**Presented at the 2011 DNP Conference in New Orleans, LA**

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**Abstract Category:** DNP in Policy Leadership

**Title:** APRNs returning for Doctoral degrees: Identifying health policy needs

**Purpose:** This presentation provides an understanding of academic nursing’s role in the analysis and evaluation of health policy needs with a focus on how academic-service partnership can impact health care systems, political and economic forces that influence health care delivery, and formulation of policies affecting health care.

**Objective 1:** Discuss the impact of AACN health policy competencies for the DNP

**Objective 2:** Decide how to integrate DNP competencies into an academic-service partnership

**Objective 3:** Assess health policy frameworks and models that impact health care systems

**Abstract:**

“APRNs returning for Doctoral degrees: Identifying health policy needs.”

Joseph F. Burkard, DNSc, CRNA

This presentation provides an understanding of academic nursing’s role in the analysis and evaluation of health policy needs with a focus on how academic-service partnership can impact health care systems, political and economic forces that influence health care delivery, and formulation of policies affecting health care.

In January 2011, the American Association of Colleges of Nursing (AACN) held its annual Doctoral Education Conference in San Diego, California. One of the main focuses of this conference was the transformation of doctoral education in nursing with an emphasis on health policy competencies. Many areas were discussed during this weeklong conference, but the major theme was the implementation of health policy competencies into doctoral education, especially at the clinical level in DNP programs. The AACN emphasized that doctoral educators must train our future leaders and practitioners with a focus on patient outcomes, evidence based practice, and cost analysis. Can your graduate students step into a leadership role? Can they do strategic planning? Can they focus on cost analysis? Can they address critical quality issues? The AACN highlighted how DNP capstone projects could be used to advance practice issues at the local, state and national levels (IOM, 2011).

Evidence based health policy is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients (IOM, 2003). How do we implement current best evidence in academic course work that incorporates the needs of our stakeholders? In 2001, the Institute of Medicine (IOM) report “Crossing the quality chasm: A new health system for the 21st
century listed ten new rules for care (Fig. 1). In 2011, DNP competencies have been set up to address these rules. To accomplish this translation of information and current needs, academic faculty must actively communicate with state and national practice organizations. The graduate DNP skill set must include clinical skills, leadership, and health policy cornerstones.

Jeffery Bauer’s 2009 article Doing better with what we have - key to successful reform led to his invitation to speak on Audiodigest for Anesthesia about the upcoming health reform battle and how advanced practice providers will impact the future. His discussion revolved around his book Paradox and Imperatives in Health Care in which he outlines a model for efficiency, effectiveness, and E-transformation that will capture the nation, conquer waste, and optimize quality (Bauer, 2007). This model, when translated into the CRNA DNP program, guides us in the process of health policy (Fig. 2). The graduate CRNA must be well versed in leadership, regulatory matters, metrics, quality indicators, and evidence-based practice to function as an effective leader in our organization (De Geest, 2010). The 2010 IOM report The future of nursing: Leading change, advancing health clearly states that APRNs are the practitioners of the future and we need to be prepared.

When advocating for health care policy at the state and national levels, DNP capstone work is the key to successful transformation from academic coursework to local, state and national organizations. Demetrius Porche in her 2012 book Health Policy: Application for Nurses and Other Healthcare Professionals states that to be effective at the state and national level, APRNs must be well versed in the 6 P’s of health policy (Fig. 3). The DNP must be aware of current laws and policies affecting clinical practice and how state rules and regulations are formed. The DNP should know key stakeholders, legislative staffs, and special interest groups, and be able to give a stakeholder presentation. Understanding political power, the power of the press, and how public opinion can change clinical practice is also a priority (Zaccagni, 2011).

What can we do as an organization to improve CRNA practice? Plan of action should focus on curriculum standards that prepare the CRNA DNP to design, influence, and implement healthcare policies that frame health care financing, practice regulation, access, safety, quality, and efficacy (Dobrow, 2003). The DNP program should prepare the graduate to:

1. Critically analyze health policy proposals, health policies and related issues. To accomplish this educators must be in touch with key stakeholders (Hogan, 2010).

2. Demonstrate leadership in the development and implementation of local, state, and national health policy. To accomplish this educators must be in touch with local, state and national leaders (Dulisse, 2010).

3. Influence policy makers through active participation at state and national health policy functions. This will require more than just attending a meeting...students will have to get involved.

4. Educate others. DNP CRNA students will have to be well versed in the area of health policy.
5. Advocate for the nursing profession. State and national CRNA leaders need to start early in this process. Students should be doing capstone projects that reflect the needs of the organization.

6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery (Chism, 2011). Students’ capstone projects can be the bridge from policy to practice.

First Author BIO: Dr. Joseph F. Burkard is an associate professor at the University of San Diego working in the Doctoral of Nursing Practice program and an advanced practice clinician / researcher at the University of California San Diego. Dr. Burkard was recently stationed at Naval School of Health Sciences, San Diego where he was clinical coordinator / department head for the Navy’s Nurse Anesthesia program. His focus of research includes post-traumatic stress in the returning veteran, post-operative nausea and vomiting, stress management and crisis management simulation training. Dr. Burkard completed his DNSc degree at the University of Tennessee specializing in Critical Care, Acute Care Nurse Anesthesia. Dissertation: Bispectral Analysis and Motor Activity Assessment Scores in Mechanically Ventilated Patients in the Intensive Care Unit. Dr. Burkard specializes in Critical Care Medicine, Regional Anesthesia. Dr. Burkard spent the past five years as the vice-chairman of the institutional review board for research where he has been responsible for ethical practice training and numerous research projects. The recipient of the class of 2000/2002 Instructor of the Year awards. Dr. Burkard focuses his clinical research time on crisis management skills, airway skills, and critical care skills, and simulation skills. Dr. Burkard has spent the last several years teaching regional anesthesia and professional aspects didactic curriculum to several Southern California Nurse Anesthesia programs. Dr. Burkard is a past president of the California Association of Nurse Anesthetists where he continues to work on Leadership, Policy and Ethical Issues in advanced practice nursing. Dr. Burkard is an educator representative for the AANA Council on Accreditation specializing in the Standards for Accreditation of Nurse Anesthesia Educational Programs. Dr. Burkard graduated with an MS degree in Nurse Anesthesia from George Washington University and a BSN from George Mason University. Dr. Burkard’s Navy career spanned 31 years as a researcher, educator, and clinician.

Second Author BIO:

Other Author BIO:

Question 1: Do you understand the direction of the AACN in DNP education?

Question 2: Can you predict five future scan outcomes of health policy?

Question 3: Discuss the two common HP models.

Question 4: List five ways to improve academic-state HP relationships

Question 5: How can we best incorporate HP into our DNP programs?