

OUTCOMES

THE E-NEWSLETTER OF
DOCTORS OF NURSING PRACTICE, INC.



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JDNP Special Offer

Editor:

David Campbell-O'Dell DNP

REGISTER TODAY
FOR THE 2017
10TH NATIONAL DOCTORS OF
NURSING PRACTICE
CONFERENCE
NEW ORLEANS!!!

A Brief Civics Lesson

With so many healthcare issues happening every day, narrowing down the topic of which to write about can be challenging. As of August 20th, there have been 646 bills introduced into the 115th Congress according to www.govtrack.us.

So how does a bill become a law? A bill must be introduced by a Member of Congress. The Member who introduces the bill becomes the bill's sponsor. Representatives sponsor bills that are important to them and their constituents as do Senators. Bills that are introduced in the Senate begin with an "S" while bills introduced in the House begin with an "H."

Following a bill's introduction, it is referred to the appropriate committee. The committee will debate the bill and make changes if needed. Or the committee may decide the bill is unnecessary; "tabling" the bill. The website, [Congress Bill Search](#), will post the status and updates of the bill.

The bill may be sent to a subcommittee. The subcommittee can hold hearings to obtain the views of experts, supporters, and opponents. The bill is again debated and changes may be made to the bill. If variations are made to the bill, the subcommittee can vote to accept or reject the changes. If accepted, the bill will be sent back to the full committee for approval or rejection.

Considerations will be made on the Floor where all members can debate the bill. After the debate, the second reading of the bill begins in a section-by-section manner, during which amendments may be offered. At the conclusion of all amendment debate, the bill is read a third time. Then, the House is ready to vote on the bill. The public may view the bill on the [Clerk of House website](#).

It is at this point that the bill will be put to a vote. When a bill passes in the House, it must also pass in the Senate in order to become a law. The two houses of Congress make up the bicameral legislature, part of a system of checks and balances that ensures that laws are created democratically. The bill is then sent to the President who can sign it, do nothing, or veto it all together.

If the president does nothing, after ten days the bill automatically passes. If the President decides to do nothing and Congress has adjourned its session; this is called a "pocket veto." If the President directly vetoes the bill and, if certain conditions are met, Congress can override the veto.

As you can see, getting a bill passed into law is a long and tedious process with many checks and balances. Only about 4% of all bills introduced actually become law. This is why it is so important for constituents to let their member of Congress know what is and is not important to them.



Jill Beavers-Kirby
DNP, MS, ACNP-BC

received her Doctorate of Nursing Practice at The Ohio State University in May 2011. She currently serves Coordinator of Nurse Practitioner Programs and Associate Professor at Mount Carmel College of Nursing; she has served in this role since November, 2015. She also serves as a Visiting Professor for Chamberlain University in 2014.

She has been a Board Certified Acute Care Nurse Practitioner since 2005 and she is also Board Certified as an Adult Nurse Practitioner. She has worked in a variety of patient settings most recently in hematology working with patients who had leukemia and lymphoma. She is licensed as a Registered Nurse in 12 states which permits her to educate students across the U.S. She has an extensive teaching history which includes Health Policy, Health Assessment, and Transition to Professional Roles for Nurse Practitioners. Dr. Beavers-Kirby is a founder, past president, and president elect for the Council for Ohio Health Care Advocacy (COHCA). She is also a devoted patient advocate and is actively involved with the Ohio Nurses Association Legislative Committee and she is an Ambassador for the Arthritis Foundation Policy.

2017 10th National Conference New Orleans CNO Panel

Executive Leadership and the Doctor of Nursing Practice



Linda Roussel
PhD, RN, NEA-BC, CNL, FAAN
*University of Alabama
at Birmingham*
2017 CNO Panel Moderator



Velinda J. Block
DNP, RN, NEA-BC
HCA TriStar Division
2017 CNO Panelist



Deborah J. Baker
DNP, CRNP
Johns Hopkins Health System
2017 CNO Panelist



Elicia Jacob
DNP, PHCNS-BC
*University of Alabama at
Birmingham Medical Center*
2017 CNO Panelist

2017 Tenth National Doctors of Nursing Practice Conference New Orleans



2017 Tenth National Doctors of Nursing Practice Conference: New Orleans *Celebrating 10 Years: Diversity & Inclusion in Practice*

Conference Objectives

1. Reflect the progress of DNP practice through the last decade,
2. Explore the ways diversity contributes to strength and impact on health care outcomes,
3. Highlight the ways DNP prepared professionals mitigate the impact of health care disparities, and,
4. Discuss innovative and inclusive approaches to practice led by DNP prepared nursing professionals.

Western Multi-State Division
Continuing Education

To receive contact hours for this activity, the participant must:
Attend selected breakout and plenary sessions in their entirety
View and engage with the poster presenters
Complete evaluation forms reflecting participation, insights and feedback

This activity has been submitted to the Western Multi-State Division for approval to award nursing contact hours. The Western Multi-State Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call Stephen Campbell-O'Dell at 1-888-651-9160 option 2

16 CE's anticipated



CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY

[Should we be called "Dr."?](#) Posted by Lori B. Elliot challenging the expectations of other providers on the title of nurses that earn a DNP degree.

[Nursing credentials.....are they really necessary?](#) Started by Charles Medina asking the rationale and sequencing of credentials used by nurses.

[Who is Leading DNP Growth?](#) This conversation started to address thoughts by Dr. K. Dracup and others many years ago. Are we fulfilling our destiny?

[Non-Compliance](#) Posted by Gerald Trotman, bringing up a persistent and pervasive challenge for all in clinical practice.

[DNP as Nursing Faculty for Undergraduate and Graduate Nursing Schools](#) Posted by Liriane Dassow Davis asking experiences of others that have earned the DNP and are not working in academia.

DNP Groups of Interest:

- [Psychiatric Specialization](#)
- [DNP's seeking position in academia](#)
- [Executive Leadership DNP](#)
- [Geriatric Specialization](#)
- [Ohio DNP Network](#)
- [Missouri DNP's](#)
- And others.

September and October 2017 Events:

- [NPACE Primary Care Conference](#)
- [34th Annual AAHN Nursing Conference](#)
- [NPACE Pharmacology Update](#)
- [American Association of Nurse Anesthetists: Nurse Anesthesia Annual Conference](#)
- [10th Annual Advanced Practice provider \(APRN & PA\) Leadership Summit](#)
- [10th National Doctors of Nursing Practice Conference](#)**
- [National Advanced Practice Neonatal Nurses Conference](#)
- [9th Annual EBP / Research Conference](#)
- [AAMN 2017 Annual Conference](#)
- [NPACE Primary Care Conference](#)
- [NPACE Pharmacology Update](#)
- [26th Annual Convention Academy of Medical-Surgical Nursing](#)
- [Transforming Healthcare Through Evidence Based Practice](#)
- [1st Annual Summit on Leadership and Quality Improvement](#)
- [AACN Organizational Leadership Network](#)
- [AACN Academic Leadership Conference](#)

If you know of an event that supports the growth and development of nursing colleagues, please post it to the EVENTS page. It's free, and reaches thousands every month. Click the ADD button on [this page](#) to post an event.

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AUGUST 2017 DNP, INC SURVEY RESULTS

August 2017 Survey Results: Literature related to DNP practice

The August 2017 survey requested perspectives of satisfaction with earning the DNP degree. Where does your point of view fit with these responses?

Question 1: Now that I am a DNP graduate, I seek out literature that is specific to doctorally prepared practice?

45% very much to absolutely, 55% somewhat to not at all

Question 2: The information I need to perform at my best is readily available to me.

71% very much to absolutely, 29% somewhat to not at all

Question 3: I look for the same type of journal articles now as I did before starting my DNP program.

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

Question 4: All of the literature and access to studies I need are available to me.

59% very much to absolutely, 41% somewhat to not at all

Question 5: I am hungry for information and literature to help me be my best in my practice area as a DNP prepared professional.

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

What do you think? Do these findings reflect your point of view?

Click [HERE](#) to take the September 2017 survey



ORGANIZATIONAL UPDATE

The big update for the DNP Inc. organization for September 2017 is the 10th National Conference taking place September 13-15 in New Orleans. Many great contributors, planners, and volunteers have worked together to make this event a reality. We look forward to seeing everyone there for what looks to be a great conference.

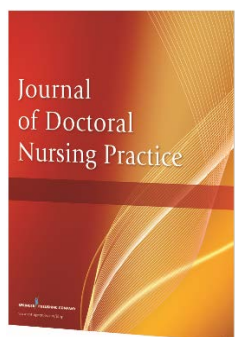
Other activities that reflect the goals and mission of DNP Inc. includes the near completion of the DNP Scholarly Project repository and updated features to the DNP Programs listing. These changes allow for greater creativity and control over data by each college or university DNP program. The repository tool is about to become a reality with similar interactive and self-directed processes to support the DNP graduate in displaying their work.

It is impossible to thank all of the contributors that have made these and other services a possibility. Please visit the web site frequently, join the DNP online community, and view the work of other DNP prepared colleagues.

Useful Links

[DNP PROGRAM LIST](#)[FACULTY
RESOURCES](#)[INDIVIDUAL BLOGS](#)[VALUABLE LINKS](#)[CAREER LISTINGS](#)[GROUP PAGES](#)[DNP PROJECT
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2017 DNP Conference Exhibitor

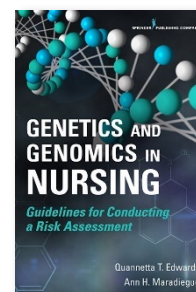
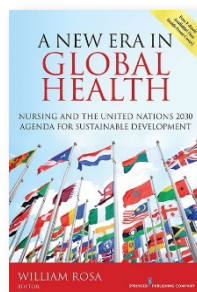
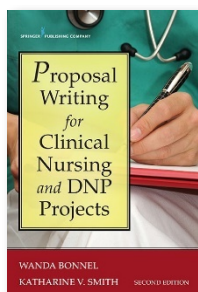
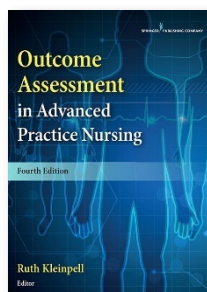


The *Journal of the Doctoral Nursing Practice (JDNP)* and **Doctors of Nursing Practice, Inc. (DNP Inc.)** are working together to promote the profession of nursing and enhance the doctoral nursing practice. Since 2007 *JDNP* (formerly known as *Clinical Scholars Review*) has published peer-reviewed articles that demonstrate clinical excellence in the application of evidence-based practice of doctoral nursing, while reflecting the expertise and impact of the DNP prepared nursing professional.

Springer Publishing Company, Dr. Stephen Ferrara (Editor-In-Chief of the journal), and leaders in **DNP Inc.** are committed to supporting the advancement of the doctoral nursing practice.

To that end, members of the **DNP Online Community** are eligible for discounts on the following:

- Online access to the *Journal of Doctoral Nursing Practice* for **\$15 per year USD**
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2017 DNP Conference Exhibitor



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- Family Nurse Practitioner
- Neonatal Nurse Practitioner
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Care for Newly Arriving Refugees: Experiences from the University of Louisville Global Health Center, an Advanced Practice Nurse

According to data from the United Nations High Commissioner for Refugees (UNHCR), each year 10-15 million people seek political asylum or become refugees. More than 34,000 are displaced from their homes each day and forced to flee due to religious, economic, political, or gender persecution (UNHCR, 2017). The United States has historically received the greatest number of refugees with resettlement occurring in most every state. These individuals represent diversity in culture, language, and health condition with most presenting with a full spectrum of chronic health issues. Reports outlining the state of refugee health in Kentucky can be found at <http://louisville.edu/medicine/departments/medicine/divisions/infectiousdiseases/refugee-health/services/KYRHAReport2016.pdf>

Part of the resettlement agreement is that the individual refugee will reach toward self-sufficiency and citizenship. When they arrive for resettlement in local communities they are eligible for the same social and health benefits made available to US citizens. Therefore, refugees arrive with a variety of health needs complicated by language and culture diversity while at the same time retaining personal responsibility for self-sufficiency and the necessary acculturation. Clearly, addressing health issues is a foundational need that, if lacking, effectively prevents self-sufficiency and acculturation success. Enabling and facilitating successful resettlement involves an understanding of the complete biopsychosocial and spiritual components of care, hallmarks of nursing practice at all levels.

As refugees resettle in their receiving communities, identifying a primary care provider is important. Accessing the right provider is critical. At the University of Louisville Global Health Center, refugee health has become a specialty led by a group of advanced practice nurses. This team of family and adult nurse practitioners in partnership with physicians, pharmacists and public health professionals has developed a model of care that is refugee-centered. The emphasis is on care that is accessible, coordinated, comprehensive, team oriented, safe, and of high quality. This model mirrors elements recognized by the Agency for Healthcare Research and Quality (AHRQ) as one that is truly patient-centered (AHRQ, 2012).

In this model, refugees are provided with culturally tailored care that emphasizes the needs of the body, the mind, and the spirit. A number of innovative approaches have been incorporated into this model including an outreach component that links in-clinic care with that provided in the home and the community network of importance to the individual refugee. Outcomes of interest from care provided with this refugee-centered medical home model have included a marked improvement in acceptance, adherence and completion of treatment for latent tuberculosis infection, acceptance of birth control methods by refugees at risk for Zika infection, and improved access to mental health care that is trauma-informed.

Our goal in sharing these experiences is to increase collaboration and partnership. Through these efforts, we look forward to continuing to explore and discover areas of new knowledge, embrace new approaches to care, and transform the way care is provided to this vulnerable yet resilient population. Please follow what we, as well as others, are doing with the care of this population through a new publication entitled *Journal of Refugee & Global Health* available at <http://ir.library.louisville.edu/rgh/>

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United Nations Higher Commissioner for Refugees. (2017). Figures at a Glance. Available from <http://www.unhcr.org/en-us/figures-at-a-glance.html>



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Everyone Passes Through the Hands of a Nurse

“Everyone passes through the hands of a nurse.” It has been seen on nursing statues and heard at pinning and commencement ceremonies for years. However, this is usually thought to be within the context of loved ones passing through the hands of a nurse: a newborn, an ailing child, or a dying parent or grandparent. However, it recently occurred to me that as nurses we too pass through the hands of nurses. My career has been built upon the support and guidance of nurse mentors. Whether formal or informal mentors, they have impacted the trajectory of my nursing career. As I reflect on my professional development, I realize that it was my nursing colleagues that provided me with the direction and confidence to be a resource, and mentor, for other nurses. Prior to enrolling in a DNP program I felt confident in my nursing skills as well as my knowledge of the nursing profession. However, my DNP education has allowed me to appreciate the true influence, as well as the greater responsibility we have to ensure a broader reach of influencing health care outcomes, and seeing the bigger picture. As explained in the AACN essentials (2006), the DNP is a degree not a role. When we earn such a degree it comes with a great amount of responsibility. We become the experts, the leaders, and a voice.

The concept of mentoring is not new; however, it may be underutilized. In the landmark Future of Nursing Report (IOM (Institute of Medicine), 2011) *The Future of Nursing: Leading Change, Advancing Health* highlights the importance of mentoring for all levels of nursing. The idea of mentoring and leadership development nurses has also been supported by numerous professional nursing organizations (American Association of Colleges of Nursing, 2017; American Nurses Credentialing Center, 2017; American Organization of Nurse Executives, 2017, National League for Nursing, 2006). Organizations are making efforts to adopt a transformational leadership model and implement mentoring programs, however it is often focused on the low hanging fruit including registered nurses new to practice, front line managers, and even new faculty. As schools attempt to meet the IOM (2011) recommendation of doubling DNP prepared nurses by 2020 and graduate DNPs at a record number, it must be remembered that these nurses are likely assuming new roles and not be a part of the easily identified groups needing mentoring. That said, it is imperative that existing experts take these DNPs and allow them to pass through *their* expert hands while sharing their knowledge through mentorship. This may allow them to best utilize the skills and theories learned in the DNP curriculum and find a way to synthesize the knowledge into their role whether it is in clinical practice, organizational leadership, academia, or some other avenue. Newly prepared DNP must translate into practice innovative methods of improving health care outcomes using evidence.

Having the guidance of a mentor during this process can provide significant amount support and encouragement. So, as we prepare close in on that 2020 date, let us not only focus on achieving doubling the DNP prepared nurses, but also on the overarching recommendations of the IOM to develop leaders, commit to lifelong learning, and prepare nurses to lead change. Those who chose to mentor may very well find themselves reflecting on the mentors’ hands, which they have passed through.

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Dr. Vitale received her Doctorate of Nursing Practice from Rutgers University in May 2016. She is currently an Assistant Professor and the Specialty Director for DNP Projects/DNP Project Courses at Rutgers University in the Advanced Nursing Practice division of the School of Nursing. She also serves as an adjunct faculty for the Trinitas School of Nursing. She has worked in a variety of patient settings including labor and delivery, mother/baby, and newborn nursery, but most recently in a leadership role overseeing maternal fetal medicine research and a busy hospital-based high risk OB/MFM practice at a level-III perinatal center. Dr. Vitale is also a member of the Organization of Nurse Leaders of New Jersey (ONLNJ) where she is the current chair of the Mentorship Committee and a former Board member. Dr. Vitale also represents ONLNJ as a member of the Advisory Council for the New Jersey Collaborating Center for Nursing (NJCCN).



Tracy R. Vitale,
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Rutgers
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The Journal of Doctoral Nursing Practice

You Are Invited to Subscribe to the Journal of Doctoral Nursing Practice: At a Discounted Rate

I am delighted to announce that online access to the Journal of Doctoral Nursing Practice (JDNP) is now being offered to members of Doctors of Nursing Practice, Inc. (DNP, Inc.) at the reduced rate of \$15 per year. Our relationship creates a synergistic effect for the DNP community as a whole. The JDNP will serve as the peer-reviewed scholarly journal for the DNP community and DNP Inc., will connect graduates, students, and educators in numerous ways to help us further define our role as the health care system becomes increasingly complex and more requiring of DNP acquired talents. This complexity is ripe for DNP-led solutions. We are also hopeful that our relationship will attract additional subject matter expert peer-reviewers for the JDNP (see instructions for signing up), as well as increase the number of quality manuscript submissions. Further, we collectively want to support the DNP community and will soon offer resources to assist authors with helpful suggestions for manuscript submission and acceptance.

The mission of Journal of Doctoral Nursing Practice is to support the advancement of the doctoral practice of nursing. The JDNP is a biannual, peer-reviewed publication focused on presenting articles that demonstrate clinical excellence in the application of evidence-based practice of doctoral nursing. Articles submitted for consideration discuss clinical practice and patient care; case studies; practice issues, including management, scope of practice, and reimbursement; ethical dilemmas, legal issues, and business practices; and innovative methods of teaching and evaluating advanced practice and profiling the scholarly nature of the clinical practice of nursing. For more information and author guidelines, visit: <http://www.springerpub.com/media/springer-journals/9418-guidelines.pdf>

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We are very excited about the many possibilities this collaboration will produce in the near future. Should you have any questions, feel free to contact me at the e-mail address below.

Stephen A. Ferrara, DNP, FNP, FAANP
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Associate Dean, Assistant Professor, Columbia University School of Nursing
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Maria Shirey PhD, MBA, MS, RN, NEA-BC, ANEF, FACHE, FAAN
Professor and Chair, Acute, Chronic and Continuing Care Department, University of Alabama at Birmingham School of Nursing.

Dr. Shirey is an internationally recognized expert in nursing leadership and management. She has published more than 100 articles. She received the inaugural Suzanne Smith Memorial Award for Writing Excellence in recognition of scholarly writing that advances the knowledge of administration and leadership in nursing. She serves as the Editor-in-Chief of the *Journal for Healthcare Quality*.

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Due August 30, 2017

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Objectives

- Describe how authentic leaders can implement quality improvement strategies at the front line of care
- Discuss how quality improvement and leadership strategies can be leveraged to enhance system performance within and across the health care organization.
- Develop strategies for investigation and collaboration in the scholarship of leadership.

Who should attend

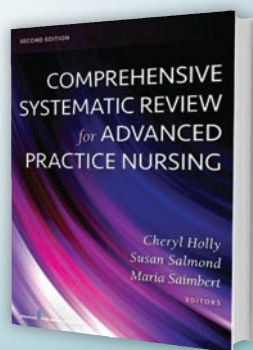
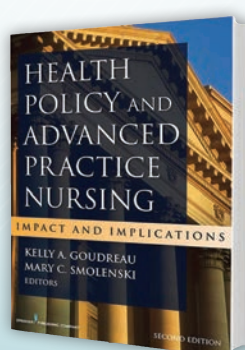
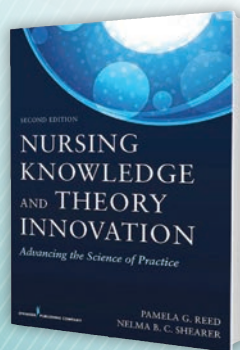
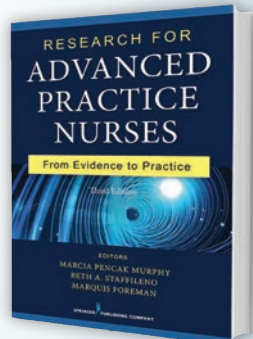
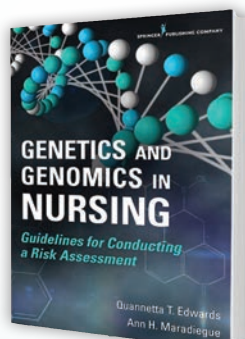
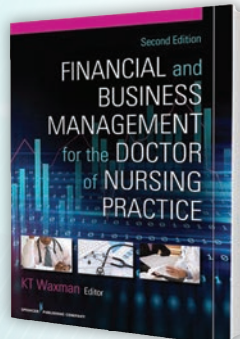
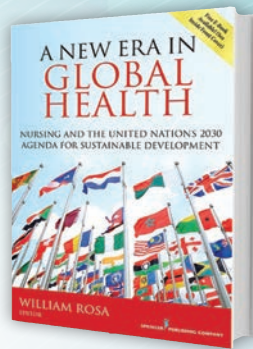
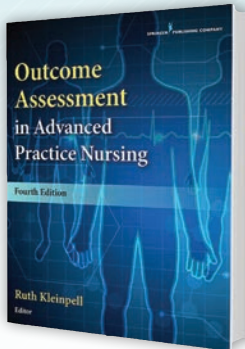
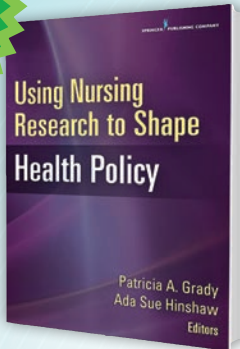
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