

# OUTCOMES

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

# DECEMBER



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**Editor**

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

**2020 13th National Conference Tampa, FL**  
**ABSTRACT SUBMISSIONS ARE NOW OPEN**



**2020 Thirteenth National  
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## “Get to The Point APRNs!”



**Sarah A. Yao**  
APRN, PMHNP-BC  
EKU DNP Student

In more than half of the fifty states in the United States, Advance Practice Nurses (APRNs), whether prepared at the doctoral or masters level, are not independent licensed practitioners. As we move to the NONPF 2025 recommendation for the DNP as entry to advanced practice for nurse practitioners, it begs the question, “How will the DNP prepared providers be positioned to lead change?” The DNP essentials III summarizes the rigorous academic preparation of a DNP prepared nurse to include competency in organizational leadership as well as a provider of quality patient-centered care (AACN, 2004). This DNP essential acknowledges that the DNP graduate possesses the clinical expertise and analytical skill not only to be a leader who applies research to practice, but also to independently provide sound patient care without licensure restriction (AACN, 2004). To sell this idea, APRNs may draw inspiration from leadership examples outside of nursing.

For example, in the book, *Get to The Point*, the author identifies and analyzes the attributes of an effective leader who accomplishes set goals through precise communication (Schwartzberg, 2017). Leaders who are able to exert far reaching influence, have a vision and are able to communicate this vision to their followers. Schwartzberg (2017) noted that in order to be relevant and leave a lasting impression on others, there is the need to “identify your point, strengthen it, stick to it, and sell it” (p. 8). This is more than a casual knowledge of a topic but rather a convincing approach which has the potential to sway skeptics. The portrayal of an expert in this book who is well vexed in his or her endeavor and able to get to the point is the underlying definition of the DNP essential III and the capabilities of a DNP prepared APRN.

The DNP degree offers graduates the opportunity to identify, implement and evaluate an evidence-based practice project which would bring change within that setting. Schwartzberg (2017) reinforces what the DNP program enables graduates to do, which is to educate participants on the need for a practice change. The DNP prepared nurse through their educational training use analytical methods to determine discrepancies, impact current practices, implement processes and improve overall patient outcome (Dreher & Glasgow, 2017). The DNP scholar through the unique training is a specialist who is able to guide change initiatives which is supported by evidence.

In summary, the DNP prepared APRN has adequate advance training embedded in their graduate program’s curriculum which prepares them to be leaders of change in any practice setting where they serve. After extensive identification, planning, implementation, and evaluation of evidence-based practice change projects, DNP graduates are deemed experts in these areas even as they educate others on practice change. The academic preparation and training received from DNP programs should be adequate to ensure a DNP prepared nurse practices to the full extent of their training independently. Relentless efforts among lobbying groups should be encouraged especially in states with restrictive licensures to ensure uniformity of independent practice among all APRNs throughout the United States. In communicating our arguments, borrowed strategies may be beneficial. In other words, we need to make sure we “Get to The Point.”

### References:

- American Association of Colleges of Nursing. (2004). AACN position statement on the practice doctorate in nursing. Retrieved from <https://www.aacnnursing.org/Portals/42/News/Position-Statements/DNP.pdf>
- Dreher, H. & Glasgow, M. (2017). DNP role development for doctoral advanced nursing practice (2nded.). NY: Springer Publishing, LLC.
- Schwartzberg, J. (2017). *Get to the point!* Berrett-Koehler Publishers, Inc.

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## Reflection on DNP Outcomes



**David Campbell-O'Dell**  
**DNP, APRN, FNP-BC,**  
**FAANP**  
 CEO DNP Inc.

*This article was originally published in ADVANCE for NP/PA and has been modified for OUTCOMES publication.*

Exploring and enduring changes in society and health care delivery is demanding for all disciplines. Everyone in healthcare is striving to do the best job possible based on education, scope of possible services, and ability to assure the success of our respective practices and organizations.

Enter the DNP prepared nursing professional. We could compare and contrast the expectations of the DNP prepared practitioner to the DNP prepared administrator or executive, and widen this comparison to those that practice in informatics, policy, and academia. The foundation of this degree is practice. It is in the name of the degree. If we are not in practice, then the name and expectations of the degree do not apply.

Do we focus on the differences and variations of where and how the DNP prepared nursing professional is employed? We could, but that would be as useless as exploring the similarities and differences of restaurants. All serve food. All strive to satisfy customers. All build on the same basic ingredients. The salient issue that differentiates restaurants is their level of success in customer satisfaction and return visits. In essence, the outcome of the restaurant is dependent on the product produced.

### Outcomes of DNP Nursing

The practice of the DNP nursing professional is no different. Regardless of our work environment the foundational goal is to improve outcomes. Are we as group of experts with an earned terminal practice degree applying our efforts to improving an outcome?

That is a tough question to answer and responses are likely to be positive. But are we really doing what can to enhance the health of patients, families, and communities?

I submit two exemplars for comparison. One is a DNP prepared nurse practitioner working in a rural community. Her doctoral project focused on applying evidence to address the rate of obesity and diabetes in that community. The project reflected a deep dive into the literature and application of evidence to enhance current systems. She also tapped into the talents and contributions of stakeholders in the community including other health disciplines and the community at large. Is the outcome immediate? Probably not, yet the structure and process of this effort will have long-reaching benefits if structured in a sustainable manner. Can outcomes be appreciated? Absolutely, but perhaps outcomes will not be quantified in the short run. Did this DNP professional use the ingredients available to her to make a change and produce a product that satisfies customers?

Compare the above scenario to a Dean of a small college of nursing that is structured on old tenets of academia. The school is struggling yet the university agrees to infuse resources to help it grow and prosper. The DNP prepared nursing professional embraces corporate tenets that do not base actions on evidence. There may be plenty of data available, but no evidence to base actions. The school grows, yet the professionals associated with it are stymied and suppressed. Faculty are used as instruments to meet corporate needs rather than share expertise and talents. The corporation's processes do not allow for fresh ideas and evidence is not applied in a structured format to enhance the salient issues that this college faces. Are there outcomes as a result of these efforts? Has the effort enhanced the health outcomes of patients, families and/or community, or have the efforts of the corporation enhanced the revenues of the corporation first? Did this DNP professional use the ingredients available to her to make a change and produce a product that satisfies customers?

### Changing the Status Quo

Which of these two scenarios do you gravitate towards? Which one best reflects outcomes on a micro, meso or macro level based on evidence? I suggest that both have potential, yet embracing the status quo of any community or organization does not produce a better outcome. It merely produces more of the same. Change and improvement comes from a commitment to improving outcomes.

What is our professional commitment? Improving outcomes. What is the mission of the DNP prepared nursing professional in any and all environments? Improving outcomes. If we are not producing outcomes by applying knowledge, skills, and evidence, we are not meeting this challenge yet are merely supporting systems that have proven themselves to be outdated and/or self-serving. As our discipline grows and the needs of health care and academia evolve, keeping our sight on the horizon of improving outcomes is the foundation of our efforts.





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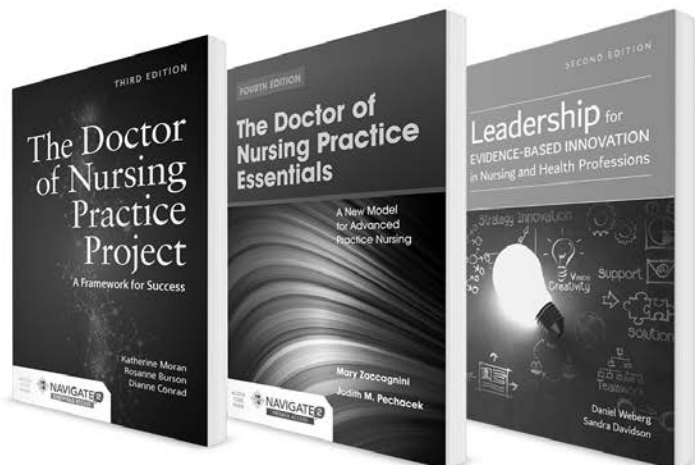
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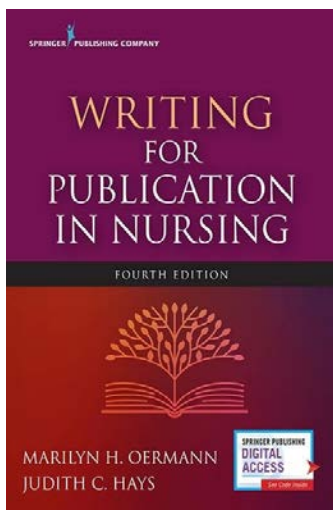
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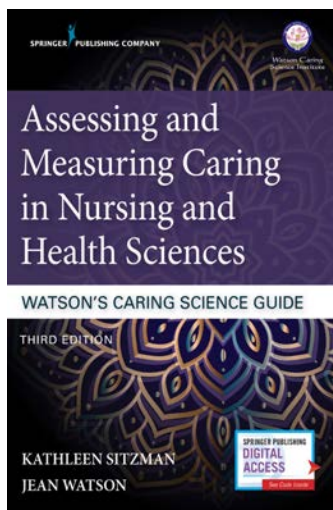


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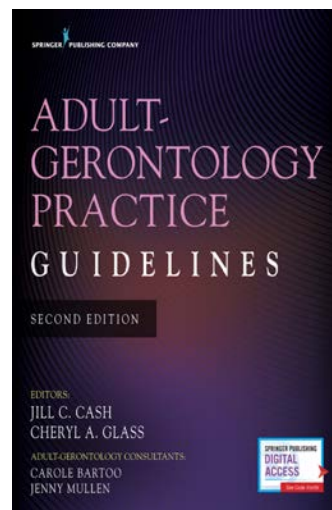
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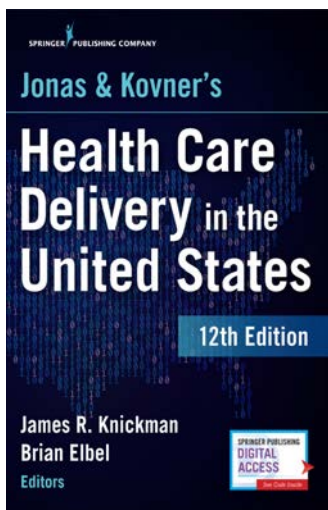
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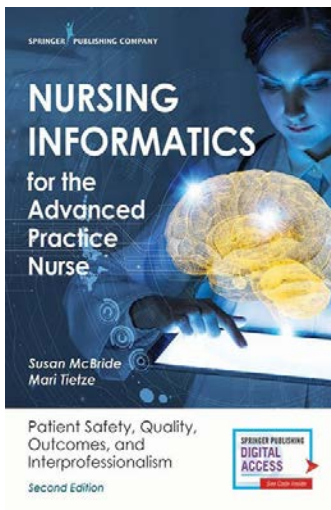
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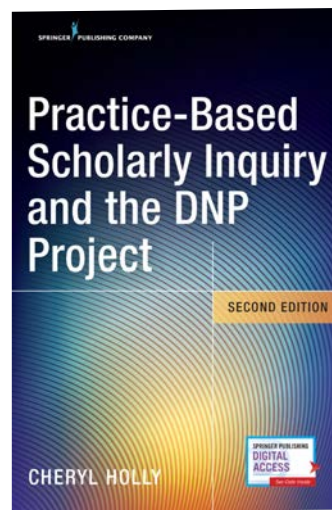
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# DNP, INC. REPOSITORY FEATURED PROJECTS

## DOCTORAL PROJECT REPOSITORY

**Project Submission**



**Project Repository**



We offer a salute to [San Jose State University](#) and [Purdue University Global](#) 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](#):

[Advance Directives: A Protocol in Geriatric and Palliative Care Clinics](#), by Michael W. Steffan, DNP, a graduate of Touro University Nevada.

[Personal Resilience, Workplace Civility, and Staff Retention in Behavioral/Mental Health Crisis Stabilization Unit](#), by Paula D. Stover, DNP, RN, CNS, a graduate of Georgia College and State University.

[Sepsis Education Intervention for Emergency Department Nurses](#), by Margaret Stroehlein, DNP, ANP-BC, RN, a graduate of Hunter College of CUNY.

**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

[DNP Study – Seeking Insights and Thoughts](#), found in the DNP Student Concerns Forum by Angelia Drake.

[DNP as nursing faculty for undergraduate and graduate nursing schools](#), in the DNP Practice Issues Forum, by Liriane Dassow Davis.

[DNP Project](#), in the DNP Practice Issues Forum, by Kelley Patrick Jones.

[Cardiovascular Care from the Female Patient’s Voice](#), in the Blogs, by Lyn Behnke.

[Social Determinants of Health Brief Survey](#), in the Blogs, by Simone Rose Vereia.

[A Professional Reflection: Transitioning from the MSN to the DNP Prepared Nurse](#), in the Blogs, by Anita S. Dahl.

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

- [Indiana DNP Network](#)
- [Virginia Association of DNPs](#)
- [Texas DNP](#)
- [Idaho DNP](#)
- [Ohio DNP Network](#)
- [Missouri DNP](#)
- [North Dakota DNP](#)

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.

## An Offer and an Invitation

Are you looking for an independent study course? Would you like to share your talents and skills to expand dissemination opportunities for DNP colleagues?

If so, please contact us at Doctors of Nursing Practice, Inc. The organization is growing and diversifying. The mission of this unique organization is to improve healthcare outcomes by promoting and enhancing the doctorally prepared nursing professional. A wide range of services are in place and/or in development.

Join us! Please send an email outlining your interests and attach your latest CV or resume. Share your interests, and we will connect to see how we can work together to meet mutual goals.

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David Campbell-O’Dell, DNP  
Chief Executive Officer, DNP Inc.

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# NOVEMBER 2019 DNP, INC SURVEY RESULTS

The November 2019 Survey addressed the nagging issue of the use of the title doctor. What are your thoughts on these findings? Do you agree with our peers?

Question 1: Do you introduce yourself to your clinical customers (patients, families, clinical stakeholders) as a doctor of nursing practice?

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

Question 2: Have you noticed any confusion with these customers/stakeholders regarding your role in the delivery of health care services?

6% very much to absolutely, 94% somewhat to not at all

Question 3: Have these customers/stakeholders voiced positive feedback regarding your title of doctor of nursing practice?

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

Question 4: Have you encountered resistance to the use of this title from any other clinician (nurse, physician, or other service provider)?

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

Question 5: Have obstacles been placed that limit your ability to use the title of doctor of nursing practice, such as an institutional policy or threatened repercussions if this title is used?

6% very much to absolutely, 94% somewhat to not at all

Do these findings reflect your experience and point of view?

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



# ORGANIZATIONAL UPDATE

The conference planners are working to assure a robust and solid set of presenters for the 13th National DNP Conference taking place August 5-7, 2020 in Tampa, FL. **The call for abstract is open through February 15, 2020.** The overarching theme of quality improvement is well within the wheelhouse of DNP graduates, and this conference will aim to enhance and refine our skills as varying perspectives will be shared by experts from around the country.

As the conference is being developed, other strategies are being addressed as the DNP Inc. organization works to refine and enhance offerings to support the growth and development of colleagues. The new DNP website is still in the hands of the web development team, and hopefully by mid-December we will be able to move in to the new system. Most folks will not notice much of a change, but it will be faster and offer more robust services to include the online community within the current content management system. We anticipate great improvements and the opportunity for more services in the near future.

Please access these services offered through DNP, Inc.

[Repository of Scholarly Practice Projects](#)

[Dissemination Team to promote DNP scholarly and practice](#)

[DNP University Program Listing](#)

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[DNP Inc. Foundation: Grants and Scholarships to expand and implement projects](#)

[Valuable Links](#)

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[DNP Online Community](#)

Best wishes to all,  
David Campbell-O'Dell, DNP

## Useful Links

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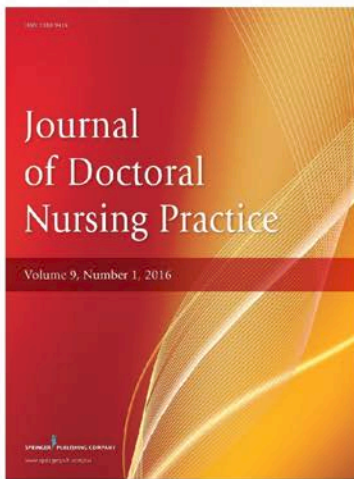
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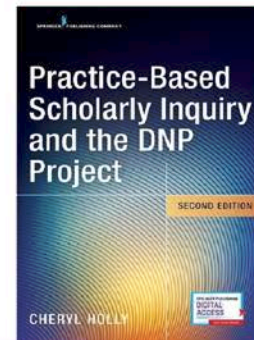
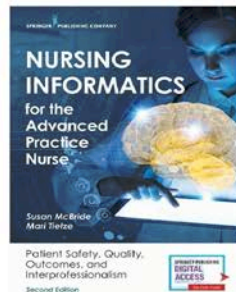
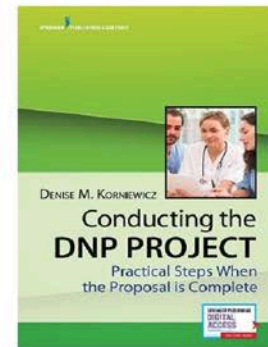
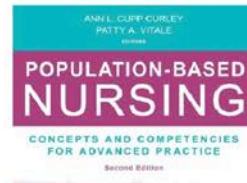
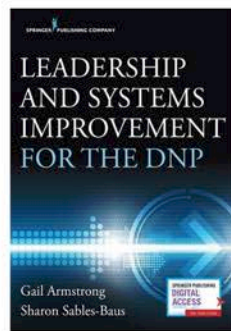
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