GUEST EDITORIAL

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The Challenge of Balancing the Doctoral Scholarly Project and Clinical Competence in Nurse Anesthesia Educational Programs

The transition from a bachelor’s or master’s degree to a clinical doctorate is not easy. Successful transition requires a plan. Balancing the requirements for the degree with the rigor of anesthesia education can be challenging. Based on student and faculty feedback, one can adjust the program to provide both rigor and excellent clinical education. The author planned and implemented this change and found the transition to be significantly more difficult than imagined. Considering novel approaches to meeting requirements can help to ease the pain.

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The transition from the master of science in nursing (MSN) to the doctor of nursing practice (DNP) can seem daunting. In any successful transition, there are opportunities for improvement that are frequently discovered along the way. Realistically, successful implementation relies on careful planning. Our profession depends partly on the skill and vigilance of our newest members. This can never be lost among the new requirements for doctoral education.

For those of us who teach and mentor in a college or school of nursing, the American Association of Colleges of Nursing (AACN) developed the “Essentials of Doctoral Education” in 2004. Since that time, nursing-based DNP nurse anesthesia programs have incorporated the AACN’s 8 focus areas into their doctoral curricula. These 8 essentials are (1) scientific underpinnings for practice, (2) organizational and systems leadership for quality improvement and systems thinking, (3) clinical scholarship and analytical methods for evidence-based practice, (4) information systems/technology and patient care technology for the improvement and transformation of healthcare, (5) healthcare policy for advocacy in healthcare, (6) interprofessional collaboration for improving patient and population health outcomes, (7) clinical prevention and population health for improving the nation’s health, and (8) advanced nursing practice. In addition to the AACN essentials, the Council on Accreditation of Nurse Anesthesia Educational Programs published doctoral standards in 2011. Standard D—Graduate Standards contains 51 required competencies for nurse anesthesia program graduates. These are divided into areas covering patient safety, peri-anesthesia care, critical thinking, communication, leadership, and professional role. Completion of all these requirements suggests a program must find the balance between coursework, clinical experiences, and the DNP project.

In 2015 AACN published a white paper to clarify what constitutes a DNP project. Rather than the discovery of new knowledge, the DNP graduate uses the available evidence to promote practice change that improves patient or population outcomes. The project normally includes instituting the practice change and evaluating its effectiveness. It allows students to work in pairs or teams. Programs could no longer use portfolios as part of the project. The white paper states that DNP projects should “include an evaluation of processes and outcomes” and that “clinical significance is as important in guiding practice as statistical significance is in evaluating research.” Many colleagues agree that the DNP project is not a research-focused scholarly work. In my experience, this is most often where the confusion lies. To my knowledge, most DNP programs do not teach methods of qualitative and quantitative research. Having a practice doctorate student do a research-based project does not
show his or her ability to operationalize the translational research focus of the DNP degree.

After the AACN white paper was published, the DNP project appeared to be an insurmountable task. In my opinion, the project serves one main purpose: to show that the students can operationalize the evidence-based practice (EBP) concepts they have learned. Unfortunately, some colleagues believe the focus is on the ability to generate a large and time-consuming scholarly work. Finding that balance is the key to success. The faculty wants a final paper that is doctoral-level work but also wants a capable and knowledgeable practitioner.

Traditionally, most DNP programs started with postmaster’s degree students. These working practitioners and administrators often were part-time learners. Their project ideas came from years of clinical practice and were focused and clear. As BSN-to-DNP programs emerged, major changes in the profile and experience of the student body were noted. Not only were BSN-DNP students inexperienced in their area of study, they also had a hard deadline for program completion. Their clinical inexperience made project ideas challenging. With our first BSN-DNP cohort, I never expected that some of our clinical partners were not necessarily interested in student-generated project ideas. They often had areas of concern that they would be more interested in pursuing.

As a faculty member who teaches EBP and monitors doctoral projects, it was obvious that changes needed to be made. The way we worked with experienced post-MSN DNP students just wasn’t going to meet the different needs of the BSN-DNP cohorts. Their focus must remain on clinical learning. Their end goal is to pass the National Certification Examination for Nurse Anesthetists (NCE). The DNP project should fit into their schedule while allowing time to study. Clinical partners must be involved so that they have some ownership of the process. Students are still able to operationalize the EBP process, create a poster, and present their findings, but the process has been streamlined into a part of the overall program. Having students work in pairs or teams decreases the amount of faculty time required to lead a quality project. Each student must show participation in the planning, implementation, and evaluation of the focused practice change. We no longer use terms such as capstone, investigator, or research. Changing such terms can help increase the understanding of the differences between practice- and research-based scholarly activities. Students are given a timeline. They work from conceptualizing their PICOT question to project completion in about 12 months.

The PICOT question summarizes the student’s planned practice change in the form of a question. PICOT is an acronym for Patient (or Population), Intervention, Comparison, Outcome, and Time. An example of a PICOT question (with permission of one of the students I have chaired) is as follows: Do laboring mothers using epidural analgesia (P) who receive low-concentration (less than 2%) local anesthetic solution (I) compared with those who receive high-concentration local anesthetic solution (C) have a lower rate of assisted (forceps or vacuum) vaginal delivery (O)? PICOT is vital because it drives the focused literature search.4 It makes the student focus on one thing that can improve outcomes—one problem and one solution. That helps to keep it simple.

Project completion is required 4 to 6 months before graduation. This deadline ensures there will not be any extraneous or time-consuming activities that keep them from preparing for the NCE. Our students submit a poster to the State of the Science presentation at the American Association of Nurse Anesthetists Annual Congress. (All 7 project groups had their posters accepted in 2017.) We also encourage the students to submit a paper for publication in any number of different EBP-focused journals. This ensures that by graduation they have their DNP, a poster, and a submission for possible publication. One hard-fought key to success is starting the process early enough to allow time after project completion to study for the NCE.

It is not necessary to use a 5-chapter format for a DNP project. Choosing a framework and using it is important. We break the project into the following sections:
1. Title page
2. Certificate of approval
3. Table of contents
4. List of tables
5. List of figures
6. Abstract
7. Introduction or background of the problem: Why is this important?
8. Focused literature search: includes only the literature used to support the practice change
9. Synthesis of the literature: What themes did you find throughout the literature?
10. Flow (PRISMA, or Preferred Reporting Items for Systematic Reviews and Meta-Analyses) diagram of how you arrived at the articles chosen
11. Rapid critical appraisals: done for each of the articles selected
12. Extraction tables of the evidence
13. Proposed practice change
14. Clinical project implementation
15. Evaluation
16. Discussion
17. Accountability audit: sustainability
These project final papers are often around 30 pages in length. There is no need for them to be longer. Students are required to give
an oral presentation (not a defense) of their project. This is done on a School of Nursing Research Day in the fall before graduation.

Having a plan to tackle the DNP project while maintaining the rigor of clinical education is challenging. However, it can certainly be done. Front-loading DNP coursework, having a definite and focused plan for the project (using any framework available), keeping the students to a predetermined timeline, and maintaining a clinical focus are possible keys to success.

REFERENCES

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