

OUTCOMES

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

JANUARY



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Editor

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

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Mission Critical: Leadership Lessons for DNPs



Jessica Wyman
MSN/MHA, RN, TCRN, NRP
EKU DNP Student

Healthcare leadership is often stifled within the walls of silos created by rigid, top-down organizational charts and solid lines that connect the bottom of the chart to the top, with multiple layers of management in between. Moving leadership from vertical, windowless columns to a network of informed, focused teams with flexible lines of communication not only eliminates these silos, but leaves no place for their columnar development in the quest for success. The work is mission-focused and mission-critical, yet healthcare leadership continues to struggle to lead many projects to success. The purpose of this article is to examine the mission-critical leadership lessons relevant to the DNP prepared nurse.

In his book *One Mission*, Chris Fussell (2017), retired Navy SEAL Officer and Chief Growth Officer at McChrystal Group, describes the challenges and failures of leadership and cites the importance of removing these barriers to ensure success. Fussell (2017) wrote *One Mission* as a sequel to the publication *Team of Teams*, written by retired four-star General Stanley McChrystal (2015), former Commander of U.S. and International forces in Afghanistan. McChrystal took command of the Joint Special Operations Task Force in 2003 and quickly realized that conventional, top-down leadership would not bring success to the mission to defeat Al-Qaeda, and that drastic change was needed. Fussell served as McChrystal's Aide-de-Camp and became an integral part of the leadership transformation that would occur to facilitate mission success (Fussell, Biography, 2019).

Intelligence data and healthcare analytics are dynamic and time-sensitive, creating a challenge for the expedient and accurate rapid reporting of this important information to the appropriate level. The ability to efficiently and expeditiously filter this information through to leadership from lower-level staff is hindered by the subordinate being positioned at the end of a simple solid line on an organizational chart. With no direct line to the leadership layers above, important data ages and becomes less effective while staff struggle to relay the information through the multiple layers and silos of the vertical organizational command structure, and into the hands of the appropriate leader. Fussell (2017) suggests the development of networks of dotted lines interconnecting these levels and layers in a manner that supports and facilitates the rapid allocation and distribution of important information within the hierarchy, without creating an end-run.

The way the military leveraged this drastic transformation from the rigid confines of a vertical hierarchy was by conducting a daily global conference call that spanned numerous continents and included front-line personnel, mid-level and high-level commanders along with analysts and IT specialists. This call opened a daily forum where every member of this large, unified, mission-focused group had a voice to share intelligence information and interact with those outside of their command column (Fussell, 2017). Providing staff members the opportunity to speak with commanding officers and other high-profile leaders expedited the transfer of time-sensitive information and delivered it directly into the hands of those empowered to act.

Large-scale networking in healthcare can exist through a daily management huddle bringing together representatives from each department that facilitates the sharing of information, needs, and challenges to the individuals who can then gather and share resources to achieve resolution. Fussell (2017) provides a simple formula that combines relationships + integrity + proven competence = credibility as an equation to success within the networks. This process parallels the organizationally-driven, mission-focused leadership found in military counterparts who require rapid, accurate data to drive critical decision-making. Developing working networks that feed and thrive on robust data in a real-time delivery system builds strength of teams, and reduces vertical silos.

There is much that leadership can glean from cross-walking the styles and methods of healthcare leadership with the successful military counterparts of the past, present and future. The organizational missions may be unique, but the intertwining of leadership with staff through building networks of communication spans all vocations. Leadership at the doctoral level is poised to drive this change and open the lines of communication to achieve mission success across any forum. Healthcare must remain relevant, forward-facing and anticipatory when navigating the unknown future, and to be successful, leaders must break out of their silos and build the teams that will advance the goals of the organization. These are mission-critical leadership concepts for the DNP.

References

- Fussell, C. (2017). *One Mission: New Leaders Build a Team of Teams*. New York, New York: Portfolio/Penguin.
- Fussell, C. (2019, September). *Biography*. McChrystal Group: <https://mcchrystalgroup.com/wp-content/uploads/2015/12/Chris-Fussell-Speakers-bio.pdf>
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If I Only Knew Then



Patrice Little
DNP, FNP-BC
 Editor-In-Chief at
 NP Student Magazine

If I only knew then that there is power in being hidden

Are you in a rush to grow your business? After one successful year of operating the first lifestyle publication for nurse practitioner students, I learned to appreciate the slow and steady growth that comes with being hidden.

Many of you will start new projects or businesses in celebration of the Year of the Nurse. This exciting venture comes with an emotional rollercoaster. There will be moments of joy, frustration, fear, and uncertainty just to name a few. My goal is to encourage you to appreciate the power of being hidden and to clarify that you are not going crazy because you haven't found your mojo.

Being hidden does not mean you have intentionally gone into hiding. It means that as a small entity you are focusing on identifying what works from what does not work before the growth. In fact, every thriving business has benefited from a season of being hidden before acceleration.

Why should you appreciate being hidden?

- It allows your business to unfold and so you can further develop systems that can support your growth.
- It keeps you close to the field to have an appreciation of your customers' pain points.
- It helps build your character, as a leader, because you can't lead from shaky ground.
- It allows your business to position itself as credible.

Again, there is power in being hidden because most companies do not discover their working formula until they are in operation. The greatest misconception of starting a business is that there is an exact formula or plan. Although it is good practice to capture your vision in writing a well thought out business plan with projections, no one has it all figured out. However, having a business plan means you are onto something, but it is your execution, consistency and always checking in with your target audience that keeps you in business.

As you begin your journey, here are a few questions to ask yourself when become stuck:

- How are you spending your first season of operation? If your focus is building likes and followers, then you will do just that. But why are they following you?
- What problem(s) are you solving for people who follow you or what is your value proposition?
- Are you open to tweaking your product(s) or service(s)?
- Could it be that your product(s) or service(s) are more suitable for a different target audience?
- Do you need to invest more time in money-generating activities?
- Are you comparing your seed to someone else' fruit?

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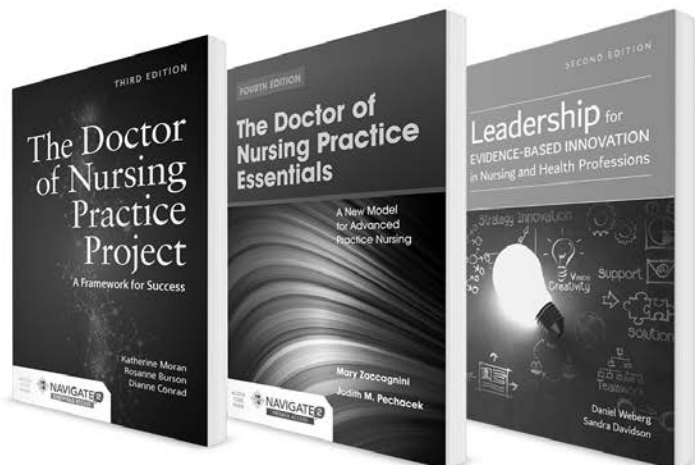
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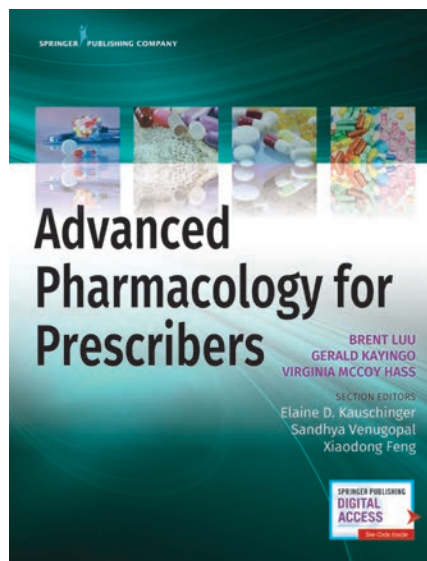
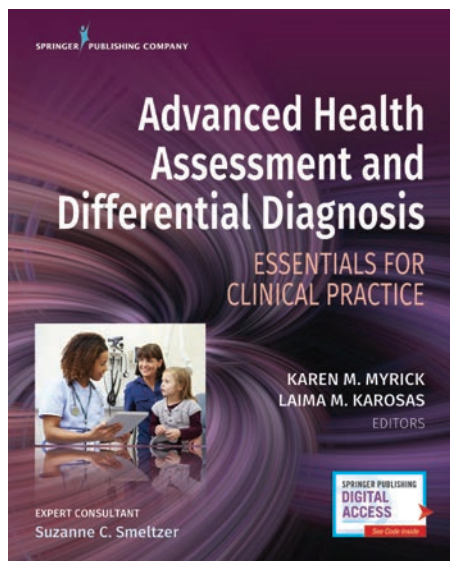
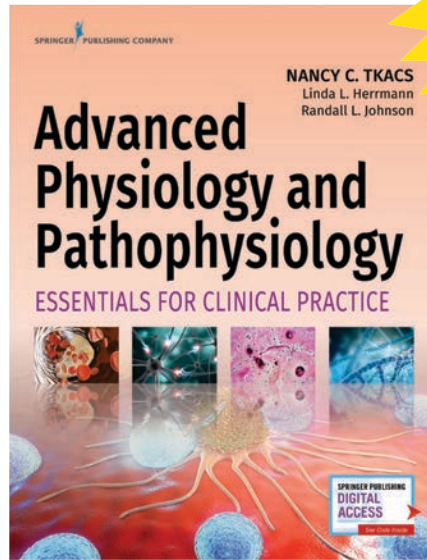
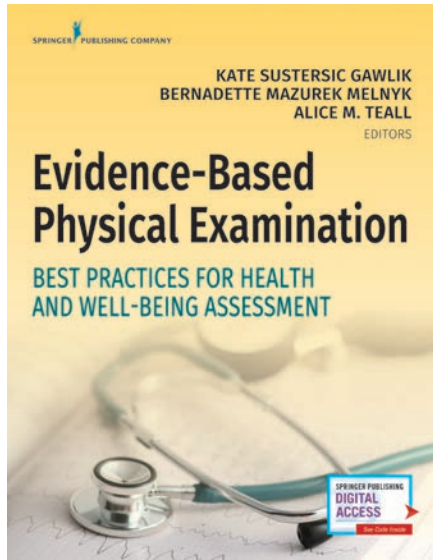
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DOCTORAL PROJECT REPOSITORY

Project Submission



Project Repository



Dissemination Team Information

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](#):

[The Effect of Education on the Barriers Nurses Face When Calling Rapid Response Teams \(RRTs\) at a Small Midwestern Hospital](#), by Taelor Anne Stuedemann, DNP, RN, CMSRN, a graduate of Bradley University.

[Improving Outpatient Clinic Staff Engagement and Teamwork](#), by Audrey Annette Sutton, DNP, MSN, RN, a graduate of Touro University Nevada.

[Dignified Descent: Older Experienced Nurses Leaving the Profession](#), by Cynthia Ann Tagg, DNP, MSN, RN, NHDP-BC, a graduate of the University of New Mexico.

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

[Should we be called “DR”?](#) an ongoing discussion started by Lori Elliot in the DNP Policy and Legislation Form.

[Professional Programs Online](#), started by Dean Gross in the DNP Faculty Forum is asking thoughts and perspectives about how other disciplines offer online degrees.

[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: (programs have the least amount of activity in the Online Community)

- [American Sentinel University DNP](#)
- [Misericordia University DNP Students & Graduates](#)
- [University of Rochester School of Nursing](#)
- [Missouri State University DNP Students & Alumni](#)
- [University of Portland DNP](#)
- [Waynesburg University](#)
- [Northeastern University DNP Students](#)

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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DECEMBER 2019 DNP, INC SURVEY RESULTS

The December 2019 Survey addressed the resources needed to perform quality improvement processes. What are your thoughts on these findings? Do you agree with our peers?

Question 1: As a DNP graduate, are you in a position to impact the quality of the services delivered where you work?

76% very much to absolutely, 24% somewhat to not at all

Question 2: Have you been involved in a quality improvement project within the last 12 months?

65% very much to absolutely, 35% somewhat to not at all

Question 3: As a graduate, are you on a committee to assure quality improvement in your organization at the micro, meso, or macro level?

53% very much to absolutely, 47% somewhat to not at all

Question 4: Do you find a need for more information regarding techniques and trends in the realm of quality improvement?

65% very much to absolutely, 88% somewhat to not at all

Question 5: Have you attended a conference, webinar, or seminar regarding quality improvement in the last 12 months?

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

Do these findings reflect your experience and point of view?

Click [HERE](#) to take the January 2020 Survey



ORGANIZATIONAL UPDATE

A watched pot never boils. This adage is a true reflection of our anticipation to see the new DNP Inc. web site. The web designers have been working many weeks to assure that the new site will reflect a modern image and a faster web site with more features, but we are not yet ready to roll it out.

One of the features that we look forward to evolving into is the online community integrated into the main site. Currently the online community is a separate site. Combining these two services will enhance the site visit experience and allow for the integration of more content and enhanced features. Please be on the lookout for more information to come your way in the near future.

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.

Please access these services offered through DNP, Inc.

[Repository of Scholarly Practice Projects](#)

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

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

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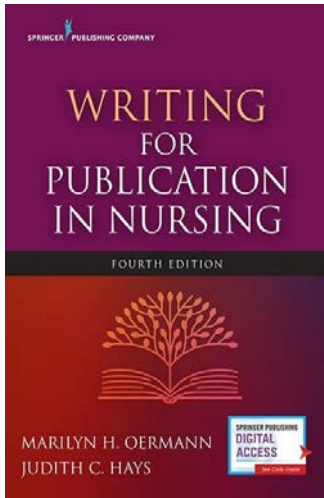
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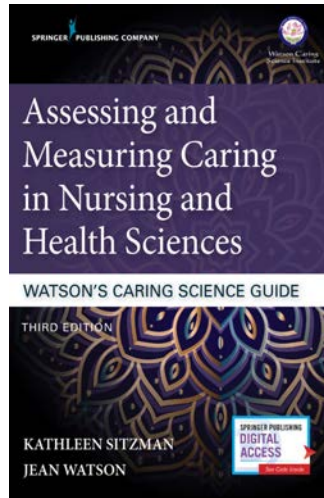
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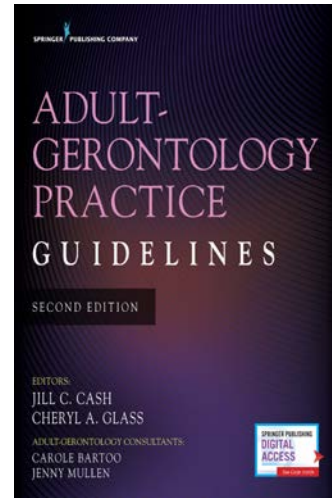
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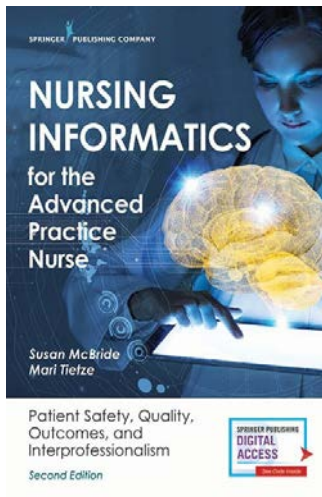
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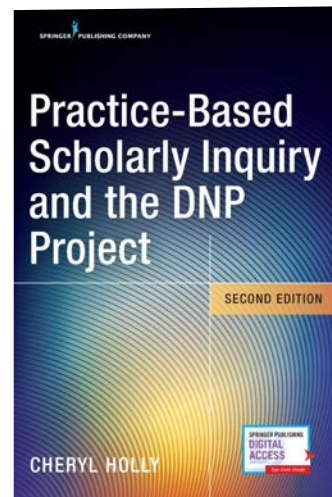
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