

Transition from Practice to Academia: Three DNP prepared nurses experiences

Sara Hallowell, DNP, RN, CPNP, and Jenna Lloyd-Fitzgerald, DNP, APRN-BC
Lynchburg College, Lynchburg, Va.

Shelly Smith, DNP, APR-BC
Virginia Commonwealth University School of Nursing, Richmond, Va.

Introduction

Current Nursing Faculty Trends

- AACN reports that nationally the nursing faculty vacancy rate of 6.9%.
- Faculty shortage reasons: aging faculty workforce, competition from higher paying clinical positions and school budget constraints
- Less than 1% of current nursing faculty are doctorally prepared
- 2014: DNP program enrollment increased by 26.2% while PhD enrollment increased by 3.2%
- 55%, of DNP graduates surveyed reported having interest in assuming a faculty role

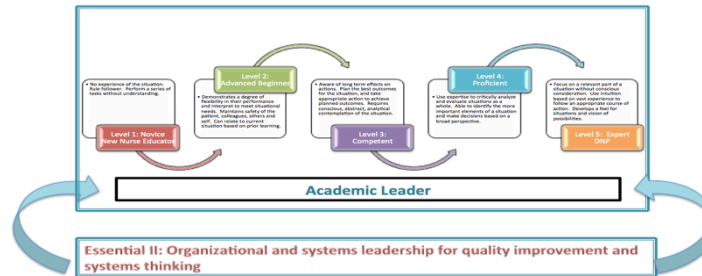
Objectives

1. Present current trends (background) for DNP prepared nurses in faculty roles
2. Relate Benner's Model to faculty role transition as influenced by the DNP essentials
3. Present three cases of DNP prepared faculty experiences of role transition
4. Lessons learned to assist other expert clinician DNP prepared nurses considering a transition to academia

Review of Literature

DNP prepared faculty presents viable alternative for addressing the current nursing faculty shortage (Nicholes & Dyer, 2012)	DNP prepared educators add dimension and breadth to nursing education programs (Gatti-Petito, et al 2013)
84% of DNP-prepared participants agreed that the DNP degree prepares nurses for academic leadership roles (Udilis, K. & Mancuso, J., 2015)	Neither PhD nor DNP programs are designed to prepare educators (Gatti-Petito, et al 2013)
DNP's felt well prepared for the demands of the faculty role and leadership positions in academia (Udilis, K. & Mancuso, J., 2015)	DNP's felt prepared to contribute to nursing scholarship and to develop knowledge-generating research (Udilis, K. & Mancuso, J., 2015)

Theoretical Framework: Benner's Model



Role Transition: Three DNP Prepared Nurses



Three DNP Prepared Nurse Cases

Cases	Clinical Role & Stage	Teaching Role & Stage	Leadership Role & Stage	DNP Essential Skills
#1: SH	CPNP-PC: Expert 20 yrs of specialty pediatric care, practice guided by deep knowledge & experience	Assistant Professor: Proficient-capable to see situations as "wholes" rather than parts. Learn from experience & modify plans as needed	MSN Program Director: Competent-rely on advanced planning & organization	Essential II: Quality, communication skills, principles of business, sensitivity to diversity, managing ethical dilemmas
#2: JLF	CFNP-BC: Expert 17 years of practice, 12 in specialty urology care, practice guided by evidence, experience & deep knowledge	Assistant Professor: Proficient-capable to see situations as "wholes" rather than parts	BSN Program Director: Proficient capable to see situations as "wholes" rather than parts	Essential II: Understanding of policies (including policy creation), organizational structures, communication, business acumen, sensitivity to diversity & understanding ethical dilemma
#3: SS	APRN-BC: Expert, 16 years of ambulatory care practice guided by deep knowledge of evidence and intuition	Clinical Assistant Professor: Competent, gaining experience in pedagogy	DNP Program Director: Proficient, utilizing prior leadership experience in the academic setting	Essential II: Innovation, balancing quality with production, ethical decision making & understanding policy/procedures of systems

Challenges/Limitations

- Lack of understanding from PhD prepared faculty on DNP education and their contribution to academia (Reinisch, et al, 2012)
- No formal training on pedagogy in DNP or PhD curriculum (Gatti-Petito, et al 2013)
- Lack of adequate mentorship for DNP prepared faculty
- Institutional variability regarding tenure status

Lessons Learned

- DNP education can prepare nurses for academic leadership roles
- Clinical expertise combined with DNP education supports entry into academia above the level of novice
- DNP or PhD prepared nurses transitioning to a nurse educator role may need additional professional development on pedagogy

Conclusions

1. Current trends suggest that DNP prepared nurses are well suited for academia both as nurse educators and academic leaders
2. Benner's model and DNP Essential II can be used as a framework to develop nurse educators and position them to ascend into academic nursing leadership
3. The three lived experiences of the DNP prepared nurses in this presentation attests to the successful transition of clinical experts into academia and leadership positions.
4. A DNP prepared nurse can and will have remarkable impact in nursing education (Gatti-Petito, et al 2013)
5. DNP preparation adds value to academia through strong leadership skills and expert practice knowledge.

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