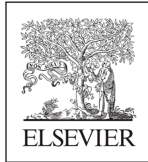

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Clinical residency training: Is it essential to the Doctor of Nursing Practice for nurse practitioner preparation?

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ABSTRACT

Background: The Doctor of Nursing Practice (DNP) degree positions nurse practitioners (NPs) and other advanced practice registered nurses, with clinical competencies similar to other disciplines requiring doctoral education (medicine, physical therapy, psychology, and pharmacy). In addition, all these disciplines also offer residencies. However, nursing is the only discipline that does not require a doctoral degree and/or have a systematic approach to residency training for advanced practice roles. The authors posit that there are critical policy issues to resolve within the nursing profession to clarify the role that clinical residencies should play in transition to DNP practice specifically related to NPs.
Purpose: The purpose of this article was to (a) describe the context of NP residency models within NP curricula that strengthen the DNP Essentials with an emphasis on Essential VIII and a focus on distinctive clinical specialization, (b) describe the history and policy implications of NP residency programs as well as existing programs that assist transition to practice, and (c) recommend policies for consideration related to DNP NP residencies.
Methods: Literature on nurse practitioner residencies was reviewed.
Discussion: While nurse practitioner residencies continue to grow, research is needed regarding outcomes of job satisfaction, clinical competencies, and patient satisfaction.
Conclusion: The first year of practice for nurse practitioners is a critical period of professional development. It is important to further clarify the need, direction, and program standards. Academically affiliated residencies will facilitate the development and standardization of curricula and competencies to enhance clinical rigor. The partnership between academic units and clinical agencies will pool resources and strengthen nursing in both settings.

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Never has there been a time in the history of U.S. health care when advanced practice registered nurses (APRNs) with expertise in individual, population, and public health have been more sorely needed. With the advent of the Patient Protection and Affordable Care Act (PL11-148; Affordable Care Act [ACA], 2010), not only is there a greater need for access to care, but there are primary and acute care provider shortages, which continue to worsen due to aging and population growth (Health Resources and Services Administration, 2013). Ten million older Americans require transitional care for the treatment of five or more chronic conditions (Naylor, 2012). Well-prepared APRNs, and in particular nurse practitioners (NPs), are competent to provide this effective care management. They blend a range of skills to address the social determinants of health within their practices including mental health/addiction recovery and acute and primary care needs throughout the life span. In addition, the Institute of Medicine (IOM, 2010) *Future of Nursing Report* has accelerated APRNs gaining full practice authority across more than 13 states over the past 6 years and has increased dialogue about residencies for new NPs among policy makers. In addition, the growing movement toward DNP NP preparation creates the opportunity to consider residency programs within the construct of DNP programs. The purpose of this article was to (a) describe the policy context of NP residency models within NP curricula that strengthen the DNP Essentials with an emphasis on Essential VIII and a focus on distinctive clinical specialization (American Association of Colleges of Nursing, 2006), (b) describe the history and policy implications of NP residency programs and note programs that assist transition to practice, and (c) recommend policies for consideration related to DNP NP residencies.

Policies and Recommendations Related to Residency Training

In 2004, the American Association of Colleges of Nursing (AACN) published a position paper proposing that entry into advanced practice nursing become the DNP (American Association of Colleges of Nursing, 2004). This doctoral-prepared clinician would enhance quality of care via improvement science, increase safety and care coordination, and control costs as well as extend access to clinical care. Indeed, ensuring access to high-quality, effective expert care is the defining competency of the DNP.

To date, not all schools have been able or want to fully transition their masters level NP programs to the practice doctorate and, given the market demand, are offering post-master's and BSN to DNP options to prepare DNP NPs (Auerbach et al., 2015). NP enrollment nationwide constitutes 55.7% of all master's and 80.1% of all DNP enrollees (American Association of Colleges of Nursing, 2015). Currently, APRN DNP programs, either at the postbaccalaureate (BSN-DNP), or post-master's (MSN-DNP) level, are offered at two thirds (266/400) of the graduate nursing schools surveyed nationwide (Auerbach et al., 2015). Approximately 30% of nursing schools with APRN programs now offer the BSN to DNP, and predictions call for this proportion to increase to >50% within the next few years (Auerbach et al., 2015).

In 2006, the AACN specified in the *Essentials of Doctoral Education in Advanced Nursing Practice*; Essential VIII that DNP graduates prepared for an APRN role develop proficiency in clinical excellence and base their practice on application of evidence-based approaches from a range of theories and nursing science appropriate to their specializations (American Association of Colleges of Nursing, 2006). The DNP Essentials have been fully adopted by NP education programs (National Organization of Nurse Practitioner Faculties, 2010). Yet, current DNP programs preparing NPs vary in their interpretation on how Essential VIII interfaces with the other seven Essentials while they also seek to develop the highest level of expert and specialty practice beyond current master's population-focused content (American Association of Colleges of Nursing, 2015). The National Organization of Nurse Practitioner Faculties (NONPF) recently developed a statement entitled: *The Doctorate of Nursing Practice NP Preparation: NONPF Perspective* (NONPF, 2015), which identified the DNP degree as an entry level for the NP role. The statement also affirmed the BSN-DNP pathway as the preferred curriculum. These trends, albeit temporal, challenge academic nursing to develop coherent standards for curriculum alignment and accreditation guidelines for DNP NP programs. The 2015 RAND Report (commissioned by the AACN) presented survey results from schools of nursing regarding DNP education and found that there was agreement regarding the value of the DNP in improving the U.S. health care system (Auerbach et al., 2015). They also found a diversity of approaches and high variation among program outcomes. A major barrier faced by almost half of the 154 schools who responded to the RAND Survey was the availability of clinical sites equipped to provide the highest level of expert practice. Further, very few programs offer residencies where expert clinical training is an expectation and major emphasis. Nevertheless, as outlined by Essential VIII, DNP programs should offer advanced clinical training leading to clinical practice proficiency and excellence. In addition, the IOM (2010) *Future of Nursing* landmark report proposed the need for post-BSN and APRN residencies in its original call for action. This historic report proposed that:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States.

One mechanism for achieving excellence was the Future of Nursing report's call for state boards of

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