

OUTCOMES

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



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September 27-29, 2018



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- Editor:**
David Campbell-O'Dell DNP

REGISTRATION IS NOW OPEN!

H.R.1 TAX CUTS AND MEDICARE

The 115th Congress introduced House Resolution 1, the Tax Cuts and Jobs Act, on November 2, 2017 by Representative Kevin Brady, a Republican legislator from Texas. Two weeks later, the bill has passed through the House.

What do tax cuts have to do with health policy? PLENTY. The Tax Cuts and Jobs Act proposes an overhaul of current tax brackets and modifications or repeal of various other tax programs.

If the bill becomes a law, the \$1,500,000,000,000 (yes, trillion) tax-cut proposal would generate \$25,000,000,000 in automatic spending cuts to Medicare. This is because of a law called PAYGO, or pay-as-you-go.

According to taxpolicycenter.org, PAYGO is “a budget rule requiring the new legislation affecting revenues and spending on entitlement programs, [which when] taken as a whole, does not increase projected budget deficits.”

The PAYGO forces new spending or tax changes to not add to the federal debt. Under the PAYGO rules, a new proposal must either be "budget neutral" or offset with savings resulting from existing funds. The goal of PAYGO is to require those in control of the budget to engage in the diligence of prioritizing expenses and exercising fiscal restraint.

The PAYGO rules date back to 1990; they were created as part of a deficit-cutting measure. The PAYGO rules can be waived and they have been waived several times beginning in 2001; for example, the PAYGO rules weren't enforced when Congress approved a Medicare prescription drug benefit in 2003.

So why not waive the rules in this case? The exact reason is unknown, but Democrats say Republican leaders in the House and Senate might not want to waive the PAYGO rules, because this will present a chance for the GOP to achieve two longtime goals: Cut taxes for several Americans, including the taxes of big business, and then cut spending (Cleveland Plain Dealer, November, 16, 2017).

The attention is now on the Senate, where the Republican majority is moving ahead with its own version of tax reform, which differs from the House bill. The Senate will begin, what is predicted to be, intense discussions on its tax reform legislation after it returns from Thanksgiving recess. The President has requested that Congress complete its work on tax reform before the end of 2017, which leaves only a few weeks for the two chambers to work through their legislative differences.

At bottom, the House's budget proposal will lead to a \$1.5 trillion lost revenue will be used to justify reducing Medicare spending. This means that Medicare beneficiaries will end up paying more for healthcare.



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.



Doctors of Nursing Practice Inc. Project Repository Invitation

Please share your talents and expertise for all consumers and colleagues by submitting your completed project to the Doctoral Scholarly Practice Project repository.

We are proud to support the efforts of all universities and DNP programs to help illustrate the synergy between academia and practice to produce DNP graduates that optimize patient and population outcomes. These efforts help to validate the value of the DNP degree and strengthen employer demand for DNP prepared nursing professionals.

DNP Inc. has a mechanism to assist the DNP prepared professional to expand and realize the opportunities of DNP practice. The repository would help to provide clarity and support schools to help demonstrate successful implementation challenges. The successful DNP graduate project can support:

- A collaborative engagement of practice partners and employers,
- Exemplars of how DNP prepared professional's impact health care outcomes,
- Dissemination of DNP content for all interested in the theme, environment, and process of impacting the complex processes of health care delivery, and
- Building a foundation for sustainable change, and a foundation for future practice scholarship.

If you have completed a doctoral project, please share your talents and experiences by uploading an abstract and the full document reflecting your work.

Visit this page to begin the process of sharing your work in the DNP Inc. Doctoral Project Repository: <http://www.doctorsofnursingpractice.org/doctoral-project-repository/>

Also, please consider making a donation to the DNP Foundation with the mission of providing funding to students to support professional growth and expansion of scholarly project to enhance outcomes. Make your tax-deductible donation here: <http://www.doctorsofnursingpractice.org/dnp-foundation-2/>

DOCTORAL PROJECT REPOSITORY

**Project
Submission**



**Project
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DNP PROJECT REPOSITORY

**FROM THE CLASSROOM
TO THE BOARDROOM**



DNP FOUNDATION

“Just Inhale And Exhale” Advice for DNP Project Survival

The road to completing your DNP project is long, and at times, overwhelming. For almost all students going through the process, the DNP project is the first experience with this type of intensive research and writing. Along with reminding yourself to inhale and exhale, here are three pieces of advice to help you through the rigorous process: 1) do your research; 2) be prepared to fail; and 3) do not forget why you started.

First, do your research. You will be dedicating 110% of your time to this project so be sure to find a topic that will not only improve clinical practice, but that interests you. Pick a topic that you want to marry for the next year and a half because you will be spending most of your time with it. By the end of the project, you will have become an expert in this topic and this will be your foundation for clinical research. So my advice is to start early thinking about ideas. It helps to make a list and to take time to brainstorm. Talk to your professors, classmates, and coworkers about your ideas, and take notice of problems in your current clinical practice. It is also helpful to observe DNP presentations to better prepare yourself for approaching your project. Your DNP topic is not formed overnight, and your original ideas will evolve, so be patient with yourself.

This brings me to my next point of advice to be prepared to fail, and to have setbacks. You will put a lot of effort into writing a doctoral level project proposal, and I guarantee it will be torn apart. While this may make you want to cry, know that this a good thing. Actually, it is a very good thing. You first, second and even third draft of your proposal will not be the final version. Your professors and other mentors want you to succeed, and they are the experts in research. This means that the feedback you receive will only make you better as you move forward in your career. As you develop each draft, be sure to save everything you create. Keep all drafts and ideas as the project evolves in case you need these resources at a later time. You are allowed to cry and you are allowed to be frustrated because this process is frustrating. But know that each experience is an opportunity for you to learn, and I promise you, you will improve each step of the way.

Lastly, do not forget why you started. In the midst of the program, when you are making the one hundredth edit on your project proposal, it is easy to forget why you chose to tackle the DNP program. As a DNP graduate, you will have the ability to not only recognize clinical problems, but to develop evidence-based research to improve those problems. You will have the clinical skills to translate evidence-based knowledge into practice and be identified as a clinical leader. The DNP project process is all part of your journey in becoming a knowledgeable, clinically competent doctoral prepared nurse.

Whether you are at the beginning, middle or end of the DNP project process, remember to keep pushing forward. Each step is instrumental in forming you into a doctoral prepared clinical leader. Learn to love your topic, keep standing up when you fall, and remind yourself of what it will mean to hold that DNP degree. Your project is your first mark in healthcare as a DNP graduate, and it is your foundation for changing clinical practice. So, no matter where you are, just inhale and exhale, and know that you will make it to the finish line.



Samantha Ceponis
DNP-FNP Student
Rutgers
School of Nursing



CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY

DNP Project Surveys: Please join in and help a colleague and our discipline

[Nurse Leaders needed to complete survey! DNP Student Project!!](#) By Theresa Crowder. Please help her examine knowledge of the Clinical Nurse Specialist to identify benefits and barriers to the role.

[Attention to any Provider that Cares for Depresses Patients: Capstone Project Survey](#) By Teashia Roeske to discover providers/prescribers perceptions in the use of holistic and complementary treatments in their patients with depression.

[DNP's and Health Policy – Sharing Resources and Publications](#) By Keeley Harding requesting the exchange of information and DNP Final Project information.

[B12 Deficiency in Patients with Diabetes](#) Please complete this survey by a DNP student from Wilkes University with the goal of changing practice for patients with diabetes specific to evaluation and treatment of B12 deficiency.

[Nurse Practitioner Response to the LGBTQ community](#) This survey is a study initiated by a colleague, Dr. Brad Harrell. It is insightful and thoughtful. Please complete the survey and share with others.

[Assessing Burden in Caregiver/Care Recipient Dyads](#) posted by our colleague Joanne Affinito requesting your input as she is working on the second phase of her research on Burden in Unpaid Caregivers.

[The Relationship Between Perceptions of Autonomy and the Clinical Practice Setting](#) by Anita J. Kelso with Union University. This is important for all nurse practitioners. Please complete and share.

DNP Groups of Interest:

[Texas DNP Network](#)

[New England Organization of Doctors of Nursing Practice](#)

[Michigan DNPs](#)

[Southeastern DNP](#)

[California Organization of Doctors of Nursing Practice \(CODNP\)](#)

[Ohio DNP Network](#)

And others.

November and January and February 2018 Events:

[AACN Doctoral Conference](#)

[AANP 2018 Health Policy Conference](#)

[AACN: CNL Research Symposium, Summit and Master's Education 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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NOVEMBER 2017 DNP, INC SURVEY RESULTS

November 2017 Survey Results: the Value of a Repository for Doctoral Projects

The **November 2017 survey** requested perspectives on the use of a repository and the value of this service to share doctoral project success. Respondents see value in a repository yet have not tapped into one to display their work.

Question 1: My doctoral project was (or will be) archived in a location that could be accessed by anyone both within and outside of the nursing profession.

42% very much to absolutely, **58%** somewhat to not at all

Question 2: The repository I have utilized (or will utilize) is associated with my school or university.

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

Question 3: I see great value in having my project archived so that others might review and utilize this information in the future.

88% very much to absolutely, **12%** somewhat to not at all

Question 4: A repository should provide a link that I can add to my Curriculum Vitae and/or share with other that may be interested in my work.

92% very much to absolutely, **8%** somewhat to not at all

Question 5: A project posted in a repository is one mechanism to disseminate knowledge both within and outside of the field of nursing.

85% very much to absolutely, **15%** somewhat to not at all

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

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



ORGANIZATIONAL UPDATE

Best wishes for the holidays to all. All of the volunteers, supporters and staff of DNP Inc. wish you the best this season as we prepare for future services to help to enhance Doctor of Nursing Practice graduate, student, faculty and all interested in the growth of the nursing profession.

The 11th National DNP Conference will take place September 27-29, 2018 at the Westin Mission Hills Golf Resort & Spa, Rancho Mirage, CA. (Please note: The 2018 conference will take place on a Thursday, Friday and Saturday). The conference planners for this event are:

K.T. Waxman, DNP, MBA, RN, CNL, CHSE, CENP, FSSH, FAAN
Juli Maxworthy, DNP, MBA, CHSE, CNL, CPPS, CPHQ, FSSH
Mary Lynne (Elias) Knighten, DNP, RN, PN, NEA-BC
Sandra Copeland, DNP, FNP-BC

**CALL FOR ABSTRACTS OPENS DECEMBER 1, 2017
AND IS OPEN THROUGH FEBRUARY 15, 2018.**

Share your talents and experiences as a presenter at the conference, and also in the DNP Repository.

To view the repository or submit your project, [click into this link](#).

Useful Links

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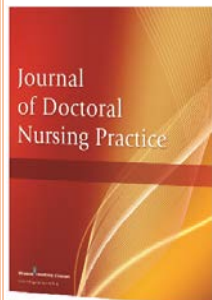
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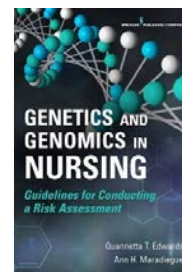
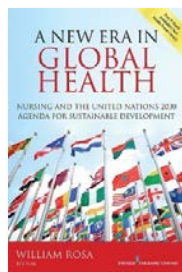
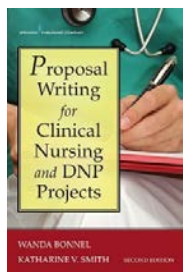
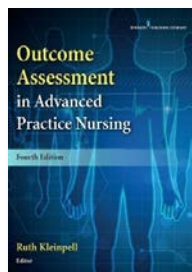
The *Journal of the Doctor of Nursing Practice (JDNP)* and **Doctors of Nursing Practice, Inc.** (DNP Inc.) are working together to promote the profession of nursing and enhance the doctoral nursing practice.

Since 2007 the *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 the Doctor of Nursing Practice* for **\$15 per year USD**
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With our winning traditions in athletics and academics, The University of Alabama has been ranked among the top 50 public universities by *U.S. News and World Report* for more than a decade. Forty percent of our freshman class scored 30 or higher on their ACT exams; and we have more than 600 national merit scholars enrolled. Our university placed 58th in the Forbes list of top U.S. employers, for all sectors of employment.

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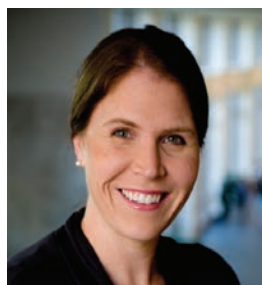


The University of Maryland School of Nursing's Doctor of Nursing Practice program and four of its specialties are ranked in the top 10 nationwide by *U.S. News & World Report*.

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FACULTY:



Shannon Idzik, DNP, CRNP, FAANP
Associate Professor
and Associate Dean
for the DNP Program



Shari Simone, DNP, CPNP-AC, PPCNP-BC, FCCM, FAANP
Assistant Professor

ALUMNA :

Karen Swisher Kesten, DNP, APRN, CCNS, CNE, CCRN-K

DNP STUDENT:

MiKaela Olsen, MS, APRN-CNS, AOCNS

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On Boarding Nurse Managers

A nurse manager is arguably one of the most challenging leadership roles in health care today. These nurse leaders were often exceptional clinical nurses, with strong communication and organizational skills, and a driving passion for improved quality of care. The onboarding of nurse managers has historically been a disorganized series of shadowing experiences with other nurse leaders. Formal orientation and leadership training was not common place. This deficit can, and has, lead to ill prepared nurse leaders who lack the competencies to function in complicated, outcome driven environments. Martin, J.S., McCormack, B., Fitzsimons, D., and Spirig, R. (2012) identify that when a formal program of education is provided to first line leaders, their leadership skills are enhanced. It seems intuitive then, that Nurse Managers prepared with the Doctor of Nursing Practice (DNP) degree may also be better prepared to deal with the complexities of the healthcare environment, lead their teams, and better assess healthcare outcomes.

Manning (2016) suggests that nurse managers can have a positive or negative influence on patient outcomes. Through the development of leadership skills, nurse managers can create the processes that are associated with high quality patient outcomes, staff engagement, and effective operations (Manning, 2016). Conversely, the lack of leadership skills of nurse managers can be associated with lack of engagement, poor unit performance characterized by inefficient processes, and negative patient outcomes (Manning, 2016). Nurse managers require leadership skills that can help translate knowledge to action. Ultimately, this can positively impact the work environment and patient outcomes (AONE, 2014).

In 2014, The American Organization of Nurse Executives (AONE) developed nurse manager competencies that are essential in the ever-changing healthcare arena. These competencies are intended to provide the basis of effective nurse managers and help nurse managers create the practice environment where staff engagement and quality patient outcomes can be achieved (AONE, 2014). Using this on line self-assessment tool can provide a road map for competency based orientation and education programs for nurse managers.

Leadership development is a key issue nationally (IOM, 2011) and is a robust component of the DNP Essentials (AACN, 2006a). Though nurse managers may not be a constant at a patient's bedside, they are an important factor in the quality of patient care.

Nurse managers provide the connection between a positive practice environment, staff engagement, and quality outcomes (AACN, 2006b). Investing the time and resources to provide a comprehensive nurse manager on boarding program produces better prepared leaders who ultimately can have a positive impact on how patient care is delivered and the subsequent patient outcomes.

The author would like to acknowledge the following colleagues:
Dr. Edna Cadmus, Dr. Mary Johansen and Dr. Molly Bradshaw.

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Madelyn M. Pearson

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The Journal of Doctoral Nursing Practice

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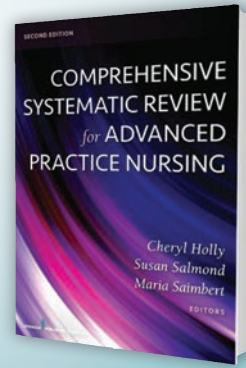
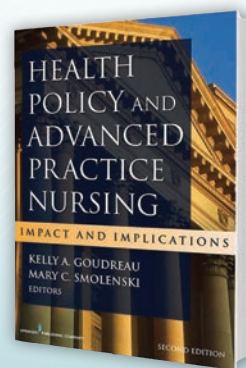
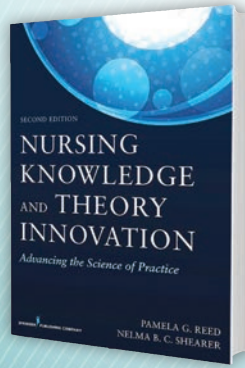
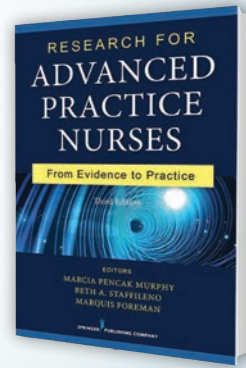
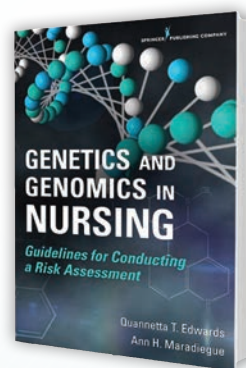
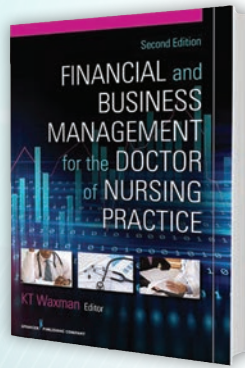
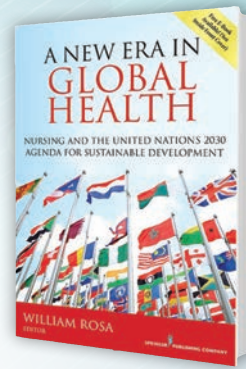
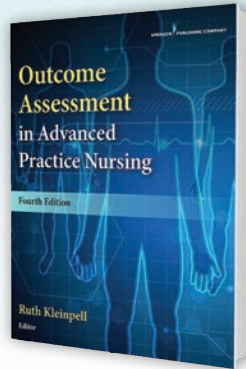
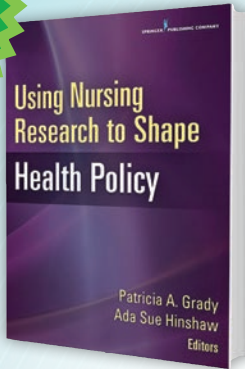
We are very excited about the many possibilities this collaboration will produce in the near future. Should you have any questions, feel free to contact me at the e-mail address below.

Stephen A. Ferrara, DNP, FNP, FAANP
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