An examination of the rigor and value of final scholarly projects completed by DNP nursing students

Karen Roush⁎,1, Mary Tesoro

Lehman College, City University of New York, 250 Bedford Park Blvd., Bronx, NY 10468, United States

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ABSTRACT

Background: Final scholarly projects are the culmination of the DNP educational process and as such reflect the achievement of doctoral level scholarship that prepares graduates to be leaders in providing high quality, accessible health care and creating health care systems that are effective and responsive to the needs of a diverse population.

Purpose: The purpose of this study was to determine the rigor and value of final scholarly projects being produced by DNP graduates in the United States.

Methods: Using the DNP Project Critical Appraisal Tool (DNP-PCAT) we appraised 65 DNP practice projects consecutively selected from online repositories and the ProQuest dissertation/theses database.

Findings: The mean total score for all projects was 78.27 out of a possible 141. Substantive problems were identified in all 16 components of the DNP-PCAT. Particularly concerning was a lack of critical evaluation of implementation and outcomes in many projects, including invalid data analysis.

Conclusions: The mean total score of 78.28, which is only 56% of the possible maximum score, and substantive problems identified, indicates that continued work is needed to ensure that DNP programs are universally graduating students prepared for rigorous practice-scholarship.

The doctor of nursing practice (DNP) is a practice doctorate with the purpose of preparing “experts in specialized advanced nursing practice” (American Association of Colleges of Nursing [AACN], 2006 p. 2). The DNP graduate is expected to have the competencies and expertise to improve health care outcomes through translating evidence into practice, taking a leadership role in quality improvement initiatives, and leading organizational and policy level change (AACN, 2006; AACN, 2017).

The doctor of nursing practice (DNP) is a practice focused doctorate established to provide nurses with the advanced competencies needed to practice at the highest level as clinicians and leaders in today’s complex health care system. DNP graduates are expected to engage in practice-scholarship that will improve health care and outcomes “through organizational/systems leadership, quality improvement processes, and translation of evidence to practice” (AACN, 2015). There has been a tremendous growth in DNP programs and enrollment since the degree was first introduced. From 2013 to 2014 alone, enrollment in DNP programs increased by 26.2% (compared to a 3% increase in PhD programs from 2006 to 2014) and that increase has continued (AACN, 2017). There are now 303 DNP programs with 124 additional programs being developed (AACN, 2017). With this growth comes a responsibility to ensure that DNP programs are universally providing the quality of education, mentoring, and practice oversight that results in graduates who are prepared to fulfill the purpose of the DNP degree.

Additionally, the rapid growth of programs and enrollment also dramatically increases the demand for new faculty and places an additional burden on already overburdened current faculty members (Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014), which can create challenges for programs to provide the high level of mentoring and practice oversight needed.

At the end of their educational process, students in DNP programs complete a final scholarly project. The project can take different forms such as policy development, care models, systematic reviews, and quality improvement (QI) and evidence-based practice (EBP) initiatives. These projects represent the culmination of the doctoral education process and, as such, are an indication of whether the graduate has acquired the knowledge and skills needed to engage in practice-scholarship that will influence health care outcomes in the practice setting. Currently there is little information about the quality of final scholarly projects being produced by DNP graduates.

⁎ Corresponding author at: College of Nursing, University of Massachusetts, Dartmouth, 285 Old Westport Rd., Dartmouth, MA 02747, United States.

E-mail addresses: kroush@umassd.edu (K. Roush), Mary.tesoro@lehman.cuny.edu (M. Tesoro).

1 Permanent address: College of Nursing, University of Massachusetts, Dartmouth, 285 Old Westport Rd., Dartmouth, MA 02747, United States.

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Therefore, we conducted a study that examined the rigor and value of final practice projects completed by recent DNP graduates. We focused on QI and evidence-based implementation projects. We defined rigor as a systematic, logical, and thorough approach to the design and implementation of a project that addresses a significant problem and includes an evaluation process based on appropriate metrics, collected and analyzed using methods that provide a valid and reliable determination of project outcomes. We defined value as the potential for the project to make a contribution to improving nursing practice, patient care, or healthcare delivery. Evaluating the rigor and value of these projects will help determine if DNP programs are producing nurses prepared to improve patient outcomes, influence healthcare policy, or make system changes that improve health care outcomes.

Background

In a 2004 position statement on the practice doctorate in nursing, AACN recommended doctoral level education for all advanced practice nurses (AACN, 2004). Since that time there has been a rapid proliferation of DNP programs (AACN, 2017). Graduates of DNP programs are expected to demonstrate knowledge and competency in eight DNP Essentials, which includes the completion of a scholarly project that brings together all of the essentials and specifically meets Essential III, Clinical Scholarship and Analytical Methods for Advanced Practice (AACN, 2006). There is a wide variation in acceptable types of final scholarly projects, however, all must focus directly or indirectly on patient care, demonstrate clinical significance, and include implementation, evaluation, and, a plan for sustainability (AACN, 2015).

Many projects take the form of quality improvement initiatives or evidence-based projects. Quality improvement initiatives are efforts to improve clinical practice and patient outcomes in organizations and various practice settings through redesign of care processes at the system level. They are often in response to deficits in patient care or health outcomes, such as falling short of national benchmarks or poor patient satisfaction scores. Evidence-based projects are changes in practice undertaken after conducting a systematic review of the literature or a review and critical appraisal of available clinical practice guidelines (CPGs).

AACN does not make recommendations on specific criteria for the evaluation of DNP final scholarly projects; however, there are accepted standards for the design, implementation, and reporting of QI initiatives and evidence-based projects (Brouwers, Kerkvliet, Spithoff, and AGREE Next Steps Consortium, 2016; Hempel et al., 2015; Ogrinc et al., 2016; Pinnock et al., 2017). The Standards for Quality Improvement Reporting Excellence (SQUIRE) is the most commonly used set of recommendations for the appraisal of various approaches to improvements in health care including QI initiatives and evidence-based projects (Ogrinc et al., 2016). In addition, the Standards for Reporting Implementation Studies (StaRI) provides guidelines for appraisal implementation studies. The StaRI guidelines incorporate both the design and process of implementation, elements required in AACN Essential III (Pinnock et al., 2017). The International Appraisal of Guidelines, Research, and Evaluation II (AGREE II) is a widely accepted standard for appraising rigor in CPGs and provides criteria for reporting that can be applied to scholarly projects related to development or implementation of CPGs (Brouwers, Kerkvliet, Spithoff, and AGREE Next Steps Consortium, 2016). Finally, the International Council of Medical Journal Editors’ (ICMJE) Recommendations of the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals are universally accepted standards for the conduct and reporting of research and other scholarly work and many of their recommendations are applicable to DNP scholarly projects (ICMJE, 2016).

Methodology

Ethical consideration

We applied to and received exempt status from the Institutional Review Board of City University of New York. No individual student or project (i.e. title) identifying information was recorded during data collection. Projects were coded by year preceded by a letter, for example, A2013, A2014, and so on.

Sample

One of the authors (KR) searched the Proquest dissertation/theses database and online repositories for a sample of DNP final projects completed from 2013 to 2016. Inclusion criteria were quality improvement or evidence-based projects completed as partial fulfilment of a DNP degree. Abstracts were reviewed to determine if projects met the criteria. A maximum of two projects from the same program and 20 projects from the same year were included. The Proquest database was searched using the key words “doctor of nursing practice” and the date delimitations of 2013 to 2016. On both the Proquest database and the online repositories we selected projects consecutively as they were listed in the search results or on the repository. If there were already two projects from the same program or 20 projects from the same year selected, we skipped projects from that program or year and selected the next consecutive project that met the inclusion criteria. There was no predetermined sample size; we selected all projects that met the inclusion criteria at the time of selection.

Data collection

In addition to appraising each project, the following program characteristics were noted: whether it was a public, private not-for-profit, or for-profit institution; whether the delivery format was traditional, online, or hybrid; and the program accreditation. A program that had both online and face-to-face classes was considered hybrid while those that conducted all classes online and included a short residency each semester were considered online. To avoid bias in appraising the projects, we did not note the type or delivery model of a project’s school until after completing the appraisal.

We appraised project rigor using a tool we developed: the DNP Project Critical Appraisal Tool (DNP-PCAT). We developed the DNP-PCAT using the AACN DNP Essentials, the SQUIRE and StaRI guidelines for reporting and appraising quality improvement projects, a review of other QI appraisal tools and articles on best practice in designing QI initiatives, and a review of practice project guidelines from multiple DNP programs (Eccles, Grimshaw, Campbell, & Ramsay, 2003; Greenhalgh, Russell, & Swinglehurst, 2005; Hempel et al., 2015; Mainz, 2003; Ogrinc et al., 2016; Pinnock et al., 2017; Speroff, James, Nelson, Headrick, & Brommels, 2004; Speroff & O’Connor, 2004; van Bokhoven, Kok, & van der Weijden, 2003). We appraised two projects using the initial draft of the tool and made revisions. Content validity for the tool was then established through completion of a content validity index (CVI) by four DNP program experts from various nursing schools and two nursing journal editors with extensive experience in review of DNP practice projects. The CVI was 0.95 overall and all items were considered valid and retained in the tool. Minor changes in weighting were made based on the experts' recommendations.

The DNP-PCAT identifies key elements in 16 components that were scored on a point scale of 0 to 3 and weighted from 1 to 5 based on it’s importance to the rigor of the project. For example, the introduction was weighted 2 while the intervention/program design was weighted 5. Points were assigned to each component based on whether the key elements were present and adequately described and whether there were any errors in logic, analysis, or accuracy. The highest possible total score was 141. We also noted if the project contained a fatal flaw
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