

<p><b>The 2023 DNP National Conference will be Virtual</b></p> <p><b>Please save the dates:</b></p> <p><b><u>August 10-11, 2023</u></b></p>	 <p><b>FEATURED ARTICLE</b></p> <p><b><i>What is the Impact of DNP Practice Scholarship?</i></b></p>	 <p>Visit us at: <a href="http://www.DNPInc.org">www.DNPInc.org</a></p>	 <p><b>ADVERTISE IN OUTCOMES TODAY!</b></p>
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# **OUTCOMES**

*The monthly electronic newsletter for and about nursing colleagues that improve health care outcomes.*

**Table of Contents**

Topic	Page
<b><i>DNP Organizational Update</i></b>	<b>2</b>
<b><i>Monthly DNP Inc. Survey Results</i></b>	<b>3</b>
<b><i>Dissemination Team / Featured Repository Projects</i></b>	<b>4</b>
<b><i>Online Community Links and Opportunities</i></b>	<b>5</b>
<b><i>Important Articles and Links for DNP-prepared nurses</i></b>	<b>6</b>
<b><i>The Year of the TIGER: Update on the National Human Genome Institute</i></b>	<b>6</b>
<b><i>The Dreaded Doughnut Hole: How Providers Can Help</i></b>	<b>7</b>
<b><i>DNP Foundation / Dissemination Team</i></b>	<b>9</b>
<b><i>Wisdom from Colleagues</i></b>	<b>10</b>
<b><i>National Institute of Nursing Research Strategic Plan</i></b>	<b>12</b>
<b><i>Conference Archives and Select Sponsors</i></b>	<b>13</b>
<b><i>Doctoral Project Repository</i></b>	<b>17</b>
<b><i>Academy of Doctoral Prepared Nurses Update and Plans</i></b>	<b>18</b>
<b><i>The Journal of the Academy of Doctoral Prepared Nurses Update and Plans</i></b>	<b>20</b>
<b><i>2023 National Doctor of Nursing Practice Conference</i></b>	<b>22</b>



*The mission of Doctors of Nursing Practice, Inc. is to improve healthcare outcomes by promoting and enhancing the doctoral prepared nursing professional.*

**VALUABLE LINKS**

<p>Doctoral Project Repository</p>	<p>University DNP Programs</p>	<p>Dissemination Team</p>	<p>DNP Foundation Donor Options</p>
<p>Join the Mailing List</p>	<p>DNP Online Community</p>	<p>Advertising Packages</p>	<p>Contact Us</p>

## ***DNP Organizational Update***



Are the final months of this year moving far too quickly? It certainly feels that way with the efforts to implement long-developed strategies to support doctoral prepared colleagues to improve healthcare outcomes. Doctors of Nursing Practice, Inc. has had successes and near-misses this year, yet is still pressing forward with the strategic plan.

One of the plans that required a sharp turn was the decision to develop the 2023 National Doctors of Nursing Practice Conference in a Virtual Format. As mentioned in past messages, the use of venues such as hotels and

resorts has become cost prohibitive. As much as we would prefer a face-to-face meeting, when the numbers of attendees do not meet the expected quota, revenues are lost. The Pandemic halted conference plans in 2020, and 2021 and 2022 national events took place, yet both reflected a significant loss. The organization cannot sustain another hit like that, so we are now stepping back to a re-building phase.

We anticipate a two-day virtual conference on **August 10 and 11, 2023**. Save these dates!

A virtual conference can be expanded into continuing education offerings. That is the goal for offerings from the 2021 and 2022 conference. We are also working to develop and present other continuing education offerings to help enhance professional growth.

All of us have no doubt taken advantage of on-line continuing education services at one time or another in our careers. The cost of CE for nurses is modest, so the charges for CE through DNP Inc. will be as low as possible. Financial proformas to justify the expense vs. revenue have shown that CE will likely be a break-even proposition for the first and perhaps second year, yet this service reflects the mission and vision of this organization. When Continuing Education is offered, we hope you will take advantage of the offerings unique to doctoral prepared nurses.

Many have communicated their interest in being a part of the **Academy of Doctoral Prepared Nurses**. This strategic plan is the natural next step in the evolutions of Doctors of Nursing Practice, Inc. as it reflects the goal of collaboration by colleagues at the peak of their careers and skills to impact healthcare outcomes. Thank you to those that have communicated an interest. We will follow up in December to share implementation plans for the first and second quarters of 2023. Read more about these plans in a dedicated column in this OUTCOMES newsletter.

**The mission of Doctors of Nursing Practice, Inc. is to improve healthcare outcomes by promoting and enhancing the doctoral prepared nursing professional. This mission requires a multifaceted approach to include a robust communication system (the DNP Inc. Website); an online community with forums, blogs, groups, and events; a listing of all known DNP programs; a repository of DNP projects; dissemination team to support DNP colleagues to share their work; continuing education; a foundation to support DNP growth; job listings; OUTCOMES monthly electronic newsletter; and, the annual national DNP Conferences.**



## ***Monthly DNP Inc. Survey Results***

Last month's survey solicited responses regarding collaboration practices both intra and inter professional. Your thoughts are appreciated. Please see responses below. What do you think? Do these results reflect your point of view?

Question 1: If I had extra fundings, I would have expanded the implementation of my scholarly practice project.

76% very much to absolutely, 24% somewhat to not at all

Question 2: A grant to assure the sustainability of my scholarly practice project is something I would like to see.

76% very much to absolutely, 24% somewhat to not at all

Question 3: Funding from Doctors of Nursing Practice in the form of a grant would help to promote the professional growth of this degree.

86% very much to absolutely, 14% somewhat to not at all

Question 4: I know of scholarly practice projects that could have been enhanced if funding were made available to the student.

74% very much to absolutely, 26% somewhat to not at all

Question 5: I am interested in donating to support the growth and development of DNP prepared colleagues to expand or complete their scholarly practice projects.

30% very much to absolutely, 70% somewhat to not at all

These quick-and-easy surveys help check the pulse and temperament of respondents. The surveys support a general understanding and appreciation of topics being discussed and examined. Please consider completing each month's survey to help reflect ourselves and our practice as DNP prepared nursing colleagues.

**Click [HERE](#) to complete  
the October 2022  
DNP Survey**

## ***Dissemination Team / Featured Repository Projects***

The Dissemination Team is a collective effort to support DNP student and graduate colleagues in sharing their completed DNP projects. Many programs archive completed projects in a university archive, while others save the work to searchable databases that can be viewed by those with access to these library-based collections. The DNP Project Repository is different. It is searchable by all browsers and search engines, and can be shared with stakeholders. The content is the intellectual property of the author. **University programs that are a part of the Dissemination Team support their students and graduates by providing a \$5 discount for all repository uploads from their school.**

Programs that are a part of the Dissemination Team include:

<b><u><a href="#">Chaminade University of Honolulu</a></u></b>	<b><u><a href="#">Saint Louis University</a></u></b>
<b><u><a href="#">Charles R. Drew University</a></u></b>	<b><u><a href="#">Sentinel University</a></u></b>
<b><u><a href="#">Lourdes University</a></u></b>	<b><u><a href="#">University of Maryland</a></u></b>
<b><u><a href="#">Purdue University Global</a></u></b>	<b><u><a href="#">Wilmington University</a></u></b>
<b><u><a href="#">Sacred Heart University</a></u></b>	
Your alma mater should be listed also!	Click <b><u><a href="#">HERE</a></u></b> for more information.

## ***DNP Repository Featured Scholars***

The skills and dedication of DNP prepared colleagues can be seen in the work posted to the repository – a curated collection of articles. Here’s a sample of what can be found in the **[DNP Doctoral Project Repository](#)**:

**[Optimizing STI Screening in Primary Care: A Quality Improvement Project](#)** by Wendy Kays, DNP, MSN, MSNed, APRN-BC, AAHIVS, AGPN, RN from Touro University Nevada

**[Ketamine Administration as a Pain Control Intervention for Burn Patients During Dressing Changes](#)** Danielle L. Ketchum, DNP, RN from Bradley University

**[Anesthesia For Patients Who Use Marijuana](#)** Bohdan Khromenko, DNP, CRNA from Cedar Crest College

**[Cultivating Cultural Competence to Address Childhood Obesity in Ethnic Minority Youth](#)** Tia L. Knight-Forbes, DNP, FNP-BC from Walden University

**The Doctoral Project Repository is an archive of curated documents. This archive 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.**

**For more information about the Doctoral Project Repository including methods to upload your information please visit **[THIS PAGE](#)**.**

***Are you looking for a career move?  
Is your organization ready to hire a  
DNP prepared nursing professional?***

**[Click HERE for more information.](#)**

***The transition from the old to the NEW DNP Online Community has created a void in the creation and listing of groups. Do you have one to display? Check out the listing and add yours to the collection of options for colleagues.***

**[Greater Boston Doctors of Nursing Practice Group](#)**

**[Why Were Many SF Hospitals Once Affiliated with Ethnic Groups?](#)**

**[Commission’s Foundational Report on Racism in Nursing](#)**

**[DNP’s Seeking Positions in Academia](#)**

**[DNP’s of all Races, Creeds, and Ethnicity](#)**

**[DNP Professional Growth: Forum](#)**

**[DNP Faculty](#)**

**[Teaching Tool to Inspire Nurses to Practice with Moral Courage and Compassion](#)**

**[Blind Review Is Blind to Discrimination](#)**

**[Synchronous Telehealth Fatigue Among Healthcare Providers Survey](#)**

**[National Study of Nursing Faculty and Administrators’ Perceptions of Professional Identity in Nursing](#)**

**[Strategies to move entry-level NP education to the DNP degree by 2025](#)**

**[Mentoring and Interprofessional Collaboration](#)**

***Do you have an organization or service that promotes  
DNP prepared colleagues?***

***Are you a member of the DNP Inc. online Community?***

***If so, [CLICK HERE](#) to view more discussions and enter your thoughts!***

***If so, contact us to share your efforts on the DNP Inc. website  
and in this monthly electronic newsletter. [Contact Us!](#)***

## ***Important Articles and Links***

Four articles important to DNP colleagues have been shared in the past, yet are included again in this issue of OUTCOMES as they are valuable for educational preparation and practice. Enjoy!

**[Drivers for Seeking the Doctor of Nursing Practice Degree and Competencies Acquired as Reported by Nurses in Practice](#)**

**[Practice scholarship satisfaction and impact as perceived by DNP-prepared nurses](#)**

**[Impact of Practice Scholarship as Perceived by Nurses Holding a DNP Degree](#)**

**[Practice Scholarship Satisfaction and Impact as Perceived by DNP-Prepared Nurses](#)**

## **The Year of the TIGER: Translation and Integration of Genomics Is Essential to Doctoral NuRsing**

An Update on the National Human Genome Research Institute of the National Institutes of Health R25  
Doctoral Genomics Education Program



Twenty-five DNP and PhD faculty members representing 23 universities from across the United States were accepted into the inaugural 2022 TIGER cohort. The purpose of TIGER is to prepare doctoral nurses, including those with a Doctor of Nursing Practice (DNP) and/or a Philosophy Doctorate (PhD), to translate and integrate genetic and genomic content into nursing academic curricula, scholarship, and practice.

Please look for additional TIGER updates in upcoming newsletters. Applications for the 2023 TIGER cohort will be available beginning June 1<sup>st</sup>.

For questions and additional information about the TIGER program e-mail [tiger@vanderbilt.edu](mailto:tiger@vanderbilt.edu)

***The above is shared by our colleague, Patricia A. Kelly, DNP, APRN, CNS, AGN-C, AOCN, TIGER Faculty and Team Member and Laurie M. Conners, DNP, APRN, FAANP, Associate Professor Vanderbilt University School of Nursing***

## ***The Dreaded Doughnut Hole: How Providers Can Help***

The doughnut hole, nicknamed for the gap in coverage that some Medicare Part D beneficiaries who have high prescription drug utilization face yearly. In 2003, when Medicare Part D was enacted, it included this characteristic cost sharing initiative to help promote cost containment to its users. Part D coverage has different stages including a deductible phase, initial coverage phase, coverage gap or doughnut hole and finally the catastrophic coverage phase (van Kleef et al., 2011). Each phase requires the beneficiary to pay some amount towards their prescription medications. Due to the Affordable Care Act and recent legislation, the doughnut hole has been shrinking, but is not obsolete.

The primary issue that the doughnut hole creates is the possibility of beneficiaries going without their needed medications due to the high costs. Bonakdar Tehrani & Cunningham (2017) state that a quarter of Medicare users will reach this doughnut hole phase. Out of this group, it is estimated that 20% of participants alter their drug usage habits, either stopping the medication or rationing them. Those who are at most risk is those with multiple health issues who take many different drugs. Some of the most expensive medications, to include diabetic medications and inhalers, can significantly affect quality of life and without them will likely cause a worsening health status. A strong inverse relationship exists between medication cost and utilization, the higher the medication cost, the lower the utilization rate (Bonakdar Tehrani & Cunningham, 2017).

What can providers do to minimize the impact of this dreaded doughnut hole? First, they can screen for medication misuse and offer resources, education and support for those patients who find themselves in their coverage gap (Golden, 2015). Historically, most patients do not reach this doughnut hole status until the Fall months, however some patients find themselves in it early depending on their brand name medications and the number of prescriptions they possess. Second, incorporating pointed questions to assess medication compliance can be used. For example, “Are you having trouble paying for your prescriptions?” or “Have you seen a recent rise in your monthly medication costs?” If so, the provider needs to be aware that resources do exist to help some patients with the economic strain of their more expensive medications. These questions are a great segue into providing education to patients on the importance of their medications and how they can prevent worsening chronic conditions.

Finally, providers should be aware that many pharmaceutical companies do offer assistance programs for those patients who qualify. Additionally, harnessing the knowledge of pharmaceutical representatives can also be beneficial when trying to assist patients with drug costs. A provider might also utilize sample medications on a temporary basis. Paying out of pocket for generic or other inexpensive medications may be a solution. Lastly, other government programs are in place to help offset costs associated with insurance in general, they include the Medicare Savings Plan, Extra Help, and Programs of All-Inclusive Care for the Elderly (Worstell, 2021).

It is important to recognize that recent legislation has made big improvements for patients, but more work is needed. Providers need to stay abreast in healthcare policy and advocate for legislation that promotes fair drug coverage for Medicare Part D beneficiaries. Currently, the Senior Savings Plan for insulin has made some great strides at combatting the high cost for the life-saving drug of insulin. Being well versed in recent legislation allows providers to better assess their patient’s situations to prescribe the most beneficial but economical treatment plans.

In summary, providers should be well educated in navigation strategies for the dreaded doughnut hole. Knowing how it affects patients helps them better assess, educate, and adjust treatment plans for patients to balance realistic care to produce the best possible outcomes. Some of these challenges may not be well realized in preparation programs. However, DNP related competencies of the health system put DNP graduates at an advantage.

## References

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Catherine (Catie) Lightfoot, MSN, APRN, FNP-C serves as a Family Practice Nurse Practitioner at Lake Pleasant Family Medicine in Peoria, Arizona. She completed her undergraduate nursing degree at Clarkson College (2015), her Master's Degree at Maryville University (2018) and currently is working towards a Doctorate of Nursing Practice at Eastern Kentucky University.

Throughout her career, she has worked in inpatient peri-operative nursing, medical-surgical nursing, post-acute trauma care as well as primary care in the outpatient setting. Catie is committed to improving the lives of her patients through quality, patient-centered health care. She strongly believes in providing education and guidance to patients so they may be informed and empowered to make healthy choices. She is passionate about the growing epidemic of obesity and intends to complete Her DNP Project over how tailored nutritional plans can aid patients in losing weight, thus minimizing complications from chronic diseases.

Catie lives in Surprise, Arizona with her husband and son.

***Do you have wisdom and insights to share?***

***Are you a student or recent graduate?***

***Do you have an article to share?***

***Please submit your work to be included in future issues of OUTCOMES.***

***Your shared talents help colleagues grow in our profession.***

## DNP Foundation

FROM THE CLASSROOM TO THE BOARDROOM



Donate  
Today



The DNP Foundation assists nursing colleagues in realizing their plans to impact health care delivery. **All donations are 100% tax-deductible.** Please share your support by clicking into the Donate Today icon to the left.

Click the Donor List icon to the right to see past donors.

**There are many opportunities to donate at the individual and corporate levels.**

Our profession and your colleagues thank you!

Donor  
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## Doctoral Project Dissemination Team

### Join The Dissemination Team!

Sign Up Today! [Click HERE to learn more!](#)

Disseminating scholarly work shares experiences to enhance practice and healthcare outcomes. A team effort and collaborative engagement in dissemination support students, graduates, patients, organizations, colleges, and all stakeholders that have an interest in the final project that is completed by DNP professional nurses.

## *Wisdom from Colleagues*

Have you viewed the posts from our colleague, Dan Weberg, PhD, RN? Check him out on LinkedIn.

**“There is no right path. There is only your path. Do not strive to follow others, strive to build your own path and make the impact we need not the impact that is expected.”**

A physician professor colleague from Australia shared a Twitter blog. Thank you, Dr. Marie Bismark, (@mbismark) for sharing thoughts that easily translate to our discipline. See what you think. If you have additional information reflecting patient complaints in nursing, [\*please share\*](#) to post in future issues of this newsletter.

Things I learned from studying patient complaints for twenty years:

- Often, a patient’s hurt and anger is not about the injury itself, but the failure of clinicians to do “the right thing: afterwards. Usually, “the right thing” is simply what we teach our children: be honest, say sorry, try to fix it, don’t do it again.
- Among serious, preventable adverse events only 4% resulted in patient complaints. Patients who were elderly, socioeconomically deprived, or of Pacific ethnicity were much less likely to complain suggesting disparities in access to complaint processes.
- 4 main motives influence a patient’s decision to take medico-legal action. They include:
  - Correction (system change to protect others)
  - Restoration (compensation, corrective treatment)
  - Communication (explanation, apology)
  - Sanction (discipline)
- The way a clinician handles an adverse event at the onset can influence a patient’s decision about what action to take. An apology may prevent the problem escalating and help restore trust to their relationship.
- Complaints by patients have the potential to be an important window on healthcare quality. For every adverse event complained of, dozens more lie below the waterline.
- Many hospitals exclude patient and families from care improvement processes, and treat suggestions for improvement as a threat or a distraction from “real” work. In your organization, are complaints views as a burden or as a gift?
- Patient complaints can feel like random events, but as a population level there are. Patterns. Some specialties (e.g., psychiatry and surgery) are more likely to receive complaints. And a small group of doctors (physicians) receive a disproportionate share of complaints.
- Doctors (physicians) who perform cosmetic procedures face particularly high risks of malpractice claims and complaints related to informed consent. In one-third of informed consent complaints about cosmetic procedures, patients said they felt rushed or pressured.
- The distribution of complaints among doctors (physicians) is highly skewed: in Australia 3% of doctors (physicians) account for 49% of complaints. Efforts to identify high-risk doctors (physicians) coupled with effective interventions, could help reduce adverse events and patient dissatisfaction.
- Strong clustering of medico-legal events also occurs in the US, where around 1% of all doctors account for 32% of paid claims. This creates an opportunity for organisations to identify and intervene with doctors at high risk of future medico-legal events

- After a complaint has been investigated, patients and families should be told what, if anything, will be done to prevent recurrences. Safety improvement is a central concern for injured patients and failure to communicate safety efforts can exacerbate harm.
  - Surgeons are more than 2X as likely to attract complaints as their physician peers. This elevated risk arises partly from involvement in surgical procedures, but also reflects wider concerns about interpersonal skills, professional ethics and substance abuse.
  - Older doctors (physicians) (aged >65) are at higher risk of complaints than younger doctors (physicians) (36-60). In particular, older doctors (physicians) are at higher risk of complaints re: physical or cognitive impairment, records and reports, prescribing medicines, and disruptive behaviors.
  - Mental health practitioners are more likely to be the subject of complaints than physical health practitioners. Areas of increased risk are related to professional ethics, communication skills and the health of mental health practitioners themselves.
  - Improving how health care providers respond to medical injury requires an understanding of patients' experiences. Injured patients strongly desire to be heard, and appreciated being involved in responsibly conducted research.
  - When presented with scenarios illustrating different levels of patient involvement and different clinical outcomes, patients reported increased satisfaction with care in scenarios with higher level of patient involvement and shared decision-making.
  - Patients who are less educated, poor, elderly, or from rural or minority communities are as likely to wish to complain about healthcare as others. Yet they are underrepresented in actual complaint statistics suggesting inequality in complaint processes.
  - Risk of medical negligence claims is higher among doctors who work long hours, have low life satisfaction, or have had a recent serious illness. Creating more supportive work environment and improving doctor's (physician's) health could help improve patient safety.
  - Regret, Reason, Remedy is a nice framework for responding to patient complaints. I often use HEART: Hear, Empathize, Apologize, Respond, and Thank.
- 

## ***More wisdom and insights from professional colleagues.***

Click the hyperlinked options below:

[\*\*\*The International Academy of Nursing Editors \(INANE\).\*\*\*](#)

[\*\*\*Frontier University compiled much of the information from INANE.\*\*\*](#) A great resource!

An article of interest:

[\*\*\*Who Cares about Publication Integrity?\*\*\*](#)

## National Institutes of Nursing Research Strategic Plan

# NATIONAL INSTITUTE OF NURSING RESEARCH

## 2022–2026 STRATEGIC PLAN

**MISSION:** Lead nursing research to solve pressing health challenges and inform practice and policy—optimizing health and advancing health equity into the future.

### RESEARCH LENSES

#### Health Equity



Reduce and ultimately eliminate the systemic and structural inequities that place some at an unfair, unjust, and avoidable disadvantage in attaining their full health potential.

#### Social Determinants of Health



Identify effective approaches to improve health and quality of life by addressing the conditions in which people are born, live, learn, work, play, and age.

#### Population and Community Health



Address critical health challenges at a macro level that persistently affect groups of people with shared characteristics.

#### Prevention and Health Promotion



Prevent disease and promote health through the continuum of prevention—from primordial to tertiary.

#### Systems and Models of Care



Address clinical, organizational, and policy challenges through new systems and models of care.

***Thank you for checking out the Conference Archives***

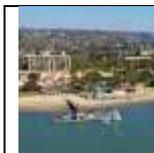
In this column, please explore select presentations (plenary, breakout, mini-podium, and/or digital poster) from past conferences. Though several years old, the content is pertinent and valuable today. Have a look!



**Inaugural DNP Conference: 2008, Memphis, TN**  
***Transforming Care Through Scholarly Practice***  
 October 9 – 11, 2008



**Second National DNP Conference: 2009, Miami, FL**  
***Exemplars of DNPs in Practice and Nursing Education: Defining Ourselves*** September 30 – October 2, 2009



**Third National DNP Conference: 2010, San Diego, CA**  
***Innovations and Leadership***  
 September 29 – October 1, 2010



**Fourth National DNP Conference: 2011, New Orleans, LA**  
***DNPs Impacting Health Care Policy***  
 September 28 – 30, 2011



**Fifth National DNP Conference: 2012, St. Louis, MO**  
***Evidence-Based DNP Education***  
 September 19 – 21, 2012



**Sixth National DNP Conference: 2013, Phoenix, AZ**  
***The DNP: Shaping Leadership, Collaboration, and Practice Improvement in Healthcare*** September 25-27, 2013



**Seventh National DNP Conference: 2014, Nashville, TN**  
***The DNP in Practice: The Health, the Care, and the Cost***  
 October 8-10, 2014



**[Eighth National DNP Conference Seattle: 2015, Seattle, WA](#)**  
***How to be a Better DNP in 3 Days***  
September 16-18, 2015



**[Ninth National DNP Conference: 2016, Baltimore, MD](#)**  
***Transforming Healthcare Through Collaboration***  
October 5-7, 2016



**[Tenth National DNP Conference: 2017, New Orleans, LA](#)**  
***Celebrating 10 Years: Diversity & Inclusion in Practice***  
September 13-15, 2017



**[Eleventh National DNP Conference: 2018, Palm Springs, CA](#)**  
***Sustaining the DNP: Strategies for the Future in Clinical and Administrative Practice*** September 27-29, 2018



**[Twelfth National DNP Conference: 2019, Washington, DC](#)**  
***Contributions of the DNP Prepared Nurse: Policy Influencing Outcomes***  
August 7-9, 2019



**[Thirteenth National DNP Conference: 2020](#)**  
Cancelled due to the COVID-19 Pandemic



**[Fourteenth National DNP Conference: 2021, Chicago, IL](#)**  
***The DNP and Quality Improvement***  
August 11-13, 2021

**Click on the name of the conference for access to all conference events and presentations.**

## Nuts and Bolts of Screening for Depression vs. Bipolar Disorder in Primary Care

Micro-Course | 1 Nursing Contact Hour | Estimated 1-Hour Workload

This unique and needed course has been created and is offered by our colleague Ann Kriebel-Gasparro, DrNP, CRNP, FNP-BC, GNP-BC  
Clinical Faculty, Walden University NP-MSN Program

“I am so honored to announce a year’s work on this course is now live. It was a labor of love- to anyone who is bipolar, knows someone or treats bipolar disorder, or has lost someone to bipolar disorder, I dedicate this course to you. May it help.”

[Click HERE to access this course.](#)

A selection of past sponsors and supporters:



	
 <p>Duke University School of Nursing Doctor of Nursing Practice</p>	
 <p>SPRINGER PUBLISHING COMPANY <small>We are proud to have Springer Publishing Company's support and participation in this inaugural DNP conference.</small></p>	 <p>ELNEC END-OF-LIFE NURSING EDUCATION CONSORTIUM <i>Advancing Palliative Care</i></p>
 <p>AONL™ American Organization for Nursing Leadership</p>	 <p>AZUSA PACIFIC UNIVERSITY</p>
 <p>Laerdal helping save lives</p>	 <p>UNIVERSITY OF SAN FRANCISCO School of Nursing and Health Professions</p>
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## Doctoral Project Repository

### An Archive of Curated Documents

#### *Share your talents and support improved outcomes!*

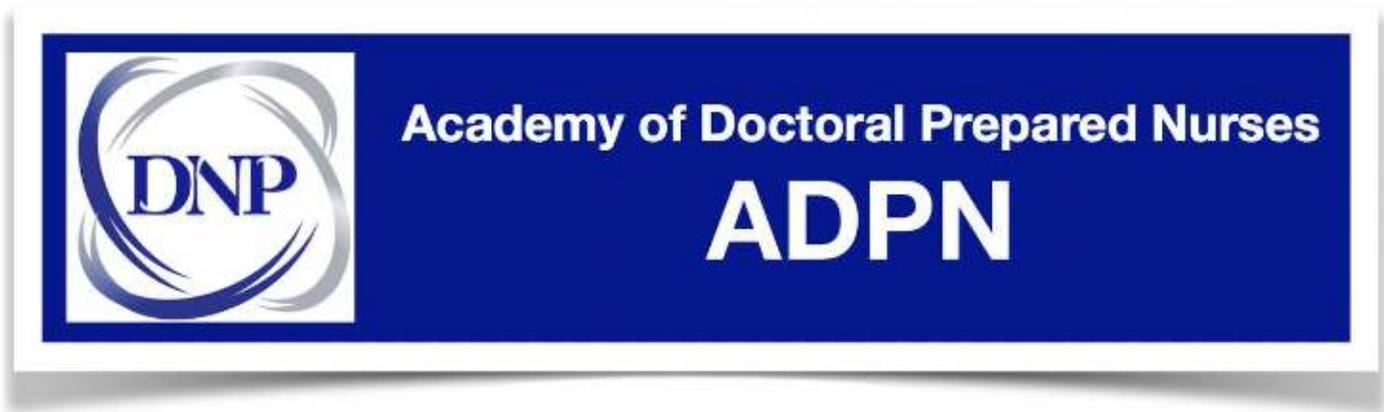
This archive does not replace or presume any publication effort. Each listing is owned by the individual that uploads the completed academic scholarly practice project. This service allows you to share your ideas and work product into the scholarly community and also the consumer community.

There is a one-time nominal \$30 charge to post your scholarly project to this archive of curated documents. Once posted, the owner may share the URL web page address with any individual or organization desired. Each listing helps to educate patients, employers, organizations, and other stakeholders about DNP capabilities and competencies. Your posted scholarly practice doctoral project will:

- Support a collaborative engagement with practice partners and employers,
- Showcase DNP prepared professional's impact on improving outcomes,
- Disseminate DNP generated content for all interested in the theme, environment, and process of impacting the complex processes of health care delivery,
- Build a foundation for sustainable change, future practice, and the research of practice scholarship, and,
- Support the growth and development of DNP students in the process of developing their project.

[Click HERE to Begin Submission](#)

[Click HERE to View Repository](#)



Please accept this article as ongoing information regarding the development of this organization and service. Plans are in place to officially open this new organization in January 2023 and emphasize its growth over the first and second quarters of 2023. The 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2023 will include conference information and participation.

In this month's column it's best to explore a perceived need and the significance of this need. DNP prepared nursing colleagues, and PhD, EdD, DNSc, DSN, (etc.) colleagues have a conceptual model of collaborating to improve healthcare outcomes. From past DNP National Conferences, we have noted several successes in this goal of collaboration, yet there are many opportunities that have not been realized. Most will agree our respective education has afforded us the opportunity to press toward improving healthcare outcomes, yet making this collaborative goal a reality is sometimes a back-burner issue.

Considering this need in the context of a lack of substantive publications that demonstrate a collaboration with doctoral prepared nurses working to improve outcomes, another perceived need was recognized. Multiple surveys were placed in the OUTCOMES electronic newsletter over the past several years. The tone and desire to work together more effectively and support the growth of a collaboration were evident.

The need has been identified. The significance of the need is explored when looking at existing services and organizations that support this type of collaboration. There are excellent peer-reviewed journals that publish original research, and a few that publish practice doctorate projects. From our survey and exploration, there is no single organization that seeks to address a collaboration among all doctoral prepared nurses, nor is there an existing journal that publishes the work from these joint-efforts to improve healthcare outcomes.

As a result, the idea of the **Academy of Doctoral Prepared Nurses** was born almost 2 years ago. Since then, it has been explored with key members of our profession (DNP prepared and PhD prepared primarily). As the stated mission of Doctors of Nursing Practice, Inc. since its inception is to improve healthcare outcomes by promoting and enhancing the doctoral prepared nursing professional, the evolution of the **Academy of Doctoral Prepared Nurses** is a natural progression.

**The Academy of Doctoral-Prepared Nurses (ADPN)** is a global-reach touchpoint for research support, peer collaboration, and rapid dissemination of best-practice initiatives that improve quality of care and patient outcomes across the continuum of all healthcare delivery systems.

**Mission:**

Improve healthcare outcomes and delivery systems through the collaboration of doctoral prepared nurses.

**Vision:**

1. Advance collaboration with colleagues all nursing doctorate degrees,
2. Promote the dissemination of health care services techniques that demonstrate healthcare improvements,
3. Demonstrate intra and interprofessional collaboration among all healthcare professional partners, and,
4. Integrate research-based evidence to impact healthcare services and policy nationally and internationally.

Core values include promotion of collaboration with integrity, professionalism, and dedication to improving healthcare outcomes by integrating skills sets and expertise.

The mechanisms and strategies to realize this mission and vision includes:

- Publications of findings in a dedicated peer-reviewed journal, **The Journal of the Academy of Doctoral Prepared Nurses**
- Demonstration of techniques that enhance systems to improve outcomes, and,
- Developing workshops, scholarships, and fellowships to enhance collaboration.

**The Academy of Doctoral Prepared Nurses** and its associated peer-reviewed journal are being developed now with the goal of opening it up for membership and participation in January 2023. Maximizing the skills and talents of collaborating doctoral prepared nurses is the overarching goal.

Benefits of membership will grow and evolve. Initially benefits will include:

Free subscription to the online journal (the foundations for this journal are in development)

Discounts to services offered by Doctors of Nursing Practice, Inc. to include:

Continuing Education, Repository listings, Dissemination Team Membership, Conferences, and the online journal

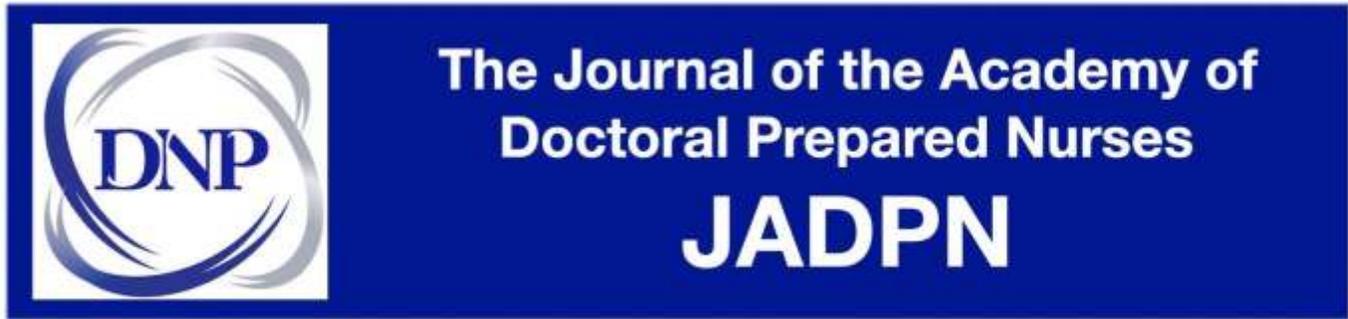
These benefits are incentives to join and take advantage of services that will enhance doctoral prepared practice.

The cost of membership has not yet been determined. Considerations of cost include what services can be offered for annual fees, and how members can actualize efforts to truly improve collaborative efforts between peers of different doctoral preparation.

Many have already communicated their interest in being a part of this organization. We are truly grateful for this early-adaptor notification. Names and contact information is being collected to follow up in late November and early December for activation of the **Academy of Doctoral Prepared Nurses** in January 2023.

More of the strategic plan for the **ADPN** will be shared in both the November and December OUTCOMES electronic newsletter.

Please share this newsletter and links with friends and colleagues that may have an interest as we continue to growth what was an idea into a reality.



To dovetail with the ongoing articles regarding the **Academy of Doctoral Prepared Nurses** in this OUTCOME electronic newsletter, this segment will highlight and detail the origins and development of a peer-reviewed journal to support the growth and development of this initiative.

**The Journal of the Academy of Doctoral Prepared Nurses (JADPN)** is a mechanism to share the work of individuals and groups that change practice or improve quality to improve healthcare outcomes. This journal's inception reflects a need to have a vehicle for more practice doctoral projects become available to professional colleagues and interested consumers. Our existing journal system has stellar capabilities and have a focus on the dissemination of research, or role-specific practice findings (such as the Journal of the American Association of Nurse Practitioners). This leave a gap of how information can be conveyed to professional colleagues. With this in mind, and recognizing the particular thrust and goals of the **Academy of Doctoral Prepared Nurses**, a separate journal is not only justified but recommended by experts in our field.

Starting a journal can be a daunting task. There are multiple considerations. One is that the published peer-reviewed journal articles may not be classified with a DOI until the journal has been in existence for several years. This is disappointing, yet speaks to the justification to begin this process sooner rather than later.

Below are strategic plans for this journal:

### **Scope**

**The Journal of the Academy of Doctoral Prepared Nurses** will begin as a quarterly online publication supporting the scholarly, peer-reviewed contributions of doctoral prepared nurses. It is the official journal of the Academy of Doctoral Prepared Nurses that welcomes the contributions of all doctoral prepared nurses including the DNP, PhD, EdD, DNS, DNSc, and other terminal degrees in nursing.

### **Aim**

The aim of the journal is to be a leading publication highlighting the collaborative contributions of doctoral prepared nurses demonstrating improve outcomes and enhanced health care system delivery techniques. Categories of contributions include practice, leadership, advocacy, and research.

### **Readership**

The readers of **JADNP** include members of the **Academy of Doctoral Prepared Nurses**, and those interested in the contributions of nurses to improve health care outcomes. This may include clinicians, administrator, policy experts, informatics specialists, researchers, and educators. The journal supports the mission of improving healthcare outcomes and delivery systems through the collaboration of doctoral prepared nurses.

### **Core Values**

The **ADNP** organization's core values include the promotion of collaboration with integrity, professionalism, and dedication to improving healthcare outcomes by integrating skills sets and expertise. This organization celebrates the diverse talents of doctoral prepared nurses that work in concert to improve health care delivery

locally, nationally, and internationally. **JADNP** supports these values by expanding practice knowledge of all doctoral prepared nurses.

Strategic Timeline for both **ADPN and JADPN**:

First quarter 2023: Invite and enroll select qualified colleagues to join the Academy

Second quarter 2023: Initial publication of the **JADPN**

The anticipated subscription rate for the **JADPN** (online) will be \$125/year for an individual. This is an early estimate as the proforma evolves and develops with more information.

There are numerous strategic steps to make this journal a reality, including:

- Editorial Board members
- Section/editorial column managers
- Strategic planners to assure growth and proliferation of journal subscriptions
- Marketing team
- Other team members to assure the foundational growth of this journal

Are you interested? If so, please send an email to: [info@dnppinc.org](mailto:info@dnppinc.org)

The first team meeting will take place in early December with a follow up meeting in early January.

Do you have experience as an editor? Please contact us.

Have you successfully submitted a manuscript that was published? Please contact us.

Names and contact information for the JDPN team is being compiled. Join this list to help build the basis for future growth.

Finally – there is a plan to connect the DNP Foundation with subscription fees so that all revenue can serve both the development and publication of the journal while also build the coffers of the foundation to promote the implementation of practice projects. The particulars of how this will occur have been outlined and are ready for further development.

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**Both the Academy of Doctoral Prepared Nurses and the Journal of the Academy of Doctoral Prepared Nurses will be entities under the parent organization Doctors of Nursing Practice, Inc., a 501(c)(3) non-profit charitable organization.**

**This doing-business-as creation of these services was recommended by our accounting and legal team.**

**Please feel free to contact us via email to share your thoughts and interests regarding both of these entities to enhance professional growth and development to improve healthcare outcomes.**

***The 2023 National Doctors of Nursing Practice, Inc. Conference  
August 10-11, 2023 (Thursday and Friday)***



***Features of this conference will include:***

- ***Plenary Presentations (60-minute sessions)***
- ***Breakout Presentations (60-minute sessions)***
- ***Mini-Podium Presentations***
  - ***(15-minute sessions with a maximum of 7 slides)***
- ***Digital-Poster Presentations***
  - ***(10-minute sessions with a single static image)***
- ***Built-in time for networking both synchronous and asynchronous***
- ***Exhibitors to visit during and after the conference***
- ***Continuing education***
  - ***(During the event and enduring CE offered after the conference is over)***

***Save the dates: August 10-11, 2023***