Debra M. Palmer, DNP, FNP-BC.ONP-C
Joseph Burkard, DNS, CRNA
September 2010
3rd Annual DNP Conference
San Diego Ca

Promoting DNP Nursing Education for Advanced Practice Specialty Care

Presentation Objectives

- Objective 1: Identify current trends in education, health care and Nursing which contribute to a call to unify advanced practice specialty care nursing education at the Doctorate level

- Objective 2: Provide an example for implementing specialty care education into a DNP program which dovetails with the DNP essentials and assists in preparing the APRN for certification in a specialty field.

- Objective 3: Provide examples of Models of care which utilize Nurse Practitioners in Specialty Care

Presentation Outline

- APRN Specialty Care: background information
- Trends: Education, Healthcare, Nursing, Allied Health and Medicine
- DNP Essentials integrated into Specialty Care Education
- DNP Capstone projects, residency hours and and Specialty Care Certification
- Examples of DNP student projects contributing to Specialty care training and certification
- Pros and cons of DNP vs Post Masters Certificate specialty training
- Future implications
- Summary and closing remarks

APRN Specialty Care

background information

- Specialty
- APRN –4 recognized roles meets stands set by NCSBN, ANA
- APRN – Specialties with in the 4 roles
- NCSBN- sets criteria for accreditation of agencies which offer APRN certification programs
- Nationally Recognized Certification Agencies for: CNS,NP,CNM & CRNA
- ABSNC/ABNS-Accreditation Board for Specialty Nursing (RN and APRN)
- Criteria for APRN specialty and subspecialty certification programs determined by NCSBN and adopted by ABSNC.
- Subspecialties: represent a disease process or body system. Certification granted by Professional Nursing specialty associations. Certification of subspecialties granted by programs accredited by ABSNC. Certification requirements vary between professional Organizations

Subspecialties

- Population Focci in 4 Approved APRN roles:
  - Family
  - Adult
  - Gerontology
  - Pediatric
  - Neonatal
  - Women's Health/ gender
  - Psych/ Mental Health
  - Acute Care
- Subspecialty focus beyond APRN Role and population Focus-linked to health care needs associated with disease or body system: Examples include:
- Oncology, Orthopedics, Dermatology, Palliative Care, Emergency

Recent Trends in Education

- 2001 "Crossing the Quality Chiasm" by IOM calls for restructuring healthcare
- 2003: call for interdisciplinary health teams to focus EBP, Quality improvement and informatics
- 2005 National Academy of Science report calling for nursing to develop a non research clinical practice Doctorate degree
- Other Disciplines moving to Doctorate as terminal degree in clinical practice

Nursing Trends

- Academia
- Professional Associations: NONPF, AACN, etc
- Practice Environments
- Credentialing and Accreditation
- Specialty Nursing Associations

Nursing Trends
Academic

- NONPF developed competencies at DNP level
- AACN 2010 strategic plan includes DNP advocacy to policy makers and certifying bodies
- AACN survey: 72 % of schools with APRN programs offer(120) or plan to offer (161) DNP and 62% plan post BSN entry (281)

Nursing Trends
Certifying & Accreditation Bodies

- 2009 CCNE (certification credentialing of Nursing Education) amended standards to require DNP Essentials
- Accreditation Board of Specialty Nursing Certification(ABSNC) arm of ABNS established and begins developing standardized criteria for accrediting certification bodies offering APRN Specialty Certification
- Professional Member Associations in Nursing Specialties develop certification and graduate education requirements ,support the DNP essentials and make recommendations for APRN's in Specialty and Subspecialty fields (Ex. Oncology, Orthopedic and Emergency Advanced Practice Nursing)

Nursing Trends &
Practice Environments

- Hospitals: increased use of APRN's any certified as specialist
- Ambulatory Nursing
- Research
- Veterans Affairs
- HMO's

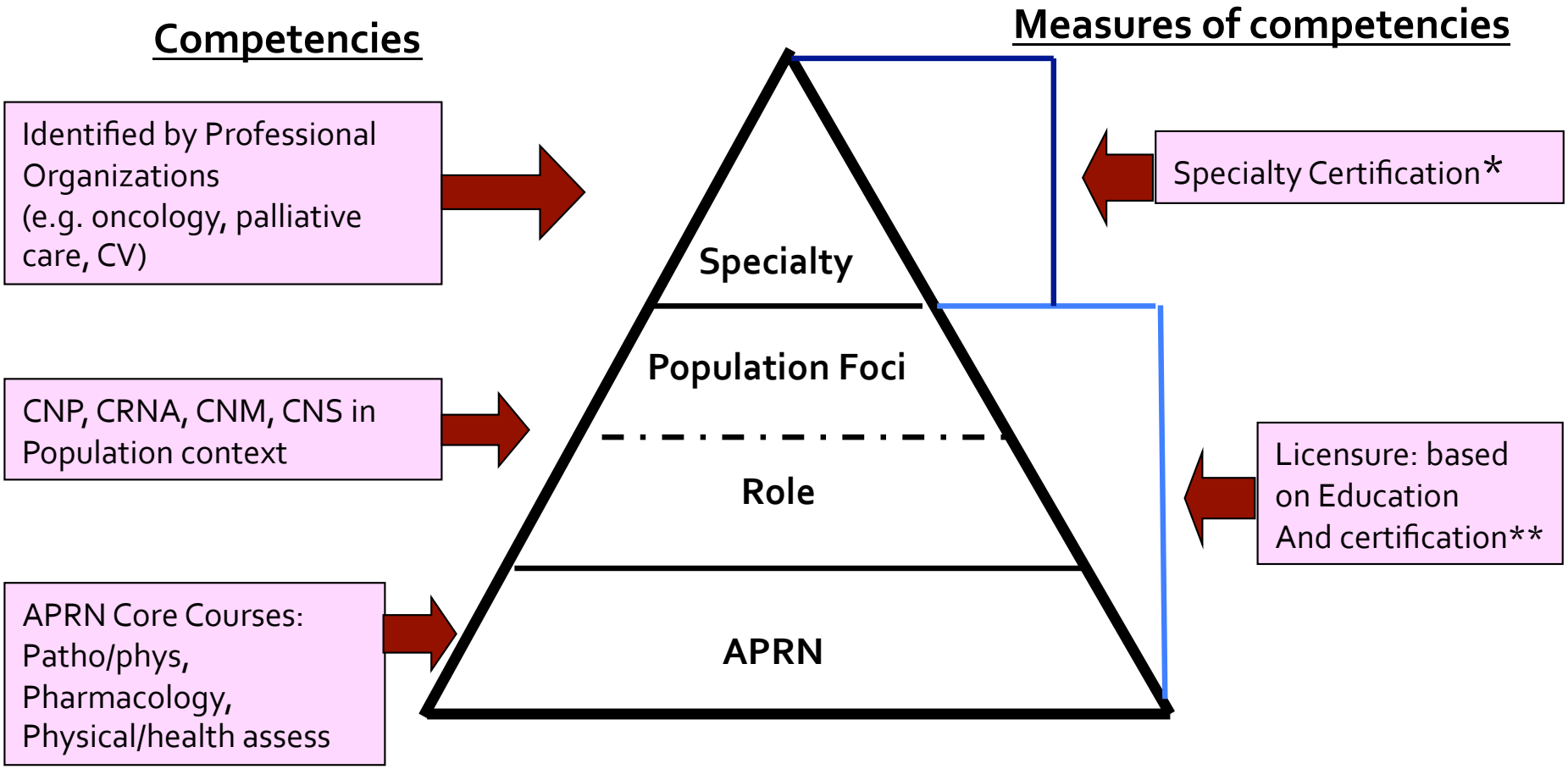
Nursing Trends
Other

- 2008 AACN endorsed the Consensus model for APRN regulation(Lace Model) goal of transition to DNP by 2015
- Tri Council of nursing: consensus policy statements re education and advancement of RN's (,AACN,AONE,NLN) present in Health care reform debates and as advisors

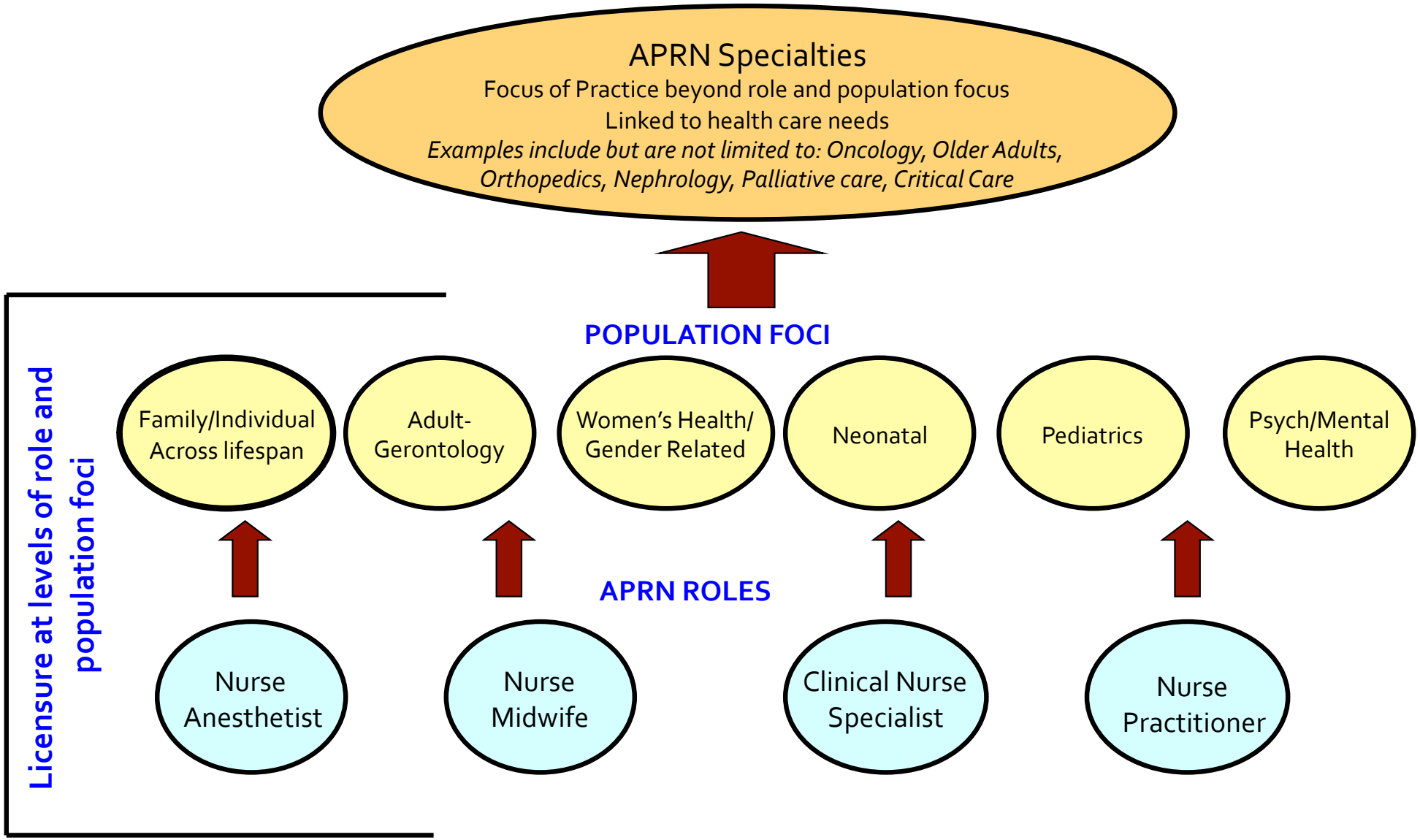
APRN Regulatory Model

- APRN regulation includes:
  - Licensure
    - The granting of authority to practice
  - Accreditation
    - Formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing related programs
  - Certification
    - The formal recognition of knowledge, skills and experience demonstrated by the achievement of standards identified by the profession
  - Education
    - The formal preparation of APRNs in graduate or post-graduate programs

Relationship Between Educational Competencies, Licensure and Certification



APRN Regulatory Model



APRN Sub Specialty

- More focused area of practice than role and population foci
- Specialty preparation cannot replace educational preparation in the role or one of the six population foci
- Specialty preparation cannot expand one's scope of practice beyond the role and population focus
- Addresses a subset of the population-focus
  - Definition built on ANA (2004) Criteria for Recognition as a Nursing Specialty
- The title may not be used in lieu of the licensing title, which includes the role and population
- Is developed, recognized and monitored by the profession
- Professional associations vary in requirements for specialty Certification

Health Care Trends

- Increased number of complex patients due to aging of the population and 2010 Passage of Health care reform
- Expansion of knowledge underlying pt care
- Increased complexity of pt care (genetics, cultural differences, rise in chronic diseases
- Increased concerns re quality and pt safety
- Shortage of nurses and primary care MD's
- Changes in CMS reimbursement language from Masters Degree to Graduate Degree

Specialty Care Trends in Nursing, Allied Health & Medicine

Nursing:

Allied Health

Medicine

ABMS

- Established in the 1960's
- 24 approved Medical Specialties in 145 recognized specialties
- 6 Core competencies adopted by Graduate Medical Education and American Board of Medical Specialties in 1999
- Member boards for specialty specific certification set standards for certification

DNP Essentials and Specialty Certification

- 8 Essential competencies for DNP education
- 1-7 form essentials for APRN DNP Education
- Specialty focused education and practice can be integrated into all 7 of these essential competencies
- The 8th Essential focuses on Specialty Care for the APRN who has attained certification in one of the 4 APRN roes and can include a population foci specialty or a sub specialty.

Example of integrating specialty Care into a DNP program & essentials 1-7

- I. *Scientific Underpinnings for Practice* – based on nursing process, human behavior, and holistic care.
- specialty care curriculum incorporates all of above

- Example

Essentials continued

- II. *Organizational and Systems Leadership for Quality Improvement and Systems Thinking* – works with organizations and leadership to meet the needs of groups of patients and communities in order to promote patient safety and evidence-based best practice
- Example:

Essential III

- III. *Clinical Scholarship and Analytical Methods for Evidence-Based Practice* – actively participates and utilizes research to advance health care.
- Design specialty care translational research project and or use TR foundations for decision making in Specialty care. Demonstrate ability to assess quality of care provided compared to peers and national bench marks in specialty care of chronic conditions

Essential IV

- IV. *Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care* – is proficient and utilizes information technology to advance health care.
- Example:

Essential V

V. *Health Care Policy for Advocacy in Health Care* – advocates for health care through partnerships with government, institutional, and organizational agencies.

- Support advocacy and policy making decisions which provide patient education as related to evidence based **specialty** care diagnoses and intervention efforts in healthcare agencies, institutions and at the local state and national level.

Essential VI

VI. *Interprofessional Collaboration for Improving Patient and Population Health Outcomes*

- collaborates with different health care specialties in the care of groups of patients and communities. Collaborate with physician and allied health colleagues in Specialty care in defining agreed upon quality improvement patient outcomes as well as process outcomes through the use of registries and protocols for interventions and monitoring of outcomes in a specialty practice.

Essential VII

VII. *Clinical Prevention and Population Health for Improving the Nation's Health* – evaluates disease prevention and promotion and advocates for healthy lifestyles

- at the individual patient and or aggregate level in specialty field
- Example

Essential #8 and Specialty Care Preparation

- VIII. *Advanced Nursing Practice* – establishes specializations through validation of:
- competencies and skills at the APRN level as defined by specialty professional associations. The specialties can be in one of the 9 basic population foci. A subspecialty specialization is in addition to one of the core population foci. APRN certification as a NP or CNS in a subspecialty which offers Certification does not supersede a population foci specialty Core population specialties include; Acute care, Adult, Family, Geriatrics, Pediatrics etc.
- Design a Capstone Project around a Specialty which assist in preparing the DNP student to qualify for a specialty certification by examination, competency or portfolio
- Use DNP residency hours towards completion of practice hours required for certification and or capstone project
- Example:

Capstone Project & Specialty Care

- Improve or develop APRN specialty core competencies in the given specialty
- Improve quality of care, patient outcomes, or patient satisfaction in given specialty practice through:
  - Development of evidence based policies, protocols, practices or programs in a specialty practice setting.
- Align capstone with Specialty member association requirements for certification, adjusting for required residency hours, examination preparation or demonstration of competencies

Examples Of DNP Capstones in Specialty Care

- Oncology
- Geriatrics
- Emergency
- Orthopedics

DNP Vs Post Masters Certificate

ADVANTAGES

- Aligns with National science and IOM agenda
- Consistent with emerging trends for Specialty Care certification requirements
- Advances the evolution of the Nursing profession

DISADVANTAGES

- more costly and longer to complete
- Focus is not on attainment of tasks and skills and clinical competencies which are required in specialty care to compete with Physician Assistant Colleagues

Closing Comments

- Summary
- Future implications

Thank You