

OUTCOMES

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



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2019 Abstract
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Editor

David G. Campbell-O'Dell
DNP, ARNP, FNP-BC, FAANP

JANUARY



**ABSTRACT SUBMISSIONS ARE
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THE 2019 12TH NATIONAL
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It Takes an Interprofessional Village

According to the Essentials of Doctoral Education for Advanced Nursing Practice (October 2006) the DNP is designed to improve nursing leadership and practice. As I work to improve my practice and patient care, I am drawn to the *DNP Essentials VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes*. The importance of communication between patient, providers and other individuals involved requires teamwork for the best results. In other words, it takes a “village”, but the village needs to be interprofessional.

As a provider of HIV positive patients, I am aware of the challenges patients face when dealing with the stigma of the disease. I believe it takes a “village” to provide the appropriate care for the patient. The “village” should include a healthcare team including the following: the patient, family, provider, social worker, pharmacist, and additional medical staff to enhance the care of the patient. In our facility, we have a healthcare team, but I would not characterize the communication of the team as efficient to maximize the best patient outcomes. Our “team” does not always work as a unit. Communication is broken between the social workers and the other team members. We are separated by a facility and do not document in the same EMR system.

Our “village” does work together but there needs to be an improvement. The providers and in-clinic pharmacists work daily together. We discuss any problems with medication, changes in medicine and any other issues the patient has consulted with us that the other team member needs to be informed. If the patient has a problem with paying for medication, we involve the social worker. If the patient has a problem, we believe the social worker can help with we discuss it with them. The problem is if the patient has a problem and has approached the social worker, frequent the provider is unaware. This system needs to be improved.

Communication is the key. The knowledge I have obtained from the courses I have taken have helped me to identify the problem. Instead of getting frustrated because of the system in place, I know to describe the problem to others and become a part of the solution to change what is broken. We are so fortunate to have a “village” for our patients. Tweaking the system in place will benefit the patient outcomes.

My goal over the next several weeks is to explore the different departments involved in the care of our patients to understand how they believe our system can be improved. I would like to develop a team with one representative of each department to improve communication. Developing a clinical procedure each team member is involved in, will improve the outcomes of the patient.

As an NP my role as a provider is primarily related to patient interactions. We are not always included in the decisions to make changes. As a DNP student, I now recognize my role as does not just involve patient care but as a change leader. The knowledge from the DNP program encourages interprofessional teams and the DNP leading the way. Communicating, evaluating and implementing guidelines and standard of care are essential to improving patient outcomes. That effort takes a village.



Tracy Johnson MSN, FNP-BC
Eastern Kentucky University
DNP Student

2019 DNP Conference Planners



Michelle Skipper
DNP, FNP-BC
Director, Doctor of Nursing
Practice Program
Clinical Professor

Eastern Carolina University

**Team Leader
Speaker Acquisition**

Dr. Michelle Taylor Skipper, DNP, FNP-BC, is a graduate of St. Andrews Presbyterian College, the University of North Carolina at Chapel Hill, Duke University and the Gardner-Webb University School of Nursing. She has practiced as a family nurse practitioner for more than 20 years, working primarily in rural family practice and OB-GYN settings in Scotland County, NC. She has been on faculty at ECU since January of 2006, and director of the DNP Program since August of 2015. She is certified by the American Nurses Credentialing Center and is also an AgriSafe Certified Provider.



Janet Tillman
DNP, MSN, RN, FNP-BC
Clinical Associate Professor
Advanced Nursing
Practice & Education

Eastern Carolina University

**Team Leader
Abstract Submission**

Dr. Tillman a DNP-prepared nurse practitioner who teaches at ECU CON in the DNP program, working with BSN-to-DNP and post-master's learners. While all post-BSN learners are working towards either FNP or AGPCNP, the post-master's learners include all advanced nursing practice roles, including APRNs, nurse executives, and nurse leaders. she teaches nursing informatics, nursing leadership, policy/politics/ethics, clinical practicums, and is the faculty partner for 10-12 DNP Projects each semester.



Jeannie Scruggs Garber
DNP, RN, NEA-BC
Associate Professor
James Madison University
School of Nursing

**Team Leader
Exhibitor, Sponsor &
Advertisers Acquisition**

Education: ADN – Virginia Western Community College , MSN -- University of Virginia, DNP – Case Western Reserve University

Experience: Healthcare Leadership, Interprofessional Practice, Quality and Patient Safety, Nursing Faculty Caring Behaviors, Morale Distress in Nurse Managers

Professional Interests: Extensive background in Healthcare Administration and Leadership, Graduate Medical Education Administration, Graduate Nursing Education, Interprofessional Education



Sandra Copeland
DNP, CNS-BC, FNP-BC

Lecturer of Nursing

Georgia College

**Team Leader
Volunteers**

Dr. Sandra Copeland was awarded the Outstanding DNP student for her doctoral cohort in 2013 at GC. She has taught undergraduate and graduate nursing courses since 1998. She has presented at several health care and health policy conferences and her research work includes Magnet hospital, nursing research, informatics, and clinical practice guidelines. She has authored and co-authored nursing journal articles, presented at national and international venues, and lobbied locally and nationally for health care issues. She has been the DNP Conference Volunteer Coordinator since 2016.



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Our Trajectory, Our Heritage, Our Legacy (Part 1 of 3)

Thoughts and Insights by David Campbell-O'Dell, DNP

Over the years I have heard discussions regarding the roles of those with different terminal nursing degrees. Comparing and contrasting the PhD to the DNP degree, the EdD, and other terminal practice degrees has resulted in spirited and sometimes challenging dialogue. Some discussions were ugly.

A PhD prepared colleague who is the director of a DNP program recently said that the DNP student should never be expected to work at the level of a PhD student. On the flip side of this point of view, I've heard a DNP prepared colleague imply that the PhD prepared nurse should not be teaching in DNP programs. Both of these points of view seem extreme, don't you think?

As a result of multiple conversations with nursing and other professional colleagues that have earned a terminal degree, an analogy comes to mind that will hopefully resonate with you. The analogy is something I truly enjoy: Good Food! I'm not talking about food as sustenance, but well-prepared food that explores the boundaries of culinary art and science.

This first article will explore the metaphor of food to the collective efforts of healthcare outcomes in the context of our nursing discipline. The second article in next month's issue of OUTCOMES will dig deeper to identify who contributes to the actions that result in a good meal (i.e. good healthcare outcomes). The third article in this series will look forward to how these meals (again, outcomes) will be designed and delivered.

How does this analogy reflect the differences in the preparation and practice of the terminal degree prepared professional nurse? The connection between well-prepared food and successful and effective healthcare outcomes requires many of the same concepts and elements of application. Specific to nursing science, the combined efforts of nurses with different degrees results in outcomes that are reproducible and rewarding to the individual or group that the effort is designed to address.

Picture yourself at a popular restaurant. The ambiance, smells, placement of tables, and how the food is delivered is not done by chance. Thought and experience have developed methods to achieve the desired effect. The food selections and preparation have also evolved as a result of past experiences and knowledge of what works, and what doesn't work.

As we explore the metaphor of this sought-after meal to healthcare outcomes produced by those in the nursing discipline, we can correlate the delivery methods, the environment, the appealing presentation and evaluation of the processes of how the product (food or healthcare services) are evaluated and modified. Continuous quality improvement is not unique to healthcare, don't you think?

But who are the chefs? Who is running the operations in the kitchen, and who is in charge of the front of the house (so to speak) to assure that all services are timely and meet the needs of the customer? Specific to our analogy of service delivery to the role of the terminally degreed nursing professional, there are different roles designed to help assure a good product. More about this division of roles, and how the roles overlap will be shared in next month's issue of OUTCOMES. Check back to see more about culinary expertise as it correlates with our collective efforts.

Please visit this [BLOG](#) to share more of your thoughts in opinions as we move this metaphor forward. Thank you all.



David Campbell-O'Dell, DNP



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- Adult-Gerontology Primary Care Nurse Practitioner
- Family Nurse Practitioner
- Neonatal Nurse Practitioner
- Nurse Anesthesia
- Pediatric Acute Care Nurse Practitioner
- Pediatric Primary Care Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner – Family

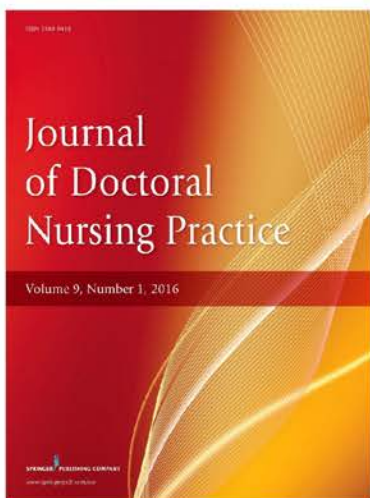


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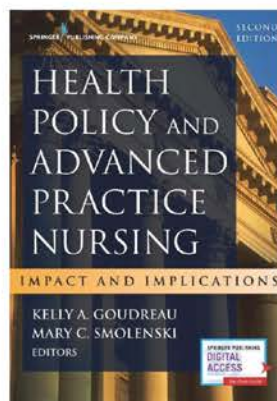
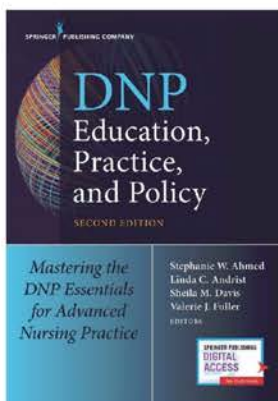
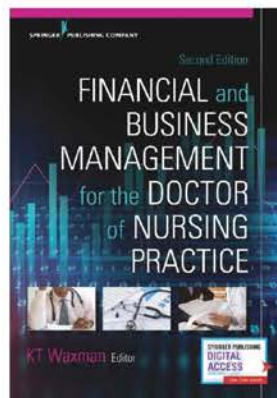
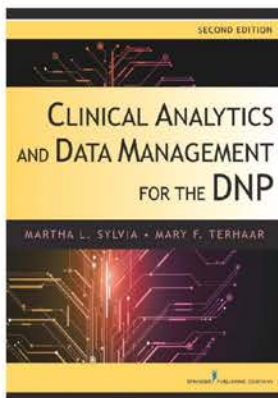
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DNP, INC. REPOSITORY FEATURED PROJECTS

DOCTORAL PROJECT REPOSITORY

Project Submission



Project Repository



The contributions and posting of doctoral projects in the DNP repository continues to reflect the skills and talents of DNP prepared colleagues. Here's a sample of what can be found in the [DNP Doctoral Project Repository](#):

[Educate to Vaccinate](#), by Dr. Kayla Lynn Madison, a graduate of Bradley University.

[Effects of Cue-Based Infant-Driven Feedings in the NICU](#), by Dr. Jeannette B. Magbutay, a graduate of Touro University Nevada.

[Improving Patient Satisfaction through Increased Nurse-Patient Communication](#), by Dr. Allison K. Mangun, a graduate of Bradley University.

[A Mobile Phone HIV Medication Adherence Intervention: Care4Today Mobile Health Manager](#), by Dr. C. Andrew Martin, a graduate of Carlow University.

The Doctoral Project Repository is an archive of curated documents. This archive is not peer-reviewed and 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 ideas and work products into both the scholarly and consumer communities.

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



CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY

[Participate in the DNP Interest in the PhD Survey!](#) By our colleague Peggy Mancuso. Please complete this survey to gauge the interest colleagues may have in earning a PhD degree after the DNP.

[Feedback Requested – Share Your Mentoring Story](#) By Lisa Wallace. Join her in exploring methods and values in mentoring.

[Reflection: Being a Successful Negotiator](#) by Greshin Marcella Markwell. Be a part of this important conversation.

[Why Your Nurses Should Serve on Community Health Boards](#), an article by Laurie Benson and Kimberly Harper, found on the Nurses on Boards Coalition web site.

DNP Groups of Interest: (the latest activity in the Online Community)

[ANPPO: Association of Nurse Practitioner Practice Owners](#)

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

[Clinical Nurse Specialist Who Are DNPs](#)

[CNM/OB/GYN/Women’s Health DNPs](#)

Events of Interest to DNP Students and Graduates

[AACN: Faculty Practice Pre-Conference, Research Leadership Network Program, Doctoral Education Conference](#), January 16-19, 2019, San Diego, CA.

[4th Regional Oncology Nursing Conference](#), January 18-19, 2019, Singapore

[2019 ACMI Winter Symposium \(American Medical Informatics Association\)](#), January 24-27, Ft. Myers, FL.

[National Advisory Council for Nursing Research](#), January 29-30, 2019, Bethesda, MD.

[National League for Nursing Special Summit 2019 Call for Manuscripts](#), opens February 1, 2019, Washington, DC.

[International Child Health Nursing Alliance](#), February 16-19, 2019, Clearwater Beach, FL.

[AACN: CNL Summit 2019](#), February 20-22, 2019, Tampa, FL.

[AACN: Master’s Education Conference](#), February 21-23, 2019

[AONE: Nurse Manager Institute](#), February 26-28, 2019

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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DECEMBER 2018 DNP, INC SURVEY RESULTS

December 2018 Survey explored of the impact of *DNP Education Essential I* addressing scientific underpinnings. Do you agree with these results?

Question 1: Regarding Essential I, Scientific Underpinnings, when I was a student coursework that addressed this essential was clearly defined.

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

Question 2: The concept of Scientific Underpinnings is clear to me now (as a student or graduate) and I apply this knowledge to practice.

74% very much to absolutely, 26% somewhat to not at all

Question 3: When focusing on my daily professional work, the idea of Scientific Underpinnings comes to mind often.

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

Question 4: As I develop plans and strategies to assure quality or improve outcomes, I reflect on concepts of Scientific Underpinnings.

70% very much to absolutely, 30% somewhat to not at all

Question 5: The course content regarding Scientific Underpinnings was not clearly defined or appreciated when I was a DNP student.

22% very much to absolutely, 78% somewhat to not at all

Do these findings reflect your experience and point of view?

Click [HERE](#) to take the January 2019 Survey



ORGANIZATIONAL UPDATE

Best wishes to all for a happy, healthy, and productive 2019. As we move into this new year our professional commitments are impacted by the world around us. We hope that we may individually and collectively address the needs of patients both as individuals and populations with the skill sets developed as nurses and as nurses with a terminal practice degree. The Doctors of Nursing Practice, Inc. organization is dedicated to improving healthcare outcomes by promoting and enhancing the doctorally prepared nursing professional.

This year the DNP Inc. organization will continue to provide these services:

- Annual National Doctors of Nursing Practice Conference. This year join colleagues for the [12th National DNP National Conference](#) to take place August 7-9, 2019 at the Fairmont Washington, DC Georgetown.
- OUTCOMES, the monthly electronic newsletter
- Doctoral Project Repository: An Archive of Curated Documents reflecting DNP scholarly practice
- University DNP Programs Listing
- Events and Conference of interest to doctorally prepared nurses
- Faculty information to support DNP Education
- Valuable Links for nursing and DNP prepared practice
- Grants and Scholarships Listing

Other strategies that will continue to be developed and enhanced in 2019 include Continuing Education offerings, and the DNP Inc. Foundation to support the completion or expansion of DNP scholarly practice projects. We will continue to reach out to nurses in the United States and Internationally to support effort to improve outcomes.

This is going to be an exciting year. Join in and let's make it a great year for everyone.

Useful Links

[DNP PROGRAM LIST](#)

[FACULTY RESOURCES](#)

[INDIVIDUAL BLOGS](#)

[VALUABLE LINKS](#)

[CAREER LISTINGS](#)

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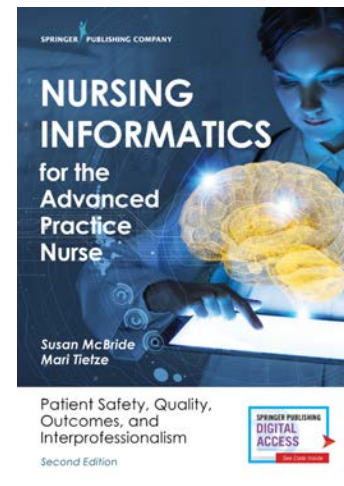
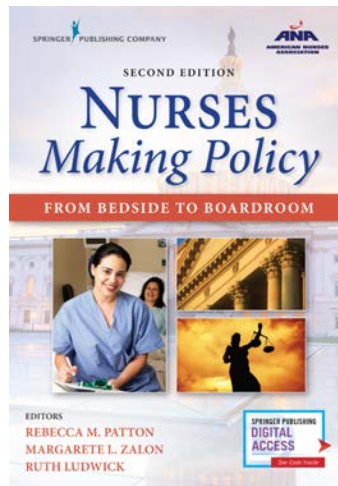
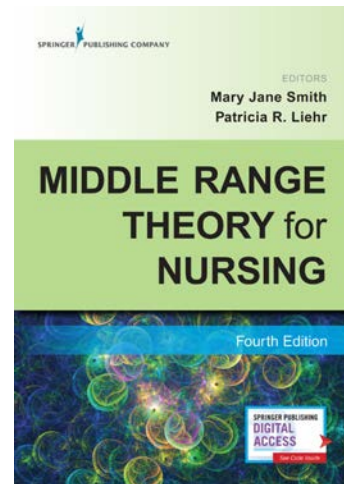
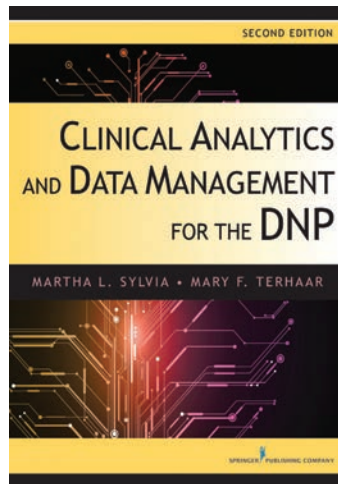
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2019 ABSTRACT SUBMISSION CRITERIA

2019 DNP National Conference August 7-9, 2019 The Fairmont Washington, DC, Georgetown

Conference Theme: Contributions of the DNP Prepared Nurse: Policy Influencing Outcomes

Abstracts submitted, must be aligned with the conference theme and address the conference objectives:

Objectives

After participation in the 2019 Twelfth National Doctors of Nursing Practice Conference Washington, DC, attendees will be able to:

1. Identify processes of developing and implementing policy to improve healthcare outcomes.
2. List examples of how the DNP prepared nurse participates in policy development and implementation in academia, clinical practice, administration, research and informatics.
3. Describe ways that DNP prepared nursing professionals collaborate to influence change.

Submission Deadline

All submissions must be completed by **11:59 PM Eastern, February 15, 2019**. No submissions or edits will be accepted after the deadline.

All presenters attending the conference listed on the abstract submission are expected to register and attend the full three-day conference. Every author listed on the abstract will be required to provide biographic and conflict of interest disclosure information during the abstract submission. The provided Biographical/Conflict of Interest (BIO/COI) form must be completed for each author. It is the responsibility of the primary author to assure that all documents are included before submitting the abstract. The abstract will not be reviewed if this information is missing.

A maximum of four presenters may be listed per abstract submission. Once an abstract is accepted for presentation, changes to this list of presenters including credential and affiliations may not be made. Presenters cannot be added, and substitutions will not be accepted. The primary author must attend and present.

The primary author is the point of contact for all communications regarding the 12th National DNP Conference. This person will be responsible for assuring that the abstract submission process is complete, and all presenter BIO/COI forms are complete and uploaded for review by the conference nurse planner.

Review and Acceptance

Notification of abstract selection or non-selection status will be sent **via email** in May 2019. The primary author/presenter will be required to confirm his or her conference attendance and ability to present. All other authors that will attend the conference must also confirm their plans to attend and present. **Please be sure that email addresses provided in the abstract submission process are valid, and that your system settings allow you to received mail from this system.** We strongly urge you to send yourself a test email from the login page of the abstract submission site. **Invited presentations will be scheduled after the *Primary Author* has completed their conference registration.**

If you do not receive notification of acceptance or non-selection for your abstract by June, 2019, please send an email inquiry to conference staff at skco@dnpsc.org

General Presenter Requirements

If accepted for presentation, **all presenters must register for and attend the conference and be available to present on any of the three days of the conference.** Registration fees for presenters are discounted. Presenters assume all costs related to travel, accommodations, and registration. Failure to register will result in the forfeit of the presentation.

Presenter requirements:

- Assume responsibility for obtaining all copyright permissions for content.
- The *Primary Author* for the presentation must submit an electronic version of the presentation (Poster, mini-podium, or breakout podium presentation) by **11:59 PM Eastern, June 15, 2019. Modifications cannot be made after that deadline, nor will presenter be able to upload their presentation during the conference.**
- **Once approved, absolutely no changes may be made to the abstract or poster.**
- Handouts of all presentations (poster, mini-podium, and breakout podium) are recommended for distribution to interested conference attendees. Provision of these handouts is the responsibility of the presenter. We recommend you bring 200+ printed handouts. The conference organizers will not provide copies of handouts for conference attendees.
- Laser pointers will not be provided so please bring your own if you would like to use one.
- All Breakout Podium and Mini-Podium presentations will be recorded, so please be sure to speak into the microphone and help to assure that all audience questions are also recorded.

Digital Poster presenter requirements:

- **As this is a digital poster presentation, please do not bring a hard-copy poster to the conference for display.**
- **All presentations must be submitted in PPT or PPTX format (Standard 4:3).** Please do not send your presentation in PDF as it cannot be accommodated.
- **Poster presenters will be required to provide two 10-minute oral presentations.**
- In the single-slide poster presentation include the following in large font centered at the top of the poster:
 - Presentation title
 - Author(s) name
 - Institution or organization where the work was completed
 - Include the address, phone number and email address of the primary author.

Deliver our poster presentation in a methodical sequence so that others can follow the logic of

- your presentation. A good method is setting up your poster in a column format so that individuals interested can read your poster, first vertical, then top to bottom, and then left to right.
- **Use a type size that can be read easily from a considerable distance (4 feet or more).** Try using a type between **18-22 pt**. The title should be larger than the rest of the text. Select a font such as Times New Roman, Arial, or Helvetica.
- Posters should stimulate discussion, not give a long presentation. Therefore, **keep text to a minimum, emphasize graphics**, and make sure every item in your poster is necessary.
- Space your information proportionally: divide your poster either horizontally or vertically into three or four sections, and place your materials within those spaces. **(Standard 4:3)**
- Approved versions of posters will be loaded onto the DNP Conference Web Site prior to the conference, provided releases have been given and the materials are approved before the deadline for the site. They may also be loaded onto the conference mobile app.
- Submit all Power Point (PPT) via email to skco@dnppinc.org no later than the deadline listed in the invitation letter.

Mini Podium presenters will be required to:

- Have 15 minutes for the presentation with a **7-slide maximum** excluding title and reference slide. This 15-minute presentation includes time for any questions or answers from attendees.
- Submit all Power Point (PPT) via email to skco@dnppinc.org no later than the deadline listed in the invitation letter.
- Provide the title of the conference on the first slide.

Breakout Podium presenters will be required to:

- Have 45-50 minutes for the presentation and 10-15 minutes for questions and answers
- Submit all Power Point (PPT) via email to skco@dnppinc.org no later than the deadline listed in the invitation letter.
- Provide the title of the conference on the first slide.