Paving the Way for Post-Master’s DNP Graduates in Clinical Gerontological Leadership

Doctorate of nursing practice (DNP) students at the post-master’s level bring unique opportunities to gerontological nursing at a critical point in time. With a rapidly increasing cohort of older adults, advanced gerontological and leadership expertise is needed. Opportunities exist for gerontological role development in education, advanced clinical care, and broad systems and population leadership. Graduate faculty can encourage this influx of post-master’s students to focus on clinical gerontological leadership—guiding them in advanced projects, partnering with clinical agencies—to advance safe quality care of older adults. In this guest editorial, opportunities are shared for both post-master’s DNP students and for faculty to guide in advanced clinical leadership for gerontological nursing.

Advancing education to promote improved patient care in increasingly complex settings has been recommended in national reports such as The Future of Nursing: Leading Change, Advancing Health (Institute of Medicine [IOM], 2011). This report has particular relevance for the current influx of post-master’s students in DNP programs. These individuals bring enthusiasm for their clinician roles and typically years of clinical experience to this clinical doctorate. This background provides an opportunity to merge professional experience with their DNP coursework to develop gerontological leadership skills. They also gain opportunities to develop projects important to older adults and the individuals who care for them.

LEADERSHIP NEED

As identified by the IOM (2008) report on retooling for an aging America, current barriers to care of older adults include a lack of gerontological leadership. With a graduate degree and the term doctorate comes an implied leadership role and leadership expectations. As mature clinicians, post-master’s DNP graduates bring skills for leading the team. Poised to lead, they graduate with competencies related to systems leadership for quality assurance, evidence-based practice, technology, clinical scholarship, population health, and team collaboration for enhanced patient outcomes (American Association of Colleges of Nursing, 2006). In addition, in a rapidly changing health care system, their leadership skills can advance health professions educational goals, including the key areas of quality improvement, technology, teamwork, patient-focused care, and evidence-based practice (IOM, 2003).

Gerontological faculty have opportunities to extend their influence by mentoring DNP students with current gerontological interests to enhance their expertise. Opportunities also exist to influence those with alternate clinical specialties, such as family or women’s health, to gain additional knowledge relevant to their work with older adults. Varied DNP clinical and capstone projects bring experiential learning opportunities that can benefit clinical practice. Faculty can guide students to gain gerontological leadership skills for roles that include advanced clinician, educator, and scholar.

ADVANCED CLINICIAN ROLE

As advanced clinicians, opportunities exist for broad gerontological specialty practices that meet the needs of older adults who are coping with varied acute and chronic health care problems. For those clinicians with alternate practices such as cardiac, endocrine, or neurological specialties, their influence can be extended to an aging population who bring a range of needs in diverse care settings. Opportunities
also exist for students to prepare for gerontological-related certifications such as palliative care, diabetes care, and gerontological nurse practitioner to gain recognition for their specialization.

Course projects can include guiding evidence-based practice projects and leading quality improvement projects that benefit gerontological populations across diverse settings. A changing health care system with an increasing technology focus also provides DNP students with opportunities to gain and use technology expertise for implementing protocols and evaluating care of older adults (e.g., optimizing benefits of electronic databases to generate reports for quality improvement projects). Home-based care technologies, such as telehealth, present additional leadership opportunities.

Opportunities exist to involve and influence communities of interest in practice projects, as well as to provide team project leadership. Examples of recent capstone projects with an impact on care of older adults include implementing care protocols for treating acute infections in the emergency department and developing needs surveys for rural clinics that benefit older adults (Bonnel, Ebbert, & Peterson, 2011).

**CLINICAL EDUCATOR ROLE**

Need exists for educating the nursing health care workforce across broad gerontological topics. As advanced clinicians, DNP students have educational responsibilities that include working with patients, informal caregivers, nursing staff, interdisciplinary teams, and students across levels. Enhancing health literacy for patient education is one example of DNP leadership. Particularly in the complex language of specialty practices, DNP students have opportunities to lead development of patient education materials in easy-to-understand terms to help aging patients and their families better understand and participate in their care.

Educational opportunities for staff and students also include translating evidence to knowledge for practice and helping staff become aware of and access evidence-based resources. Opportunities exist to use teaching methods and share resources that are both evidence based. Mentoring others is a key advanced practice role. Serving as clinical educators with undergraduate or graduate students might lead to future roles as faculty and provide yet further gerontological educational opportunities.

Building in education-related coursework and assignments can help DNP students gain skills for educational leadership. Recent DNP project examples include a pilot study of an end-of-life care documentation module (for long-term care staff) and an educational module to help nursing staff interpret blood sugar readings for long-term care residents with diabetes (Bonnel et al., 2011).

**CLINICAL SCHOLAR/APPLIED RESEARCH ROLES**

Needs exist for evidence-based protocols and articulation of unique gerontological problems and questions; DNP clinical scholarship can be central to advancing older adult care. Consistent with Boyer’s (1990) model broadly defining scholarship to include education, application, and integration as well as discovery, DNP programs provide an opportunity to emphasize clinical scholarship and scholarly dialogue. Faculty can guide in applied research roles such as:

- Synthesizing the literature on topics unique to older adults and developing current best practice summaries.
- Implementing research utilization models to lead policy/protocol development and implementation.
- Participating on research teams and contributing to the evidence.
- Guiding in quality improvement projects that evaluate unique population and systems issues relevant to older adults.
- Disseminating scholarly clinical products with projects systematically documented, synthesized, and situated in the context of the professional literature.

Students gain skills from courses that guide in developing scholarly projects. Recent project examples include studying diabetes issues in rural care settings with relevance for older adults and developing protocols such as coaching for family members who care for older adults with congestive heart failure (Bonnel et al., 2011).

**FURTHER IMPLICATIONS FOR FACULTY**

Faculty have opportunities to engage and encourage those gaining advanced clinical degrees toward gerontological leadership. Although students have unique backgrounds and interests that do not always contain the term gerontology, a majority of clinical specialties have relevance to older adults. Faculty can mentor in focused gerontological projects or broader alternate
specialty projects, such as family or women’s health, with implications for older adults. Additional ideas for guiding students include:

- Orient all to gerontological topics and evidence-based resources.
- Guide in packaging projects in meaningful ways that can benefit staff, colleagues, and students caring for older adults.
- Encourage dissemination of scholarly products via presentations and publications that showcase evidence-based projects, educational products, patient care exemplars, and clinical leadership activities.
- Mentor in broadening gerontological colleague networks via organizations such as the Gerontological Advanced Practice Nurses Association, the American Geriatrics Society, and the Gerontological Society of America.
- Prompt students to become reflective clinicians who critique their work with older adults in diverse settings to promote ongoing quality.

**SUMMARY**

Post-master’s DNP graduates bring a unique opportunity for immediately expanding applied gerontological scholarship and clinical leadership. Consistent with national reports calling for advancing nursing education and improving gerontological care, post-master’s DNP students and graduates are poised to enhance care of older adults. With an increasingly complex and changing health care system, combined with an increasing older adult population, clinical leadership is strongly needed. Post-master’s DNP graduates can provide clinical leadership for quality care.

**REFERENCES**


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