OUTCOMES

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ABSTRACT SUBMISSIONS ARE NOW OPEN
Nurses are critical thinkers: logical, rational and analytical (Knoff, 2019). More and more nurses are moving away from the bedside and on to entrepreneurship. This move can offer nurses an opportunity to provide an impact on patients and realize a greater sense of empowerment (Vannucci & Weinstein, 2017). After reading Disrupt-It-Yourself: Eight Ways to Hack a Better Business---Before The Competitions Does by Simone Ahuja (2019) I now know the best way for healthcare to compete in an innovation driven environment is use this talent and energy itself.

The DNP Essentials as listed by the American Association of Colleges of Nursing (AACN) in 2006 include Essential II: Organizational and systems leadership for quality improvement and systems thinking. The DNP graduate should be prepared to identify systems’ issues and enable organization-wide changes in practice delivery. Ahuja (2019) offers ways this can be accomplished.

Nurses have historically tried to share their ideas only to see them not used or even worse ignored. Nurses should be able to pursue these innovations and be mentored on how best to proceed (Knoff, 2019). According to Ahuja (2019) leaders should provide air cover for their staff. Air cover offers the innovative nurse a defender at a high level. Someone who is aware of the change being made but allowing the nurse innovator to work without interference. Someone coaching and monitoring the effort but not choking off the creativity. The perfect job for a DNP graduate supporting change and quality improvement!

Quality improvement can be fun and exciting. Nurse innovators are ready to provide patients with a higher quality of care at affordable prices with quicker access if given the chance (Vannucci & Weinstein, 2017). In an effort to affect sustainable change the DNP graduate should assist the nurse innovator to work from outside of silos (Ahuja, 2019). Include disciplines that may also have a stake in the change, whether it be logistics, housekeeping or medical records. Include the customers if that would help in making a positive change. Most of all avoid the killer sentence of that’s the way we have always done it. Offer the nurse innovator the chance to learn and grow.

There have been nurse innovators throughout history. Florence Nightingale and Clara Barton are great examples (Vannucci & Weinstein, 2017). DNP graduates are well situated to help guide the next generation of nurse innovators. Reading the book Disrupt-It-Yourself: Eight Ways to Hack a Better Business---Before The Competitions Does by Simone Ahuja (2019) has offered me a new perspective on how to affect change through innovation. The next great nurse innovator may be out there just waiting for the right leader to offer them the chance to shine.

References
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Multiple messages have been received from nursing colleagues interested in earning a doctorate degree. Over the past 6 months we have received messages from Rwanda, Nigeria, Italy, Indonesia, and India, to name a few. Past evaluations of the DNP degree have been limited to the United States. How is the practice doctorate viewed in other nations? An internet search identified interesting information that gives us all a reason to pause and reflect on what we are trying to accomplish with the DNP degree.

A Mixed Bag
Several web sites shed some light on practice opportunities and limitations in select countries. The top recommendation is the International Advanced Practice Nursing site, https://internationalapn.org, which allows the visitor to explore all listed nations. The availability of the APRN role and its parameters of practice can be found in this compilation.

A review of this site, its blogs, as well as other sites that address advanced practice and doctoral education, show that the Anglophone countries have a tendency to accept and grow what we in the United States recognize as advanced practice nurses. Canada has recognized advanced practice nursing for more than 40 years; the United Kingdom for more than 30 years; Ireland for 15 years; Germany for 8 years; and Hong Kong for close to 30 years. Mainland China has no formal advanced practice or doctorate degree in nursing ... yet.

I think you’ll agree it’s a mixed bag of education and practice for our nursing colleagues in other countries. This begs the question: Are doctoral prepared advanced practices in the United States blazing a trail for nursing practice and education internationally, or are we an aberration compared to the rest of the world? Asked another way: Are our efforts to produce a practice doctorate in nursing truly advancing healthcare outcomes and providing a model of practice that can be translated to other countries?

We have an opportunity to look at ourselves in the context of what our colleagues are doing around the planet. Are we actually performing the goals and expectations that we have been charged to accomplish with our educational preparation?

Access, Efficiency, Equity
The above questions could be sources of data collection, research and analysis for scholars now and well into the future. The Commonwealth Fund shared some interesting information in its 2014 “Mirror, Mirror” report comparing the U.S. health system with that of other countries (http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror): Among the 11 nations studied—Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States—the U.S. ranks last, as it did in the 2010, 2007, 2006, and 2004 editions of Mirror, Mirror.

Most troubling, the U.S. fails to achieve better health outcomes than the other countries, and as shown in the earlier editions, the U.S. is last or near last on dimensions of access, efficiency and equity.

In 2016, the Peter G. Peterson Foundation made this sad commentary: “Although the United States spends more on healthcare than other developed countries, its health outcomes are generally no better.” (Visit http://www.pgpf.org/chart-archive/0011_health-outcomes.)

Other indicators of successful outcomes explore parameters including disease management, expenditures, and morbidity and mortality rate. It’s sad to see that the United States is not leading the planet with success stories. Is the practice doctorate degree in nursing, a relatively new and rapidly growing terminal practice degree, influencing the data reflecting our high costs and low outcomes compared to other nations? Would other countries that are new to advanced practice and doctorally prepared nursing have improved outcomes as a result of higher education and practice? For nations that do not ascribe to advanced practice or doctorally prepared nursing, could they improve the health of citizens by following the path of the nursing discipline in the United States?

After reviewing this information and pondering these challenges, I have a thought. Doctorally prepared nurses have a tremendous duty that begins at home. Influencing outcomes is our concern. We are growing, evolving and blazing paths that can support this goal, but we have a long way to go. Keeping a laser focus on dynamics here in this country while applying what works in other countries may help turn the tide in quality and cost. Our nation, healthcare system, and nurses at all levels of practice are in exciting and challenging times. Are we ready to press forward together on both a national and global level?
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• Educate patients, organizations and health care systems on the contributions of the DNP prepared nursing professional.
• Support DNP educational programs and practice partners to demonstrate the influence of the DNP prepared nurse.
• One time charge per student listing of $30 to defray cost of repository development and maintenance.

CLICK HERE FOR MORE INFORMATION
We offer a salute to San Jose State University and Purdue University Global for joining the Dissemination Team. They have made a commitment to supporting their students in sharing the scholarly practice work of their DNP graduates. Their investment provides a $5 discount for all students that upload their completed projects to the DNP Repository.

**DNP Repository Featured Scholars**

The contributions and posting of doctoral projects in the DNP repository continue to reflect the skills and talents of DNP prepared colleagues. Here’s a sample of what can be found in the [DNP Doctoral Project Repository](#):

**Diabetic Care Protocol: Increasing Diabetic Compliance in the School System**, by Rachel D. Smith, DNP, RN, a graduate of Touro University Nevada.

**The Effect of Implementation of an Acuity Tool for Medical-Surgical Patients in an Acute Care Setting**, by Tanya A. Sobaski, DNP, MSN, RN, CNE, a graduate of Andrews University.

**Promoting Volunteerism for a Private Non-Profit Charitable Organization that Provides Free Healthcare Services, Community Food Pantry, and Housing for Displaced Community Members**, by Jennifer Lynn Stanisch, DNP, RN, a graduate of Bradley University.

The Doctoral Project Repository is an archive of curated documents. This archive is not peer-reviewed and does not replace or presume any publication effort. Each listing is owned by the individual that uploads the completed academic scholarly practice project. This service allows you to share ideas and work products into both the scholarly and consumer communities.

Is your doctoral project in the repository? Are colleagues and graduates of your university listed? **Click here** to learn more and to upload your project.
CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY


**Management of HTN in Primary Care**, by Blessing Isiguzo, DNP, NP-BC in Need a Mentor? Willing to Mentor a Colleague? forum.

**DNP as nursing faculty for undergraduate and graduate nursing schools**, by Liriane Dassow Davis on July 6, 2012 at 11:55am in DNP Practice Issues forum.

Forums regarding the use of the title Doctor by doctoral prepared nursing colleagues:

- **How to navigate with the new title of Dr.?** by MaryAnn Crawford
- **Should we be called “DR”?** by Lori B. Elliott
- **Title “Doctor” and Bitter Reality: A Plan**, by DNP Inc.

**Do you know what affects your patient’s health?** By Simone Verela.
Informative information with a request to complete a survey. Please participate!

**DNP Groups of Interest:** (the latest activity in the Online Community)
- **Case Western Reserve University/Frances Payne Bolton DNP/ND Master Practitioner Group**
- **American Sentinel University-DNP**
- **Gardner-Webb University**
- **Wright State University/University of Toledo**

**Events of Interest to DNP Students and Graduates**
- **Association of Rehabilitation Nurses**, November 5-9, 2019
- **Association of Nurses in AIDS Care Conference**, November 7-9, 2019
- **International Society of Nurses in Genetics (ISONG)**, November 8-10, 2019
- **American Medical Informatics Association 2019 Annual Symposium**, November 16-20, 2019
- **AACN: Fall Executive Development Series**, November 20-21, 2019

If you know of an event that supports the growth and development of nursing colleagues, please post it to the EVENTS page. It’s free, and reaches thousands every month. Click the ADD button on this page to post an event.
The October 2019 Survey addressed access to the literature after graduation. It looks like half of the respondents have access to literature at the school or university, but do not have access after graduation. The majority would be interested in this service if offered through DNP Inc. yet a minority expressed a willingness to pay for this service. What are your thoughts on these findings? Do you agree with our peers?

Question 1: Questions this month are designed to solicit thoughts on the need to access literature outside of the academic environment. As a DNP graduate, do you have access to evidence-based literature to help drive your practice?
86% very much to absolutely, 14% somewhat to not at all

Question 2: Do you access literature using links to college or university library services?
50% very much to absolutely, 50% somewhat to not at all

Question 3: Have you determined that you do NOT have access to needed information to best perform your scholarly practice efforts?
0% very much to absolutely, 100% somewhat to not at all

Question 4: If a service of accessing literature were offered through DNP Inc., would you access it?
79% very much to absolutely, 21% somewhat to not at all

Question 5: Would you be willing to pay an annual fee to utilized literature access services through DNP Inc.?
36% very much to absolutely, 64% somewhat to not at all

Do these findings reflect your experience and point of view?

Click HERE to take the November 2019 Survey
Are you familiar with the phrase, “A watched pot never boils”? That is the feeling we have right now at Doctors of Nursing Practice, Inc. as the web site is being renovated. The first proofs show a more modern site with easier maneuverability. We will incorporate the online community into the operations of that content management system rather than relying on a separate web site to meet this need. Services and opportunities to support the DNP online community will be enhanced. Still – we must wait until all of these programming and development issues are addressed. Keep your eyes open for these changes that we hope to begin in December of this year yet are likely to roll out in January 2020.

The Abstract Submission system is now open for the 13th National Doctors of Nursing Practice Conference. The call for abstract is open through February 15, 2020. The conference takes place in Tampa, FL August 5-7, 2020.

Please access the many services offered through DNP, Inc.

Repository of Scholarly Practice Projects
Dissemination Team to promote DNP scholarly and practice
DNP University Program Listing
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Best wishes to all,
David Campbell-O’Dell, DNP
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