

## **FACTS ABOUT NEONATAL NURSE PRACTITIONERS AND THE DOCTOR OF NURSING PRACTICE (DNP)**

***There have been concerns raised by NNPs and NNP faculty about the integrity of our specialty and the need to address our educational standards in relation to the DNP. Below is a brief synopsis that addresses some of these issues.***

- In October 2006, The American Association of Colleges of Nursing (AACN) published *The Essentials of Doctoral Education for Advanced Nursing Practice*. In that document, AACN described eight essentials that are the foundational outcome competencies for graduates of a DNP program, regardless of specialty. Within the context of these essentials, AACN specified that advanced practice nurses pursuing the DNP be required to have separate courses in advanced health/physical assessment, advanced physiology/pathophysiology, and advanced pharmacology which must include including basic core content for each of these areas. AACN also specified that programs should provide a minimum of 1,000 hours of clinical practicum post-baccalaureate to achieve learning objectives related to the DNP and specialty competencies. Recommended program lengths are 12 months full time study for the post-master's program and 36 months full time study for the post-baccalaureate program. Link to this document: <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>
- In October 2006, the National Organization of Nurse Practitioner Faculties (NONPF) published a *Statement on the Practice Doctorate in Nursing: Response to Recommendation on Clinical Hours and Degree Title*. Within this document, NONPF stated AACN had not presented evidence for its recommendation for 1000 clinical hours for all practice doctorate students. NONPF further noted that the standard for clinical hour requirements for practice doctorate programs should be established by the specialty organizations. Link to this document: <http://www.nonpf.org/NONPF2005/PracticeDoctorateResourceCenter/BoardStatementOct2006.pdf>
- In February 2008, the National Task Force (NTF) on Quality Nurse Practitioner Education published an electronic version update of their 2002 Report, *Criteria for Evaluation of Nurse Practitioner Programs*. Under a section entitled *Future Considerations*, the NTF identified topics and questions to be examined prior to their next review of the evaluation criteria in anticipation that additional data may be available to further clarify these issues. One of these issues is quality of clinical experiences, to include number of clinical hours needed for NP preparation. The NTF concluded that at this time, data are not available to support an increase in the minimum number of clinical hours. Link to this document: <http://www.nonpf.org/NONPF2005/NTFCriteriaWebVersion0208.pdf>
- In May 2008, the National Council of State Boards of Nursing APRN Consensus Work Group provided an overview of the APRN (advanced registered nurse

practitioner) Model of Regulation. This paper represents a collaborative effort among APRN educators, accreditors, certifiers and licensure bodies. These recommendations reflect the need to collaborate among regulatory bodies to achieve a sound model with the goal of increasing clarity and uniformity of APRN regulation amongst states.

Within the APRN Regulatory Model, four distinct roles are described: the certified registered nurse anesthetist, the certified nurse-midwife, the certified nurse specialist, and the certified nurse practitioner. Within these four roles, six 'population foci' are recognized. These include: family, adult-gerontology, gender related, neonatal, pediatrics, and psychiatric-mental health. This document states that APRN education must be at the graduate level and prepare the graduate with the core competencies for one of the four roles and in at least one of the six population foci. It reiterates the need for separate courses in health assessment, physiology/pathophysiology, and advanced pharmacology with content specific to the population focus to be integrated throughout didactic and clinical courses. The practice doctorate (DNP) is not specifically addressed in this report. Link to this document:

[https://www.ncsbn.org/APRNJoint\\_Dia\\_report\\_May\\_08.pdf](https://www.ncsbn.org/APRNJoint_Dia_report_May_08.pdf)

***What does all of this mean to us?***

- Currently, the DNP is one educational option for nurses who wish to pursue advanced practice or obtain a practice doctorate. Although the year 2015 has been suggested by AACN to make the DNP mandatory for entry into practice, this has not been supported by the NCSBN or any other national nursing organization.
- Educational programs that prepare nurse practitioners will need to ensure that graduates have basic, as well as specialty, education in advanced health assessment, advanced pharmacology, and advanced physiology/pathophysiology.
- There is not enough data to support an increase in minimal clinical hours for nurse practitioner education. This will be determined, as it has in the past, by specialty organizations as more data becomes available. At this time, none of the specialty nurse practitioner organizations have set specific standards for DNP education.
- Neonatal is a recognized population focus in the APRN Model of Regulation described and reported by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee.

***What should we do right now?***

- NANN is sponsoring a free NNP Faculty Summit at the national conference in Fort Lauderdale on September 23, 2008. The focus of discussion will be revision of the current Education Standards for Neonatal Nurse Practitioner Programs with emphasis on ongoing quality of neonatal nurse practitioner education. In view of the movement toward doctoral level preparation, additional considerations will be addressed to sustain our commitment to quality across NNP educational programs.