Purpose:

The number of Doctor of Nursing Practice (DNP) Programs has grown dramatically in the United States since the turn of this century. More than 300 DNP programs are now available, located in all 50 states and enrolling nearly 30,000 students. In 2004, the American Association of Colleges of Nursing endorsed a call for the entry-level education for advanced practice nurses to move from the master’s level to the doctoral level by 2015. While this goal was not realized, the American Association of Colleges of Nursing, the National Organization of Nurse Practitioner Faculties, and the American Association of Nurse Practitioners continue to call for the DNP as a basic requirement for advanced nursing practice. Education programs have been challenged to accommodate the increasing number of nurses seeking the DNP degree. In a 2015 white paper, the American Association of Colleges of Nurses responded to this challenge, clarifying expectations for the scope, implementation, dissemination, and degree of faculty oversight of the DNP project. The DNP project was identified as the final Doctor of Nursing Practice scholarly product, replacing the capstone project, which could be conducted at multiple educational levels. The purpose of this presentation is to examine the historical evolution of the DNP project over the past decade as a private, online nursing university responded to the rapidly changing demands of DNP education.

Methods:

This study relied on a historical methodology to examine the first ten years of a DNP program, highlighting the challenges and successes encountered as enrollment increased ten-fold. Primary sources used included university records and interviews of faculty involved in teaching and curriculum development. Secondary sources included articles in the university’s newsletter and social media postings.

Results:

Significant changes took place within the DNP curriculum including a redesign of the Master of Science in Nursing curriculum to integrate many of the DNP Essentials allowing a seamless transition into the DNP program. This curricular shift resulted in largely increasing enrollment in the DNP program and demanded a new approach to completing the DNP project. A rapid-cycle quality improvement project based on the model set forth in the Institute for Healthcare Improvement’s Open School curricula was adopted. Students enrolled in the program completed a facilitated service learning project guided by the needs of each specific clinical site. Projects were small-scoped, ready to initiate within three months, and implemented over an eight-week period. Project results were disseminated using the Standards for Quality Improvement Reporting Excellence guidelines within the clinical setting and in the academic institution. Faculty involvement was maximized by matching faculty mentors with students based on the project content and faculty expertise. Exemplary DNP projects were identified and archived through the collaborative efforts of the DNP faculty and a workgroup of master’s faculty. Exemplary projects were further disseminated through scholarly and clinical channels. Changes within the curriculum, specifically related to the DNP project, resulted in high completion rates and student and faculty satisfaction.

Conclusion:
Meeting the educational needs of nurses preparing to be advanced practitioners and leaders in healthcare in the United States has been challenging. One Doctor of Nursing Practice program evolved to accommodate escalating enrollment, encouraging advanced practice nursing students to seek doctoral education. Multiple entry points were established providing Associate Degree in Nursing-to-Doctor of Nursing Practice as well as Master of Science in Nursing-to-Doctor of Nursing Practice options. The scope, implementation, dissemination, community collaboration, and faculty mentorship related to the DNP project were clarified and adopted throughout the institution. Clear expectations, guidelines, and feedback surrounding completion of the DNP project facilitated students’ success working within a healthcare delivery system to translate evidence into practice.

The DNP Essentials and subsequent recommendations established by the American Association of Colleges of Nursing provide much-needed guidance for nursing programs establishing and supporting DNP programs. Adopting guidelines such as those set by the Institute for Healthcare Improvement model provides the infrastructure needed to support students’ successful planning, implementation, and evaluation of the DNP project. A service learning approach to the DNP project creates community collaboration increasing the applicability and impact of the project. Faculty mentorship, identification, and recognition of exemplary DNP projects increases nursing scholarship and allows for a wider dissemination of the quality improvement initiatives.

Title:
Looking Back, Moving Forward: Lessons Learned From a Doctor of Nursing Practice Program’s First Decade

Keywords:
DNP Final Project, Doctor of Nursing Practice Program and Nursing Education History

References:


Abstract Summary:
A Nursing University transitioned from a DNP Capstone to a standardized quality improvement project based on Institute for Healthcare Improvement curricula and SQUIRE guidelines. This presentation reviews the evolution of the DNP program, DNP project, and process used to identify exemplary projects leading to increased nursing scholarship and dissemination.

Content Outline:

1. Introduction
   1. Background information on the development of DNP programs, the DNP project, the American Association of Colleges of Nursing's DNP Essentials, and the updated DNP Essentials White Paper.
   2. Overview of the historical methodology used for the study.
2. Body
   1. Presentation of the evolution of the DNP program and project at one Nursing University.
   2. Description of a standardized approach to the DNP project.
      2. Presentation of the standardized quality improvement approach using rapid Plan-Do-Study-Act cycles.
   3. Discussion of disseminating the DNP project findings using Standards for QUality Improvement Reporting Excellence guidelines.
   4. Presentation of the DNP Exemplars Work-group.
      1. Purpose and function of the work-group.
      2. Recognizing exemplary scholarship in the DNP program.
      3. Evaluating the DNP program outcomes through the identification of exemplary projects.
      4. Increasing nursing scholarship and dissemination of quality improvement initiatives by identifying DNP project exemplars.
3. Conclusion
   1. Discussion of the generalizability of a standardized quality improvement approach to the DNP final project to other DNP programs.
   2. Recommendations for recognizing exemplary final projects in DNP programs.
research expertise is midwifery and nursing history. She conducted oral histories of nurse-midwives in Georgia in the 1970s and 1980s for her doctoral research. She continues her research examining the history of midwifery and midwifery education in the United States.