

OUTCOMES

THE E-NEWSLETTER OF DOCTORS OF NURSING PRACTICE, INC.



This issue focuses on perceptions and data reflecting the roles and contributions of the DNP prepared nursing professional. OUTCOMES is dedicated to reflecting and highlighting efforts by colleagues that improve health care. Local and regional efforts are taking place designed to help build communications among DNP-prepared colleagues. The Events Page of the DNP Inc. web site is the place to see what is happening. If you know of an event of interest, please post it for all to see. The interest and actions of colleagues around the country and internationally are pointing to great changes in the future of nursing practice and outcomes. Please read on and share your thoughts to be included in future issues.



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Campbell-O'Dell DNP

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**DNP ONLINE
COMMUNITY**

THE NINTH NATIONAL DOCTORS OF NURSING PRACTICE CONFERENCE:
BALTIMORE OCTOBER 5-7, 2016



Transforming Healthcare Through Collaboration

Baltimore Marriott Inner Harbor at Camden Yards

Join colleagues at this year's event to celebrate successful methods of collaboration to improve health care outcomes and explore future opportunities and challenges.

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Affairs
Case Western Reserve University
Bolton School of Nursing

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DNP, APRN, CCRN-K, PCCN,
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Director of Faculty Initiatives,
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EXPLAINING THE DNP: CONQUERING A MONSTER

by Cheryl Patrice

Harris-Washington, DNP, FNP

(Originally posted in the DNP Inc. online community January 2015)



When I was deciding to return to school for my DNP degree, what ultimately convinced me was an explanation of the expected role of the DNP in clinical practice. The expectation is that the DNP is to be an “effective, involved, and committed leader” not only in the integration of evidence into practice, but for the nursing profession in its entirety (Chism, 2013). I was sold.

Well it only took a few years of practice for me to learn that not many people received that memo/explanation. Not many people know what D N P stands for, let alone what a DNP prepared nursing professional does. In my opinion barriers faced by APNs/DNPs are fueled by such ignorance. How many of us have been asked by patients if we were “practicing to be a nurse or “almost a doctor”? The public, and sadly a lot of our peers in healthcare professions, including nurses, just do not understand the role of an NP. How do we expect them to comprehend the DNP? The public is being informed of the NP/APN/DNP role by non-NPs/APNs/DNPs.

Black and white proof exists in several recent publications. For example, check out page 12 of the Dec14/Jan15 edition of the AARP. How about the U.S. News June 23, 2014 article “Who’s Who At Your Doctor’s Office” by Kristine Crane? This one really had my blood boiling. Here Mrs. Crane states on behalf of a physician whom she interviewed that “a nurse is worth her weight in gold” at a family practice clinic. “The nurse will know whether a patient has to be seen that day or can wait three days.” and “A nurse triage is critical to the office,” she adds. There are various types of nurses: registered nurses and nurse practitioners are the most common, but there are also specialists such as certified registered nurse anesthetists, who administer a patient’s anesthesia before surgery. Nurses are still largely the go-to people to whom you tell how you’re really feeling”.

Some are probably thinking “how flattering”. Yes, indeed it was. However, I was left awaiting the difference between the registered nurse and the nurse practitioner. After reading that entire article, I walked away without the faintest clue as to the difference between RN and APN/NP. I can only imagine how confused the patients may be. There needs to be a clear explanation. Does she even know the distinction? How many of you have met, or practiced as, a CRNA in a family practice office? This, and articles of the like, are so very absurd. Why do we, as a PROFESSION allow this?

My mentor and preceptor for my clinical practicum is a DNP graduate. Therefore he “gets it”. However, many others, including the clinic directors, RNs, MAs, and social workers have absolutely no clue as to why he is identified as DNP vs the FNPs (myself and the other nurse practitioner). I was amazed at how little they knew, even about our roles and scope of practice as certified FNPs licensed within the State of Illinois. One physician even thought that we documented, prescribed, and billed under the licensing of physicians. Illinois is a collaborating state, not a supervising state.

Continued on page 4

Explaining the DNP aka: Conquering the Monster continued

In my effort to provide them with some knowledge about the potential roles of the DNP prepared nurse I listed the following descriptions.

Utilizing a holistic perspective, the DNP is prepared with ability and expertise to:

- Maintain expanded responsibility and accountability in the care and management of individuals and families,
- Direct practice, guide and coach individuals and families through developmental, health-illness, and situational transitions,
- Formulate therapeutic partnerships to facilitate informed decision- making, positive lifestyle change, and appropriate self-care; advanced practice thinking, judgment, and skillful performance; and use of diverse, evidence-based interventions in health and illness management,
- Document practice trends, identify potential systemic changes, and make improvements in the care of their particular patient populations in the systems within which they practice,
- Define actual and emerging problems and health interventions at the aggregate/systems/organization level,
- Focus their practice on administrative, healthcare policy, informatics, and population-based specialties focus their practice on aggregates
- Demonstrate competencies in conducting comprehensive organizational, systems, and/or community assessments to identify aggregate health or system needs,
- Work with diverse stakeholders for inter- or intra-organizational achievement of health-related organizational or public policy goals, and
- Design patient-centered care delivery systems or policy level delivery models (AACN, 2006).

Why has this become a perplexing topic? How can we fix this? Why aren't we advocating for our profession? The only way that we can truly spread the word of the role of the DNP to the healthcare field and beyond is by shouting it to the masses. We need to encourage, and then stand behind, our nursing organizations in educating and promoting our specialty of nursing. The support I need is the same as all others in our profession. National commercials, newspaper inserts, social media blasts, and events for the public to "get to know" who we are and what we do is critical. I don't know what the perfect solution is or will be, but I do know is that change must happen, and soon.

References

- American Association of Colleges of Nursing [AACN]. (2006). The essentials of doctoral education for advanced nursing practice. Washington, DC: Author.
- Chism, L. A. (2013). The Doctor of Nursing Practice: A guidebook for role development and professional issues (2nd ed.). Sudbury, MA: Jones & Bartlett Publishers.
- Crane, K. (2014). Who's who at your doctor's office? Retrieved from <http://health.usnews.com/health-news/patient-advice/slideshows/whos-who-at-your-doctors-office/3?>



ORGANIZATIONAL UPDATE

Have you ever wanted something so much that you just couldn't wait for it to happen? That's where we are with the development of the **DNP Projects Repository**.

The cloud-based technology company that is helping us to grow this idea is working to assure that the presentation of projects is at a high standard to include functionality of searching and browsing project. This interactive database will afford the opportunity for increase ease of dissemination while highlighting both the nursing practice scholar and the DNP academic program.



We are also moving forward with the **DNP Programs Database** that will afford the opportunity for each school to enter and update information. This service will include the option of participating in the Dissemination Team that will support the Projects Repository effort. It's not ready yet but it is coming soon.

CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY:

"Half-Doctors": A Threat to Physicians?

How do you respond to a physician who feels that we are a threat to their practice, rather than a collaborative partner in providing healthcare?

<http://doctorsofnursingpractice.ning.com/forum/topics/half-doctors-a-threat-to-physicians>

Should the term Mid-Level Provider Apply to NPs??

Where did this term come from?

<http://doctorsofnursingpractice.ning.com/forum/topics/should-the-term-midlevel>

DNP vs. PhD for Nurse Educator

Will the increased demand of DNP programs effect the level of degree required to be an educator?

<http://doctorsofnursingpractice.ning.com/forum/topics/dnp-vs-phd->

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FEBRUARY 2016 DNP, INC

Check out the February 2016 Survey Results from our informal data collection from readers like you. These short surveys reflect whom we are as DNP prepared professionals.

Consider this:

- ▶ **73%** of respondents work in the clinical setting providing direct patient services.
- ▶ **50%** of respondents work in an environment that is administrative providing indirect patient care.
- ▶ **62%** of respondents report being strong in their application of technology to practice as a result of DNP education.
- ▶ **90%** report being active in policy as it applies to practice as a result of DNP education.
- ▶ **95%** of respondents report that the Eight Essentials are at the foundation of practice efforts.

Thoughts to consider:

1. Both clinical direct and indirect practice are activities of the DNP prepared professional
2. Technology is a big part of practice for the majority of respondents.
3. The vast majority of DNPs that responded to the survey are active in policy that applies to health of our patients
4. Nearly all respondents consider the Eight Essentials of Doctoral Education to help guide their practice efforts

Click [HERE](#) to take March 2016 survey

THE FUTURE OF DNP EDUCATION (IN A NUTSHELL)

There are now close to 300 DNP programs in the United States. The American Association of Colleges of Nursing (AACN) commissioned RAND Study on the DNP in 2015 points out that there is near “universal agreement” among nursing’s academic leaders regarding the value of the DNP education in preparing nurses to serve in advanced practice roles.

Approximately 30% of nursing schools with APRN programs offer the BSN-DNP. This is expected to climb to greater than 50% in the next few years. Schools interviewed for this study perceived that many employees are unclear about the differences between master’s-prepared and DNP-prepared APRNs and could benefit from information on outcomes connected to DNP practice as well as exemplars from practice settings that capitalize on the capabilities of DNP prepared nursing professionals.

Barriers to BSN-DNP programs include a lack of faculty, cost concerns, insufficient clinical sites, and resource challenges associated with overseeing DNP projects ([AACN, 2015, http://www.aacn.nche.edu/dnp/Talking-Points.pdf](http://www.aacn.nche.edu/dnp/Talking-Points.pdf)).

Doctors of Nursing Practice, Inc. continues to support the growth and development of the DNP prepared professional in order to improve health care outcomes. Outcomes surveys to evaluate outcomes have been in place since 2010 and national conferences and educational offerings reflect exemplars of DNP prepared practice. We continue to support these collaborative efforts. Please continue reading and submit an article reflecting your contribution to *OUTCOMES*.



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