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

Cynthia Handrup, DNP, PMHCNS, Bobbie Posmontier, PhD, CNM, PMHNP, Marian Newton, PhD, PMHNP, Dorit Breiter, DNP, PMHNP, Jeannette G. Dilks, DNP, PMHCNS, Catherine Kane, PhD, RN, FAAN, Judith Fry McComish, PhD, RN, Susan McCrone, PhD, PMHNCs, Noreen Esposito, EdD, WHNP, FNP.

Evolution of PMH-DNP

- 1933: Ed Teachers College
- 1934: PhD NYU – education and administration focused
- 1954: PhD University of Pittsburgh
- 1955: Clinical focus
- 1956: Hildegard Poplaw
- 1960: 1st psych CNS program Rutgers University NJ
- 1965: Linked theoretical nursing to practice to improve patient care

2001
- First official DNP program 2001 – University of Kentucky
- Focus on clinical/educated role management role advanced nursing practice
- Did not emphasize clinical practice
- Response to “Twin Goals” issue focused PhD
- Focus on translational clinical research similar to MD, PharmD, DPT

2011
- 72% APRN programs in US offering or planning DNP
- Enrollment increased by 20.6% in 135 programs in 2011
- 52% offering Post baccalaureate to DNP

2014
- Psych CNS phasing out in 2014
- Emphasis more staff development, consultation, therapy
- PMHNP more primary care, prescriptive authority, therapy

Current Pathways to DNP

- Generalist Masters
- Some programs have BSN to DNP
- Specialty Masters
- Postmasters certificate

2004 Mandate by ACNN

- Partnered with NONPF 2002 in AACN Taskforce on Clinical Practice
- DNP entry level by 2015
- Did not include all stakeholders
- Left out ACNM, MACNS, ANNP, ACNP, ANA, AANA
- AANA mandated doctoral level entry by 2025 but did not mandate DNP
- Stired much controversy but not an option
- Most endorses the change

Advantages of DNP Mandate

- Parity with other professions with practice doctorate
- Meets IOM recommendation that nurses should achieve higher levels of education and become full partners with physicians and other healthcare professionals
- Promotes more interdisciplinary collaboration
- DNP more accurately reflects clinical competencies of advanced practice PMH nurses
- Opportunity to improve patient care at individual and population levels
- Opportunity for DNP leaders to improve existing healthcare system
- Target date will set DNP entry in motion faster
- AACN has consortium ready to aid nursing programs in transition
- Market demand for DNP increasing
- Need to cover healthcare of 30 million more Americans with Accessible Care Act
- Need more doctorally prepared faculty to teach PMH advanced practice nurses
- PMHCNS transitioning in 2014, so opportune time
- Prior practice doctorates (PharmD, DPT,etc. made quick transitions)
- Exponential growth in many nursing programs – many see advantages of clinical/professional doctorate
- Employers want better educated nurses
- Will replenish positions left by retiring faculty

Disadvantages of DNP Mandate

- Economic recession
- Increased student financial burden
- More financial support graduate education
- Compensation may not improve dramatically as DNP
- Takes too much time to produce DNP – 3 to 4 years
- May not meet needs of >30 million American patients after Affordable Care Act takes effect
- Physician Assistants may fill the gap in meantime
- PMHCNS already provide exemplary care – why fix what is not broken?
- Disenchantment current MSN’s?
- Few clinical sites for students
- No provision to certify nurse educators even though 30-50% of DNP graduates into academic role
- AACN advises DNP graduates to take extra education courses
- Increased faculty burden
- Insufficient faculty to handle DNP education
- Current faculty may lack current clinical competence
- Lack of faculty mentorship
- No nursing residency programs to bridge the transition
- Certification agency for NPs (ANCC) has no current plans to transition. These need to be individualized rather than dictated
- Current infrastructures (state, institutional, certification) are not currently prepared to handle the DNP entry level transition

Disadvantages of DNP Mandate (continued)

- We see the value of the PMH DNP to
- Better meet needs of patients
- Improve existing healthcare policies
- Increase parity with other doctorally prepared healthcare professions
- Increase access to care through increased practical autonomy
- We do not endorse a set date for transition because
- Each nursing school and state has it own set of issues to facilitate transition. These need to be individualized rather than dictated
- Current infrastructures (state, institutional, certification) are not currently prepared to handle the DNP entry level transition
- We believe that multiple educational pathways can be merged into one pathway in the future to articulate the ISPN to DNP transition
- We endorse currently
- Existing masters and certificate programs continue to prepare candidates in specialty practice
- Then students will enter DNP programs where they will obtain generalist DNP preparation and more expertise in specialty practice
- We endorse in the future that masters and post-masters certificate programs
- Will be absorbed into DNP curricula
- Students will obtain generalist and specialty DNP preparation
- Graduates of specialty DNP curricula (includes core DNP content) will be eligible for specialty DNP certification
- Graduates of specialty DNP curriculum will then be eligible for individual state board of nursing licensure as DNP
- We recommend that the US certifying body for DNP’s (American Nurses Credentialing Center – ANCC)
- Develop a certification examination that tests core DNP knowledge
- Develop a mechanism to merge specialty practice examinations with the core DNP nursing examination
- We further recommend that the individual state boards of nursing create procedures for specialty DNP licensure to prepare for phased in MSN level APRN licensure for advanced level PMH nursing practice

2011-12 ISPN Task Force Examined

- Current literature on DNP
- Statements by other nursing organizations
- Current pathway to DNP
- Impact on workforce
- Impact on Educational Institutions
- Clinical expertise
- Meeting patient needs
- Contextual changes since 2004
- IOM Future of Nursing Report, Forum on the Future of Nursing Education

Full Endorsements

- American Academy of Nurse Practitioners
- American College of Nurse Practitioners
- Association of Faculties of Pediatric Nurse Practitioners
- National Association of Nurse Practitioners in Women’s Health
- National Association of Pediatric Nurse Practitioners
- National Conference of Gerontological Nurse Practitioners
- National Organization of Nurse Practitioner Faculties

Partial Endorsements

- National Organization of Nurse Practitioner Faculties
- Agrees with DNP entry, but does not endorse finite date
- Requirements for clinical hours should remain in domain of specialty organizations – not the 1000 hours recommended by AACN

Posters:

- Cynthia Handrup, DNP, PMHNP
- Bobbie Posmontier, PhD, CNM, PMHNP
- Marian Newton, PhD, PMHNP
- Dorit Breiter, DNP, PMHNP
- Jeannette G. Dilks, DNP, PMHNP
- Catherine Kane, PhD, RN, FAAN
- Judith Fry McComish, PhD, RN
- Susan McCrone, PhD, PMHNP
- Noreen Esposito, EdD, WHNP, FNP

Contact information

ISPN
2424 America Lane, Madison, WI 53704
1-866-540-330-7277
Website: www.ispn-psy.org

Poster Presenters
Cynthia Handrup, DNP, PMHNP
October 2011, 1195 Madison Rd. Apt. 303
mnewton@su.edu

10/11/12
ISPN Task Force Chair, 2011
Bobbie Posmontier, PhD, PMHNP
Bobbie@bcnp.com

American Nurses Association, ANA
633 Indiana Ave NW, Washington, DC 20001-1197
1-800-959-5540
www.nursingworld.org