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Doctor of Nursing Practice Information Sheet

What is a Doctor of Nursing Practice (DNP)?

A DNP degree is a clinical practice doctorate in nursing. The DNP is considered a terminal degree. When thinking about other disciplines composing the health care team, the DNP can be compared to the PharmD or the DPT.

Unlike the PhD prepared nurse scientist who creates new knowledge through research, a DNP prepared nurse specializes in the applications of science and evidence into practice. The DNP prepared nurse focuses on improving outcomes for populations and systems. Common methods used by nurses with a DNP degree include quality improvement (QI) and program evaluation (PE).

How is a DNP different from a master's degree in nursing?

Although a masters prepared nurse can be an effective leader, DNP education provides the next level of skills and tools to transform healthcare. The DNP prepared nurse expands practice from the care of individuals to the care of populations and systems. This allows these nurses to think on a global scale to improve patient outcomes.

What roles do DNP Prepared Nurses fill?

DNP prepared nurses serve as leaders at the local, regional, and national levels of healthcare. Examples of roles filled buy DNP prepared nurses include Quality Improvement Lead, Executive Systems Leadership, Clinical Practitioner, or Nurse Faculty.

Prior to their DNP coursework, all students completed masters programs in nursing and many are currently employed as certified nurse practitioners, midwives, anesthetists, clinical nurse specialists, nursing leadership, and public health nurses.

What courses do DNP Students Take to complete their degree?

DNP students are required to complete educational coursework in statistics, evidence-based practice, leadership, epidemiology, informatics, methodology, theory, and a DNP Project series.

What is the DNP Project?

The DNP Project is the application and culmination of the coursework completed prior to graduation. The project series is composed of 4 courses over the period of 15 months;

1) Project Preparatory course – Students complete COMIRB training and certification as well as program evaluation training and IHI modules for quality improvement. Here they establish their problem, question, and aim, as well an evidence table to support their interventions.

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2) Project Course I- Students complete the presentation of their project proposal for approval. This process includes determination of the project as non-human subjects research (i.e. QI or PE). At this point, project implementation begins in the clinical setting.
3) Project Course II- Students work to carry out their project through small cycles of change. Here, students continue to lead their project team, implement interventions, and collect data.
4) Project Course III- Completion of the project occurs in this course. Students are responsible for data analysis and a final project presentation. Students are encouraged to publish their work in the journal of their choosing.

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Worksheet for Patient-Centered Outcomes
Developing Patient-Centered Outcomes, by Paul Cook

Aim statements for QI or questions for program evaluation should be SMART goals, that is:

SPECIFIC – is the outcome concrete enough to know whether or not you have achieved it? This includes being able to specify where the project took place, who was involved in making changes, what they did, and what they were trying to accomplish. QI and evaluation are not generalizable. The details of where, when, and how they were done, by whom and for whom, will limit any conclusions from their results.

The context for this study is …

MEASURABLE – the data used to gauge the program's success should also be concrete and quantifiable, with a specified numerator and denominator. The measure should be described in enough detail that someone else could look at the same information, replicate your math, and come to the same result.

The measure for this study is … for patients who …

ATTAINABLE – what's the current (baseline) result on the outcome measure, and is there room for any improvement? Even if we would like the final result to be at 100%, can we really get there from here in the time available? Is our goal too modest, and can we stretch ourselves to do a little better instead?

The measure is currently at … and by the end of the study our goal is to get it to …

RELEVANT – is the outcome patient-centered? In other words, does it matter to the patient, rather than to the provider, the funder, the health care system, society at large, etc. All of those interests are also relevant, but patients don't often care about them. What does the patient want to get out of the health care interaction? (note: sometimes I see "realistic" here, but that's the same as attainable in my mind).

The outcome measure is important to patients because … and important to the organization because …

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TIME-FRAMED – by when do you expect to see an improvement? Is that long enough to achieve a change? Or is it too far out to really make a difference? Would it be possible to get results sooner? How often can you collect data and report it back to the organization (e.g., quarterly, monthly, weekly)?

Data will be collected with a frequency of… and we expect to see these measurements change by…