

# OUTCOMES

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



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**Page 2**  
The Cancer Care Planning & Communications Act H.R.5160

**Page 3**  
DNP Project Repository

**Page 4**  
Post Op Guided Imagery

**Page 5**  
Conversations Overheard in the DNP Online Community

**Page 6**  
March Survey Results  
April Survey

**Page 7**  
Organizational Update

**Page 8**  
JDNP Special Offer

**Page 11**  
Career Opportunities for DNPs

**Page 14**  
2018 Conference

**Page 15**  
DNP, Inc. Repository  
Featured Projects

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

**2018 FACULTY**

# The Cancer Care Planning & Communications Act H.R.5160

My DNP project focused on the frequency of documentation of recommended cancer survivorship guidelines by oncology clinicians of adult hematopoietic stem cell transplant (aka bone marrow transplant) survivors at 12 and 24 months post-transplant in one comprehensive cancer center. Cancer treatments for hematologic malignancies can include radiation, chemotherapy, immunosuppression, stem cell transplant, and targeted biological therapies. These therapies can cause long-term side effects that may negatively affect quality of life. Many of these late effects are modifiable when a proactive systematic plan of prevention and surveillance is implemented – a Cancer Survivorship Care Plan. This plan is most effective when factors such as past treatments, chromosomal prognostic factors, comorbid health conditions, and lifestyle behaviors are considered.

That was in 2011. Seven years later, Cancer Survivorship Care Plans remain a luxury of cancer treatments – not the standard. Over the years, the National Coalition for Cancer Survivorship has been trying to change this through various pieces of legislation that would make Cancer Survivorship Care Plans a standard part of everyone’s cancer treatment. Despite the benefits of providing Survivorship Care planning, Washington politics have prohibited the successful passage of previously proposed legislation to implement this.

Thankfully, Congressman Mark DeSaulnier (D-CA) and Congressman Ted Poe (R-TX) recently introduced the bipartisan Cancer Care Planning and Communications (CCPC) Act, H.R. 5160. As Reps. DeSaulnier and Poe are both cancer survivors, they understand the physical and emotional benefits of care planning for patients and their families facing a cancer diagnosis.

The CCPC will help cancer patients through the difficult process of cancer diagnosis, treatment choices, treatment management, and survivorship care by providing them a written plan or cancer road map, promote shared decision-making between survivors and their cancer care teams and support informed decisions. The CCPC will also empower patients with information necessary to help manage and coordinate their care through diagnosis, treatment and survivorship. A written plan facilitates the transition to survivorship and the ongoing follow-up that is required.

I urge you to take action and contact your member of Congress today! For more information, please visit [https://www.canceradvocacy.org/cancer-policy/ccpc-act/?mc\\_cid=6733cffff5&mc\\_eid=3ce6ce444b](https://www.canceradvocacy.org/cancer-policy/ccpc-act/?mc_cid=6733cffff5&mc_eid=3ce6ce444b).

Until next time.....



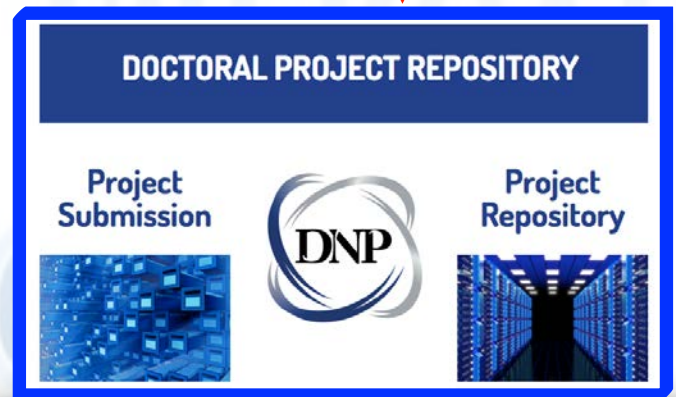
**Jill Beavers-Kirby**  
DNP, MS, ACNP-BC

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.



**NEW FOR 2018  
FROM *DNP, INC.***



- *Showcase DNP practice projects to share outcomes with colleagues and consumers.*
- *Educate patients, organizations and health care systems on the contributions of the DNP prepared nursing professional.*
- *Support DNP educational programs and practice partners to demonstrate the influence of the DNP prepared nurse.*
- *One time charge per student listing of \$30 to defray cost of repository development and maintenance.*



**CLICK [HERE](#)  
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INFORMATION**

## Post Op Guided Imagery

Despite the traditional use of analgesics to reduce postoperative pain, open-heart surgical patients continue to have uncontrolled acute pain that can persist for up to three years (Claudio, Luigi, Pompilio, Cesare, & Marco, 2015). The non pharmacological strategy guided imagery can be used to solve this problem, which is known to be effective in reducing acute pain and anxiety, and improving sleep quality among different patient populations, including those who are critically ill, have had orthopedic and cardiac surgeries, and cancer (Patricolo et al., 2017; Serra et al., 2012; Short, Gibb, Fildes, & Holmes, 2013; Lin, 2012). Guided imagery assists patients to relax, have lesser pain and anxiety by making them imagine desirable images, scenes, or experiences (Foji, Tadayonfar, Mohsenpour, & Rakhshani, 2015). It is also commonly used in addition to pharmacologic agents to reduce postoperative pain (Short et al., 2013; Lin, 2012). It can be provided to patients in different ways such as via a portable device that plays audio recordings with encouraging words and soothing music to bring positive thoughts and feelings, which can help in reducing pain after cardiac surgery.

The website Health Journeys available at [www.healthjourneys.com](http://www.healthjourneys.com) provides available different programs of guided imagery that can be utilized in different healthcare settings. There are guided imagery programs specifically for cardiac surgery, oncology, labor and delivery, and many more that can be easily purchased and used in practice. Nurses facilitate this intervention, and patients can listen to these programs repeatedly on their own time. With the benefits that guided imagery can offer, it could be utilized in bedside nursing to promote holistic practice and improve patients' health outcome and well being.

The purpose of my own DNP project is to examine the use of guided imagery for patients who have had open-heart surgery. If open-heart surgical patients utilize guided imagery, the intervention could have lesser pain and be more motivated for their recovery. This is not to mention the potential for improved attitude, perspective, and outlook. The results of a DNP Project, from Dr. Theresa Reed DNP who is also a Rutgers graduate, demonstrated positive effects on reduction of pain and anxiety (Reed, Bradshaw, & Charles, 2016). My faculty has also had good results using guided imagery in select conditions, such as post-traumatic stress disorder (Bradshaw, 2016).

Perhaps guided imagery is a potential adjunctive therapy for your patient population? I would encourage everyone to explore this further by visiting the site Health Journeys, [www.healthjourneys.com](http://www.healthjourneys.com).

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**Cyndi V. Sison -Vinculado, RN, BSN**  
DNP Student Rutgers University



## CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY

**[Need a Mentor? Willing to Mentor a Colleague?](#)** There are several postings in this forum reflecting the interest of colleagues to help each other – and those that are reaching out for support. Check it out and see how you can make a difference.

**[AANP, NAPNAP & NONPF Respond to KevinMD Articles about NPs.](#)** A blog, KevinMD.com had a posting by Rebekah Bernard, MD on January 5, 2018. Thank you AANP, NAPNAP and NONPF for sharing such a clearly articulated response.

**[Should years of clinical experience factor into the DNP selection process?](#)** By Susan Rojas. She asks the value of building experience between degrees before starting a doctorate. What do you think?

**[My Doctor is a Nurse Practitioner,](#)** by Brittany Enders still garners responses from members of the DNP online community. See what others are saying.

**[Explaining the DNP? Has anyone conquered this monster?](#)** By Cheryl Patrice Harris is well stated and is challenging for all of us. Have a look and respond.

**[Is it Apathy or Lack of Understanding for the DNP Degree?](#)** By Cindy Sneller. She started this conversation about 3 years ago and it is still a topic of interest to many. See what you think and join the discussion.

### DNP Groups of Interest:

- [Texas DNP Network](#)
- [Michigan DNP](#)
- [Doctors of Nursing Practice in Nevada](#)
- [Ohio DNP Network](#)
- [California Organization of DNP](#)
- [Metropolitan NY, New Jersey & Connecticut DNP](#)
- [Midwest DNP Clinical Scholars](#)

And others.

### April, May and June 2018 Events:

- [QACN: Graduate Nursing Admissions Professionals Conference](#)
- [2018 ISPN Psychopharmacology Institute and Annual Conference](#)
- [The Art of Life Care Planning](#)
- [AACN: Business Officers of Nursing Schools Annual Meeting](#)
- [AACN: Summer Seminar](#)

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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## MARCH 2018 DNP, INC SURVEY RESULTS

March 2018 Survey Results: Sustaining the DNP after graduation.

The March 2018 survey requested feedback from graduates to explore how DNP outcomes are disseminated and perceptions of the impact of these projects.

Question 1: I am able to disseminate my work to key stakeholders and organizations.

43% very much to absolutely, 57% somewhat to not at all

Question 2: My work product as a result of my education is making a difference.

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

Question 3: I can see a measurable improvement in practice as a result of my educational preparation.

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

Question 4: The DNP prepared nurse has demonstrated positive results from what I see in my work environment.

79% very much to absolutely, 21% somewhat to not at all

Question 5: If I had to do it again, I would work to earn the DNP degree over other doctoral options.

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

Clearly the respondents believe that the work of the DNP prepared nurse has value, yet the majority point out that they are not able to disseminate the work adequately to key stakeholders and organizations.

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

Click [HERE](#) to take the April 2018 survey



# ORGANIZATIONAL UPDATE

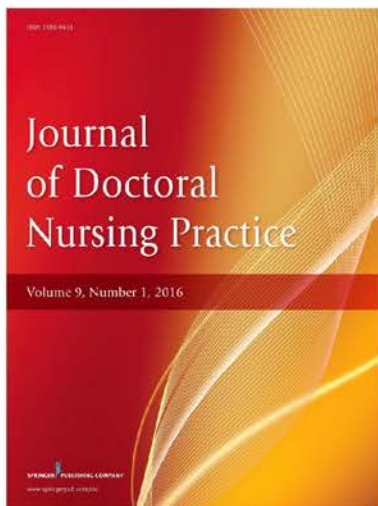
Social media, and the ability to engage colleagues helps us build our community. There are many opportunities to communicate through LinkedIn, Facebook, Twitter, Google + and other services. All help to enhance the way we connect. The Doctors of Nursing Practice organization is an integral part of the effort to build community to improve outcomes by enhancing the caliber of skills and talents offered by the DNP prepared nursing professional. The DNP Inc. online community is a great example of multifaceted services providing forums, blogs, events, chats, and groups. Many colleagues have engaged others in discussions and have been able to connect to support and challenge.

Other services that are being developed (along with the 2018 National DNP Conference taking place in Palm Springs, CA in September) include web-based services such as a Scholarly Practice Project Repository, Listing of DNP Programs, DNP Foundation, and of course the DNP Online Community. All are welcomed to participate and benefit from all of these services. After all, the foundation of the DNP degree is to improve outcomes as a result of the individual and collective skills of doctorally prepared nursing professionals.

Please click into the links provided in this newsletter to see how you can be a part of building the community that supports us all in our important work.

## Useful Links

[DNP PROGRAM LIST](#)[FACULTY  
RESOURCES](#)[INDIVIDUAL BLOGS](#)[VALUABLE LINKS](#)[CAREER LISTINGS](#)[GROUP PAGES](#)[DNP PROJECT  
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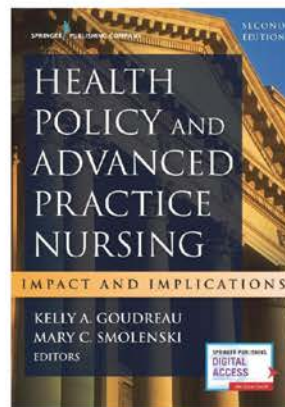
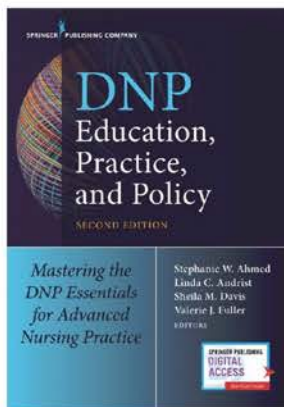
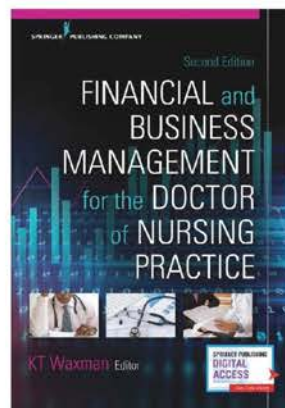
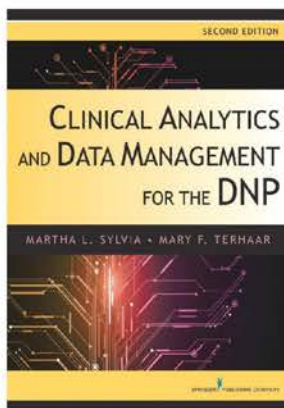
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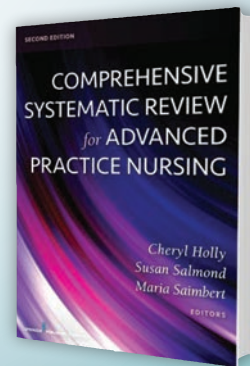
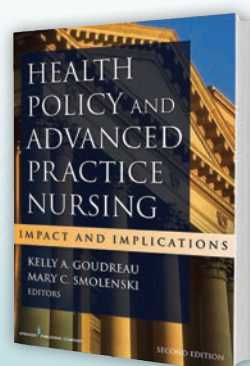
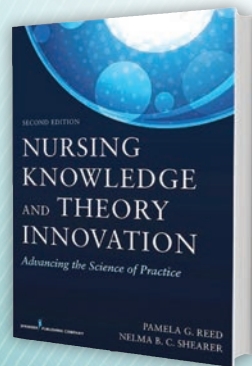
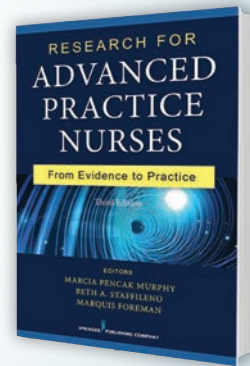
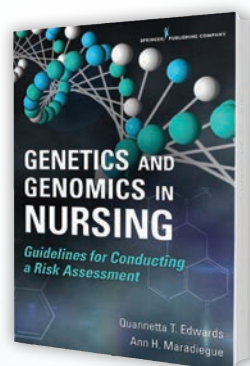
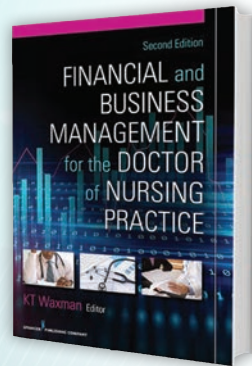
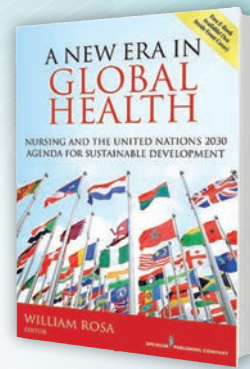
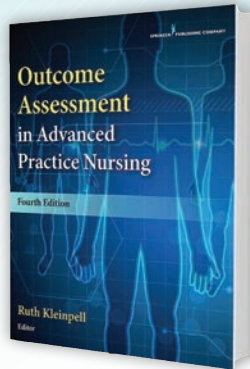
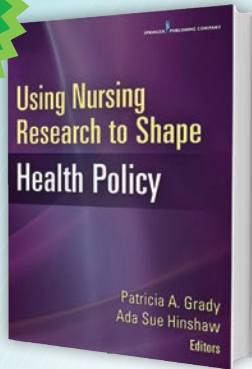
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**2018 Conference Objectives**

1. Identify at least one potential change in practice,
2. Explore strategies to sustain projects beyond implementation,
3. Examine opportunities to collaborate across disciplines to improve health care outcomes, and
4. Recommend strategies to apply evidence to practice

**CONFERENCE HOMEPAGE**

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# DNP, INC. REPOSITORY FEATURED PROJECTS

## DOCTORAL PROJECT REPOSITORY

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### Project Repository



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[Improving Hypertension Follow-Up in Primary Care](#)

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[The Frequency of Interval Surveillance in the Adult Hematopoietic Stem Cell Transplant Survivor](#)

by Dr. Jill Beavers-Kirby from [Ohio State University](#).

[Education Regarding Inappropriate Antibiotic Use](#)

by Dr. Joan Irene Person Bennett from [Chatham University](#).

Is your doctoral project in the repository? Are your colleagues and graduates of your university listed? [Click here](#) to learn more and to upload your project.