The Gap Between Academia and Practice: Reflections From a Nurse Researcher

I first became concerned about the gap between academia and practice while attending a national leadership seminar for nurse executives. Nurses from academia, practice, policy, and business were in attendance, and during a discussion about the Affordable Care Act (U.S. Department of Health and Human Services, 2010), a chief nursing officer (CNO) of a hospital system voiced concern about the implications of payment reforms from “CMS” at her institution. A newly appointed associate dean from a top-10, research I institution frowned and asked, “What is CMS?” The CNO reminded the group that the acronym stood for the Centers for Medicare & Medicaid Services (CMS) and assumed that the confusion was related to the alphabet soup of acronyms used in health care. However, the associate dean asked for further clarification. The CNO quietly whispered to those of us sitting next to her, “No wonder nursing graduates don’t have a clue about health systems. [The] Joint Commission, national patient safety goals…all the things that are so important to us in practice.”

For more than 20 years, national patient safety data and reports from the Institute of Medicine have demonstrated that the quality and safety of health care in the United States is inadequate, the cost of care is not affordable, and the health of the population is not improving. The report by Frenk et al. (2010) highlighted the need to transform health professions education to strengthen health systems. In 2011, four competency domains and 38 subcompetency statements for interprofessional collaborative practice were published by the Interprofessional Education Collaborative (2011), which have led to accreditation standards in nursing for interprofessional education (IPE; Commission on Collegiate Nursing Education, 2013; National League for Nursing Accreditation Commission, Inc., 2012).

I have had the privilege to be involved with IPE at the local and national levels. I have received external funding to develop IPE activities using simulation for prelicensure health professional students, to train faculty to be IPE competent, and to integrate IPE competencies into advanced practice education and training. These grants require faculty from multiple professions to cocreate, implement, and evaluate clinically relevant and authentic IPE activities for the purpose of graduating collaborative, practice-ready health care practitioners.

Earlier in my career as a clinical researcher studying the prevention and treatment of venous thromboembolism at a research I academic institution, I participated as an equal member on a multidisciplinary research team. However, with my first IPE grant (for which the focus was education and not research), I realized that I needed to include nursing faculty engaged in prelicensure education or nurses from practice to represent nursing at the interprofessional table in the development of IPE. The other academic faculty, who were hired by grant funding and who represented medicine, pharmacy, physician assisting, social work, and physical therapy, were clinical educators and were also actively engaged in practice in various settings.

Later, as a health services researcher and former associate dean, I became knowledgeable about systems of care, health care financing, quality improvement, patient safety initiatives, and leadership; however, it had been more than 25 years since I had been a practicing nurse in a clinical or community setting.

These two experiences made me wonder how I, as an academic nursing faculty researcher from a practice profession, could be so far removed from the day-to-day experiences of nurses in practice. These experiences also compelled me to question the current model of academic nursing, especially at research I institutions, where research drives funding, promotion, and innovations. I am not questioning the value of research or my choice to become a researcher, but I am questioning whether the current model is the best one for the future of academic nursing. If the model required PhD nursing faculty to participate in some form of ongoing clinical or community-based practice rather than serving on academic committees (e.g., curriculum, academic promotion, tenure), would we be better prepared to serve as full partners with physicians, chief nurse executives, and other professionals in redesigning health care in the United States, as the Future of Nursing report (Institute of Medicine, 2010) recommended? The implication of the Institute of Medicine’s report for nursing education is that nursing faculty need to teach students to be collaborative partners and leaders in addressing health care system reform instead of individuals who focus only on carrying out tasks delegated by others. Is a PhD-to-DNP degree the model of the future for academic nursing? Would I do it differently if I were starting my academic career today?
To this day, I wonder how many academic nursing faculty know what CMS stands for. Are they aware of the Triple Aim (i.e., improving health, improving the delivery of care, and reducing cost of care) (Berwick, Nolan, & Whittington, 2008)? Do they understand the effects of the Affordable Care Act on health care organizations, the health professions workforce, and patient and population health, as well as its implications for nursing curricula? Do they know that accountable care organizations and medical home models require better teamwork and coordination of care because reimbursement is tied to quality and not volume of care? Ironically, a colleague recently asked me to “stop pushing IPE so hard,” and she said that her area of research was just as important. I realized that she thought IPE was just my area of research and did not understand that I was “pushing it” to ensure our students are prepared to work collaboratively and lead team-based care in practice.

The current model of academic nursing is unlikely to change in the short-term, so it is paramount that those of us in academic nursing embrace our responsibility to be informed about health care reform and the different models of care (i.e., accountable care organizations, medical homes) and to ensure that nursing students at all degree levels have opportunities to learn and engage with these initiatives through IPE and collaborative practice experiences. These experiences will be critical for the success of our students and, most importantly, they will help reduce the gap that often exists between academia and practice.

References

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