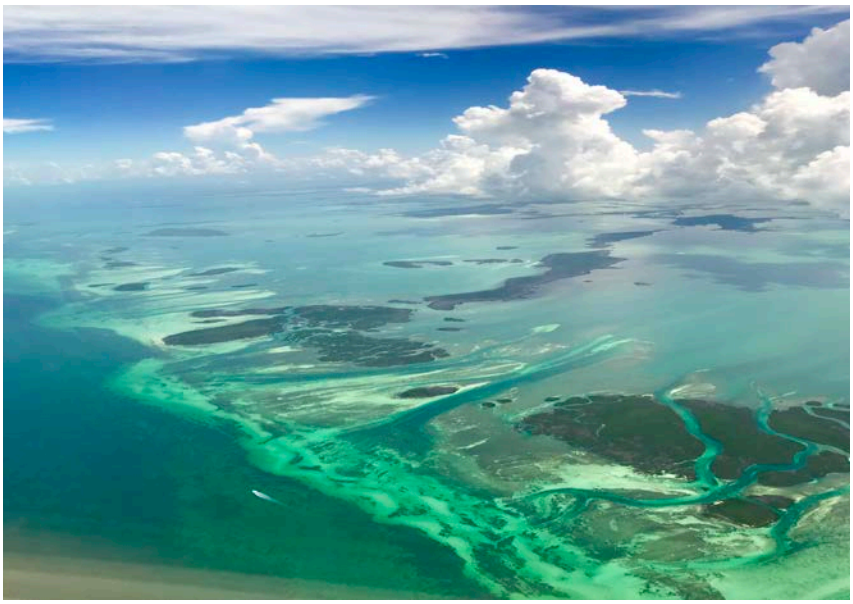
VOL 5 / NO.3 MARCH 1, 2019

OUTCOMES

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

MARCH



ABSTRACT SUBMISSIONS HAVE BEEN EXTENDED UNTIL MARCH 15, 2019 FOR THE 2019 12TH NATIONAL DOCTORS OF NURSING PRACTICE CONFERENCE WASHINGTON, DC

2019 12th National Conference Washington, DC

Page 2
2019 DNP Conference

Page 4
The Value of Simulation

Page 5
2019 DNP Conference Featured Speakers

Page 8
Our Trajectory, Our Heritage, Our Legacy Part 3 of 3

Page 11
DNP Project Repository

Page 12
DNP, Inc. Repository Featured Projects

Page 13
Conversations Overheard

Page 14
February Survey Results
March Survey

Page 15
Organizational Update

Page 17
2019 Abstract Criteria

Page 20
Call for Volunteers
Career Listings

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

2019 Twelfth National Doctors of Nursing Practice Conference: Washington, D.C.

AUGUST 7-9, 2019

Contributions of the DNP Prepared Nurse: Policy Influencing Outcomes

The Fairmont
Washington, D.C., Georgetown
2401 M St NW
Washington, DC 20037

CONFERENCE HOMEPAGE

REGISTER TODAY

ABSTRACT SUBMISSIONS HAVE BEEN EXTENDED UNTIL MARCH 15, 2019

2019 12TH NATIONAL DOCTORS OF NURSING PRACTICE CONFERENCE WASHINGTON, DC

DON'T DELAY! SUBMIT TODAY

BEGIN YOUR SUBMISSION

2019 SUBMISSION INSTRUCTIONS

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

The Value of Simulation

Simulation is a great hands-on approach to learning. Simulation provides opportunities for clinicians to practice in a safe space on a life-like piece of equipment instead of practicing on real patients (Miller & Bull, 2013). Simulation takes place in different settings such as the military and the airline industry. Simulation is concise and is becoming more popular in the healthcare practice world (Miller & Bull, 2013).

The airline industry has been utilizing simulation as a training tool for many years. Airline pilots have been planning for emergencies inside a full motion simulator (Gear, 2010). Practicing in an airline simulator saved many lives when Pilot "Sully" Sullenberger landed an airplane on the Hudson River in January 2009. Mr. Sullenberger attributed his successful landing of the airplane to his time in the simulator. He knew what to do because he was prepared; he had been practicing for this event (Gear, 2010).

Simulation in the healthcare industry has gained popularity over the past several years. It is used for team training, practicing skills, and knowledge building among nurses, physicians and other clinicians. Multi-disciplinary simulation has become the preferred method for training medical teams. Team training is a valuable tool to help create an expert team, rather than a team of experts. Many scenarios are based on actual events that have occurred, so staff can learn from their opportunities for improvement. Learning to work together to improve the culture of a unit builds moral for the unit as well as builds confidence for the individuals.

Simulation training can also focus on crisis resource management. This helps teams to function together in a crisis: how to speak to one another, provide the best patient care with the resources available to them at that time, and focus on patient safety because everyone is working together rather than independently.

There are different types of simulators in the medical field. There are high fidelity manikins as well as low functioning manikins, or the ability to use a standardized patient (live person). Simulation does not need to be high fidelity to positively impact patient care. Live patients sometimes work better for interactive purposes, depending on the objectives of the scenario. Simulation in the medical field involves a facilitator, who leads the debrief discussion, while helping the participants come to their own conclusions regarding whether simulation was effective or if there were opportunities to learn.

Hearing success stories is part of the return on expectation measured for simulation. The nation heard about the successful landing of Flight 1549 on the Hudson. In the healthcare setting, stories are not as prominent as national news; however, hearing a story about a patient being successfully resuscitated because the staff had practiced in simulation previously, is great news for the facility and administrative team to recognize.

Many times, new graduate nurses, who have been exposed to many simulation scenarios, will return with comments regarding their patient experience after simulation practice. Stories are told frequently about operative patients being over-sedated coming from the operating room. These patients have too much opioid in their system, so when the nurse recognizes the respiratory depression, she is able to bag-valve-mask the patient while simultaneously calling for help to have a co-worker to grab the Narcan (reversal medication for opioids).

Simulation has been integrated into quality measures for practicing hand hygiene and patient identification (Cavnar, Van Der Like, & Hobby-Burns, 2017). During the simulation the staff members learn to interact with a "patient" and helps improve their bedside manner. Improving quality metrics is an added benefit of simulation training. Programs also exist for workplace violence prevention with simulation integrated. This covers all staff members whether clinician or non-clinical employee. Everyone gets to practice being in stressful situations to see how they react when the threat or act of violence occurs (S. Ikuta, personal communication, September 5, 2018). S. Ikuta went on to explain the simulation is the most praised portion of the course when evaluations are complete.

Brenda M. Seegmiller, MSN, RN
Eastern Kentucky University
brenda_seegmiller@mymail.eku.edu

Working in a simulation department for a large corporation or collegiate program is beneficial to improving the confidence of the facilitator as well as the confidence of the nurses and participants who attend simulation. Upon evaluation, there is very positive feedback received regarding simulation. Studies have shown increased patient safety as well as satisfaction (Klipfel et. al., 2014). As the healthcare industry continues to increase the use of simulation, the expectation is to continue seeing a rise in satisfaction scores as the focus of simulation is patient safety. Additional studies are needed to prove more specific patient satisfiers and confidence improvement among clinicians and non-clinicians.

References

Cavnar, K., Van Der Like, J., & Hobby-Burns, L. (2017). Promoting patient safety through interprofessional education simulation. *Clinical Laboratory Science, 30(4),* 228-232.

Gear, J. (2010). Sullenberger made the right move, landing in the Hudson. Retrieved https://www.wired.com/2010/05/ntsb-makes-recommendations-after-miracle-on-the-hudson-investigation/

Klipfel, J. M., Carolan, B. J., Brytowski, N., Mitchell, C. A., Gettman, M. T., & Jacobson, T. M. (2014). Patient safety improvement through in-situ simulation interdisciplinary team training. *Urologic Nursing, 34(1),* 39-46.

Miller, A., & Bull, R. M. (2013). Do you want to play? Factors influencing nurse academics' adoption of simulation in their teaching practices. *Nurse Education Today, 33(3),* 241-246.

2019 DNP Conference Featured Speakers

Suzanne Miyamoto, PhD, RN, FAAN
2019 Keynote Speaker
Chief Executive Officer
American Academy of Nursing

Dr. Miyamoto has held previous academic positions at the University of Michigan, School of Nursing, University of New Mexico, School of Nursing, and Johns Hopkins University, School of Nursing. She is a Senior Associate Editor for the journal Policy, Politics & Nursing Practice. Currently, she is the Senior Director of Government Affairs and Health Policy at the American Association of Colleges of Nursing. Previously, she held policy positions at the state and federal level with the National Institutes of Health, the State Commission on Patient Safety for the Michigan Health and Safety Coalition, and former United States Congressman Joseph Knollenberg. Dr. Miyamoto's areas of research, publications, and presentations (national and international) focus on health policy, coalition building, and political advocacy. Dr. Miyamoto received her Bachelor of Science in Nursing, Bachelor of Arts in Psychology, Master of Science in Nursing, and Doctorate of Philosophy in Nursing from the University of Michigan, Ann Arbor. She is a member of Sigma Theta Tau International, Women in Government Relations, Academy Health, the American Organization of Nurse Executives, and the American Nurses Association. Dr. Miyamoto is a Fellow of the American Academy of Nursing and an Honorary Friend of the National Institute of Nursing Research.

Shannon Idzik
DNP, ANP-BC, FAANP, FAAN
2019 Plenary Speaker
Associate Dean
Doctor of Nursing Practice Program
University of Maryland School of Nursing

Dr. Idzik is an Associate Professor at the University of Maryland School of Nursing. She is currently the Associate Dean of the DNP program. She has been on faculty since 2005 has served as the program director for the Adult Gero NP program and then the Director of the DNP program. She maintains a faculty practice as a nurse practitioner in the University of Maryland Upper Chesapeake Medical Center in the Comprehensive CARE Center. She is active in the professional community, serving as a Collegiate Commission on Nursing Education (CCNE) site evaluator and the nurse from practitioner represented to the regional health information exchange, CRIPS. She has served as an appointed member of Maryland Health Services Cost Review Commission Physician Alignment and Engagement workgroup and led recommendation #1 to remove scope of practice barriers for advanced practice nurses on the Maryland Action Coalition on the Future of Nursing for more than five years. Dr. Idzik was recently elected as the Treasurer of the National Organization of Nurse Practitioner Faculties. She is a recent past president of the Nurse Practitioner Association of Maryland (NPAM). She was awarded AANP State Award for Excellence in 2012, was selected as a Fellow of the American Academy of Nurse Practitioners in 2014 and the NONPF policy award in 2015. Dr Idzik was a member of the AACN Task Force on Implementation of the DNP and served on the planning committee for the DNP conference in Baltimore in 2016.

JOHNS HOPKINS
SCHOOL of NURSING

WORLD RENOWNED NURSING EDUCATION NOW WITH MORE ONLINE OPTIONS

nursing.jhu.edu/apdnp

DOCTOR OF NURSING PRACTICE

Executive Leadership
Population Health Leadership
Psychiatric Mental Health Nurse Practitioner
Family Nurse Practitioner

LEARN MORE AND APPLY TODAY
usfca.edu/nursing/dnp

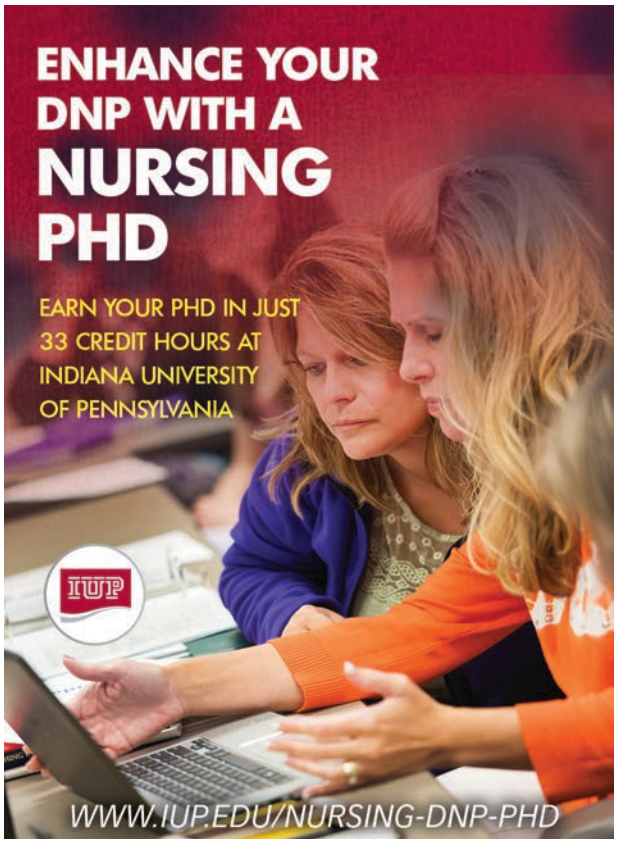
UNIVERSITY OF SAN FRANCISCO

GW Nursing is steering the policy debate toward a focus on patient-centered care from the heart of Washington, D.C.

Learn more at backtohealth.gwu.edu

NURSING POLICY BACK TO HEALTH

School of Nursing
THE GEORGE WASHINGTON UNIVERSITY



KAISER PERMANENTE®
NURSE SCHOLARS ACADEMY

AONE MEMBERSHIP

You belong in a community of nurse leaders.

AONE
The Voice of Nursing Leadership™

Visit AONE.org to learn more and join!

Our Trajectory, Our Heritage, Our Legacy (Part 3 of 3)
Thoughts and Insights by David Campbell-O'Dell, DNP

This is the third of three articles making the most of a metaphor using food preparation to appreciate the cooks that are involved in the delivery of nursing services. In the first article, we identified the need to explore and identify the contributions of our PhD colleagues and our DNP colleagues to the task of creating services to our collective clients/ patients to improve outcomes. The metaphor of food identification such as in the Food Wheel shared in last month's issue of OUTCOMES is associated with the skills and talent of those that have helped to clarify the science of nursing. These scholars and theorists have provided a foundation of thought and products that have shaped the abilities and trajectory of nurses to follow. These same scholars had the foresight and innovation to create a new doctorate degree in nursing, the DNP. This professional practice degree is charged with knowing the ingredients used to create nutritious food (aka, services to improve outcomes). These actions are based on the foundation of those that have generated knowledge and processes of thought that have moved the profession of nursing from the beginnings of modern nursing with Florence Nightingale to the present. Over these many decades, nursing has responded to many social demands and has contributed to the shape, texture, and sophistication of health care delivery. It is extremely satisfying to see that as a collective we have impacted almost every system, process and social structure as professional nurses. Thank you to all that have contributed before. This appreciation will serve us well into the future.

However, the kitchen is not closed. Meals (services to improve outcomes) are still being prepared and the appetite of our customers is changing. Demands are becoming more complex and those that need the nutrition may not have the needed access to assure the outcomes we as a discipline may strive to provide. Those that have created the ingredients are still pressing forward with their skills and talents to assure that our discipline is doing a good job, and now we have more chefs, more kitchens, and a greater potential combination of ingredients to create meals (services) to address the needs of consumers that we had not anticipated even 10 years ago.

Specific to nursing services, is there one type of nurse that should be the executive chef? We listed several categories and tiers of kitchen support ranging from the Executive Chef, to the Head Chef, to Sous Chefs, and Chefs de Partie (Station chefs or line chefs). All nurses, regardless of our level of education or degree participate in this orchestra of cooking. Do we need chefs that continue to push the boundaries of what we know about our food ingredients? Absolutely! Do we need chefs that know how to apply existing knowledge to create increasingly nutritious meals with existing ingredients (resources)? The answer again is absolute!

To address the concern heard by PhD colleagues regarding DNP prepared nurses, and DNP comments about PhD prepared nurses, do we have the give-and-take to work in the same kitchen and make the most of each other's skill set in order to build knowledge (as a team) and devise new ways of applying this knowledge (meal preparation)? I certainly hope that we have this ability as the customers are moving into the dining hall faster and in greater need of what we have to offer. To stop and segment one group from another is to impede the potential for producing better and better services to improve outcomes. To allow one group of doctoral prepared colleagues to strive for tenure while excluding another does not make for a kitchen that coordinates its best talents. To prove this point, let's look at chefs in other kitchens, such as Medicine, Pharmacy, or Law. The top professionals in these fields have the ability to earn tenure, practice, and move seamlessly between practice and research. Are we making the best of our current and future skills by limiting the functions of our nursing chefs?

David Campbell-O'Dell, DNP

In practice, all are needed. Intradisciplinary and interdisciplinary practices are essential – not merely ideals. Do too many cooks spoil the broth? That depends on the talents of the cooks, don't you think?

Please go to this blog:
http://doctorsofnursingpractice.ning.com/profiles/blogs/our-trajectory-our-heritage-our-legacy
Share your thoughts and feedback.

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

BEST GRAD SCHOOLS
U.S. News & WORLD REPORT
NURSING
DOCTOR OF NURSING PRACTICE
2018

OUR DOCTORS ARE SOME OF THE BEST NURSES AROUND.

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

Our program prepares elite nursing professionals to lead in today's increasingly complex health care system, applying evolving best practices to make dramatic improvements in patient care.

It offers a variety of specialties and post-bachelor's, post-master's, and post-doctoral pathways:

- Adult-Gerontology Acute Care Nurse Practitioner/ Adult-Gerontology Clinical Nurse Specialist
- 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

We have exceeded the goals set by AACN and NONPF to offer nurse practitioner education through the DNP only.

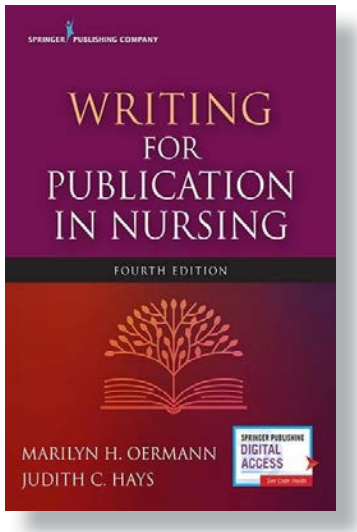
We are seeking faculty at all levels to join our team of accomplished professionals committed to preparing nurses to excel in the field. Learn more at ***nursing.umaryland.edu/hr****.*

LEARN MORE ABOUT THE PROGRAM: ***nursing.umaryland.edu/dnp***

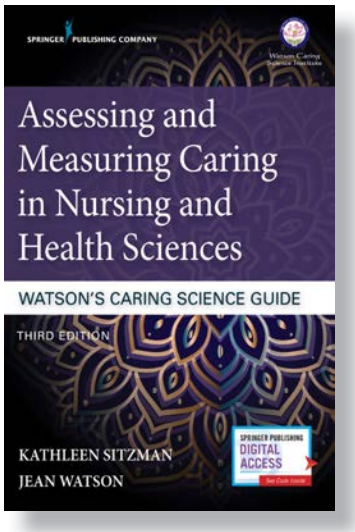
CLICK HERE FOR MORE INFORMATION ABOUT THE UMSON DNP PROGRAM

IMPROVE OUTCOMES FROM CLASSROOM TO CLINIC

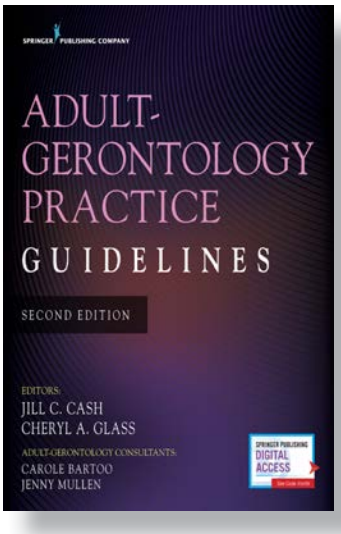
Save 25%+
Free Shipping
with promo code
DNPO25



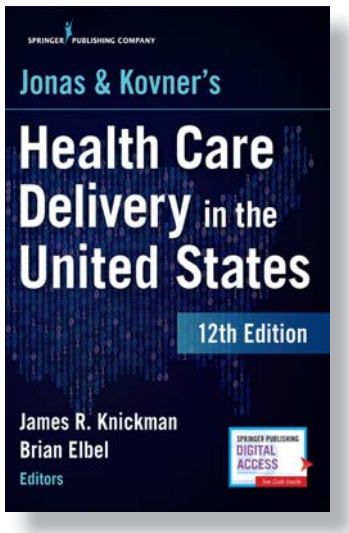
9780826147011



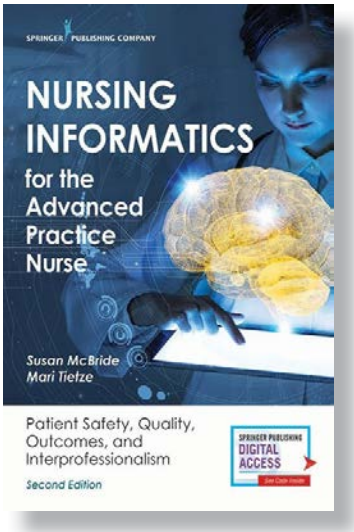
9780826195418



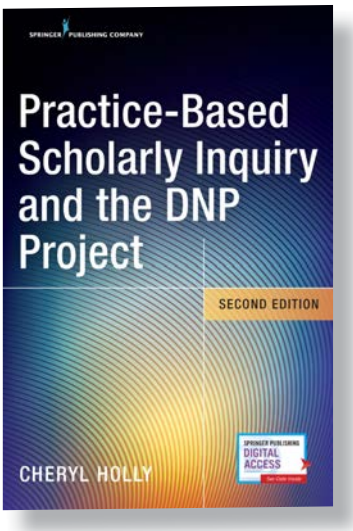
9780826195180



9780826172723



9780826140456

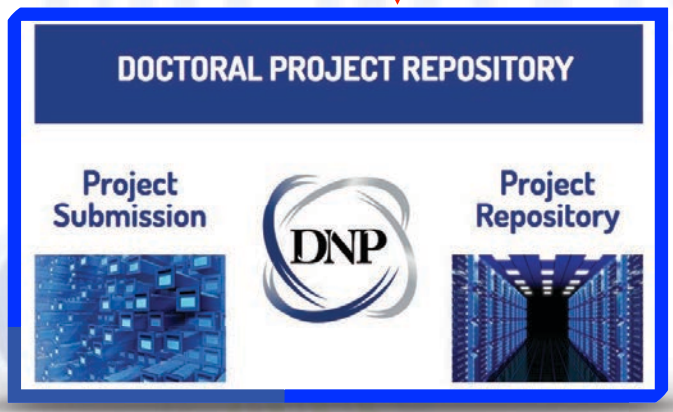


9780826134936

SPRINGER PUBLISHING COMPANY

Learn more at springerpub.com/dnp□titles today!

NEW 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 FOR MORE INFORMATION

DNP, INC. REPOSITORY FEATURED PROJECTS

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 continue 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]:

[Quality Improvement-Translation of Clinical Practice Guidelines for Childhood Obesity by Primary Care Providers], by Nirandorn Neville, DNP, a graduate of Touro University Nevada.

[The Impact of Telephone Follow-Up Calls on 30-day Readmissions in Older Adults Post Total Joint Replacement Surgery], by Maame E. Osei, DNP, FNP, PHN, a graduate of Brandman University.

[Implementation of an Evidence-Based Early Sepsis Recognition and Treatment Protocol in the Emergency Department and Critical Care], by Patricia W. Poole, DNP, APRN, ACNPC, CCRN, a graduate of the University of Alabama Huntsville.

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 ONLNE 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.

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.

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)
DNPs in Correction
Geriatric Specialization
Texas DNP
Executive Leadership DNP

Events of Interest to DNP Students and Graduates

- 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
- 6th National Nursing Ethics Conference, March 20-22, 2019
- American Association of Neuroscience Nurses Annual Meeting, March 21-24, 2019
- American Association of Colleges of Nursing: Spring Executive Development Series, AACN Deans Annual Meeting, March 22-26, 2019
- American Association of Heart Failure Nurses 2019 Symposium, March 22-23, 2019
- International Organization of Multiple Sclerosis Nurses (IOMSN) Hawaii, March 23, 2019
- Association for Radiologic and Imaging Nurses 38th Annual Convention, March 24-27, 2019
- Election of NLN Officers, March 25-June3, 2019
- 21st Global Nursing Education Conference, March 25-26, 2019
- American Medical Informatics Association 2019 Informatics Summit, March 25-28, 2019
- American Association of Colleges of Nursing Graduate Nursing Admissions Professionals Conference, April 1-3, 2019
- American Association of Legal Nurse Consultants Annual Forum, April 4-6, 2019
- 2019 National Organization of Nurse Practitioner Faculty 45th Annual Conference: DNP 2025 Making the Vision a Reality, April 4-7, 2019
- American Association of Occupational Health Nurses, April 8-10, 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.

ADVERTISE IN OUTCOMES

SPRINGER PUBLISHING COMPANY
DNP CONFERENCE
GOLD SPONSOR
2014, 2015, 2016, 2017,2018

AMERICAN ORGANIZATION OF NURSE EXECUTIVES
DNP CONFERENCE
GOLD SPONSOR
2016, 2017, 2018

THE GEORGE WASHINGTON UNIVERSITY SCHOOL OF NURSING
DNP CONFERENCE
GOLD SPONSOR 2017
BRONZE SPONSOR 2018

KAISER PERMANENTE NURSE SCHOLARS ACADEMY
KAISER PERMANTE
NURSE SCHOLARS ACADEMY
GOLD SPONSOR 2018

FOR ADVERTISING RATES
VISIT OUR WEBSITE

FEBRUARY 2019 DNP, INC SURVEY RESULTS

The February 2019 Survey explored clinical scholarship and analytical methods for evidence-based practice. What are your thoughts on these findings?

Question 1: DNP Essential III addresses clinical scholarship and analytical methods for evidence-based practice. As a result of my DNP education, I have a refined skill set to analyze data and apply it to clinical practice.
88% very much to absolutely, 12% somewhat to not at all

Question 2: My ability to develop and participate in research has improved as a result of my DNP education.
81% very much to absolutely, 19% somewhat to not at all

Question 3: In my current position, I participate in the design and implementation of processes to evaluate outcomes of practice.
75% very much to absolutely, 25% somewhat to not at all

Question 4: I consider myself an expert in quality improvement methodologies.
75% very much to absolutely, 25% somewhat to not at all

Question 5: I use advanced processes of information technology to drive an improvement in practice in my current position.
69% very much to absolutely, 31% somewhat to not at all

Do these findings reflect your experience and point of view?

Click HERE to take the March 2019 Survey

ORGANIZATIONAL UPDATE

Abstracts for the 12th National Doctors of Nursing Practice Conference will be accepted through March 15, 2019. The abstract reviewers are in the process of reviewing those that have already been submitted. We anticipate a stellar conference with the support and talents of great colleagues. The conference planners are working in teams to address speaker identification and selection; abstract submission, review and selection, and; exhibitor and sponsors development. We are proud to have such great planners and team members supporting the conference in these ways.

While the conference is being planned there are several more operations in place to help DNP prepared colleagues grow and mature professionally.

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.

Useful Links

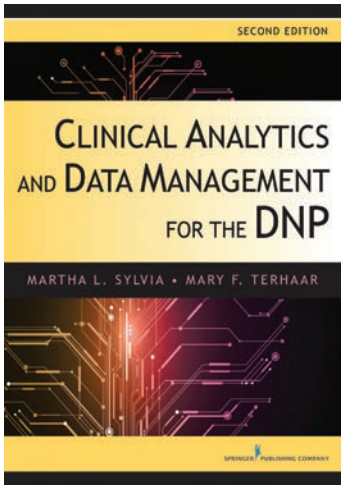
DNP PROGRAM LIST	FACULTY RESOURCES	INDIVIDUAL BLOGS	VALUABLE LINKS	CAREER LISTINGS
GROUP PAGES	DNP PROJECT REPOSITORY	MULTIPLE FORUM TOPICS	GRANTS AND SCHOLARSHIPS	ADVERTISING OPTIONS

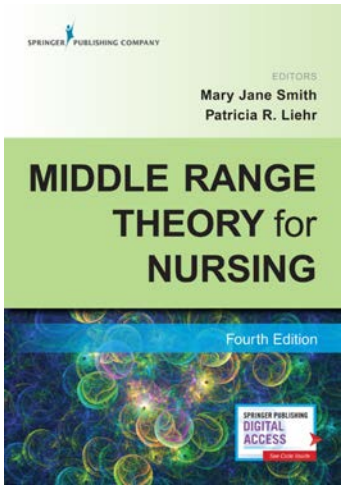
SPRINGER PUBLISHING COMPANY

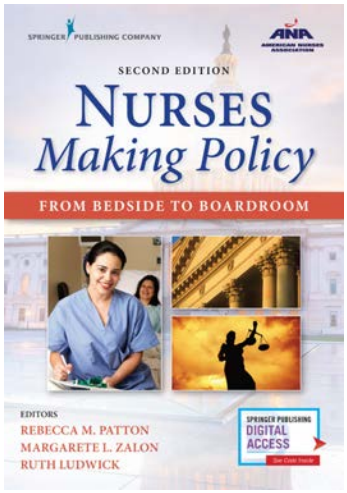
Shop Our *DNP* Exclusive Promotion Today!

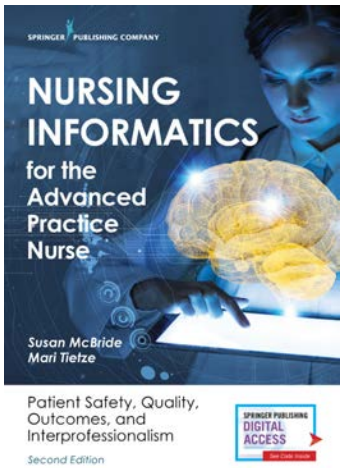
SAVE 25%
Plus FREE SHIPPING with Code JDNP18

QUALIFIED INSTRUCTORS MAY ALSO REQUEST A DESK COPY









Visit pages.springerpub.com/jdnp today!

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@dnpinc.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@dnpinc.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@dnpinc.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@dnpinc.org no later than the deadline listed in the invitation letter.
- Provide the title of the conference on the first slide.

Call for Student Volunteers for the 2019 National DNP Conference Washington, DC

Accepting Student Volunteer Applications until 5/1/19

CLICK HERE TO BEGIN YOUR APPLICATION

New Career Listings

Pace University College of Health Professions

Pace University College of Health Professions
2019 Full-time Graduate Nursing Faculty Positions

Georgia Southern University

Psychiatric Mental Health Nurse Practitioner
(Assistant Professor of Nursing)

CLICK HERE TO VIEW THE FULL DETAILS