The first offering of the D.N.P. was for experienced professionals with master’s degrees in nursing. These students are completing a 38-credit post-master’s curriculum so they can move into leadership roles within their respective organizations, be innovators in healthcare practices and shape policies to improve healthcare outcomes. We expected these students to be very bright, highly motivated, accomplished professionals—and they have exceeded our expectations!

Students in the current program come from a variety of nursing roles in the community, with many of them serving in more than one professional capacity. Several of them are employed in area hospitals as Clinical Nurse Specialists, Nurse Practitioners, educational leaders and executives. One student holds dual certifications as both an Adult/Geriatric Acute Care Nurse Practitioner and as a Family Nurse Practitioner (FNP). He works as a Nurse Practitioner at Peninsula Regional Medical Center in the Emergency Department and in Occupational Health. Another student is certified in Critical Care Nursing and works at Peninsula Regional Medical Center providing clinical care in different settings, including the emergency department, intensive care unit, and medical-surgical areas. A third student is a Clinical Nurse Specialist for Shore Health System and works as an educator and clinical resource for hospital staff.

Other students come from the academic world and are currently employed as faculty in area nursing programs, including Salisbury University, Wor-Wic Community College, Chesapeake College and Wesley College. The educational responsibilities of the D.N.P. students vary, but include the coordination of clinical resources for nursing students, classroom teaching, and clinical instruction and supervision in numerous healthcare settings.

Clinical simulation has become a mainstay in nursing education, and some of the current D.N.P. students have an active role in using simulation to educate nursing students and/or colleagues. One D.N.P. student is the clinical simulation coordinator for Chesapeake College, while another is the coordinator of the nursing resource labs at SU. Both of these nursing educators use simulated patient-care experiences with nursing students as well as nursing professionals to develop and refine clinical decision-making skills in a safe setting, with no risk to themselves or their patients.

Current D.N.P. students also are employed in healthcare administration, including a regional-care coordinator for a large private health insurance company who is instrumental in establishing a new model of healthcare delivery across the Eastern Shore. Known as “medical homes,” this multi-professional approach will provide more coordinated, cost-effective care mandated by recent Affordable Care Act legislation.

D.N.P. students culminate their program with the completion of a comprehensive doctoral project. Our students are encouraged to identify their project focus early in the program and the foundation for these projects begins in one of their first courses where they identify a problem and possible interventions/strategies to improve patient outcomes. They then turn to the evidence – research studies that compared these interventions/strategies – to determine which was most effective. These projects have the potential to make important healthcare changes and will have a significant impact on the health of the populations they serve.

One student recognized that oral health is a significant problem in elderly residents who live in long-term-care (LTC) facilities. She examined the research evidence to see if an oral-health education program for nurses could improve the identification of oral-health issues within this population. The evidence clearly demonstrated that oral-health education improved staff compliance with proper oral-health maintenance as well as the identification of oral problems. The student made a clinical recommendation that all nurses working in LTC facilities undergo a
multi-faceted education program that includes not only the steps in the oral-care process but also identifying signs of dental problems and tools for managing difficult resident behaviors.

Another student who currently works in occupational health as an FNP questioned which type of pre-employment examination—physical exam versus focused functional exam—provided the greatest reduction in the number of workplace injuries. A physical examination is considered a more generic type of exam and incorporates a health history and head-to-toe assessment; whereas, a functional exam uses more targeted assessments based on the physical requirements of a specific job. The evidence indicated that the functional examination was a better indicator of whether an individual was up to the physical demands of a job and would therefore reduce work-related injuries. As a result of this project, the student developed a Clinical Practice Guideline (CPG) with the goal of providing healthcare practitioners with the latest evidence recommendations as they make decisions about pre-employment examinations.

A third student was interested in comparing single-use blood pressure (BP) cuffs with multi-use BP cuffs on the incidence of hospital-acquired infections. The evidence clearly identified that when single-use BP cuffs were used, infection rates were lower. Despite this finding, many hospitals continue to utilize a multi-use BP cuff that is cleaned between patients rather than a disposable single-use BP cuff because of the price differential. This procedure represents a departure from evidence-based practice, and the student developed a clinical practice guideline to recommend disposable BP cuff use. As this project continues to evolve, the student will make a case that single-use cuffs are a fiscally responsible choice when compared to the cost of treating hospital-acquired infections.

As their research is proving, the post-master’s D.N.P. curriculum was designed to develop nursing leaders who would work to improve the quality of healthcare and ensure better patient outcomes in the future. In this first year of the program, students have learned about information technology and informatics, and the many ways that medical data can be collected and used to monitor and change healthcare practices. They also have studied organizational leadership and how to work with health professionals from a variety of disciplines. Most recently, they engaged with legislators in Annapolis to see how health policy is shaped and what is required to make changes at the state level.

As we look beyond this year, a logical, next step is creating multiple paths of entry for the D.N.P. program. Beginning in fall 2014, we offer a new option for those with a B.S. in nursing who wish to become Family Nurse Practitioners while earning a doctoral degree. These credentials (FNP with D.N.P.) will be necessary as all advanced practice nursing moves to require a doctorate. The 80 credit post-B.S. to D.N.P. curriculum will blend existing FNP master’s-level courses with D.N.P. courses.

Ultimately, we envision three routes to a D.N.P. at Salisbury University: Option 1 for those with a master’s degree in nursing who wish to earn a D.N.P. with a focus on leadership; Option 2 for those with a master’s degree in nursing who wish to earn D.N.P. and FNP credentials; and Option 3 for those with a B.S. in nursing who wish to earn D.N.P. and FNP credentials.

Stay tuned to our website (www.salisbury.edu/nursing/dnp) as this exciting and innovative program evolves.