Figure 1. The AACN Introduced Transformational Change into a System of Systems
Figure 2. Mapping Effects-Based Outcomes

Trigger Event: AACN endorses DNP

Examples of Variables:
- Deans of member schools react
- Deans discuss and decide with faculty

First order of effects:
- SON will not pursue DNP
- School of Nursing (SON) will pursue DNP → SON will defer decision

Examples of Variables:
- University classification
- University success with other practice doctorates
- Affiliated with medical center
- Catchment area
- Funds available for financial investment

Second order of effects:
- University disapproves DNP
- University approves DNP → University defers decision

Examples of Variables:
- University classification
- University success with other practice doctorates
- Affiliated with medical center
- Catchment area
- Funds available for financial investment

Third order of effects:
- State agency disapproves DNP
- State agency approves DNP → State agency defers decision
  OR: State agency approval not required

SON begins process of establishing program for MSN to DNP; BSN to DNP

Examples of Variables:
- Student interest
- Available jobs for graduates
- Qualified faculty to teach
Figure 3. Effects-Based Reasoning: Acceptance, Rejection or Deferral of the DNP Initiative by APN Schools of Nursing

Trigger Action: AACN endorses DNP for sole entry level for APN

388 APN programs will: ACCEPT

First Order Effects
- 117 Baccalaureate to DNP APN programs enrolling students or planned

Second Order Effects
- All APNs enter practice with DNP
- Educational debt higher

Third Order Effects
- Potential for fewer APNs
- Potential for fewer PhD prepared APNs to research APN specific care

ACCEPT

REJECT
- 271 master’s degree APN programs
- plus post-master’s DNP programs

DEFER DECISION
- Master’s APN Programs Remain
- Supports individual career goals
- Allows post-master’s PhD or DNP
- 70% reduction in APN production

Potential to increase APN care with healthcare reform

Reduced APN care: Inability to meet increased need for APN care with healthcare reform
- Potential for nursing school closure if dependent on APN program revenue
<table>
<thead>
<tr>
<th>Organization</th>
<th>Accept</th>
<th>Accept with Qualifications</th>
<th>Reject</th>
<th>Defer Decision</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Nurses Association</td>
<td></td>
<td>(ANA, 2005)</td>
<td>(ANA, 2011)</td>
<td>Published list of concerns and questions on education, practice, economics, regulation, credentialing</td>
<td>While supportive of the DNP, the ANA continues to endorse both master’s and doctoral preparation as entry into APRN practice (p. 1)</td>
</tr>
<tr>
<td>National League for Nursing</td>
<td></td>
<td>(NLN, 2005)</td>
<td></td>
<td>Absence of evidence for DNP as sole entry level education for APN; requested action be evidence-based; encouraged research</td>
<td></td>
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<tr>
<td>American Association of Nurse Anesthetists</td>
<td></td>
<td>(AANA, 2005a)</td>
<td></td>
<td>“evidence does not support mandatory clinical doctorate” (p. 1)</td>
<td>“supports doctoral education... by 2025” (p. 1)</td>
</tr>
<tr>
<td>American College of Nurse Midwives</td>
<td>(ACNM, 2009)</td>
<td></td>
<td></td>
<td>“no data are available addressing the need for additional education to practice safely... decades of evidence” (p. 1)</td>
<td>Support that CNMs provide safe, cost-effective care</td>
</tr>
<tr>
<td>National Association of Clinical Nurse Specialists</td>
<td>(NACNS, 2005)</td>
<td></td>
<td></td>
<td>“has significant concerns... neutral about the proposed DNP until our concerns can be resolved and our questions answered” (p. 5)</td>
<td>“affirms a position of neutrality with respect to the DNP” (p. 1)</td>
</tr>
<tr>
<td>American Organization of Nurse Executives</td>
<td>(AONE, 2007)</td>
<td></td>
<td></td>
<td>“lack of an analysis detailing the need for and the efficacy of a practice doctorate across all aspects of care” (p. 2)</td>
<td>“DNP more accurately reflects current competencies” (p. 1)</td>
</tr>
<tr>
<td>National Practitioner Roundtable</td>
<td>(NPR, 2008)</td>
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### National Practitioner Roundtable Member Organizations with Published Positions on DNP

<table>
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<tr>
<th>Organization</th>
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<tbody>
<tr>
<td>American Academy of Nurse Practitioners</td>
<td>(AANP, 2010a)</td>
<td>Creates parity, degree commensurate with hours of study, stresses need to avoid disenfranchisement or denigration of master’s prepared APNs.</td>
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</tr>
<tr>
<td>National Association of Nurse Practitioners in Women’s Health</td>
<td>(NPWH, 2007)</td>
<td>“absence of evidence of superior patient outcomes” (p. 2)</td>
<td></td>
<td></td>
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<tr>
<td>National Association of Pediatric Nurse Practitioners</td>
<td>(NAPNAP, 2008)</td>
<td>Acknowledges that challenges for implementation include time, costs, no guarantee of increased salary</td>
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</tr>
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</table>
Figure 4. Effects-Based Reasoning: Healthcare System

Trigger Action: AACN endorses DNP for sole entry level for APN

First Order Effects

American Medical Association publishes FIVE resolutions to restrict title or restrict and control APN practice

Potential for decreased collaboration with APNs
Potential restriction of APN practice
Potential for replacement of APNs with:
- Physicians
- Physician Assistants
- Surgery Assistants
- Anesthesia Assistants

Second Order Effects

Potential for adverse patient outcomes
Potential for reduced access to APN care

Third Order Effects