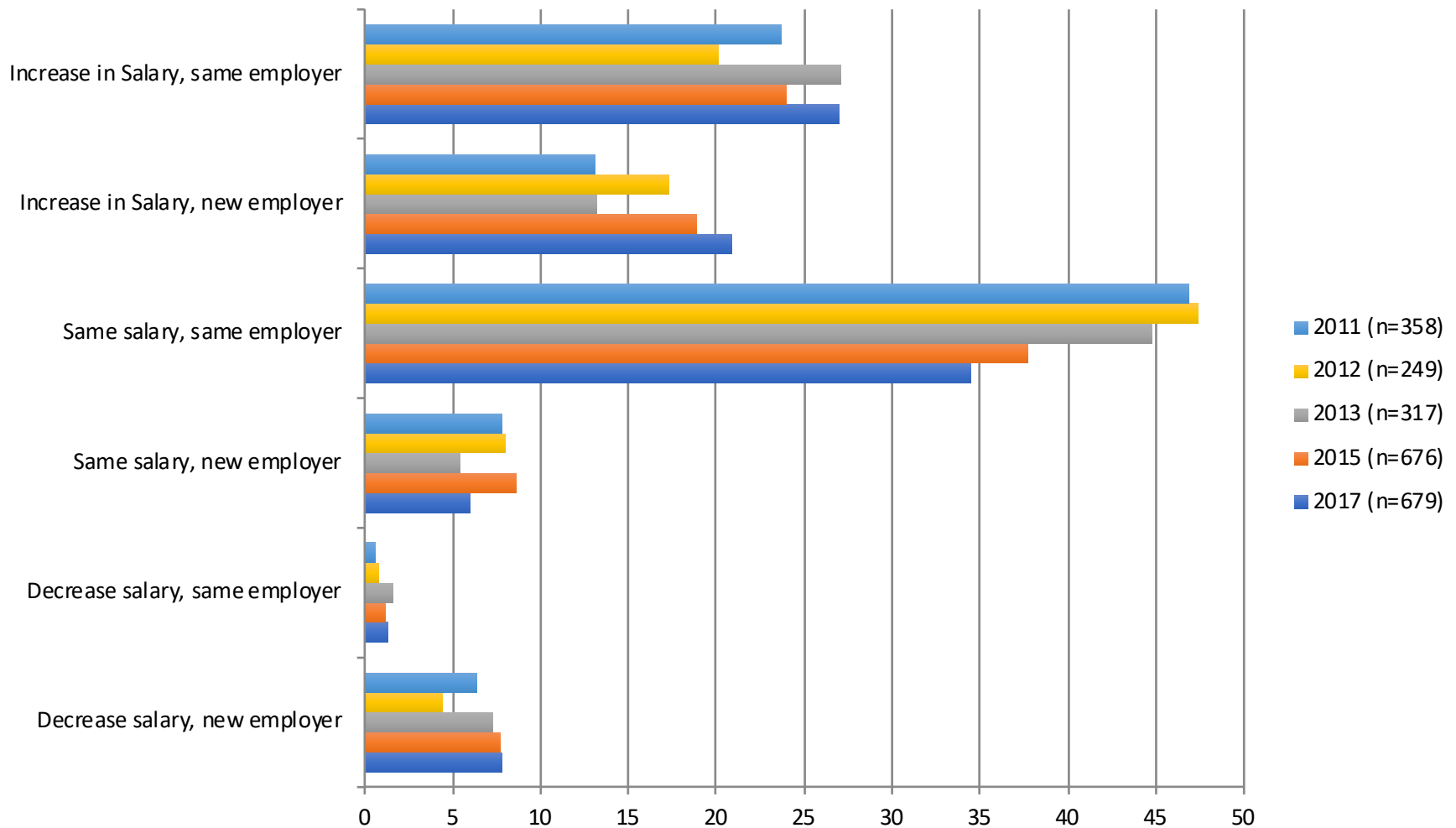


<http://www.understandinginnovation.wordpress.com>

Why complete a DNP Program?



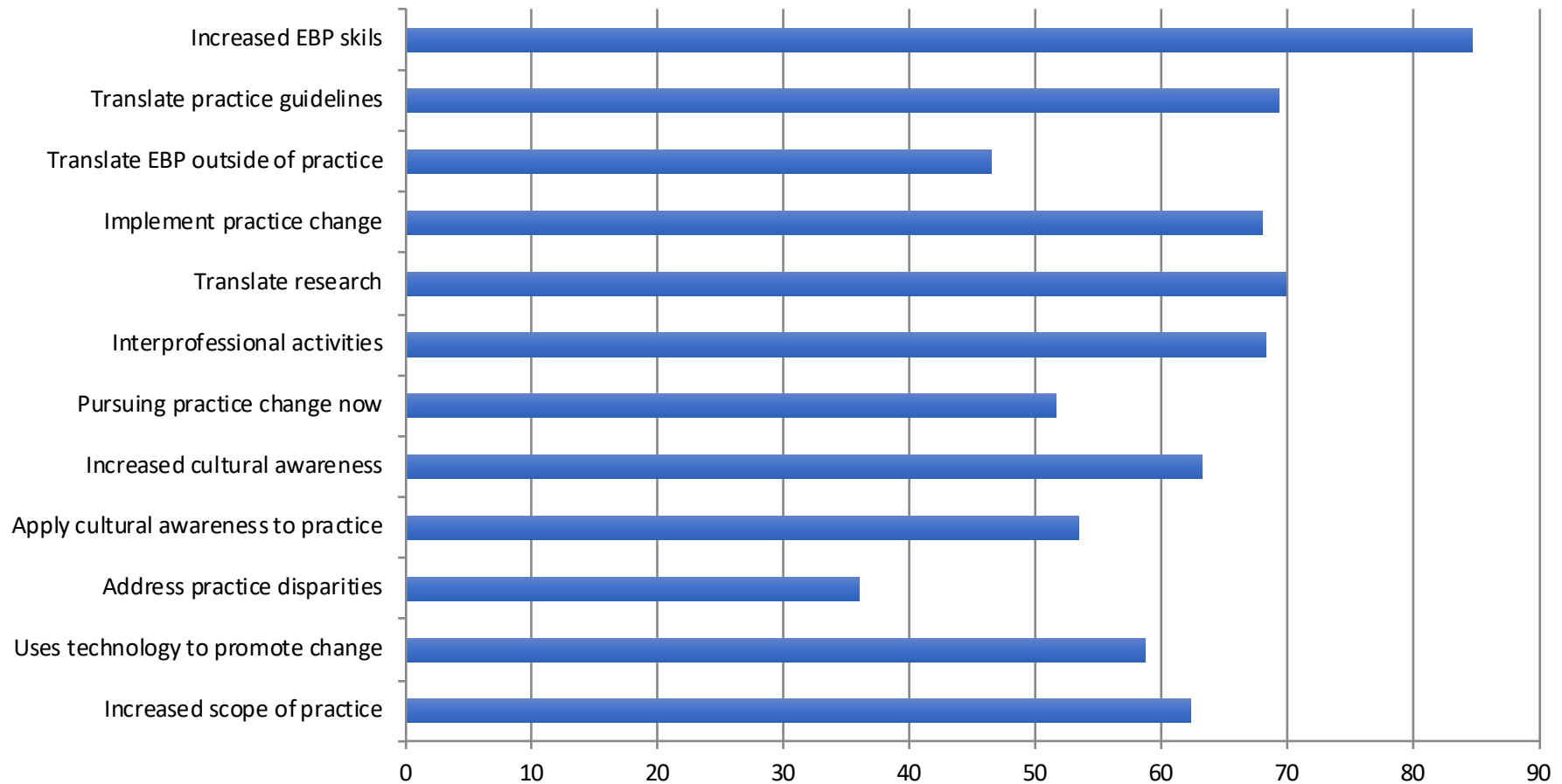
Was the DNP Degree Earned for the Money?



Are DNP prepared skills continuing after graduation?

(2017 Survey)

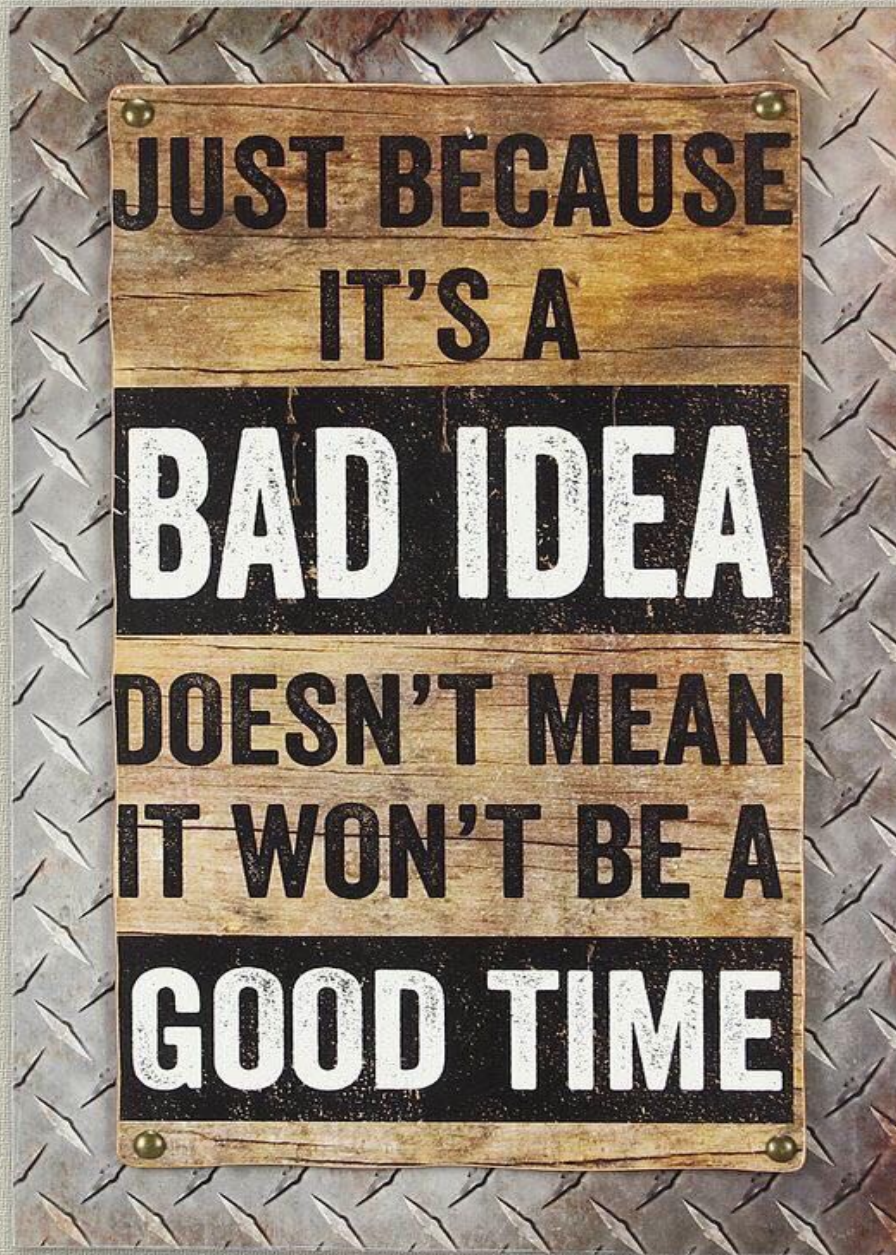
Response %



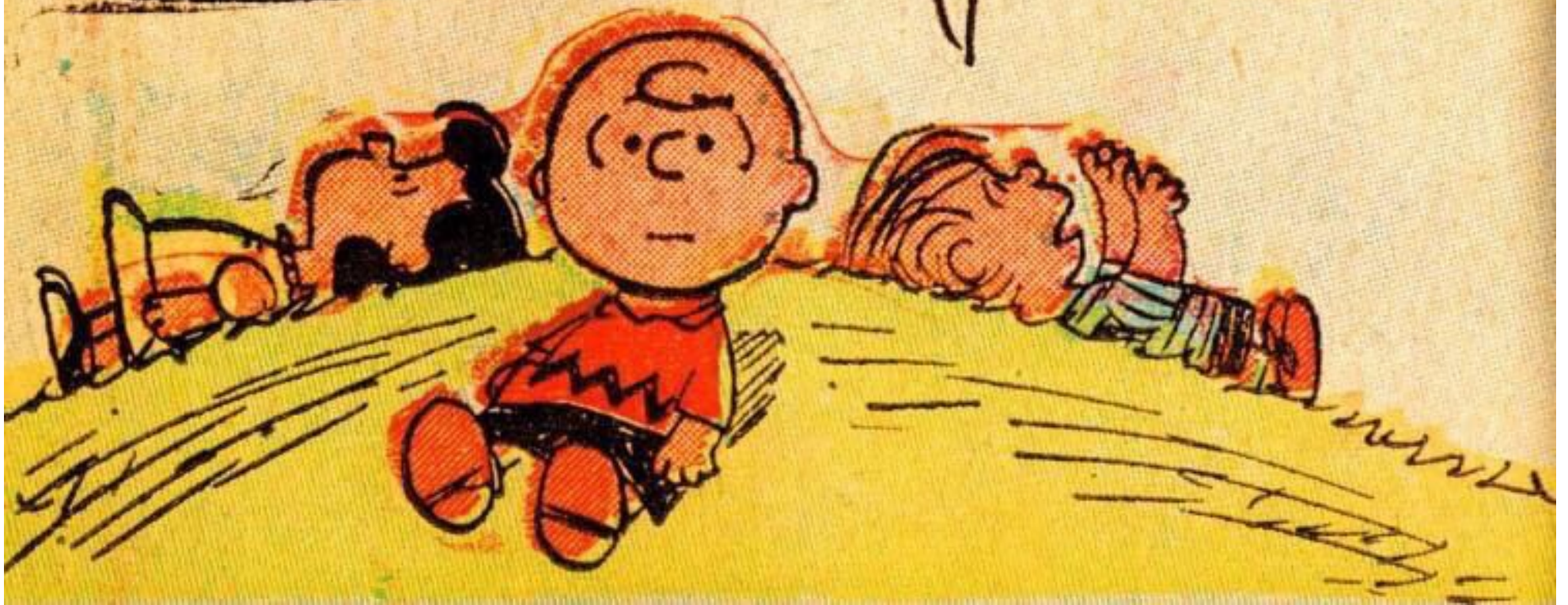
“I did then what I knew how to do. Now that I know better, I do better.”

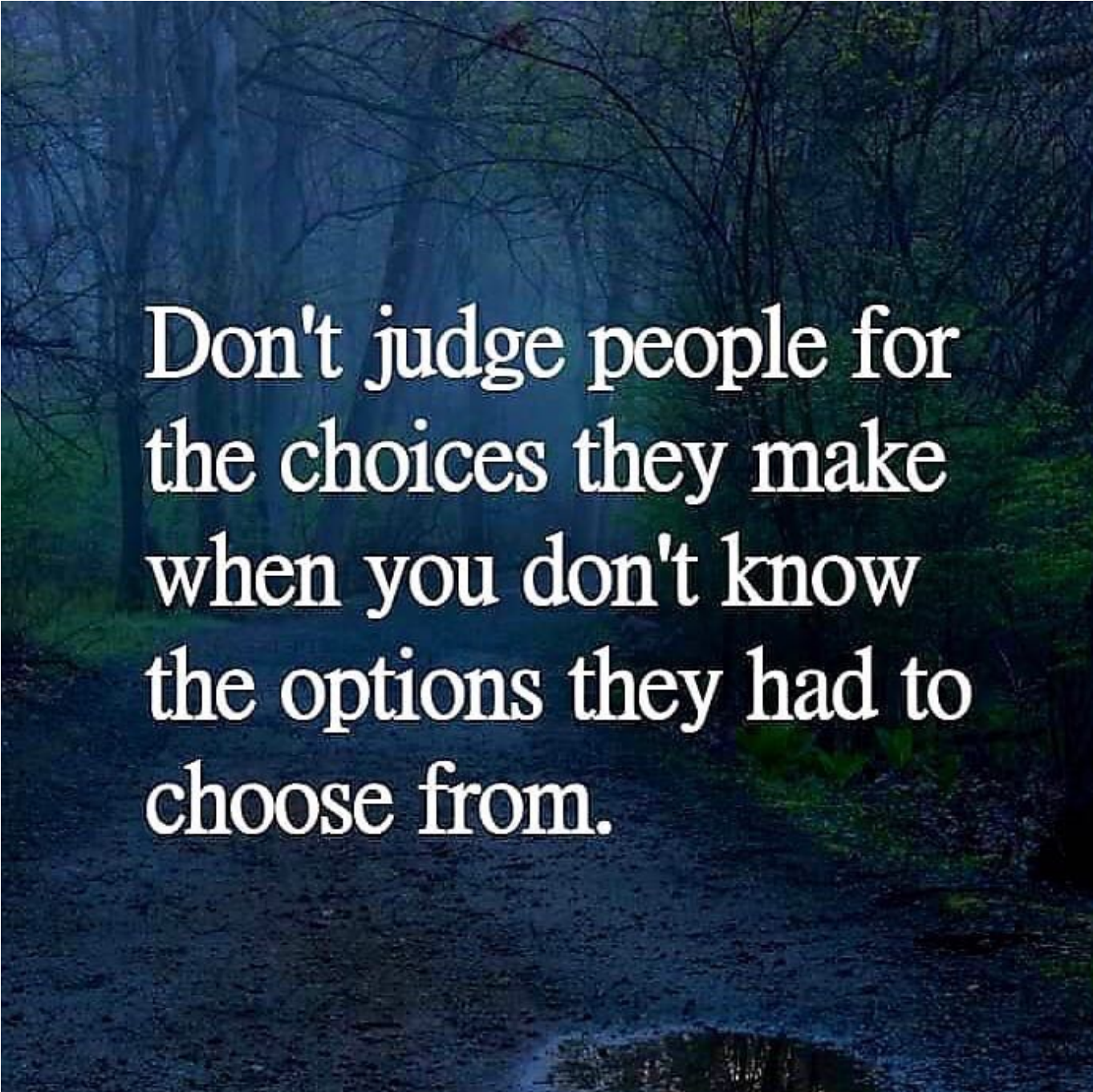
— Maya Angelou





THERE ARE NO NORMS,
ALL PEOPLE ARE EXCEPTIONS
TO A RULE THAT DOESN'T EXIST.





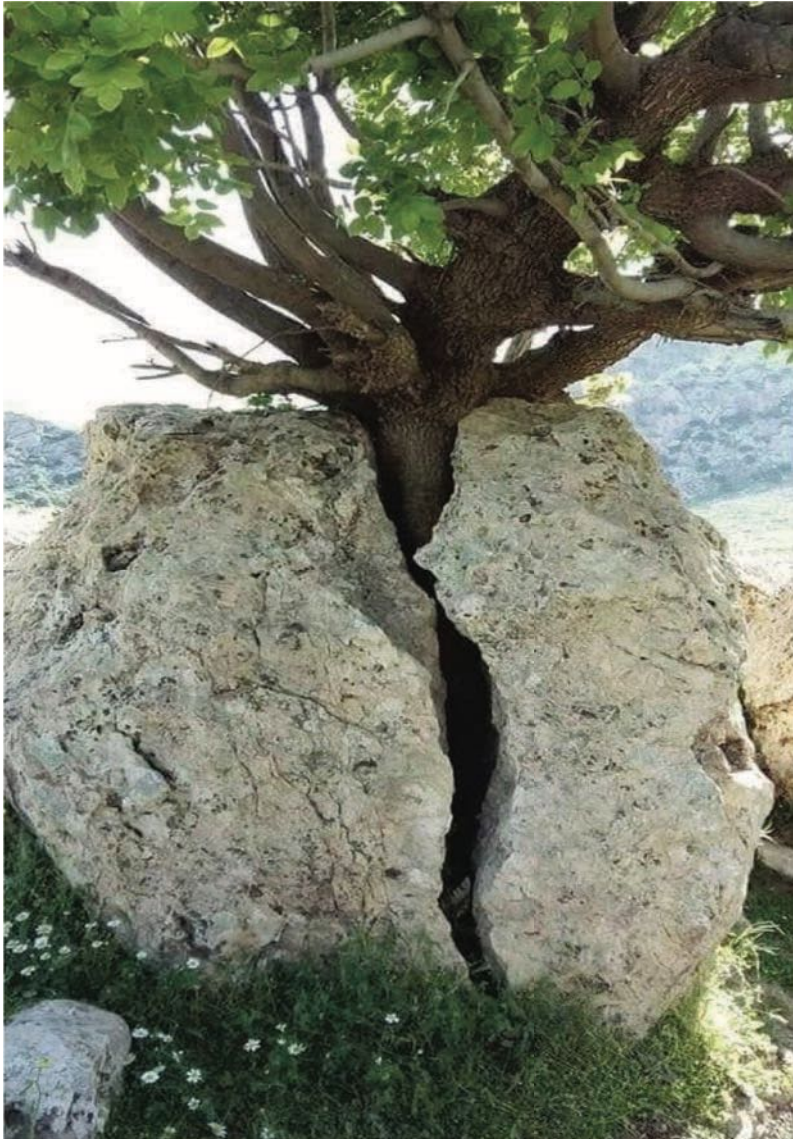
Don't judge people for
the choices they make
when you don't know
the options they had to
choose from.

Establish and Build



Photo by Tj Watt

Break Through or Grow Around Obstacles



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