

OUTCOMES

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



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Editor

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

FEBRUARY



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2019 SUBMISSION INSTRUCTIONS

(Also located on pages 17-19 of this issue)

Health Sciences Faculty Collaboration to Implement Interprofessional Education

The Doctor of Nursing Practice (DNP) Essentials are required competencies in order to prepare nurses for advanced practice roles (American Association of Colleges of Nursing [AACN], 2006). Interprofessional collaboration, effective communication, and leadership within multidisciplinary teams are required skills for the DNP prepared nurse (AACN, 2006). A nurse educator must have the requisite knowledge to develop and implement interprofessional educational activities along with the skills to work with faculty from other health science disciplines. I have been involved in interprofessional education (IPE) since 2009 and will note some of the lessons learned. I specifically wish to relate collaboration and program development with various faculty and healthcare disciplines through my emerging DNP lens.

Healthcare professionals need to be trained to work as members of interdisciplinary teams (Institute of Medicine [IOM], 2003). Effective team members have skills which include knowing other team members expertise and skills to communicate effectively (IOM, 2003). The Interprofessional Education Collaborative (IPEC) has developed core competencies to help direct curriculum across disciplines. With my colleagues from Medicine, Pharmacy, and other health disciplines, I have represented Nursing as part of a Macy grant. My institution established this team to develop a curriculum for all students in the healthcare programs. The team is tasked to set the agenda of selection of IPEC competencies, guide the curriculum development, and organize faculty teams. The overall goal is to devise a plan for students to learn from and about each other. The focused competencies selected were related to role, communication, and teamwork.

Many lessons have been learned about collaborating with faculty since we implemented the core curriculum five years ago, including how to educate faculty, barriers related to scheduling, differences in ideas about student learning, and professional accountability. The first year we educated faculty by using just-in-time training, a method used at the faculty development workshop I attended. The intent is to save faculty time by reviewing the content within a few hours of the activity and omit the need for another meeting day for training. This method was not well received for our event. The facilitators requested to read and review the material in advance. The process for developing faculty has been changed to be one hour face-to-face sessions, with a variety of times about one week prior to the IPE event for experienced facilitators and longer sessions for new facilitators. A learning management system is now used to provide access to the program materials.

There were knowledge deficits and problems with the faculty facilitators. Most of the facilitators are faculty and did not have experience facilitating. They also had trouble relating to other disciplines. Mladenovic and Tilden (2017) endorse that faculty may not know about their partners' professions. In looking back, to improve how we approached working together as a curricular team, I would suggest having activities for faculty to get to know each other as a first step. Debriefing each year after the IPE events to discuss what went well, what did not and how we can improve has been beneficial. It is important not to get discouraged and to continue working together and keep the focus on this work to improve population outcomes

Scheduling was a major lesson learned. Schedules within each health college varies. The first year, we gave each facilitator a team of 10 students from different disciplines and asked them to schedule six meetings over an academic year. For many teams, it was not possible to find times everyone was available. We solved the scheduling problem with input from a student focus group. They suggested increasing the number of hours per day and concentrating the meetings within a month to provide an opportunity for students to get to know each other better. A faculty representative from each college brought their academic calendars and with several colleges adjusting classes, we identified 3 Fridays within one month and have reserved these Fridays each year for the IPE core curriculum.

Some faculty embraced experiential learning while others had a hard time with this concept and wanted to assess learning and give assignments for grading. Faculty assignments have been changed within most of the healthcare colleges to exclude facilitators who were not engaged. Some faculty, surprisingly, did not meet professional expectations. Despite these challenges and those I previously mentioned, I feel the DNP is preparatory for leading and developing IPE programs. The health sciences faculty collaboration was a great opportunity and example of this DNP Essential.



Cathy Catlett, MSN, RN
Eastern Kentucky University,
DNP Student

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- Institute of Medicine (US) Committee on the Health Professions Education Summit; Greiner, A., & Knebel, A. (2003). *Health professions education: A bridge to quality*. Washington, D.C.: National Academies Press.
- Interprofessional Education Collaborative (2016). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, DC.
- Mladenovic, J., & Tilden, V. (2017). Strategies for overcoming barriers to IPE at a health sciences university. *Journal of Interprofessional Education & Practice*, 8, 10-13

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 2 of 3)

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

Last month we touched in on the makings of a metaphor between the preparation and delivery of a good meal, and the actions of nursing professionals with an emphasis on the terminally prepared nurse. This article goes deeper into this metaphor. I hope you are hungry.

On television shows like Top Chef, experts compete to create amazing meals with prescribed ingredients in a limited amount of time. The results of the creativity of these chefs is what helps to drive the ratings and keep us coming back for more. When we, as terminally degreed nurses with a practice degree are in the kitchen (so to speak), what do we rely on to help us prepare amazing processes and outcomes. Some will say that the ability of the DNP prepared nurse to contribute is based on educational preparation and a scope and depth of expertise to produce a favorable outcome. But where did we learn which ingredients could or should be used in the creation of a work product that will produce a favorable outcome, improvement of quality, or change in practice?

Let's go back to the kitchen. Wise people have created food and flavor wheels to show which flavor molecules can be paired and combined for a desired taste. Consider this flavor wheel specific to coffee. (Click into [this site](#) for a larger image.)

This image shows the particulars of how flavors can be paired and/or appreciated. What talent created this flavor wheel? How does this talent reflect our efforts in the nursing discipline?

We need to thank the creators of the science for the ability to do what we do. The colleagues in nursing that have generated the theory and science of what we enjoy in building our work products are the theorists and PhD prepared nurses that have created this flavor wheel for the discipline to produce, modify, and build innovation in our efforts to improve health care outcomes.

Coffee Taster's Flavor Wheel



Did the DNP prepared nurse generate the foundations of how to apply the molecular structures (aka Scientific Underpinnings) to a knowledge base that affords the creativity of practice? I conjecture that we must thank our PhD colleagues, but current and from the past, as they generated the knowledge that we apply to practice. Innovation and ingenuity can take place as a result of decades of nursing knowledge. To again apply the food flavor metaphor, the chefs of today rely on the knowledge generated by great chefs of the past. We all now have the challenge of continuing to build our repertoire of collective skills to move toward improving outcomes. Part 3 of this three-part series will address how we collaborate, cooperate, and build teams to produce the best product. If we were working in a kitchen the hierarchy of chefs may include an Executive Chef, head Chef, Sous Chef, and Chef de Partie (Station chef or line chef). Other essential members include a kitchen porter, expeditor, wait staff, and dishwasher. This team and more can be translated into our respective roles as professional nurses of all levels of education and application of skills and talents. We, as a discipline are creating great meal (aka, healthcare outcomes). We are only as good as the last meal.



David Campbell-O'Dell, DNP

Check into next month's issue as we wrap up this analogy and explore lessons to be learned from professional chefs.



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- Pediatric Acute Care Nurse Practitioner
- Pediatric Primary Care Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner – Family

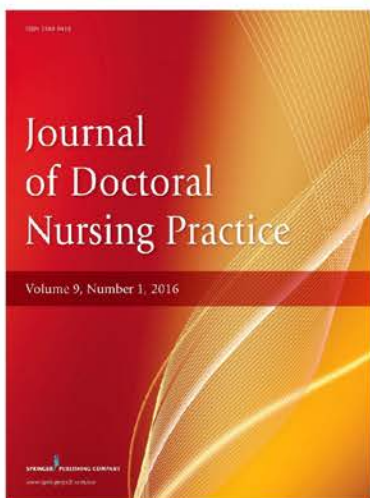


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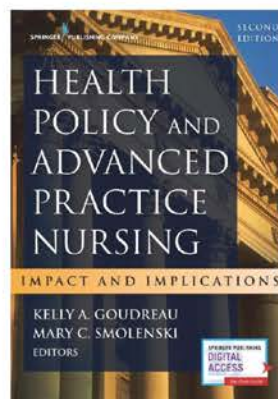
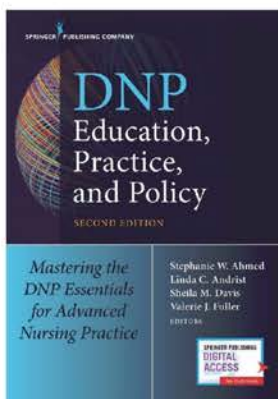
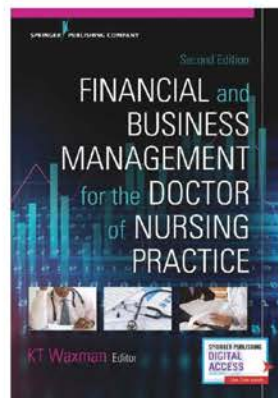
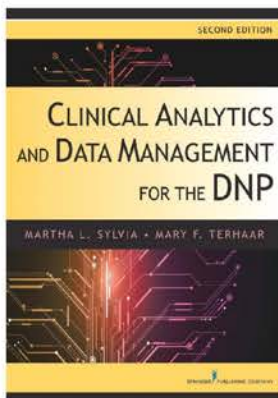
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Project Repository



Welcome [San Jose State University](#) for joining the Dissemination Team. They have made a commitment to supporting their students in sharing the scholarly practice work of their DNP graduates. Their investment provides a \$5 discount for all students that upload their completed projects to the DNP Repository.

DNP Repository Featured Scholars

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](#):

[Development and Evaluation of a Team SEEPPS Program Among Cardiac Procedural Unit Staff in a Mid-Atlantic Community Hospital to Improve Teamwork and Patient Safety](#), by Dr. Dawn K. Mutchko, a graduate of Wilmington University.

[Heart Failure Readmissions](#), by Dr. Patrick Nodoro, a graduate of Touro University Nevada.

[Cultural Competency in Nursing Education: Eliminating Lesbian, Gay, Bisexual and Transgender Health Disparities](#), by Zachary I. Nethers, a graduate of Chatham 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

[Recruitment for DNP Competency Study](#) By Tracey Chan, a PhD student at Duquesne University. If you qualify to participate in this Delphi study, please support this colleague in her important work.

[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.

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

[DNP's of Color – DOCs](#)

[Texas DNP](#)

[Executive Leadership DNP](#)

[Doctors of Nursing Practice of Nevada \(DNPN\)](#)

Events of Interest to DNP Students and Graduates

[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

[Dermatology Nurses' Association 2019 National Conference](#), February 27-March 2, 2019

[National Association of Clinical Nurse Specialists Annual Conference](#), March 6-9, 2019

[National League for Nursing/University of Central Florida Simulation Conference](#), March 6-8, 2019.

[NAPNAP 40th National Conference](#), March 7-10, 2019

[University of Florida Precision Medicine Conference](#), March 7-8, 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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JANUARY 2019 DNP, INC SURVEY RESULTS

January 2019 Survey explored of the involvement and capabilities of the DNP prepared professional nurse in systems leadership. What are your thoughts on these findings?

Question 1: DNP Essential II addresses organizational and systems leadership for quality improvement and systems thinking. As a result of my DNP education, I am confident that I reflect the expectation of this Essential in my daily practice regardless of the environment.

87% very much to absolutely, 13% somewhat to not at all

Question 2: My systems thinking ability has been enhanced as a result of my DNP education.

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

Question 3: I am now in a leadership position as a result of earning the DNP degree.

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

Question 4: I can easily share actions that are a part of my daily job that improve quality.

73% very much to absolutely, 27% somewhat to not at all

Question 5: Organizational leadership addressed in the Master's level of education is enhanced in the DNP level of education, making this essential a foundation of doctoral prepared practice.

87% very much to absolutely, 13% somewhat to not at all

Do these findings reflect your experience and point of view?

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



ORGANIZATIONAL UPDATE

The 11th National Doctors of Nursing Practice Conference in Palm Springs, CA is in the rear-view mirror as we drive forward in preparation for the [12th National Conference](#) in Washington, DC. August 7-9, 2019 are the dates with the theme: Contributions of the DNP Prepared Nurse: Policy Influencing Outcomes. Join friends and colleagues to identify processes of developing and implementing policy to improve healthcare outcomes; list examples of how the DNP prepared nurse participates in policy development and implementation in academia, clinical practice, administration, research and informatics; describe ways that DNP prepared nursing professionals collaborate to influence change. These objectives will illustrate the evolving roles and opportunities for our discipline and the contributions of the DNP prepared nurse.

Other services to enhance and promote the development of the DNP prepared nurse include:

- [OUTCOMES](#), the monthly electronic newsletter. Please contribute today!
- [Doctoral Project Repository](#): An Archive of Curated Documents reflecting DNP scholarly practice
- [University DNP Programs](#) Listing and the [Dissemination Team](#)

Join the [DNP online community](#) and [mailing list](#) to be on the front line of information that impacts health care outcomes and nursing practice.

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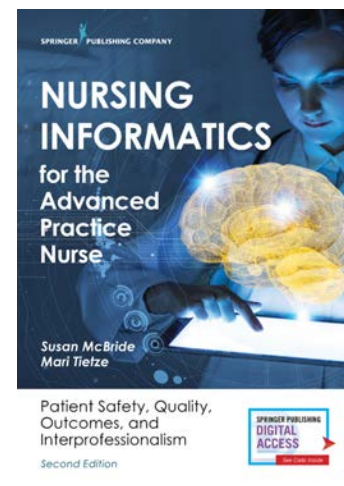
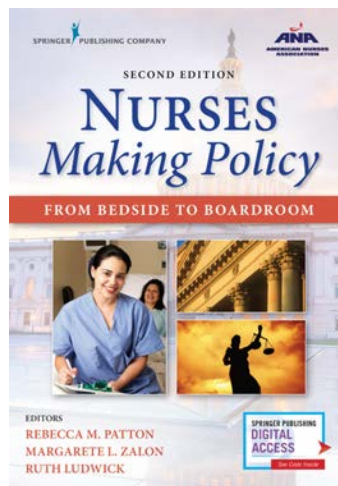
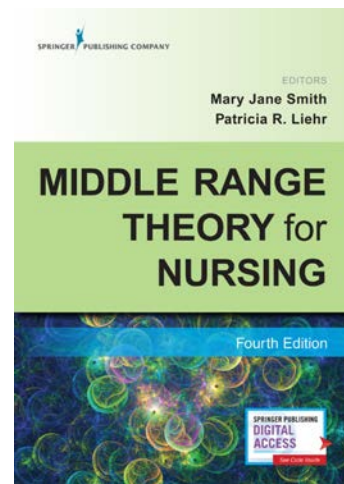
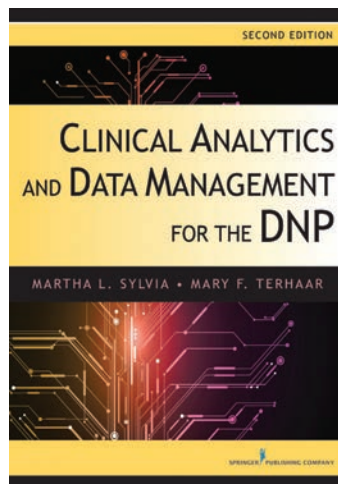
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2019 ABSTRACT SUBMISSION CRITERIA

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.