

# OUTCOMES

The e-Newsletter of  
Doctors of Nursing Practice, Inc.



The response to **OUTCOMES** has been great. Readers from the DNP world of practice, academia, students, and collaborating professionals are tapping into this electronic newsletter. We will continue to offer successes that impact health care outcomes; trends in DNP education; and also share the thoughts and opinions of readers.

Collaboration both within the nursing discipline and between disciplines continues to gain momentum. The challenges of making the most of resources within the nursing professional by maximizing the talents of advanced practice nurses, administrators, informatics specialists, policy specialists, and academic leaders with both research and practice degrees is beginning to show benefits for us all. Future challenges are exciting as we build resources and access efforts of colleagues both within and outside of our professional circles. Please enjoy the comments and insights included in this issue. We welcome the opportunity to share your insights too! Please contact us any time.

JANUARY 2016

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*Online Community, Practice Innovation,  
Professional Growth*

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**The Ninth National Doctors of Nursing  
Practice Conference: Baltimore  
*Transforming Healthcare  
Through Collaboration*  
Baltimore Marriott Inner Harbor  
at Camden Yards  
October 5-7, 2016**

Join colleagues at this year's event to celebrate successful methods of collaboration to improve health care outcomes and explore future opportunities and challenges. Presentations that address collaboration to include practice partners, academia, professional organizations and policy will be presented.

Abstract submissions are accepted through March 31, 2016.

[Click here](#) to submit your abstract. Guidelines and expectations can be found [on this page](#).

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**Why Should DNP's of All Specialties Band Together?**



**Dr. Edward Salkind**  
CRNA, MS, ARNP, DNAP

*We welcome the editorial comments of our DNP/DNAP colleague, Dr. Edward Salkind. We hope that all DNP prepared nursing professionals will resonate with his point of view.*

If you look at the development of physician and nursing specialists you will note historical similarities. Physicians started out in the 18<sup>th</sup> century with only four actual medical schools in the United States. Many physicians sought training in Europe such as Edinburgh, London, or Vienna. This changed from the predominant use of apprenticeships to for-profit schools, to University based education supported by state and federal government. Your tax dollars at work. In contrast nursing started mostly as a hospital training class and evolved from two-year community colleges to University based programs, using hospitals as training areas for the didactic theories. <sup>1</sup>

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**Why Should DNP's of All Specialties Band Together? (continued)**

Nursing specialties have been around for a long time. Nurse anesthetists were the first military providers of anesthesia care. Sister Mary Bernard worked at Saint Vincent's Hospital in Erie Pa as the first formally recognized Nurse anesthetist in 1887. The famous Dr. Mayo at St. Mary's Hospital, which later became the Mayo Clinic, trained Alice McGaw.

Agnes McGee ran the first formal educational program in anesthesia. The school trained physicians, nurses and dentists in anesthesia. Subjects included anatomy, pharmacology, chemistry and applied applications of anesthetics in 1909 at Saint Vincent's hospital in Portland Oregon. Dr. George Crile took Agatha Hodgins, his nurse anesthetist since 1908, to France to aid the allies in the American Ambulance group with the Allied forces. They also taught Nitrous Oxide technique to British and French nursing and medical personnel. <sup>2</sup>

Other nursing specialties including midwifery have been around for hundreds of years and have followed the same paths from hospital to university based training. Nurse Family practitioners (NFP's) have filled a new niche, especially with a surge in the patient population. This huge increase has come from millions of newly insured patients from the Affordable Care Act and the veterans returning from the Iraq and Afghanistan wars. NP's are sorely needed to fill the gap in primary care. As an Army CRNA in an OEF deployment, I was busy with incoming casualties as well as labor and delivery cases and the occasional pediatric surgery. There are many FNP's employed by the Armed services to provide family care for servicemen and women, and their families.

Historically physicians have been apprenticed to other physicians. Gradually these apprenticeships transitioned to residency programs. The same thing happened with nursing specialties. In many cases nurses are not allowed to refer to their residency training programs in the same terminology. Nevertheless, they are in fact very similar. Nurses are likewise discouraged from using the words diagnosis and treatment because in theory we don't do that, we only recognize and make recommendations. This is not supported by fact. CRNA's are frequently the actual provider in the surgical case. If there is an attending, they are usually called in case of important events or transitions in the patient's condition. CRNA's frequently make a diagnosis of any change in a patient's welfare, and effect a remedy as do nurse midwives. Nurse anesthesia students undergo similar training to physician residents and use the same techniques in regionals, general anesthesia, airway management and starting IV lines, central venous lines, and arterial lines for blood pressure measurement and monitoring arterial blood gases. Until recently only the military has recognized the independent practice of CRNA's. CRNA's have been allowed to practice independently in 17 states under Medicare laws with the Governor's signature recognizing Full Practice Authority (FPA) without supervision of an attending physician. <sup>3</sup>

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## The Value of the DNP Degree: A Personal Story by Dr. Jay Hunter

The value of the DNP degree to my personal and professional nursing practice has been immeasurable. During my time as a DNP student and as a practicing DNP, I have been able to participate in processes, committees, and projects that have truly been transformational to my practice. I have met leaders at the local, regional, and national levels with whom I have networked and discussed policies, practices, evidence, and opinions in pediatric nursing and in nursing in general. Opportunities afforded to me as a DNP student and as a practicing DNP include, but are not limited to: serving as a planning committee member and a volunteer coordinator for national conferences, serving on the strategic planning committee for a large pediatric health care system, changing and advancing practice in two large pediatric health care systems to improve assessment and treatment for a large subset of pediatric patients, authoring and reviewing select pediatric diagnoses in a clinical guideline textbook, presenting at two national conferences, and serving on a national committee for professional issues that affect pediatric nurse practitioners.

Most recently, I was asked to assist with the review and update of the National Association of Pediatric Nurse Practitioner's (NAPNAP) position statement on the DNP. The previous version of this position statement reflects NAPNAP's support of the DNP by recognizing the DNP as a terminal degree for professional practice in nursing and supports the goal of the DNP becoming the entry point of practice for the pediatric nurse practitioner (PNP) (NAPNAP, 2013).

The position statement also supports the utilization of the title of "doctor" by DNP-prepared nurse practitioners, recognizes the DNP-prepared PNP as an expert clinician and faculty member, and reflects the

importance of measuring the impact of the DNP in all facets of practice (NAPNAP, 2013). To fit the title of this newsletter, I opine that the outcomes, if you will, of the DNP degree have been innumerable for myself and many others in practice. I would like to challenge each and every DNP in practice to reflect on the value of the DNP degree to their practice. What have you done or are you doing to produce outcomes? If you cannot come up with an answer, you are not thinking hard enough.

References: National Association of Pediatric Nurse Practitioners. (2013). NAPNAP position statement on the doctor of nursing practice (DNP). *Journal of Pediatric Health Care*, 27, 78-79. doi:10.1016/j.pedhc.2012.09.002"



**Jay M. Hunter**  
**DNP, RN, CPNP-AC, CCRN,**  
**CPEN, CPN**

## DNP, Inc. Organizational Update

The DNP Projects Repository development is moving forward with a target date for submissions by the end of January 2016. This interactive database will afford the opportunity for increase ease of dissemination while highlighting both the nursing practice scholar and the DNP academic program. The foundation to help fund these projects is also growing and accepting donations that will support colleagues in their efforts to improve outcomes.

The **Doctors of Nursing Practice, Inc.** organization is proud to exhibit at the American Association of Colleges of Nursing's Doctoral Education Conference taking place January 21-23, 2016 in Naples, FL. If you are attending this conference please drop by for a visit and learn more about the services offered for doctoral prepared colleagues in practice and academia.

**Have you completed a project that can demonstrate improved outcomes?  
Would you like to be highlighted in future issues of *OUTCOMES*, the e-newsletter of Doctors of Nursing Practice, Inc.?  
If so, please send us your story in a one-page, single-spaced, 12 font article sharing experiences that reflect your work.**

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**Why Should DNP's of All Specialties Band Together? (continued)**

The evolution of nurse practitioners including CRNA's and other Nursing specialties have evolved from certificate to bachelor degree, to masters and finally to DNP or DNAP educational preparation. This not only increases the professionalism of these nursing specialties but responds to the publicly perceived demand that NP's who have increasingly advanced duties to perform have an adequate level of academic training to support them. In this regard we are frontloading our NP's with advanced training and not relying on individual advanced postgraduate clinical experience and training. The department of Veteran's affairs has moved toward FPA with CRNA's and other Nurse Practitioners (NP's). Some senators have moved against CRNA's having Full Practice Authority. It is now imperative that all Nurses, especially DNP's/DNAP's band together to support these legislative moves. In future articles we can discuss the legislative initiatives for NP's including prescriptive authority. The attempt at taking over the duties of highly competent NP's such as CRNA's by less well trained anesthesia assistants has been an ongoing political ploy and battle by the American Society of Anesthesiologists in a number of states including SC, TX and GA.

In summary, we must band together legislatively and educationally to make our profession a viable and respected one. We are marching into the future to satisfy the needs and access to medical care of millions of new patients, by competent, highly trained NP's /CRNA's. We are colleagues with a shared vision. As Ben Franklin said, "We must all hang together or assuredly we will all hang separately."

Dr. Edward Salkind CRNA, MS, ARNP, DNAP

References

1. Medical education; 2003; Dictionary of American history; Copyright 2003 Gale Corp.; [http://www.encyclopedia.com/topic/Medical\\_education.aspx](http://www.encyclopedia.com/topic/Medical_education.aspx)
2. History of Nurse anesthesia (2010,May); AANA; <http://www.aana.com/.../history>
3. Salkind, E., (2013,Fall) The Affordable Care Act and it effect on NP's and CRNA's; AVANA Newsletter; The Breath; St Petersburg, Fl.

**Click HERE to take this month's DNP Inc. Survey**

