

OUTCOMES

The monthly E-Newsletter from DNP, Inc.

May 2024, Volume 10 Number 5



Monthly Survey

- **5 Quick Questions**
- **Compare your thoughts to colleagues**
- **Help chart our trajectory**

Featured Article

- **DNP Scholarly Articles of interest to all**
- *Caregiver's Corner*
- *Obesity Recommendations for Primary Care*

Organizational Update

- **Collaboration is in our bone marrow**
- **The 2024 National DNP Conference**
- **Ongoing Effort to Build Diversity**

DNP, Inc./ADPN Organizational Updates

Do we collaborate both within and outside of our nursing discipline? Of course we do. Can we do this better? Of course we could. What collaborative skills do we have that yield success - or on the flip side of that observation, what could we do to collaborate better?

Applying research to practice is an expectation of any practice doctorate regardless of the discipline. Collaboration in our nursing profession is a part of our bone marrow. It is what we do.

Those involved in research (specifically research of discovery) build knowledge that guides practice. Do these colleagues collaborate with others? Conceptually, collaboration is on going in that research of discovery is driven by needs that can be identified in practice. Do those in practice point this out adequately? Do those in research tap into these identified issues? Are we truly collaborating?

Another approach to examining our collaboration skill set is to explore how we can work together more effectively. For example, reaching out to experts in any given field (administration, informatics, diversity, etc.) is a direct way to collaborate and address mutual goals. Assuring that we are indeed complimenting each other's efforts is the goal. Do we have room for improvement?

The above thoughts reflect individually driven collaborations. For example, a DNP prepared nurse may wish to enhance a system or process, so reaches out for help and support. A PhD prepared nurse may have an interest in research that generates evidence. Both of these colleagues are working (more or less) in isolation to generate their respective initiatives.

What if doctoral prepared nurses formally and systematically explored social and health issues to determine how we could collaborate and address these types of challenges? What impact could we make as doctoral prepared nurses dedicated to challenge social, political, and/or aggregate health issues? What do you think about doctoral prepared nurses addressing the perceived impact of Supreme Court Rulings, or the mandates in education imposed on universities by a Governor or Senate of any given state? Do we have the ability to collaborate and be pro-active, or are we reactive to what happens to pop up in a grass-roots practice or academic setting?

These and other topics are being explored in the **17th National Doctors of Nursing Practice Conference, and Inaugural Academy of Doctoral Prepared Nursing Summit** taking place June 25, 26, and 27 of this year.

Doctors of Nursing Practice, Inc. is the first and continues to be the only organization that supports the growth of all doctoral prepared nurses including graduates from all programs, all work environments, all races and ethnicities, and all areas of practice. We welcome all and appreciate the support of colleagues - in particular those with diverse backgrounds and points of view.

Email info@DNPInc.org to share your thoughts, interests, and commitment to enhancing the status of all nurses to improve health care outcomes.

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

On-Going Efforts to Build Diversity

Since March of 2023 the Doctors of Nursing Practice, Inc. organization has invited colleagues from diverse backgrounds to participate, share, and enhance all of us with their insights and perspectives.

This page will be included in all issues of OUTCOMES with hopes that one of the organizations listed below will agree to collaborate and help us grow our discipline together.

We continue this invitation to these and any organization that aims to address diversity, equity, and/or inclusion. So far the organizations have not responding to this request yet we will be ever-hopeful that they will so that we can start and maintain a regular column in the OUTCOMES newsletter to highlight this work and help us all grow and evolve together.

These organizations, and all that address diversity are invited to share and participate:

National Black Nurses Association ([NBNA](#))
 National Association of Hispanic Nurses ([NAHN](#))
 Asian American/Pacific Islander Nurses Association ([AAPINA](#))
 Caribbean Nurses Association ([CNA](#))
 National Alaska Native American Indian Nurses Association ([NANAINA](#))
 DNPs of Color ([DOC](#))
 National Coalition of Ethnic Minority Nurse Associations ([NCEMNA](#))

Do you belong to these or other organizations that addresses diversity?

Are you involved in an organization that addressed equity or inclusion as a part of the mission of that organization?

If you are a part of the above organizations or know someone who is, please invite them to share their thoughts and insights in this OUTCOMES newsletter.

The future of celebrating diversity, equity, and inclusion has taken some disturbing turns. Governments have passed legislation to negate and prevent any mention of DEI sensing that it is an infringement on the rights and responsibilities of others. Check out the legislative changes taking place in Texas, Florida, and other states that have dedicated efforts to restrict expansive thought.

Universities are being impacted, and now a proposed bill could end student aid for US Medical Schools with DEI programs. See this article [HERE](#).

Does this impact our potential program of celebrating and building on diversity? You can bet your bottom dollar that it does and will for many years to come.

So - please allow DNP Inc./ADPN to add information about Diversity, Equity, and Inclusion in every monthly publication.

All organizations are welcomed. We truly hope this invitation is accepted and the response is favorable to promote professional growth for us all.

Thank you for your consideration,

David Campbell-O'Dell, DNP, APRN, FNP-BC, FAANP
 President, Doctors of Nursing Practice, Inc./Academy of Doctoral Prepared Nurses
info@DoctorsofNursingPractice.org

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

Sessions from 10 minutes to 60 minutes:



0.17 to 1 hour CEU are 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 -
Diversity

DNP, Inc. Monthly Survey Results

The survey shared in April elicited and received many responses. It was designed to learn more about an interest in the Academy of Doctoral Prepared Nurses initiative. Do these responses reflect your thoughts, experiences, and point of view?

Question 1: This month we ask tough questions to gauge perceptions about the sustainability of Doctors of Nursing Practice, Inc., and the Academy of Doctoral Prepared Nurses. DNP Inc./ADPN have met their maximum potential and are no longer current.

0% very much to absolutely, 100% somewhat to not at all

Question 2: DNP Inc./APRN are relevant and have much to offer nursing and support my professional growth.

81% very much to absolutely, 19% somewhat to not at all

Question 3: More needs to be done to assure this/these organizations are supportive of future growth and innovation.

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

Question 4: In the context of other professional services and organizations, DNP Inc. and ADPN are valuable and have a place in the constellation of services for doctoral prepared nurses.

81% very much to absolutely, 17% somewhat to not at all

Question 5: I see value in supporting this/these and similar organizations to maximize the potential of doctoral prepared nursing collaboration.

90% very much to absolutely, 10% somewhat to not at all

[**Click Here to Participate in
this month's Survey**](#)

Important Articles and Links

- [*Drivers for Seeking the Doctor of Nursing Practice Degree and Competencies Acquired as Reported by Nurses in Practice*](#)
- [*Practice Scholarship Engagement as Reported by Nurses Holding a Doctor of Nursing Practice Degree*](#)
- [*Clinical Scholarship Competencies and Roles to Impact Population Health Outcomes*](#)
- [*Alignment of DNP Degree Competencies with Employer Perspectives: The Value of Academic Practice Partnerships*](#)
- [*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*](#)
- [*Need for Clinical Rotation in Correctional Facilities for Nurse Practitioners*](#)
- [*Doctors of Nursing Practice Defend Truthful Titles, Free Speech, and Their Livelihoods in a new Lawsuit*](#)

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!



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

BLOGS

- [Slavery and the Journal - Reckoning with History and Complicity](#)
- [Structural Racism in Peer Reviewed Publications](#)
- [LGBTQ+ Nursing and Healthcare Organizations](#)
- [Structural Racism in Peer Reviewed Publications](#)
- [Have Apologies Made a Difference?](#)

EVENTS

- [International Council of Nurses NP/APN 13th Network Conference, September 9-12, 2024](#)
- [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

- [DNPs in Diversity, Equity, and Inclusion](#)
- [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](#)

Dissemination Team

Support your students, graduates, and colleagues through the Dissemination Team. Offer the extra nudge to publish and share successful projects for all to see. These uploads can be found through browser searches. If your program is not listed below, join this team to enhance our profession and support colleagues. More information can be found [HERE](#). 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.

[Chaminde University](#)

[Charles R. Drew University of Medicine and Science](#)

[Wilmington University](#)

[University of Maryland](#)

[Purdue Global University](#)

[Sacred Heart University](#)

[Lourdes University](#)

[Oak Point University](#)

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. Click the title to view.

[The Effect of Caregiver Feeding Evaluation on Dementia Patient Weight](#) by Elizabeth Marks Cortright, DNP, MBA, RN-BC, CNE from Touro University Nevada

- 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.

Help a DNP Colleague Earn Her EdD Degree

Our colleague Amy L. Hite, EdD®, DNP, EdS, APRN, FNP is a Professor of Nursing at Pittsburg State University.

She is completing her dissertation and has obtained IRB approval for data collection specific to Nurse Practitioners.

If you are a practitioner please complete [THIS SURVEY](#)

This survey is open through June 2024

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

Miscellaneous Words of Wisdom

The 70 - 20 - 10 Rule:

Individuals tend to learn 70% of their knowledge from challenging experiences and assignments, 20% from developmental relationships, and 10% from coursework and training.

[Center for Creative Leadership](#)

I do not believe that just because you're opposed to abortion, that makes you pro-life. In fact, I think in many cases your morality is deeply lacking if all you want is a child born but not a child fed, nor a child educated, nor a child housed. Any why would I that you don't? Because you don't want tax money to go there. That's not pro-life. That's pro-birth. We need a much broader conversation on what the morality of pro-life is.

[Sister Joan Chittister, American Nun and Theologian](#)

Kindness is loaning someone your strength instead of reminding them of their weakness.

Author unknown

**To laugh often and much;
To win the respect of intelligent people and the affection of children;
To earn the appreciation of honest critics and endure the betrayal of false friends;
To appreciate beauty, to find the best in others;
To leave the world a bit better, whether for a health child, a garden patch or a redeemed social condition;
To know even one life has breathed easier because you have lived.
This is to have succeeded.**

Ralph Waldo Emerson

The Caregivers' Corner

It has been some months now since I wrote the first edition of Caregiver Corner. When the editor and I discussed what I would write about, in addition to writing about Informal Caregivers, I mentioned reminding nurses of how important their observations can be to the delivery of healthcare. I was speaking from the perspective of a newly published author, too full of myself, is my guess.



On a more serious note, I do believe we as nurses have much to say. My personal passion became informing as many people as I could of the sacrifices our Informal Caregivers deliver to our healthcare system every day. This focus came after a career in nursing that began in 1963, spanned three continents, and included many different nursing roles.

My last role in actual healthcare was as a Primary Care Provider in a VA Home Based Health Care setting. I observed many Informal Caregivers over the years, but when I served in the role during the COVID-19 Pandemic, I saw first-hand what they could do and would do. At first our team was told we were not to go into homes, as we were seen as potential vectors for COVID-19. We soon realized we had to go into homes to complete our healthcare mission. We adapted the protocols already in place for seeing patients with other transmissible diseases, to those needed for COVID-19.

We were dressed from head to toe in the latest protective gear. We discarded it all after each visit. Yet, the Informal Caregiver was there doing their job with little protection. They took our suggestions seriously and protected their care recipients using the interventions we recommended.

Sometimes statistics tell the story of outcomes better than words. The statistics from NIH regarding deaths from COVID-19 in Nursing Homes is estimated at over 9,000 per 100,000 residents. Deaths of persons over 65 from COVID-19 not living in Nursing Homes numbered 390 per 100,000. This tells the importance of the Informal Caregiver role in the pandemic better than anything I might say.

This is the story of how my passion for speaking out about Informal Caregivers evolved. All nurses will have a moment, an experience, a patient relationship, or observations they cannot forget. When that happens, let it drive you to write your story. It doesn't have to be a book. There are many nursing journals, websites and conferences looking for articles to expand our profession. If something impacted you, it is likely others would learn or be inspired by it as well.

If you happen to be an editor for a newsletter, or journal, someone organizing a conference, or an educator, you have the unique ability to assist nurses getting their stories out. I have been fortunate to find people in all these roles who encouraged and supported me. Be one of those people.

Cronin, Christopher, J. & Evans, William, N. "Nursing home quality, COVID-19 Deaths, and Excess Mortality." National Library of Medicine. Jan. 21, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8776351/>

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](#).



Obesity Recommendations for Primary Care

By Lindsey Kincaid Barrett, MSN, APRN, NP-C, SANE
DNP Student at Eastern Kentucky University

In 2013, the World Health Organization (WHO) classified obesity as a disease (Tucker et al., 2021). Obesity increases one's risk of developing chronic health conditions such as cardiovascular disease, type 2 diabetes, stroke, some cancers, and is associated with higher incidence of mental illness (Centers for Disease Control and Prevention [CDC], 2023). Obesity is associated with increased rates of death among adults under age 65 with the leading cause of death among obese adults being ischemic heart disease, type 2 diabetes, respiratory disease, and cancer (U.S. Preventative Service Task Force [USPSTF], 2018). The management of obesity also negatively impacts our current health care system as it is estimated that the United States spends \$173 billion dollars annually on healthcare directly associated with obesity (CDC, 2022). Obesity related chronic health conditions are commonly treated and managed in primary care; however, obesity itself remains undertreated (Tucker et al., 2021). In 2012, the U.S. Preventative Services Task Force (USPSTF) recommended that all adults be screened for obesity and if their BMI is 30 or greater, be referred for multicomponent behavioral interventions (LeBlanc et al., 2018). Since their initial publication in 2012, the USPSTF updated their recommendations in 2018 to address the growing concerns surrounding adult obesity. Staying current on new practice recommendations aligns with American Association of Colleges of Nursing (AACN) Domain I: Knowledge for Nursing Practice. Along with Domain I, implementing obesity related practice changes to promote health and prevent disease aligns with AACN Domain III: Population Health.

Risk Factors and Social Determinants of Health

Obesity is multifactorial as one's weight is impacted by their diet, physical activity, mobility, sleep, income, race, gender, living conditions and location, genetics, illnesses, and medications (CDC, 2022). Rates of obesity in the United States vary among regions, states, and populations with more than 35% of men and 40% of women being classified as obese (USPSTF, 2018). Overall, obesity rates among adults have increased from 30.5% in 1999 to 41.9% in 2020 resulting in increased comorbid chronic health conditions and increased health care cost (CDC, 2022). One's income is directly associated with obesity. Currently, one in ten people living in the United States are classified as living in poverty. Due to this, individuals cannot access affordable housing, health care, and healthy foods that can prevent obesity and obesity related complications (Office of Disease Prevention and Health Promotion [ODPHP], n.d.). According to the CDC (2023), as education level increases, rates of obesity decrease. Race is directly correlated with rates of obesity as non-Hispanic Black and Hispanic adults have higher rates of obesity compared to non-Hispanic White and non-Hispanic Asian adults. One's geographic location impacts the rate of obesity as there are higher rates of adult obesity in the southern United States compared to the western United States (CDC, 2023). When assessing for and treating patients in primary care, it is important that providers understand and screen for risks and social determinants of health that can contribute to obesity.

USPSTF Recommendations

The USPSTF (2018) recommends that all adults who are classified as obese (body mass index [BMI] of 30 or greater) be referred for behavioral-based weight loss management interventions. These interventions should include behavioral counseling interventions and interactions with the primary care provider in individual, group, mixed, technology, or print-based delivery methods. The USPSTF (2018) found minimal to no risk or harm associated with these interventions. Throughout their study, they found improvements in weight status, reduced incidence of type 2 diabetes in adults with elevated plasma glucose, and lower rates of weight gain following cessation of interventions when compared to control groups. Therefore, the USPSTF reports with moderate certainty that incorporating or referring obese adult patients to intensive behavioral-based interventions or weight loss maintenance interventions has moderate net benefit.

Summary

Early identification of individual's who are at risk of developing obesity and identifying adults whose BMI is 30 or greater must be a priority for primary care providers. We must change our practice to treat obesity so we can avoid managing obesity related chronic health conditions, reduce associated morbidity and mortality rates, and reduce health care spending. Doctor of Nursing Practice (DNP) leaders have a responsibility to stay current on policy recommendations like those published by the USPSTF and implement these recommendations into practice to ensure that best patient outcomes are attained. The USPSTF (2018) is currently in the drafting research phase to again update obesity related treatment recommendations as rates of obesity continue to increase and negatively impact patient outcomes and our current health care system. As leaders in the profession, we must use the evidence-based practice information we currently have yet stay vigilant in seeking updates to practice guidelines, implementing these recommendations into practice, and disseminate that knowledge to positively impact health care within the United States and beyond.

References

Centers for Disease Control and Prevention (2022, May 17). *Adult obesity facts*. <https://www.cdc.gov/obesity/data/adult.html>

Centers for Disease Control and Prevention (2023, September 21). *Adult obesity prevalence maps*. <https://www.cdc.gov/obesity/data/prevalence-maps.html>

LeBlanc, E. S., Patnode, C. D., Webber E. M., Redmond, N., & O'Connor, E. A., (2018). Behavioral and pharmacotherapy weight loss interventions to prevent obesity-related morbidity and mortality in adults. Updated evidence report and systematic review for the US preventive services task force.

JAMA, 320(11), 1172-1191. doi:10.1001/jama.2018.7777

Tucker, S., Bramante, C., Conroy, M., Fitch, A., Gilden, A., Wittleder, S., & Jay, M. (2021, July 23). The most undertreated chronic disease: Addressing obesity in primary care settings. *Current Obesity Reports*, 10, 396-408. <https://doi.org/10.1007/s13679-021-00444-y>

Office of Disease Prevention and Health Promotion. (n. d.). *Healthy people 2030. Economic stability*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>

U.S. Preventive Service Task Force (2018, September 18). *Weight loss to prevent obesity-related morbidity and mortality in adults: Behavioral interventions*. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions>

Share Your Expertise! Support Innovation and Practice!

We are honored to receive and post articles from DNP colleagues - and DNP colleagues to be. Kindly share your thoughts, insights, curiosities, and challenges in a brief article to be posted in a future issue of OUTCOMES. Graduates, faculty, and students are welcomed to contribute. Challenge student to submit articles. The content is likely to be of interest to all readers/colleagues.

Topics may include:

Informatics' Impact on Health Care Outcomes
DNP Prepared Nurses' Successes and Challenges in Policy Formation
Doctoral Prepared Nurses Demonstration of Collaborative Success
Expertise in aggregate/population health outcomes
Entrepreneurial expertise: How to start and maintain a practice
Collaboration to improve academic outcomes
Including all doctoral prepared nurses to enhance diversity

See [OUTCOMES](#) past issues. Click [HERE](#) to contribute!
Kindly share this invitation with colleagues!

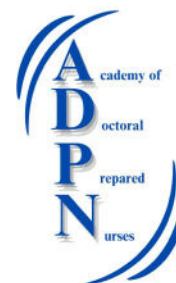
Take advantage of this opportunity to reach more than 11,000 per monthly mailing and over 33,000 in the regular outreach to those that may have an interest in doctoral prepared nursing.

Articles submitted can include practice information, opinions, editorials, and reflect work performed in your work environment (as a student, faculty, clinician, administrator, researcher, policy expert, and/or informatics specialist).

We look forward to hearing from you and publishing your work.

Academy of Doctoral Prepared Nurses

The inaugural summit to officially launch the **Academy of Doctoral Prepared Nurses** will take place in June of this year in Key West Florida aligned with the 17th National Doctors of Nursing Practice Conference.



[See the growing list of Board of Advisors](#)

A meeting of core contributors that are making up the inaugural advisory board executive committee, met and recommended steps to prepare for the June 25, 26, and 27, 2024 meeting in Key West. To view the mission, vision, and initial strategies for this initiative, [CLICK HERE](#).

Contributions through a collaboration of doctoral prepared nurses can tough practice, academia, policy, research, informatics, and diversity. Be a part of this initiative by joining and perhaps presenting at the **Academy of Doctoral Prepared Nurses Summit** taking place June 25, 26, and 27, 2024 to coincide with the **Doctors of Nursing Practice, Inc. National Conference**.

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.



[See the growing list of Board of Editors](#)

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 **ADPN** 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 **ADPN and JADPN**: Second quarter 2024: Invite and enroll select qualified colleagues to join the Academy and serve as editors to the Journal.

Third quarter 2024: Confirm plan for growth and development of the **JADPN**

If interested, please email: info@DNPInc.org

TIGER

TRANSLATION AND INTEGRATION OF GENOMICS IS ESSENTIAL TO DOCTORAL NURSING

TIGER prepares doctoral nursing faculty to:

- Translate and integrate genetic and genomic content into nursing academic curricula, scholarship and practice
- Establish competency with knowledge and skills in genomics
- Engage in a community of genomics-informed nurses

TIGER is a two-part program:

- **In-Person Workshop** | prior to AACN Doctoral Education Conference, **January 14, 2025**
- **Virtual Monthly Webinars** | **February-December 2025**

Cost-free genomics education

Up to \$1,500 travel stipend available for January workshop
22.75 contact hours

APPLICATION DEADLINE:

SEPTEMBER 30, 2024

The program is offered to doctoral nursing faculty at all schools of nursing in the country. Faculty from the same institutions are welcome to apply and participate.

LEARN MORE:



ADDITIONAL INFORMATION:



<http://nursing.vanderbilt.edu/tiger>



Please share this opportunity widely among your faculty for enrollment of cohort 4, which begins in January 2025.



IMPROVE THE KNOWLEDGE AND SKILLS OF DOCTORAL NURSES IN GENOMICS

PAST ATTENDEE TESTIMONIALS:



I am constantly seeking to update my genomic knowledge and skills, and having expert lectures on a variety of topics is key to my ability to do so. The lectures have been wonderful."



High quality speakers with knowledge and passion were able to make the content understandable to a novice."



This training has allowed me to better understand the opportunities for students with interest in genomics research and how to best guide them. In addition, this course allowed me to feel confident accepting a teaching assignment on genomics. I am learning a lot along the way, but I would not have felt able to take that course without this TIGER foundation."

We are in a genomic era of health care; nurses are the largest health care profession. In order to realize genomic-informed health care, educational programs at all levels must integrate omics content and concepts into nursing curricula. The purpose of TIGER is to prepare doctoral nurses with foundational genomic concepts for integration into academic curricula, clinical practice, and research. Our goal for the TIGER research educational program is to create "champions" for genomic integration into nursing.


This workshop is supported by the National Human Genome Research Institute of the National Institutes of Health under award number R25HG011018 (PI: Connors).



VANDERBILT UNIVERSITY
School of Nursing



**CALL FOR ABSTRACTS
2024 DNP CONFERENCE
KEY WEST, FL**



WELCOME TO THE CONCH REPUBLIC

**17th National Doctors of Nursing Practice Conference
and
Academy of Doctoral Prepared Nursing Summit,
Key West, FL**

JUNE 25-27, 2024

***The Next Step in Professional Development
to Improve Health Care Outcomes***

**[CLICK HERE TO BEGIN YOUR
ABSTRACT SUBMISSION](#)**

**[CONFERENCE
WEBSITE](#)**

DNP National Conference Plans: Register Today!

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

This conference is a joint effort to include the Doctors of Nursing Practice, Inc. 17th National Conference, and the Inaugural Summit of the Academy of Doctoral Prepared Nursing



Key West Beachside Resort & Residences
3841 N Roosevelt Blvd
Key West, FL 33040

Click [HERE](#) for venue information

The Next Step in Professional Development to Improve Health Care Outcomes

Keynote Presenters:

Tina Gustin, DNP, CNS, RN and Carolyn Rutledge, PhD, FNP-BC, FAAN



Drs. Gustin and Rutledge are veteran contributors and experts in developing projects that improve health care outcomes. They have years of experience in demonstrating collaborative practice. Their presentation title:

DNP-Led Interprofessional Clinics: Breaking Down Barriers to Care

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.



[Doctoral Project Repository](#)

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