

# OUTCOMES

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



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2018 Conference

**Editor:**

David Campbell-O'Dell DNP



Join us in the desert!  
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September 27-29, 2018



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# Planning for 2018

As the new year begins, I plan the topics that I will write about during the next 12 months. Occasionally, there are times when my plan needs to be readjusted because a newsworthy item has caught my attention, but I try to plan as much as possible.

Part of my planning involves examining the current health policy issues that are impacting our nation. To do this, I scour professional organizations, advocacy groups and the government's congressional bill-tracking website, govtrack.us. Currently, in the 115<sup>th</sup> Congress, there are 873 bills that fall under the 'health' category and there are 60 subcategories. These subcategories range from aging to healthcare facilities to world health.

Of the 873 current bills – and keep in mind that the 115<sup>th</sup> Congress is still in session - estimates show that only 2 to 4% of bills are actually passed. So why do so few bills become law? Congress is a large political body made up of 535 people. As part of their campaign platforms, politicians make promises to work for and create certain policies. As a result, politicians often introduce legislation to keep their constituents happy. Even if a specific piece of legislation has no chance of succeeding, a politician might co-sponsor or sponsor the legislation to express their support for an idea.

The process of enacting legislation is also very time consuming. Bills have to navigate through various committees and, in many cases have to be rewritten in order to be voted on, and many bills die before they even come up for a vote. During committee discussions, some bills may be ignored entirely. It is up to the sponsor of the bill to promote their cause and to gain attention.

Even though only 2 to 4% of bills become law, politicians often use amendments and larger pieces of legislation to accomplish the same goal. During negotiations, politicians will often agree to vote in favor of a bill if their legislation is included as an amendment. Amendments do not have to be related to the bills to which they are attached.

Other than amendments, there are other ways to get legislation passed. For example, by focusing on common concerns, such as lack of access to healthcare, many politicians will sign on to co-sponsor a bill. Another tactic to pass a bill is by including the most significant aspects of the opposing party's position in the proposed legislation. This scenario lends itself to a win-win scenario which allows all parties involved to have a feeling of accomplishment.

As 2018 begins, I will explain the nuances of some of the most impactful bills currently before congress and those that have yet to be introduced. With the recent passing of President Trump's tax bill, I'm sure that 2018 health policy arena will be just as exciting as 2017!



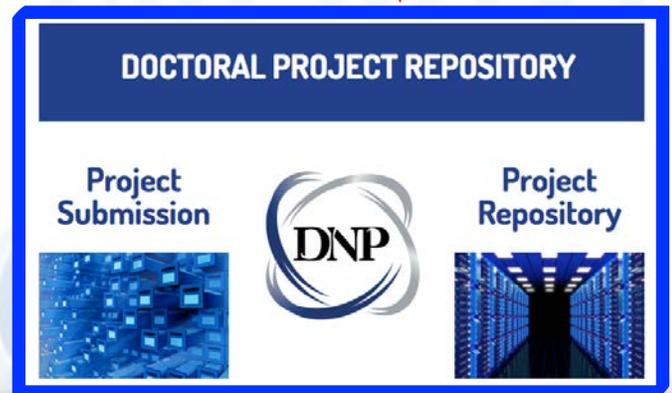
**Jill Beavers-Kirby**  
DNP, MS, ACNP-BC

received her Doctorate of Nursing Practice at The Ohio State University in May 2011. She currently serves Coordinator of Nurse Practitioner Programs and Associate Professor at Mount Carmel College of Nursing; she has served in this role since November, 2015. She also serves as a Visiting Professor for Chamberlain University in 2014.

She has been a Board Certified Acute Care Nurse Practitioner since 2005 and she is also Board Certified as an Adult Nurse Practitioner. She has worked in a variety of patient settings most recently in hematology working with patients who had leukemia and lymphoma. She is licensed as a Registered Nurse in 12 states which permits her to educate students across the U.S. She has an extensive teaching history which includes Health Policy, Health Assessment, and Transition to Professional Roles for Nurse Practitioners. Dr. Beavers-Kirby is a founder, past president, and president elect for the Council for Ohio Health Care Advocacy (COHCA). She is also a devoted patient advocate and is actively involved with the Ohio Nurses Association Legislative Committee and she is an Ambassador for the Arthritis Foundation Policy.



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- *Showcase DNP practice projects to share outcomes with colleagues and consumers.*
- *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.*



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**DNP's Transitioning into the Faculty Role: Painless Re-Tooling and Support**

I recently transitioned from a healthcare administrative role into a full-time faculty role teaching nursing at the Baccalaureate level three years ago. My areas of expertise included QI, risk, regulatory, and leadership - forty years of nursing experience needed to be re-purposed. I quickly discovered I needed to create and develop a tool kit for success.

**Background:** This article will describe how the author used her QI, risk, regulatory, and leadership knowledge, skills, and abilities (KSA's) to ease the transition into the faculty role. I will describe how to provide support to DNP's in transitioning into a faculty role, including specific strategies. For example, use of The Essentials of Baccalaureate Essentials for Professional Nursing Practice (American Association of Colleges of Nursing, 2015) and Quality, Safety, Education in Nursing (QSEN, 2005).

**Importance to Nursing Education:** The 'new' language of academia – evaluation methods, curriculum design, student-centered learning– all needed translation. A process was created to maximize the nurse educator's productivity and efficiency in assuming teaching and re-designing an existing course. I created a cross-walk between my current KSA's and KSAs

KSAs	Academia
Work process	Pedagogy
Risk mitigation	Syllabus, Student handbook,
CQI	Rubrics, formative evaluations, Plus/delta
Regulatory	AACN, NLN, QSEN

Before –

- LMS basic skill set
- Use of teaching technology basic skill set
- Student Handbook learned it
- Defined how I would 'create professional's in the classroom

During –

- 8 second rule to capture attention
- Use of an agenda
- Review of SLO's before and after class
- Mindfulness time – music, coloring, puzzles before class starts
- Plus/delta at end of every class
- In class homework
- Formative evaluation mid-course

After –

- Review course evaluation for improvement
- Evaluate teaching technology- shiny or useful?
- Academic coaching needed sooner?
- Add something 'small' for improvement each cycle, but don't overhaul until three full teaching cycles

**Lessons Learned/Outcomes:** The greatest challenge is classroom management and meeting each unique learning style and need of students. Knowing when students are struggling, intervening to assist their learning and then having 'critical conversations' on student learning expectations and performance is a key skill set. A key lesson learned is teaching is a therapeutic relationship, and faculty cannot be co-dependent if students are to succeed and develop as professionals.

**Implications:** DNP's can be easily transitioned into academic roles if a safety net of supportive faculty, especially Master Teachers and Academic coaches, can guide and help mold the faculty role as educator. The new faculty member needs to expect and ask for observation in the classroom and go observe other classrooms. The new faculty need to understand that extensive preparation is part of transitioning into the faculty role. A clear process for new faculty to follow can ensure the nurse educator's productivity and efficiency in assuming teaching. With a plan in place for transition, the anxiety of the new faculty role is manageable and exhilarating.

**Resources**

American Association of Colleges of Nursing. (2008). The Essentials of Baccalaureate Education for the Practice of Professional Nursing. Washington, D.C.

Gordon, Thomas and Burch, Noel. (2003). TET: Teacher Effectiveness Training. New York: Wyden Publishers.

Haynes-Lewis, Hilda and Pearson, Triniece. (2014-2016). Transitioning from Clinical Nursing to Nursing Faculty, for the [Graduate Nursing Student Academy \(GNSA\)](http://www.aacnnursing.org/Teaching-Resources/Tool-Kits/Transitioning-Clinical-Faculty), Washington, D.C.: American Association of Colleges of Nursing. Retrieved from <http://www.aacnnursing.org/Teaching-Resources/Tool-Kits/Transitioning-Clinical-Faculty>

Quality, Safety, and Education in Nursing Institute. (2017). Frances Bayne Bolton School of Nursing, Case Western University. Retrieved from <http://qsen.org/>



**Connie B. Bishop, DNP, MBA, BC-NI**  
 North Carolina A&T State University,  
 College of Health and Human Sciences, School of Nursing



## CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY

### DNP Project Surveys: Please join in and help a colleague and our discipline

**[7 Words and Phrases CDC Officials are Forbidden to Use??](#)** The recent dictate by this administration flies in the face of what we as DNP prepared professionals do to enhance outcomes. Join the conversation and share your point of view.

**[Do you need a Mentor?](#)** - - - **[Who is willing to Mentor a colleague?](#)** Two conversations in the Forums section of the DNP Online Community designed to assist colleagues in connecting. Join and share to see how we can support each other's efforts.

**[What is your DNP role?](#)** Started by Katherine Albert asking for the point of view and thoughts of DNP prepared colleagues.

**[Are you dealing with Bullies and Jerks?](#)** A conversation posted by our friend and colleague Eileen O'Grady. Have a look. She is well known for her insights and commitment to the health and wellness of all in our profession.

**[DNP as nursing faculty for undergraduate and graduate nursing schools.](#)** This conversation was started by our colleague Liriane Dassow Davis. She challenges us to view the contributions we can make to our discipline. See more of this conversation.

**[Chairing DNP Projects.](#)** Maridee Dawn Shogren brings up some interesting points regarding who would be best to chair a DNP student's project committee. Interesting thoughts and responses.

### DNP Groups of Interest:

- [Texas DNP Network](#)
- [New England Organization of Doctors of Nursing Practice](#)
- [Michigan DNPs](#)
- [Southeastern DNP](#)
- [California Organization of Doctors of Nursing Practice \(CODNP\)](#)
- [Ohio DNP Network](#)
- And others.

November and January and February 2018 Events:

- [AACN Doctoral Conference](#)
- [AANP 2018 Health Policy Conference](#)
- [AACN: CNL Research Symposium, Summit and Master's Education Conference](#)
- [AACN Master's Education Conference](#)

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.

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## DECEMBER 2017 DNP, INC SURVEY RESULTS

### December 2017 Survey Results: the Value of a Repository for Doctoral Projects

The December 2017 survey requested thoughts on the use and value of some of the services and features of the DNP Inc. web site. The site, overall, is helpful but not accessed by the majority of respondents. The idea of Continuing Education and a Foundation show promise and are desired services.

Question 1: I have visited the DNP Inc. web site more than one time per month in the last 12 months.  
25% very much to absolutely, 75% somewhat to not at all

Question 2: The DNP Inc. web site offers information that is valuable to me as a student, graduate and/or faculty  
30% very much to absolutely, 70% somewhat to not at all

Question 3: I am interested in obtaining continuing education targeted to DNP graduates.  
65% very much to absolutely, 35% somewhat to not at all

Question 4: The foundation to support the expansion of doctoral projects to improve outcomes is something that I believe is valuable.  
80% very much to absolutely, 20% somewhat to not at all

Question 5: I value the forums, blogs, events, and groups shared on the DNP Inc. Online Community.  
30% very much to absolutely, 70% somewhat to not at all

What do you think? Do these findings reflect your point of view?

Click [HERE](#) to take the January 2018 survey



# ORGANIZATIONAL UPDATE

Happy New Year to everyone with hopes for a successful and satisfying 2018. We all see the dynamics of the world around us and the ever-changing landscape of health care and doctoral nursing practice are not exceptions. The DNP Inc. organization has launched the Project Repository, and is actively involved in building the DNP Foundation to assist graduates in expanding their doctoral projects. Consider uploading your completed project and encourage your faculty / alma mater to be a part of the Dissemination Team Champions. **To view the repository or submit your project, [click into this link](#).**

The 11<sup>th</sup> National DNP Conference will take place September 27-29, 2018 at the Westin Mission Hills Golf Resort & Spa, Rancho Mirage, CA.  
(Please note: The 2018 conference will take place on a Thursday, Friday and Saturday).

**CALL FOR ABSTRACTS**  
**FOR THE 2018 CONFERENCE**  
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**AND WILL CLOSE FEBRUARY 15, 2018.**

## Useful Links

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[FACULTY  
RESOURCES](#)

[INDIVIDUAL BLOGS](#)

[VALUABLE LINKS](#)

[CAREER LISTINGS](#)

[GROUP PAGES](#)

[DNP PROJECT  
REPOSITORY](#)

[MULTIPLE FORUM  
TOPICS](#)

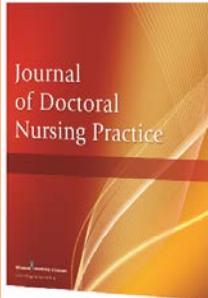
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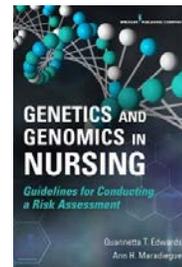
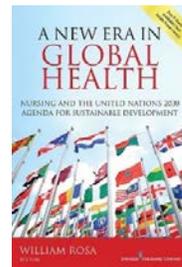
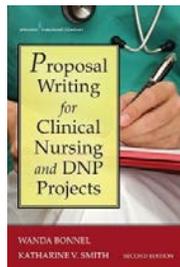
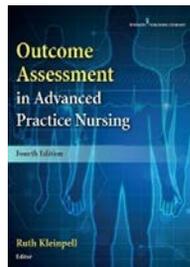
The *Journal of the Doctor of Nursing Practice (JDNP)* and **Doctors of Nursing Practice, Inc.** (DNP Inc.) are working together to promote the profession of nursing and enhance the doctoral nursing practice.

Since 2007 the *JDNP* (formerly known as *Clinical Scholars Review*) has published peer-reviewed articles that demonstrate clinical excellence in the application of evidence-based practice of doctoral nursing, while reflecting the expertise and impact of the DNP prepared nursing professional.

**Springer Publishing Company**, Dr. Stephen Ferrara (Editor-In-Chief of the journal), and leaders in **DNP Inc.** are committed to supporting the advancement of the doctoral nursing practice.

**To that end, members of the DNP Online Community are eligible for discounts on the following:**

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**Shannon Idzik, DNP, CRNP, FAANP**  
Associate Professor  
and Associate Dean  
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**Shari Simone, DNP, CPNP-AC, PPCNP-BC, FCCM, FAANP**  
Assistant Professor

#### ALUMNA :

**Karen Swisher Kesten, DNP, APRN, CCNS, CNE, CCRN-K**

#### DNP STUDENT:

**MiKaela Olsen, MS, APRN-CNS, AOCNS**

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## Palliative Care, and the DNP Prepared Nursing Professional

Diagnosing chronic diseases such as dementia is occurring much earlier in the disease process today than in the past. Individuals diagnosed will live longer with their disease than ever before. At some point maximum medical therapy will be achieved. However these individuals may not yet be at the end-of-life or appropriate for hospice care. Strict guidelines for hospice admission provide challenges for many patients needing comfort focused care but are not yet eligible for hospice care. Palliative care, which provides specialized care for patients living with serious/chronic illness, offers comfort focused care without the requirements of hospice.

Dementia is a devastating irreversible disease with an often lengthy and unpredictable trajectory. Many of these patients reside in long-term care facilities and would benefit from palliative care. Sadly most of these patients never receive such services in part due to lack of programs available in this setting. Innovative leadership strategies in palliative care is essential to improving the overall quality of life of patients, especially those with dementia who reside in long term care settings (Hospice and Palliative Nurses Association, 2015).

Palliative care services are often underutilized in the nursing home setting. Several reasons exist for this including staffing ratios, lack of identification of appropriate patients and state and federal regulations (Letizia, 2016). The level of patient acuity in nursing homes today is much higher than in the past yet staffing ratios often do not accommodate higher patient acuity. Nurses may not recognize criteria appropriate or available for palliative care services. Additionally staff turnover may be high, making it challenging to gain buy-in for palliative care services in the nursing home. Regulatory guidelines instituted as a part of the Federal Nursing Home Reform Act can also be a barrier. These guidelines tend to focus on minimal standards of care that may be misinterpreted. An example of this misinterpretation involves patients with dementia. This patient population will reach a point of where functional decline is both expected and unavoidable. Weight loss, decreased oral intake, and increased weakness are expected as part of disease progression and should not be viewed as symptoms of poor quality of care (Letizia, 2016).

The nursing profession has long recognized the need for supportive comfort focused care. With the growing number of patients needing palliative care services in the United States, the growing number of physicians reaching retirement, and the lack of physicians choosing palliative care as a subspecialty, the role of the advanced practice nurse (APN), has filled the gaps in providing palliative care services especially in the nursing home setting. The APN typically serves as a primary care provider, or as a consultant such as in palliative care where specialized focused care is delivered. With the number of patients living in the nursing home expected to nearly triple by 2030, the need to provide quality supportive and end-of-life care is imperative (Cimino & McPherson, 2014). Doctorally prepared nurses (DNPs) will play an important role in the development, implementation, and maintenance of palliative care programs in the nursing home setting.

As innovative leaders in healthcare, DNPs must find solutions to the many barriers and challenges that exist today in access to palliative care in the nursing home.

Palliative care is associated with improved symptom management, reduced hospitalization, and increased advanced care planning. Palliative care has been shown to improve quality of life. Though many barriers remain in providing access of palliative care services in the nursing home setting efforts are being made to overcome them. Financial and regulatory issues will continue to be major barriers in achieving access to palliative care in the nursing home setting. Reform efforts are needed to improve access in this population. Improving education about palliative care benefits and services, especially for those with dementia, is a critical component requiring the dedication of stakeholders within organizations to improve access to these services.

The DNP prepared nursing professional will be challenged as an innovative leader in the healthcare system to improve access to palliative care for those with dementia in the nursing home setting. Opportunities for nursing leadership within palliative care will occur on many fronts including administration and clinical settings. Overcoming financial and regulatory barriers will be challenging, but are necessary to improve access to palliative care. Leading interprofessional teams that develop and implement strategies to overcome such barriers is just one role for the DNP prepared professional. Supporting efforts to increase education in nursing schools about palliative care is essential as well. Finally, lobbying on behalf of patients and colleagues in palliative care for policy and legislation to improve access to care and improve patient outcomes at the end-of-life is critical as well. We are the voice of change and have the opportunity to speak out to provide palliative care for our patients with dementia.



**Michelle M. Buikema, NP-C**  
Lead Palliative Care Nurse Practitioner for  
Paragon Clinical, LLC  
DNP Student at Wilkes University

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# The Journal of Doctoral Nursing Practice

You Are Invited to Subscribe to the Journal of Doctoral Nursing Practice: At a Discounted Rate

I am delighted to announce that online access to the Journal of Doctoral Nursing Practice (JDNP) is now being offered to members of Doctors of Nursing Practice, Inc. (DNP, Inc.) at the reduced rate of \$15 per year. Our relationship creates a synergistic effect for the DNP community as a whole. The JDNP will serve as the peer-reviewed scholarly journal for the DNP community and DNP Inc., will connect graduates, students, and educators in numerous ways to help us further define our role as the health care system becomes increasingly complex and more requiring of DNP acquired talents. This complexity is ripe for DNP-led solutions. We are also hopeful that our relationship will attract additional subject matter expert peer-reviewers for the JDNP (see instructions for signing up), as well as increase the number of quality manuscript submissions. Further, we collectively want to support the DNP community and will soon offer resources to assist authors with helpful suggestions for manuscript submission and acceptance.

The mission of Journal of Doctoral Nursing Practice is to support the advancement of the doctoral practice of nursing. The JDNP is a biannual, peer-reviewed publication focused on presenting articles that demonstrate clinical excellence in the application of evidence-based practice of doctoral nursing. Articles submitted for consideration discuss clinical practice and patient care; case studies; practice issues, including management, scope of practice, and reimbursement; ethical dilemmas, legal issues, and business practices; and innovative methods of teaching and evaluating advanced practice and profiling the scholarly nature of the clinical practice of nursing. For more information and author guidelines, visit: <http://www.springerpub.com/media/springer-journals/9418-guidelines.pdf>

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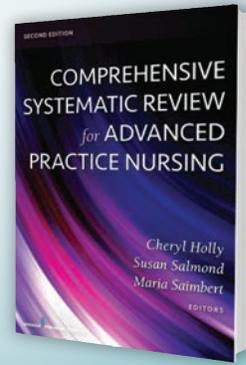
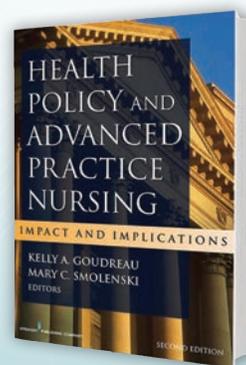
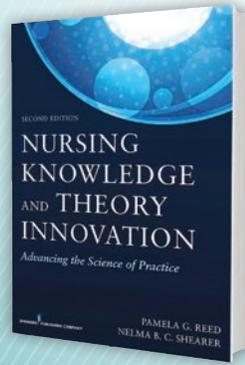
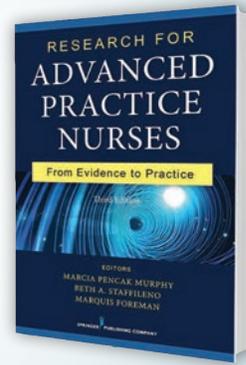
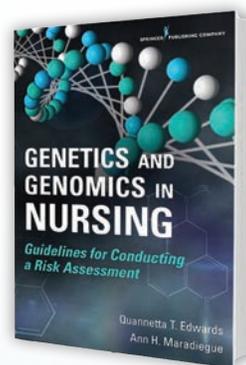
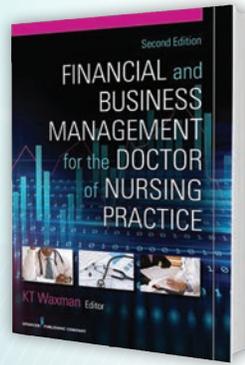
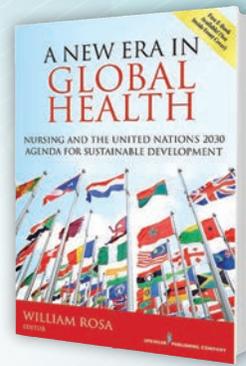
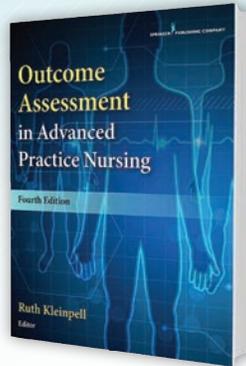
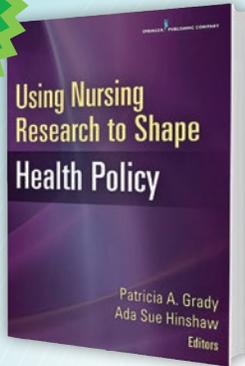
We are very excited about the many possibilities this collaboration will produce in the near future. Should you have any questions, feel free to contact me at the e-mail address below.

Stephen A. Ferrara, DNP, FNP, FAANP  
Editor-In-Chief, Journal of Doctoral Nursing Practice  
Associate Dean, Assistant Professor, Columbia University School of Nursing  
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## 3 Survival Tips for DNP Students

A weighty decision many nurses make at some point in their career is the pursuit of a higher education. Since the availability of bridged BSN to DNP programs, which allow nurses with a Bachelor's degree to dive straight into a doctoral degree, it is no surprise that many of us are choosing this long and painful route. DNP school can appear to be an unpassable obstacle. Graduate school is surely challenging but remember, your experiences will mold you into an exceptional prepared, doctoral nurse practitioner. You will spend much of your time studying, writing, completing clinical hours, and researching your DNP Project. You will need to learn to navigate the intricacies of DNP school and balancing your coursework with your family life. I am here to tell you that it is manageable. You *can* do it! You can be quite successful in your coursework while maintaining a good balance with your work and family life. Here are some tips for surviving DNP school:

**1. Get Organized**—Stay on top of your school schedule, assignment deadlines, and readings. I learned that I had to become a master at organizing my life to be successful in school. Before each semester begins, contact your professors and ask them for the class syllabus and/or a list of books required. Buy yourself an organizer or online calendar and pencil in all your assignments on their due dates as soon as you have all your syllabi in hand. Review your syllabi and write down all the questions you may have regarding assignments, grading, due dates etc. Then get going! This will ensure your readiness and may even get ahead by the first day of class. Most professors will expect you to read an unrealistic number of chapters in as short as one or two weeks. This will send many students into panic mode very quickly. Don't be that student. Learn to get ahead.

**2. Make Friends**—graduate school can get very lonely. Many programs are either on-line or offer a hybrid format which means you do not get to see people face-to-face often. One of the reasons I found graduate school enjoyable is because of the few but close relationships I have made. Having support and understanding from someone going through the same experience as you, is priceless. Finding a friend may not be easy but reach out to your classmates, ask around for those interested in a study group and build yourself a circle of friends.

**3. Prioritize Self-care**—There is nothing more important than taking care of yourself. It is easy to prioritize everything and everyone else before yourself but do not forget to treat yourself occasionally. Doing something for yourself, no matter how small, can have a significant impact on your emotional well-being. Some things that did a great deal of uplifting for me include spending time with my family, treating myself to a manicure and pedicure, and painting pottery with fellow classmates after exams. Find what makes you happy and make sure you fit those things into your life. Balance is key; a happy student is a successful student.

I hope these simple tips may be of help to many DNP students. I wish I had known a little more about DNP school before I started my program. Remember, the road ahead may bring many ups and downs but it is important to stay focused on the ultimate goal. Even when times get rough, keep your eyes on the prize, stay focused, be strong, and soldier through. Soon, you too will become an exceptionally trained nurse practitioner!



**Martha De Crisce, BSN RN**  
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