From Controversy to Coherence: Implementing a PhD/DNP Model to Improve Research and Evidence-Based Practice

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Terminal degree programs in nursing can be separated into two categorical foci:

- Research (PhD, DNS, DNSc)
- Practice (DNP)
According to the American Association of Colleges of Nursing, the Doctor of Nursing Practice (DNP) role was developed in part to partner with Doctor of Philosophy (PhD) nurse researchers to inform and implement new discoveries in nursing science.¹

¹American Association of Colleges of Nursing, 2004
The advent of the DNP program was met with much public controversy, including questions surrounding how the role would be implemented in the hospital setting.¹

¹National Association of Clinical Nurse Specialists, 2005
The concept has been very popular however, and has seen exponential growth with no concomitant development of models to guide implementation.
As of 2009, there were 5,165 students enrolled in 120 DNP programs across the nation and there have been 660 DNP graduates.¹

¹American Association of the Colleges of Nursing, 2010.
BACKGROUND

• This is a large enough cohort to address published controversies and necessitate the acute dissemination of exemplar partnership models to guide implementation of the role in the hospital setting.
BACKGROUND

- Literature search using key terms and variations of “DNP; PhD; models; frameworks; collaboration” alone and in combination resulted in no published content describing models for such collaboration partnerships.
The purpose of this presentation is to:

- Describe elements of the PhD/DNP Partnership Model
- Identify methods by which the PhD/DNP Partnership Model can facilitate research and evidence-based practice
- Evaluate strengths, weaknesses, and challenges related to implementing the PhD/DNP Partnership Model
DESCRIPTION

• PhD partner is academic tenure-track faculty w/funded research in same clinical area

• DNP partner is program director for state-designated clinical program and responsible for implementing program-mandated research agenda
DESCRIPTION

• Began as clinical practice partnership centered on improving evidence-based practice and outcomes at a nationally designated clinical service center.

• Designating body mandates program of research in clinical service area
• PhD faculty member and DNP program director began meeting informally in Fall 2009 to identify research needs and discuss potential aims, research designs, and feasibility.
• Idea for formal partnership resulted
• Began assessing independent but related basic science and clinical research projects across the institution, including those led by PhD partner colleagues
• Planned ways in which our efforts and those of colleagues could be combined into a common theme/umbrella
- PhD partner research colleagues became interested as a way to access clinical populations for their research.
- DNP partner clinical colleagues became interested as way to further develop research and scholarship skills.
Evidence-Based Practice & Improved Patient Outcomes
IMPLEMENTATION

• Interdisciplinary and translational research interest grew

• Need developed to invite others with additional research expertise and diverse clinical backgrounds (respiratory, rehab, nutrition, etc)

• Efforts began to pool resources and make clinically-related scholarly projects more efficient
IMPLEMENTATION

• Formal mechanism for interdisciplinary clinical and translational research project development needed.

• Out of informal PhD/DNP Partnership, came:

Georgia Health Sciences University
Trauma Interdisciplinary Group for Research - TIGR
IMPLEMENTATION

- PhD and DNP partners are co-chairs
- Developed mission, vision, and goals
- Outcome-focused
• **Mission**
  • To facilitate interdisciplinary (basic & clinical science) research projects aimed at improving trauma outcomes. This mission is consistent with the:
    • Level 1 Trauma Center designation
    • Georgia Health Sciences University mission
    • National Institutes of Health research road map
• Vision
  • To create an international presence for the scientific work that TIGR members initiate and participate in through collaborative scholarship, from idea to publication.
• Process
  • Quarterly meetings & networking sessions
• Agendas include
  • Review of current projects
  • Specific opportunities for collaboration
  • Ideas for development of new collaborative projects with a focus on interdisciplinary input and participation.
FACILITATION

• Goals & Outcomes
  • Short-term goal is to facilitate interdisciplinary research relationships and collaboration.
• Goals & Outcomes
  • Long-term goals are to
    • Initiate, implement, and disseminate interdisciplinary research projects focused on improving trauma patient outcomes and care
    • Increase research membership to include participation from national and international collaborators.
FACILITATION

• Goals & Outcomes (cont.)

• Outcomes are focused on measurable collaborative and interdisciplinary achievement to include, but not limited to:

• Group research projects
• Manuscripts
• Abstracts

Georgia Health Sciences University
Trauma Interdisciplinary Group for Research - TIGR
• Outcomes to date:

  • **1K01NR011471-01 NIH/NINR:** NeSmith, E.G., Catravas, J, Marsland, A., Alexander, S., Cannon, J., Dong, Y., Hawkins, M. “Accelerated biologic aging and risk for sepsis and organ failure following trauma.”

  • **MCG Cardiovascular Discovery Institute:** NeSmith, E., Catravas, J., Hawkins, M., Ferdinand, C., Atteberry, L., Medeiros, R., Park, M. "The effect of hsp90 inhibitors on LPS-induced inflammation following trauma."
FACILITATION

• Outcomes to date:
  • Medeiros, R., Bias, R., NeSmith, E, et. al. “Regional Trauma Advisory Group: Performance Improvement Model for trauma system outcomes.”
Outcomes to date:

A stimulus from any corner of the model sets the process in motion to solve a problem of clinical interest.
STRENGTHS

• Professional history and shared clinical interest between PhD/DNP partners
• Shared mission, vision, goals between PhD/DNP partners, even before formal statements were developed
• Interest in and support for scholarly products from nursing and physician administrators
STRENGTHS

• Interest in clinical-basic science collaboration from all involved scholars

• Formal clinical research services department to provide research and IRB support
  • Director of this department was a nurse who had professional history with PhD/DNP partners
WEAKNESSES/CHALLENGES

• Only common link between collaborators was the PhD/DNP partnership
• Professional culture differences between basic & clinical scientists, and clinicians
  • Unfamiliarity with respective professional languages, routines, conferences, literature
  • Different skill sets and career priorities
  • Changing understanding of “MD-As-PI” when thinking of traditional clinical research roles to include “Anyone-As-PI”
CHALLENGES

• Overcoming these by:
  • Scheduling networking meetings for members to get to know each other
  • Cultivating environment of mutual professional respect
    • Chairs take special care during meetings to “translate” and validate member ideas to other members from different professional cultures
  • Focusing on meaningful professional outcomes (abstracts, manuscripts, grants)
SUMMARY

• DNP is moving from controversy to coherence
• Models for role implementation are needed
SUMMARY

• Elements of our model include:
  • PhD Research Partner
  • DNP Practice Partner
  • Common clinical interest
  • Patient outcomes of interest
SUMMARY

• Facilitation strategies include
  • Formal research and practice group (TIGR)
    • Diverse interdisciplinary members
    • Mutual professional respect
    • Clear mission, vision, and goals
    • Focused pathway for meaningful outcomes