

Executive Summary: Job/Practice Analysis for Doctors of Nursing Practice (DNPs) in Comprehensive Care

Purpose

The purpose of the study was to collect information from DNPs about the breadth of clinical activities performed in comprehensive care to develop and validate basic and fundamental components of the general clinical practice of comprehensive care that are representative of diplomate status in comprehensive care.

Background

Comprehensive care is provided when an expert clinician, who is knowledgeable about individuals' health care needs across the lifespan, practices in all clinical settings, analyzes and interprets evidence as the basis for health care choices, and engages the patient in a collaborative relationship in the provision of continuous, coordinated services that include health promotion, disease prevention, and definitive disease management.

Method

An exploratory, mixed method design was used to address the purpose of the study. Data were collected via an electronic survey that was sent to all Diplomates of Comprehensive Care and a convenience sample of DNP graduates who are eligible to sit for the ABCC Examination. The survey was designed to explore roles and functions of DNPs in comprehensive care. The survey included questions about the practice of comprehensive care functions and included questions about functional roles, with an emphasis on comprehensive care across the lifespan and across settings. The content of the survey was developed using the DNP Competencies in Comprehensive Care (2009), employment position descriptions, outlines of hospital privileges for DNPs, and focus groups with DNP students, graduates and faculty. Questions were also informed by using the ABCC Examination blueprint. The survey was pretested with a sample of DNPs and unclear questions were reworded for clarity based on feedback.

Sample

An informational email was sent to 61 eligible DNPs to explain the purpose of the survey along with the link to the survey. Out of the total, 50 participated, resulting in a response rate of 82%.

Data Analysis

Descriptive statistics were used to summarize the conditions and components, settings, encounter frames, clinical tasks and patient population. Frequencies and respondents' rates were reported for most of the items.

Results

Conditions and Components

The content areas that were most relevant to the practice of comprehensive care were respiratory and cardiac interventions and health maintenance with over 80% of the respondents selecting these categories as “very relevant.” The least relevant content areas included female and male reproductive system and pregnancy/labor and delivery and fetal/newborn. All other content areas were considered very relevant by 64%-76% of the respondents.

Clinical Setting

Of the 50 respondents, 45 reported practicing in the ambulatory setting (90%), 35 in the inpatient (70%), 28 the emergency department (56%) and 23 in a long-term setting (46%). The average percentage of time spent in each setting was 63% in the ambulatory setting, 35% inpatient setting 13% in the emergency department and 15% in a long-term facility.

Comprehensive Care Encounter Frames

Between 98%-99% of the respondents indicated that they practiced in the past year in continuing care (99%), initial workup (99%) and urgent intervention (98%). The average percentage of time spent in “continuing care” was the highest at 48%, with 34% as the average time spent in initial work up and 19% in urgent intervention. When comparing the average percentage in DNP clinical encounter frames with the ABCC blueprint, the results were similar. The average percentage of time engaged in the initial workup was 34% for DNPs vs. 25% on the blueprint; continuing care was 48% for DNPs vs. 55% on the blueprint and urgent care was the same for DNPs and the blueprint at 20%.

Comprehensive Care Tasks

Most of the respondents were involved in all of the tasks (84%-98%). Diagnosis and management of acute conditions was the task that 98% of the respondents identified. The least percentage of respondents (84%) indicated involvement in the emergency department. On the average percentage of time, 26% of professional time was spent in the diagnosis and management in chronic illness and between 18%-20% was spent in tasks involved with the diagnosis and management in new acute and comorbid conditions, and inpatient management. Health care management accounted for an average of 16% of the respondents’ time. In the comparison analysis between the clinical tasks as reported by DNPs and the clinical care tasks on the ABCC Examination blueprint, the average percentages were very similar.

Respondents strongly agreed (86%) that DNPs specializing in comprehensive care demonstrate expertise in the provision, coordination, and direction of comprehensive care to patients, including those who present in healthy states and those who present with complex, chronic and/or co-morbid conditions, across settings and over time.

Patient Populations

Most of the respondents provided care to patients across the life span. The highest average percentage of time was with the adult population (49%) and geriatric (32%). Average percentage of time spent with infants and children was reported as 15% and with adolescents 14%.

Discussion

The results of the survey provide evidence that the DNPs who are educated in comprehensive care provide care to patients throughout the lifespan and across settings. In terms of content areas that are most relevant to the practice of comprehensive care, respiratory and cardiac components of care and health care maintenance were identified by respondents as the most relevant. The DNP in comprehensive care practices across all settings, predominantly in the ambulatory setting. Comprehensive care as reported by DNPs involves most time providing continuing care followed closely by initial workups. The comparison between the DNPs and the blueprint were very similar and support the ABCC blueprint in terms of clinical encounter frames. When comparing the DNP data with the blueprint although very similar, DNP's reported a higher proportion of time performing initial workups and less on continuing care.

In identifying the tasks of comprehensive care, all DNPs reported that they performed history and physical examination and prescribed clinical interventions and clinical therapeutics. When compared to the ABCC Examination blueprint, DNPs reported very similar proportions for most categories.

DNP provided care across the lifespan, mostly to adult and geriatric age groups with significant time spent with children and adolescents. Based on the survey results, DNPs practice across the continuum of care including acute and chronic illness. And finally, there was strong agreement that the DNP who practices as a comprehensive care provider, coordinates, and directs comprehensive care to patients, continuously, across the health and illness continuum and across settings.

The results of this survey provide evidence that the DNP practices fully in comprehensive care. These results support the congruence between the role of the DNP in comprehensive care and the ABCC Examination blueprint, including the content and clinical tasks.