



Findings of the International Society of Psychiatric-Mental Health Nurses DNP Task Force



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Evolution of PMH-DNP
1933 <ul style="list-style-type: none">EdD Teachers CollegeAdvanced nurse educator practice
1934 <ul style="list-style-type: none">PhD NYU – education and administration focused
1954 <ul style="list-style-type: none">PhD University of PittsburghClinical focus
1955 - Hildegard Peplau <ul style="list-style-type: none">1st psych CNS program Rutgers University NJLinked theoretical nursing to practice to improve patient care
1960 <ul style="list-style-type: none">DNSc Boston University -PMH focus
1965 – Loretta Ford, Henry Silver <ul style="list-style-type: none">First nurse practitioner roles establishedAddressed shortage of qualified physicians
1990 - 2000 <ul style="list-style-type: none">Innovation by Mary Mundinger, Dean Columbia UniversityLate 1990s research found outcomes MSN APRNs = doctoral Physician outcomesProposed DrNP which emphasized<ul style="list-style-type: none">Direct clinical practiceTranslation evidence into practice
2001 <ul style="list-style-type: none">First official DNP program 2001 – University of KentuckyFocus on clinical/executive management role advanced nursing practiceDid not emphasize clinical practiceResponse to “Ivory Tower” research focused PhDFocus on translational clinical research similar to MD, PharmD, DPT
2011 <ul style="list-style-type: none">72% APRN programs in US offering or planning DNPEnrollment increased by 20.6% in 135 programs in 201162% offering Post baccalaureate to DNP
2014 <ul style="list-style-type: none">Psych CNS phasing out in 2014Emphasis more staff development, consultation, therapyPMHNP more primary care, prescriptive authority, therapy
Current Pathways to DNP
<ul style="list-style-type: none">Generalist Masters<ul style="list-style-type: none">Some programs have BSN to DNPSpecialty MastersPostmasters certificate

2004 Mandate by ACNN
<ul style="list-style-type: none">Partnered with NONPF 2002 in AACN Taskforce on Clinical PracticeDNP entry level by 2015Did not include all stakeholders<ul style="list-style-type: none">Left out ACNM, NACNS, AANP, ACNP, ANA, AANAAANA mandated doctoral level entry by 2025 but did not mandate DNPStirred much controversy but not an optionMost now endorse the change
Full Endorsements
<ul style="list-style-type: none">American Academy of Nurse PractitionersAmerican College of Nurse PractitionersAssociation of Faculties of Pediatric Nurse PractitionersNational Association of Nurse Practitioners in Women's HealthNational Association of Pediatric Nurse PractitionersNational Conference of Gerontological Nurse PractitionersNational Organization of Nurse Practitioner Faculties
Partial Endorsements
<ul style="list-style-type: none">National Organization of Nurse Practitioner Faculties<ul style="list-style-type: none">Agrees with DNP entry, but does not endorse finite dateRequirements for clinical hours should remain in domain of specialty organizations – not the 1000 hours recommended by AACNAmerican College of Nurse Midwives<ul style="list-style-type: none">Supports the DNP for those who pursue itOpposes DNP as requirement for entry into practicePlans to develop own practice doctorateAmerican Nurses Association – endorses DNP as terminal nursing practice degree but does not endorse finite dateAmerican Association of Nurse Anesthetists endorse doctoral preparation by 2020 but does not have to be DNP
2011-12 ISPN Task Force Examined
<ul style="list-style-type: none">Current literature on DNPStatements by other nursing organizationsCurrent pathways to DNPImpact on workforceImpact on Educational InstitutionsClinical expertiseMeeting patient needsContextual changes since 2004IOM Future of Nursing Report, Forum on the Future of Nursing Education

Advantages of DNP Mandate
<ul style="list-style-type: none">Parity with other professions with practice doctorate<ul style="list-style-type: none">Meets IOM recommendation that nurses should achieve higher levels of education and become full partners with physicians and other healthcare professionalsPromotes more interdisciplinary collaborationDNP more accurately reflects clinical competencies of advanced practice PMH nursesOpportunity to improve patient care at individual and population levelsOpportunity for DNP leaders to improve existing healthcare systemTarget date will set DNP entry in motion faster<ul style="list-style-type: none">AACN has consortium ready to aid nursing programs in transitionMarket demand for DNP increasing –<ul style="list-style-type: none">Need to cover healthcare of 30 million more Americans with Affordable Care ActNeed more doctorally prepared faculty to teach PMH advanced practice nursesPMHCNS transitioning in 2014, so opportune timePrior practice doctorates (PharmD, DPT,etc. made quick transitions)Exponential growth in many nursing programs– many see advantages of clinical/professional doctorateEmployers want best educated nursesWill replenish positions left by retiring faculty
Disadvantages of DNP Mandate
<ul style="list-style-type: none">Economic recession –<ul style="list-style-type: none">Increased student financial burdenLess financial support graduate educationCompensation may not improve dramatically as DNPTakes too much time to produce DNP – 3-4 years<ul style="list-style-type: none">May not meet needs of +30 million American patients after Affordable Care Act takes effectPhysician Assistants may fill the gap in meantimePMHNPS already provide exemplary care –why fix what is not broken? Disenfranchisement current MSNs?Few clinical sites for studentsNo provision to certify nurse educators even though 30-50% of DNP graduates going into academic role<ul style="list-style-type: none">AACN advises DNP graduates to take extra education coursesIncreased faculty burdenInsufficient faculty to handle DNP educationCurrent faculty may lack current clinical competenceLack of faculty mentorshipNo nursing residency programs to bridge the transitionCertification agency for NPs (ANCC) has no current plans to transition certification more than MSN level.<ul style="list-style-type: none">The current certifying body is the American Board of Comprehensive Care (ABCC) which only tests general medical knowledge based on the US medical licensure exam for physicians.

Disadvantages of DNP Mandate <i>(continued)</i>
<ul style="list-style-type: none">BSN level clinicians who transition directly to the DNP may not be able to provide the level of expertise found in current MSN prepared advanced practice psychiatric nursesVarying levels nursing programs’ abilities to make transition<ul style="list-style-type: none">Financial/resource barriersMentorship barriersEnrollment could dropNo individual DNP competency examinations to test specialty rolesNo consensus on number of clinical hours for specialties<ul style="list-style-type: none">Current mandate of 1000 hours may not apply to individual specialtyIndividual state regulations not in placeDoes not reflect 2008 Consensus Model for APRN Regulation for licensure, accreditation, certification and education
ISPN DNP Task Force Recommendations
<ul style="list-style-type: none">We see the value of the PMH DNP to<ul style="list-style-type: none">Better meet needs of patientsImprove existing healthcare policiesIncrease parity with other doctorally prepared healthcare professionsIncrease access to care through increased practice autonomyWe do not endorse a set date for transition because<ul style="list-style-type: none">Each nursing school and state has it’s own set of issues to facilitate transition. These need to be individualized rather than dictatedCurrent infrastructures (state, institutional, certification) are not currently prepared to handle the DNP entry level transitionWe believe that multiple educational pathways can be merged into one pathway in the future to articulate the BSN to DNP transitionWe endorse currently<ul style="list-style-type: none">Existing masters and certificate programs continue to prepare candidates in specialty practiceThen students will enter DNP programs where they will obtain generalist DNP preparation and more expertise in specialty practiceWe endorse in the future that masters and post-masters certificate programs<ul style="list-style-type: none">Will be absorbed into DNP curriculaStudents will obtain generalist and specialty DNP preparationGraduates of specialty DNP curricula (includes core DNP content) will be eligible for specialty DNP certificationGraduates of specialty DNP curricula will then be eligible for individual state board of nursing licensure as DNPWe recommend that the US certifying body for DNPs (American Nurses Credentialing Center – ANCC)<ul style="list-style-type: none">Develop a certification examination that tests core DNP nursing knowledgeDevelop a mechanism to merge specialty practice examinations with the core DNP nursing examinationWe further recommend that the individual state boards of nursing create procedures for specialty DNP licensure to prepare for phasing out MSN level APN licensure for advanced level PMH nursing practice
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