

OUTCOMES

The monthly E-Newsletter from DNP, Inc.

November 2023, Volume 9 Number 11



Monthly Survey

- **A quick-and-easy survey**
- **Checks the pulse and temperament of respondents**
- **Please share your thoughts!**

Featured Article

- **New AACN Essentials**
- **Caregiver's Corner**
- **Social Determinants of Health to Improve Outcomes**

Organizational Update

- **Seeking DEI organizations to share their work**
- **The 2024 National Conference and ADPN Summit**
- **The JADPN**

DNP, Inc. Organizational Update

Last month we named several organizations requesting their participation and sharing of information about the services they offer to help assure diversity, equity, and inclusion.

National Black Nurses Association ([NBNA](#))

National Association of Hispanic Nurses ([NAHN](#))

Asian American/Pacific Islander Nurses Association ([AAPINA](#))

National Alaska Native American Indian Nurses Association ([NANAINA](#))

National Coalition of Ethnic Minority Nurse Associations ([NCEMNA](#))

Caribbean Nurses Association ([CNA](#))

November 1 is the first day of American Indian Heritage Month!

There are many other organizations reflecting and representing our diversity, and all are invited to share information in OUTCOMES and in the DNP Online Community. Contact us at info@DNPInc.org to share your thoughts, interests, and commitment to enhancing the status of all nurses to improve health care outcomes. Are you and your organizations up for the challenge? Please reply to share your interest in including your organization's work on an on-going basis in OUTCOMES and on the DNP Inc. online community website.

This past month is showing some great strides for the future of DNP Inc. with anticipation to help enhance the work of colleague both in practice and academia. Some interesting challenges are noted.

Please see page 9 of this newsletter for a detailed response by an esteemed colleague regarding the proposed changes to the Essentials of Nursing Education - particularly those proposed for the DNP degree. These are important issues regardless of our roles (academia or practice). Please have a look and respond to this request for feedback on the future of nursing and doctoral education.

Speaking of Doctoral Prepared Practice, the **Academy of Doctoral Prepared Practice** is coalescing experts and contributors to help guide the structure, content, and future of this fledgling organization. See more information on pages 16 and 17 of this newsletter to learn more.

The annual **DNP National Conference** has taken yet another turn. Before the pandemic we had attendee numbers between 350-475. After the pandemic the numbers dropped and this calendar year we opted for a Virtual conference (in contrast to what other organizations were doing). It was a success, but did not include the numbers of attendees anticipated.

This national conference is offering new opportunities for ways to enhance practice and support the growth of all colleagues. The 2024 National Doctors of Nursing Practice Conference will include the **Inaugural Summit of the Academy of Doctoral Prepared Nurses**. Colleagues are working to develop this summit. More information will be shared in the near future. Until then, please save the dates of June 25, 26, and 27, 2024 for this event. We are happy to return to a face-to-face event and are exploring ways to live-stream parts of the event to help support the wishes of those that cannot attend.

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



DNP, Inc. Monthly Survey Results

Last month's survey solicited responses regarding education and experiences regarding perceived value of professional organizations. Do the responses below reflect your thoughts and experiences?

Question 1: This month's survey is similar to one completed in the past – yet the goal is to home in on thoughts and opinions. Your participation is appreciated. I would be willing to join another organization for additional professional services.

31% very much to absolutely, 69% somewhat to not at all

Question 2: Professional organizations afford me the opportunity to enhance my doctoral-prepared professional practice.

44% very much to absolutely, 56% somewhat to not at all

Question 3: The professional nursing organizations that I have joined have a limited scope to support my current terminal-degreed practice needs.

25% very much to absolutely, 75% somewhat to not at all

Question 4: Nursing organizations that I subscribe offer the opportunity to collaborate with a diverse variety of nursing professionals to achieve common goals while meeting my doctoral prepared professional needs.

50% very much to absolutely, 50% somewhat to not at all

Question 5: An organization that focuses on collaborative practice of doctoral prepared colleagues, regardless of respective degrees and backgrounds, is something that interests me. I would join such an organization.

63% very much to absolutely, 37% 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 complete each month's survey to help reflect ourselves and our practice as DNP prepared nursing colleagues.

Participate in this month's survey

Dissemination Team

Does your DNP program (or alma mater) participate in the Dissemination Team? If so, you support your graduates and our profession to share expertise that improves healthcare outcomes. If your program is not listed below, join this team to enhance our profession and support colleagues. More information can be found [HERE](#).

Disseminating scholarly work shares experiences to enhance practice and improve 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.



Scholarly Project Repository

If your scholarly project is displayed in the DNP Repository, it can be found by anyone with a browser. Though other repositories are valuable, only academics can see those listings. The DNP Scholarly Project Repository is a link that you control. You - the author of your work - can share this link with anyone or any organization you wish, and include it in your portfolio and curriculum vitae. Here's an example of a Scholarly Project currently in the Archives.

[**Development and Evaluation of a Stroke Education Quality Improvement Initiative**](#), by Shelby Lynn Deitchler, DNP, RN from the College of St. Scholastica

- Are you ready to have your work displayed?
- Is it time to show your work to a larger audience of professional consumers?

Click [HERE](#) to learn more about the benefits of listing your work in the DNP Scholarly Project Repository.

[**THIS LINK**](#) will take you to the data entry page.

DNP Online Community

Explore these options to enhance practice, improve outcomes, develop professionally, and network with colleagues.

Are you a member of the DNP Community? Start [HERE](#) to sign up and learn more. It's free!

GROUPS

- [DNPs in Diversity, Equity, and Inclusion \(DEI\)](#)
- [Dual Certified DNPs](#)
- [DNP/APRN Veterans Health Care](#)
- [National Indian Nurse Practitioners Association of America \(NINPAA\)](#)
- [DNPs of All Race, Creed, Ethnicity](#)
- [DNPs Seeking Positions in Academia](#)

See more Groups [HERE](#)

BLOGS

- [Hospital Systems Ranked by Nurses](#)
- [New DNP Essentials: Let's Pay Attention!](#)
- [LGBTQ+ Nursing and Healthcare Organizations](#)
- [Structural Racism in Peer Reviewed Publications](#)
- [DNPs Defend Truthful Titles, Free Speech, and Livelihoods in a Lawsuit](#)
- [Have Apologies Made a Difference?](#)

EVENTS

- [Doctoral Education Conference, January 18-20, 2024, Naples, FL](#)
- [Diversity Symposium, February 5-7, 2024, New Orleans, LA](#)
- [American Academy of Nursing 2024 Transforming Health Driving Policy Conference, October 31-November 2, 2024](#)

Do you have an event to share?

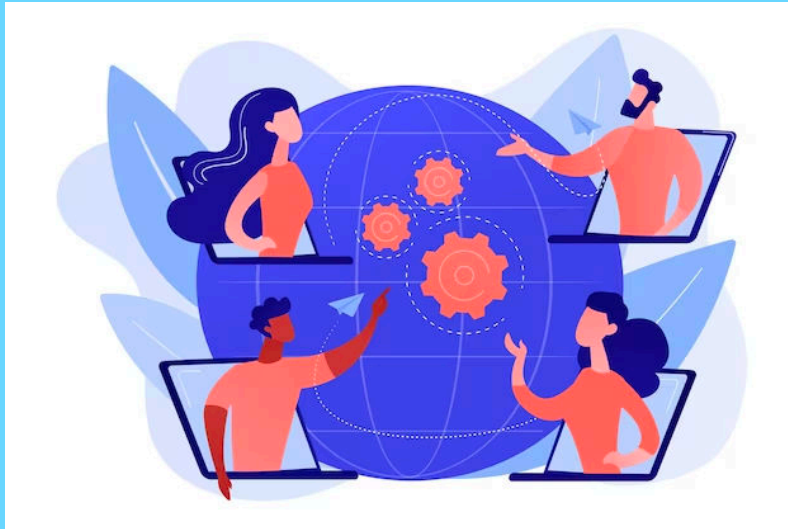
Contact us: Info@DNPInc.org

FORUMS

- [DNP Student Concerns](#)
- [The AACN Essentials Conversation Continues](#)
- [DNP Education – Preparing for Practice](#)
- [Important DNP Student Surveys: Please Complete to Support Colleagues](#)
- [DNP Professional Growth](#)

Doctors of Nursing Practice, Inc. **Provides Continuing Education**

Sessions from 10 minutes to 60 minutes: 0.17 to 1 hour CEU



available.

Cost? From \$5 to \$30

Rely on DNP Inc. to provide relevant enduring education to meet your professional needs as a doctoral prepared nursing colleague.

Categories and Tracks offered:

Administration - Informatics - Clinical - Policy

Please note: 10% of all sales goes to the DNP Foundation.

These funds will be transferred and declared monthly.

For more information about the DNP Foundation, click into [THIS PAGE](#).

Important Articles and Links

- [*Drivers for Seeking the Doctor of Nursing Practice Degree and Competencies Acquired as Reported by Nurses in Practice*](#)
- [*Impact of Practice Scholarship as Perceived by Nurses Holding a DNP Degree*](#)
- [*Practice Scholarship Satisfaction and Impact as Perceived by DNP-Prepared Nurses*](#)
- [*Statistical, Practical and Clinical Significance and Doctor of Nursing Practice Projects*](#)
- [*Research Focused Doctoral Education in the 21st Century: Curriculum, Evaluation, and Postdoctoral Considerations*](#)
- [*Academy of Clinical Essentials: A Revolutionary Nurse Staffing and Education Model*](#)
- [*Are you low on vitamin D? Experts say deficiency could increase susceptibility to illness*](#)
- [*Need for Clinical Rotation in Correctional Facilities for Nurse Practitioners*](#)
- [*Exposure to a Vitamin D Best Practices Toolkit, Model, and E-Tools Increases Knowledge, Confidence, and the Translation of Research to Public Health and Practice*](#)
- [*A Slow-Moving Disaster – The Jackson Water Crisis and the Health Effects of Racism*](#)
- [*Doctors of Nursing Practice Defend Truthful Titles, Free Speech, and Their Livelihoods in a new Lawsuit*](#)
- [*INANE Virtual Journal*](#) Listing of journals

Do you have articles of interest to share with your nursing and doctoral prepared colleagues? Submit them to: info@DNPInc.org for inclusion in OUTCOMES: the Monthly electronic newsletter for and about the doctoral prepared nurse.

DNP Foundation: From the Classroom to the Boardroom

The DNP Foundation assists colleagues in realizing their plans to impact health care delivery. **All donations are 100% tax-deductible.**

Demonstrate your support by donating today.

There are many opportunities to donate at the individual and corporate levels. Our profession and your colleagues thank you!



Doctoral Project Dissemination Team

Join the Dissemination Team Today!

Support your students and graduates by providing them with a discount to post their scholarly practice projects. This reflects your commitment to our discipline to improve health care outcomes.

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

Conference Archives

The First National DNP Conference took place in 2008.

Session recordings and collections of presentations including PowerPoint and audio recordings are available.

This is a great resource for scholars, students, and anyone interested in the history and development of the DNP degree and how it has impacted our profession.

[View these archives](#)

Doctoral Project Repository

An Archive of Curated Documents

Share your talents and support to improve 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.

If you are a student or graduate, consider this investment to help assure your work can be accessed by both colleague scholars and patients/consumers alike. Other repositories have great value, but are not accessible to those outside of academic circles.

Click [HERE](#) to begin your scholarly project submission.

Click [HERE](#) to View Repository Displayed Projects

The New AACN Essentials - Influencing the Future of DNP Education and Practice

It is critical that faculty, administrators, and practitioners all write into CCNE with their support or concerns about these plans to modify the DNP essentials. The integrity of the profession is at stake.

A link to provide feedback to CCNE is [HERE](#), and

[The Essentials: Core Competencies for Professional Education](#)

The proposed Standards (both a clean version and a tracked version showing all proposed revisions to CCNE's 2018 Standards) can be accessed on the CCNE website at <https://www.aacnnursing.org/ccne-accreditation/2018-standards>.

Comments may be submitted via: an online survey at <https://fs9.formsite.com/ccne/jwmwxqaffc/index> (this survey will take approximately 30-40 minutes to complete); and/or email at ccnestandards@ccneaccreditation.org.

Comments on the proposed Standards must be received by no later than **November 16**, 2023.

Our colleague and DNP leader, Dr. Shannon Idzik offered these thoughts for your consideration.

Positive comments about the revision-

-Page 6- 1B. *A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.* To me, that says that right now they have to follow something and the only something right now is NTFS and the NP role/population competencies-- as long as there are no other documents that they can choose from.

Standard 1- added lots of clinical language added. Thank you.

Standard II- see above re: clinical sites. Good move!

Page 12 II-G Preceptors *The program is responsible for evaluating the performance of preceptors.* To me- that means schools will either have to bring preceptors in for training and evaluation or do site visits or video visits to watch preceptors perform with students. How else would you evaluate a preceptor's performance? Good for NP programs.

III H- must prepare with diverse experience. Good!

III J- must prepare with IPE. Good!

IV-D. allowing us to exclude people who took the test 2+ years ago. Thanks, from the schools who have no control over when students take exams (sorry patients ☹). Now we just need the certifiers to all parse out scores by degree year. This is also in the negative section.

Negative comments about the revision-

Page 6- 1B bottom of page: *A program may select additional standards and guidelines (or components thereof) that are current and relevant to program offerings.* Allowing schools to pick components of standards is contrary to the purpose of standards. Standards are standards - you don't get to pick and choose pieces of them.

Page 6 1b-

1. Sub-competencies: need to be added back in. Without the sub-competencies, how would a site visitor determine that a school is actually preparing graduate students any different than an undergrad and how would we hold them accountable if not?

2. Hours for DNP programs- there are no hours and no sub competencies now that differentiate graduate from undergrad or DNP from MS.
3. DNP project - there is now nothing about a DNP project anywhere and there is nothing requiring schools to do it. Its gone. Without that and L2 sub-competencies, where is the differentiation between degrees?

Page 6 1B- the NTF needs to go back in- why is that begin taken out. Some documents are in and some are not. Seems arbitrary.

Lots of specific reasons:

1. Faculty Ratios provide deans with leverage for resources-without them, in financially struggling schools, presidents and provosts will pull resources to other places. There won't be any faculty ratio data to talk to legislators in state schools about tuition increases-they will have to do more with less.
2. We need a required triad evaluation process (student, faculty, preceptor).
3. We need required role and population competencies.
4. We need NP faculty to have oversight of NP curriculum.
5. We need something about hours because, without any it is solely up to certifiers. If they don't have it, how many is enough? you could just do 10 hours? Would that be a quality program? We need a minimum, particularly with no sub competencies
6. We need something even more specific about direct care. If not, it is solely up to certifiers to define it and on quick glance neither AANP or ANCC do. So now who defines direct care? Do I get to define it? If no standards, then could I just define it as "role play/simulation/standardize patients" ...it is direct and care and hours after all?
7. We need preceptors in role and population foci

Page 7- IH - there is a number 2-foot note in text on page 7, but no #2 footnote. There is a #2 on page 8 which is the NTF.

Page 8 – NTFS footnote- they left the NTFS out so not sure what they are footnoting?

Page 9 - #9 *For APRN education programs (degrees/certificates), evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate.* This doesn't apply to all APRN roles because there are no "CRNA- family" "Midwife- psych" . It needs to say ".... role and, as appropriate, population focus of the graduate" Or, that it applies to NP and CNS only.

Page 11: II F- the standard and the elaboration are incongruent. The criterion states faculty are academically qualified and then the elaborations say DNP program faculty have to have graduate degree. Incongruent. So, we are going to run DNP programs with Master's prepared faculty?

Page 11- II G- needs to add APRN preceptors are appropriate to role and population- or we will have AGPCNPs who are out of scope working in the ICU precepting ACNPs. Or FNPs working in the NICU precepting NNPs.

Page 15 and 16 IIID and III E- Nurse educator language to graduate degree- What is the definition of Advanced nursing practice role and advanced nurse practice specialty.? If it is the AACN definition, then this statement contradicts I H. - *The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty or advanced practice nursing role. Therefore, the DNP program with a nurse educator focus provides advanced disciplinary knowledge and experiences beyond teaching-learning content.* Either the program has a specialty or role focus.... or not. If they add educator content- great, but then that is a dual focus. The P stands for practice, not pedagogy. There should not be an "educator focus"

Page 16- IIID- this statement does not fit with the rest of the document which has not baccalaureate standard. *Direct entry DNP programs that prepare individuals for RN licensure include advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.* How would a site evaluator determine that that a program is preparing a student about the BSN level since BSN, MS and DNP all have the same competencies and as drafted there are not sub competencies which means no differentiation of level 1 and level 2 in the standards. There would actually have to be a baccalaureate level standard to know that someone was above or below it.

Page 20- 6. *Evidence that graduate-level content related to the APRN core is taught included in master's degree programs that have a direct care focus track (e.g., nurse educator, and clinical nurse leader) and DNP programs that have a direct care track (e.g., nurse educator).* If a graduate program needs a advanced practice role or advance nursing specialty-then by definition it can't be a nurse educator track or would have to be an "add on".

Page 22- allowing us to exclude people who took the test more than 2 years ago it not a good thing for patient care/safety. RNs are required to take refresher. We should do this for NPs. Schools now have no incentive to encourage students to test right away or to mentor alumni on "refreshing" or really getting competent. This is bad for patient care.

Page 23 IV-E. Employment rates need to be specific to the role. If you are prepared FNPs 5,000 NPs that can never get a job as an FNP because no one will hire an FNP from your school, you are committing student loan fraud. We need more details in the employment data section. We really need a national identifier (NPI) that we could use to follow nurses their entire academic and work career.

Page 27 -28 –

1. professional nursing standards- weak effort on including NTF.
2. Definition of clinic practice experiences - not strong enough to uphold the idea that it is with real humans-

Clinical Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.

The above information may be overwhelming, but teasing through the particulars of the changes recommended in the Essentials of Nursing Education, particularly as it applies to doctoral education, is a concern for all. Those of us in academia have an interest to help build rigorous curricula and those outside of academia in any type of DNP prepared practice also have a mandate to enhance and refine our discipline including DNP prepared practice.

*Please consider the above and respond.
with your thoughts and concerns.*



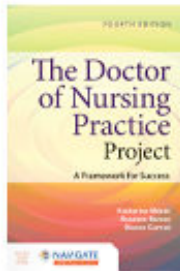
Wolters Kluwer



American Association
of Colleges of Nursing
The Voice of Academic Nursing



IntellectusStatistics™
Statistics Software for the Non-Statistician



Hospital Systems Ranked by Nurses

As doctoral prepared nurses, we are invested in the status and evolution of health care systems as our bone-marrow dedication is to improve health care outcomes. We also look to see which systems are the most amenable to nursing input and contributions to the evolution of these cultures.

An interesting article appeared in Becker's Clinical Leadership electronic news feed:

[146 hospital, health systems ranked by best compensation for nurses](#), written by Ashleigh Hollowell on October 27, 2023.

[CLICK HERE](#) to see the Nursing Satisfaction Index from this MIT Sloan Review

Nurses were interviewed and themes of compensation, workload, toxic culture, and organizational support were quantified and mapped showing locations on a bell curve and changes reflected in standard deviations.

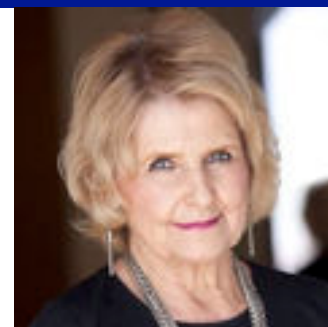
The findings were surprising, not only in terms of compensation but perceptions of toxic work environments. We, as DNP prepared nursing professionals, are attuned to these issues and trends.

Have a look. What do you think? Are you also surprised at these findings?

Share your thoughts and ideas in [THIS BLOG](#) to help promote conversation.

The Caregivers' Corner

In last month's Caregiver Corner, I began telling the story of Anna, a Ukrainian nurse who found herself in an Informal Caregiver role, caring for her aunt. Anna was able to train a family member to assist her. Her aunt quickly advanced to a point in her dementia, where she could not walk or even stand. This not only made the nightly trips to the air raid shelter burdensome, but it also meant Anna's aunt had to be observed most of the time; she did not realize she could no longer stand or walk and would attempt to get up and fall.



Anna's emails from Ukraine described the screaming sirens and the explosions heard throughout each night. It was impossible to tell how close the attacks were to her apartment building. Anna huddled down in the safe inner area of the building where she lived, after she and her assistant successfully retrieved her aunt and several small dogs and brought them to the safe space.

My attempts to advise her regarding the handling of her aunt's sundowning, seemed almost ridiculous in her situation. Things like bundling her aunt, using a weighted blanket, or finding a life-like babydoll for her aunt to hold and protect, might help early in the evening but once the sirens started, those ideas made Anna's job more complicated. After what seemed a short period of time, Anna sent an email describing her aunt's rapid decline. She stopped trying to get up. She stayed in her bed, and it became difficult to wake her. She refused to eat or drink, no matter how much she was coached.

Anna knew her Informal Caregiving would end soon. She did all she could, she kept somehow getting her aunt to the shelters each night and making sure she was safe. Then, one morning as her aunt seemed to be resting, Anna realized her aunt had slipped away.

Anna was surprised at the rapid progression of her aunt's dementia. She realized her aunt's life was less than ideal but did not expect it to end so quickly. Anna needed to arrange her aunt's burial. With government offices on varied shortened schedules, due to the war, Anna had to make several trips to varied agencies, in order to record her aunt's death. Anna's experience as an Informal Caregiver was relatively brief, but her emails after the death of her aunt, sounded like many long-term Informal Caregivers I have known who experience the death of the person receiving their care. If you add the uncertainty that accompanies war in any of life's circumstances, it is understandable how lost and unsure of herself Anna felt at the death of her aunt. I have no idea how Anna is coping with life in Ukraine.

Given the rapid progression of her aunt's dementia, I find myself asking if the stress of war hastened that process. Should the impact of stress in all caregiving situations be assessed and vigorously addressed by all healthcare systems?



See more insights and reflections of wisdom from our colleague, Dr. Rosemary Henrich, in future issues of OUTCOMES. Her work can be found on Amazon using [this link](#).

Assessment of Social Determinants of Health to Improve Patient Outcomes in Primary Care

Social Determinants of Health (SDOH) are the conditions in which people are born, grow, play, work, live, and age that influence health outcomes (Centers for Disease Control and Prevention [CDC], 2022). These non-medical factors play an important role in the quality of life that people experience and have a direct effect on their health. The World Health Organization (WHO) has found that SDOH influence health inequities as health and illness follow a social gradient. The lower the socioeconomic status of an individual, the worse their health (WHO, 2023). The American Association of Colleges of Nursing (AACN) recognize each person's unique SDOH as foundational to person-centered care (AACN, 2021).

There are five domains included in SDOH which are economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context (The Office of Disease Prevention and Health Promotion [ODPHP], n.d.). The importance of these factors and the influence that they have on the health of individuals has become more apparent over the past decade. However, the solution on how to address these factors to improve patient outcomes needs to be strengthened and good practices implemented (WHO, 2023).

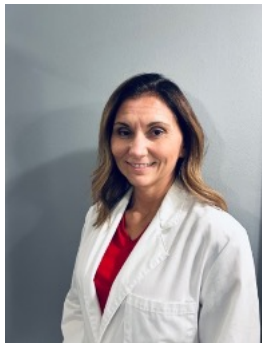
Beginning in 2024, the Centers for Medicare and Medicaid Services (CMS) will implement a coding and payment change to align with the U.S. Department of Health and Human Services (HHS) Social Determinants of Health Action Plan. This plan by the HHS seeks to address SDOH to guide efforts that will make healthcare and the outcomes of care equitable through a multi-sector strategy that addresses the systemic and environmental factors that can affect health status (HHS, 2022). The payment changes by CMS will provide a separate payment for the completion of SDOH Risk Assessment to account for resources used when clinicians involve community health workers (CHW) to furnish medically necessary care (CMS, 2023). The goal of this change is to implement a person-centered assessment to understand all aspects of a patient's life that will allow providers to coordinate care, provide health education, help patient's build self-advocacy skills, facilitate behavior change, provide emotional and social support, and facilitate access to community-based services that can address SDOH needs (CMS, 2023). This is based on the reality that unmet SDOH affect or delay the diagnosis and treatment of medical problems.

Not only will the changes from CMS compensate providers for the time spent performing the SDOH risk assessment and referrals to community health workers, but it can also increase equity, inclusion, and access to care. This is particularly true for those in rural areas who are often underserved, in low-income populations, or have difficulty accessing care (CMS, 2023). Healthcare organizations can hire and train CHW internally on skills specific to their unique position to strengthen relationships and trust within the community (CMS, 2021). CMS is proposing that SDOH risk assessments be completed with annual wellness visits. However, these assessments can also be completed during transition of care appointments and chronic care evaluation and management appointments when potential needs are identified.

SDOH can impact the ability of providers to treat patients. When these risk assessments are completed, providers gain insight into barriers that are standing in the way of patients being active participants and complaint with their care. When a risk is identified and a referral is sent to community health workers who can address specific needs, patients will have the tools and resources necessary to engage in prescribed plans of care. When patients feel empowered and can be active in their plan of care, patient outcomes are improved. It is difficult to treat only the medical diagnosis of a patient and be successful. When providers can treat the whole person, understand factors that are affecting their health and well-being both medically and non-medically, and assist with access to needed resources, only then can we truly improve patient outcomes.

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Crystal R. Prewitt, MSN, APRN, FNP-C,
Eastern Kentucky University DNP student

An Open Invitation to Share Your Expertise

We are honored to receive and post articles from DNP colleagues - and DNP colleagues to be.

Will you share your thoughts, insights, curiosities, and challenges in a brief article to be posted in a future issue of OUTCOMES?

If you are a nursing faculty, challenge your student to submit articles. The content is likely to be of interest to all readers/colleagues.

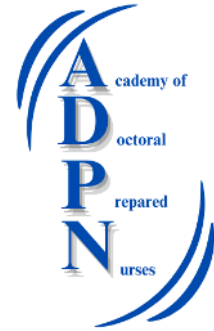
There are many topics of interest that could be of value to readers. The mailing list readership is now just over 10,000.

Consider a contribution. See all past [OUTCOMES](#). Click [HERE](#) to contribute!

Share with colleagues!

Academy of Doctoral Prepared Nurses

We are proud to share that a group of dedicated colleagues are scheduled to have a meeting on Tuesday, November 14, 2023 to begin the process of building the Academy of Doctoral Prepared Nurses. One of the agenda items is to develop a schedule and strategies for the Summit meeting that will take place June 25, 26, and 27, 2024 to coincide with the Doctors of Nursing Practice, Inc. National Conference.



The **purpose** of this organization is to provide a venue and vehicle for doctoral prepared nurses to collaborate and demonstrate joint efforts to improve health care outcomes. Members will highlight and celebrate the collaboration of researchers, educators, and those that apply research to practice to improve healthcare outcomes. All doctoral prepared nurses are welcomed to contribute and support this collaborative effort.

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 the 1st Quarter of 2024. Maximizing the skills and talents of collaborating doctoral prepared nurses is the overarching goal.

Good things happen when we collaborate and share thoughts and expertise. We are looking forward to seeing the directions and successes we can appreciate and achieve together.

Are you interested in being a part of this planning and formation task force? Do you want to support and contribute to the planning, development, and implementation of this initiative?

If interested, please email: info@DNPInc.org

The Journal of the Academy of Doctoral Prepared Nurses

The Journal of the Academy of Doctoral Prepared Nurses (JADPN) will be an online/virtual vehicle for members of the Academy to share the work of individuals and groups that change practice or improve quality that results in enhancing healthcare outcomes.



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 any other colleague with an earned terminal degree in nursing.

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. **JADPN** supports these values by expanding practice knowledge of all doctoral prepared nurses.

Strategic Timeline for both ADNP and JADPN: First quarter 2024: Invite and enroll select qualified colleagues to join the Academy and serve as editors to the Journal
Second quarter 2024: Initial publication of the **JADPN**

The infrastructure for this journal venture is in construction. The plan is to have the journal integrated with this web site, yet other options are being explored also.

Update: The task force to build and refine the Academy of Doctoral Prepared Nurses is scheduled to meet on Tuesday, November 11, 2023. The steps recommended by this group will help to build the foundations of this journal effort.

Elements and activities to be addressed before the JADPN can become a reality:

1. Assure the Website will accommodate the open-source application to build this online peer-reviewed journal,
2. Develop a cadre of colleagues to help build and direct the development of this journal to reflect the values and mission of the Academy of Doctoral Prepared Nurses,
3. Build a structure of content expectations at least 2 years into the future to begin to solicit and collect content for publication,
4. Align with the ideals and processes of other successful online journals, and,

Will you be a part of the planning, development, and implementation of this initiative?

If interested, please email: info@DNPInc.org



TIGER: Translation and Integration of Genomics Is Essential to Doctoral NuRsing

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.

TIGER participants complete a genomics workshop held as a preconference in conjunction with the American Association of Colleges of Nursing (AACN) January Doctoral Education conference. Participants are then engaged in monthly webinars which include topics such as Population Health, Genomics in Nursing Education, Genomic Curriculum Development, Responsible Research Conduct, and Ethical, Legal, and Social Implications led by nationally recognized content experts. For questions and additional information about the TIGER program, check out our website: <https://nursing.vanderbilt.edu/tiger>

TWO PARTS:



CONFERENCE

Tuesday, January 16, 2024
prior to the AACN Doctoral
Education Conference



WEBINARS/

WEB CONFERENCES

February-December 2024
Monthly webinars and web
conferencing sessions

Required Application Criteria

- Doctoral Nursing Faculty: DNP or PhD

Professional Qualifications

- Currently ≥ 50% of time is spent teaching in a DNP or nursing PhD program
- Hold a DNP, PhD, DNSc, DNS, EdD degree
- Teach at least 1 course in the DNP or nursing PhD program
- Active member of a professional nursing organization
- Actively mentoring DNP or nursing PhD students

Post-Training Expectations

- Able to integrate key principles of TIGER proposed medical genomics care into the doctoral nursing curriculum, scholarship or practice within one-year post- course
- Complete 6 and 12-month post-course goal updates

This education award is supported by the National Human Genome Research Institute of the National Institutes of Health under Award Number R25HG010108.



School of Nursing

Find out more on back



DNP National Conference Plans: Mark Your Calendars!

Save these dates:

**June 25, 26, and 27, 2024 for the
17th National Doctors of Nursing Practice Conference and
Academy of Doctoral Prepared Nursing Summit**

We are looking forward to signing the agreement for this conference, and are creating plans to help assure a great time for all attendees and family that may wish to book the weekend before and/or the weekend after this event.



**This event will take place at the Key West
Beachside Hotel**

**3841 N Roosevelt Blvd
Key West, FL 33040**

**Click [HERE](#) for venue information
(Room registration page will follow)**

The theme of the conference and plans for strategizing and developing the Academy are being developed.

Time to collaborate with colleagues and participate in professional development are key elements of this year's event. Also, scheduled down-time to tour and experience the joys and pleasures of Key West will be scheduled along with help in building a memorable time away.

Considering the cost of a hotel room in any resort, we are confident that the room-night costs at this resort will be one of the best available in all of the Florida Keys.

The **Academy of Doctoral Prepared Nurses Summit** will be constructive, enlightening, challenging, and rewarding.

Please plan to attend. Leaders, C-suite nurse colleagues. Deans and Directors will find this a rewarding event.

A note about the location: Florida

As doctoral prepared nurses we are attuned to the political dynamics of the world around us as we strive to understand the challenges of organizations, systems, and politics. It is unfortunate that the current leadership in Florida has made some comments that are polarizing and unacceptable to all.

To explore this dynamic, please click into [THIS BLOG](#) that explores how DeSantis' efforts to stop Woke may backfire and have the opposite effect.

Questions? Thoughts? Ideas? Recommendations? [Be a part of the DNP Online Community.](#)

Links and Resources

The mission of *Doctors of Nursing Practice, Inc.* is to improve healthcare outcomes by promoting and enhancing the doctoral prepared nursing professional. Many services are available to support students, graduates, faculty, employers, and stakeholders with an interest in the DNP degree. Click the links below to explore options and opportunities.



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Doctoral Prepared
Nurses**

**The Journal of the
Academy of
Doctoral Prepared**