

Changing the Landscape of Healthcare by Teaching Quality Improvement as a Necessary Clinical Skill

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**Jan has no conflicts of interest to
declare for this presentation on
DNP education.**

Execution of 500+ hours;

“-focused graduates are prepared to generate new knowledge through innovation of practice change, the translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes. New knowledge generated through practice innovation, for example, could be of value to other practice settings.

This new knowledge is considered transferrable but is not considered generalizable.”

American Association of Colleges of Nursing, 2015

“Organizational and systems leadership knowledge and skills are critical for DNP graduates to develop and evaluate new models of care delivery and to create and sustain change at the organization and systems levels.”

“The ability to develop and adapt care delivery and evaluate outcomes is essential for DNP graduates to mold practice and improve the health and well-being of populations.”

American Association of Colleges of Nursing, 2015

*“The application
and translation of evidence into practice is
a vital and necessary skill that is
currently lacking in the healthcare environment
and the nursing profession.”*

American Association of Colleges of Nursing, 2015

DNP programs attest to students' increased proficiency to

- **Assess**
 - **Plan**
- **Implement**
- **Evaluate**
 - **Plan**
- **Reassess**

healthcare processes and systems

***The central aim of this presentation is to -
explore the need to verify DNP learners'***

- **Knowledge,**
- **Skills, and**
- **Behaviors**

**related to quality improvement activities
beyond the DNP project.**

Objective 1 –

Criticize the relationship between the formal DNP project and the ability to complete ongoing quality improvement activities.

Objective 2 –

Formulate a plan for assessing learners' abilities to plan and implement ongoing quality improvement activities in clinical practicums.

Objective 3 –

**Argue the added-value of DNP-prepared
clinicians in changing the landscape of
American healthcare.**

CLINICIANS INNOVATORS
DIAGNOSTICIANS

LEADERS

FINANCIAL MANAGERS

EXPLORERS INVENTORS

HUMAN RESOURCE MANAGERS

GRANT-WRITERS

MAGICIANS

EDUCATORS

INFORMATICIANS

LANDSCAPE ARTISTS EXTRAORDINAIRE!



Myth #1

**The planning and implementation required
to influence change is not worthy of the
weighty commitment needed
to create the new landscape.**

Myth #2

Educators' efforts are best used to ensure that students are successful at passing certification exams and advanced employment opportunities.

Myth #3

Successful execution of quality improvement, program evaluation, and program development will happen naturally after students complete the DNP Project.

Myth #4

**Employers are only focusing on APRN skills,
not on employees' abilities to impact
organizational improvement.**

Myth #5

**DNP-prepared clinicians provided
added-value to employers and enhance
population health.**



The Exploration

AY 2016-2017 and 2017-2018

BSN-to-DNP learners in their last clinical practicums

52 learners

10% percent of the clinical hours

- **Observe the clinical setting for an improvement opportunity**
- **Identify the opportunity**
- **Write an improvement plan**
- **Complete three PDSA cycles over the semester**

The Results

All 52 students successfully completed the process

- 15% completed only 2 PDSAs
- All students were participated in reflective journaling with faculty
- Barriers
 - Difficult to engage some practice partners
 - Students occasionally struggled with professional communication or stated they felt “out of their comfort zones”
 - Some faculty felt it was unnecessary

GROUP LEARNING







References

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