



Strategic innovation between PhD and DNP programs: Collaboration, collegiality, and shared resources

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ABSTRACT

Background: At least 111 schools and colleges of nursing across the nation provide both PhD and DNP programs (AACN, 2014a). Collaboration between nurses with doctoral preparation as researchers (PhD) and practitioners (DNP) has been recommended as essential to further the profession; that collaboration can begin during the educational process.

Purpose: The purpose of this paper is to describe the development and implementation of successful DNP and PhD program collaboration, and to share the results of that collaboration in an educational setting.

Methods: Faculty set strategic goals to maximize the effectiveness and efficiency of both new DNP and existing PhD programs. The goals were to promote collaboration and complementarity between the programs through careful capstone and dissertation differentiation, complementary residency activities, joint courses and inter-professional experiences; promote collegiality in a blended on-line learning environment through shared orientation and intensive on-campus sessions; and maximize resources in program delivery through a supportive organizational structure, equal access to technology support, and shared faculty responsibilities as appropriate to terminal degrees.

Discussion: Successes such as student and faculty accomplishments, and challenges such as managing class size and workload, are described.

Conclusions: Collaboration, collegiality and the sharing of resources have strengthened and enriched both programs and contributed to the success of students, faculty. These innovative program strategies can provide a solid foundation for DNP and PhD collaboration.

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Introduction

With the endorsement of Doctor of Nursing Practice (DNP) programs by nursing education leaders (American Association of College of Nursing [AACN], 2004), a new avenue for the achievement of doctoral education became available to nurses seeking a terminal degree. Over the ensuing years, general consensus has emerged within the discipline regarding the differences and similarities between the well-established research doctorate, the Doctor of Philosophy in Nursing (PhD) degree and the more recent DNP degree. Both programs prepare nurses at the highest level of knowledge and expertise in their focal areas, create a pathway to organizational and policy leadership positions, and can be a launching point for a career in nursing education (Bednash, Breslin, Kirschling, & Rosseter, 2014). Yet, there are inherent differences in program goals that make each approach valuable and unique within the profession. The PhD prepares nurse scientists to generate programs of research that further development of new knowledge, whereas the DNP prepares practice experts who apply and translate that knowledge into improved direct patient care settings or nurse executive roles (Edwardson, 2010). Different curricula and program structures are required to achieve the different goals. For example, the PhD curriculum provides intense research content and lived research experiences, whereas the DNP offers a curriculum with deep immersion into evidence-based clinical practice and health systems leadership (Melnyk, 2013). Currently, at least 111 schools and colleges of nursing across the nation provide both PhD and DNP programs (AACN, 2014a). These programs face the challenges of implementing and sustaining both programs, developing their complementarity, and preserving their unique focus and program outcomes while sharing often scarce faculty and institutional resources. Murphy, Staffileno, and Carlson (2015) recommend that collaboration between nurses prepared at PhD and DNP levels is essential to move the profession forward in research and evidenced-based practice. Health professionals from a variety of disciplines increasingly learn to collaborate during their training to improve the quality of care (Frenk et al., 2010). Similarly, PhD and DNP students can begin intraprofessional collaboration during the educational process that will create the working relationships and mutual understanding of roles that will advance nursing knowledge and its translation to practice (Bucholz, Yingling, Jones, & Tenfelde, 2015).

The purpose of this article was to describe the development and implementation of successful DNP and PhD program collaboration and to share the results of that collaboration in an educational setting. East Tennessee State University (ETSU), a research-intensive institution located in northeastern Tennessee, includes a College of Nursing (CoN) that provides

both doctoral programs. The CoN is a vital part of ETSU's Academic Health Sciences Center (AHSC) along with medicine, pharmacy, clinical and rehabilitative health sciences, and public health. A long-standing commitment to interprofessional education (IPE) in the health sciences strengthens the individual colleges and programs and provides an exceptional learning platform for students across the disciplines (Edwards, Grover, & Wachs, 2011). In addition, a successful nursing faculty practice network today includes a Federally Qualified Community Health Center (FQHC), a certified Rural Health Clinic (RHC) and other nurse-managed primary care clinics. The faculty practice network, in continuous operation since 1990, is a unique strength within the CoN's academic environment.

Graduate Program Development

The Foundation: Master of Science in Nursing

ETSU's first graduate program was the Master of Science in Nursing (MSN), which was established in 1992. The MSN program provided advanced practice nursing curricula in family practice, adult/gerontology, psychiatric/mental health, and administration. Several MSN program faculty held both the PhD and an advanced practice or executive certification, which assured a commitment to both research and scholarship and promotion of the advanced practice role. Concurrently, the network of nurse-managed primary care clinics, where faculty and students from nursing and other health professions as well as full-time advanced practice clinicians provided care to underserved population groups, continued to grow (Edwards, Oppewal, & Logan, 2003). MSN advanced practice students were encouraged to engage in clinical practicum experiences in the nursing clinics. The commitment to IPE experiences across the AHSC expanded; graduate students increasingly integrated into the planned interprofessional activities. The CoN's deeply intertwined commitment to practice, scholarship, and quality graduate education formed a solid foundation for the doctoral programs that followed.

Doctor of Science in Nursing (DSN)/Doctor of Philosophy in Nursing (PhD)

The PhD in Nursing program was instituted as a Doctor of Science in Nursing (DSN) degree in 2002, supported by the Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPr), Division of Nursing (DoN; #D09HP0039, J.E., PI). The DSN was developed with a strong focus on applied research that would improve the health of rural and underserved populations and advance nursing science. In 2006, ETSU's program transitioned to a PhD in Nursing; all graduates are so titled. Throughout the history of ETSU's MSN and PhD programs, face-to-face classes were scheduled in patterns that accommodated the expressed needs of students. For example, MSN and DSN classes were originally held on 1 day each week;

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