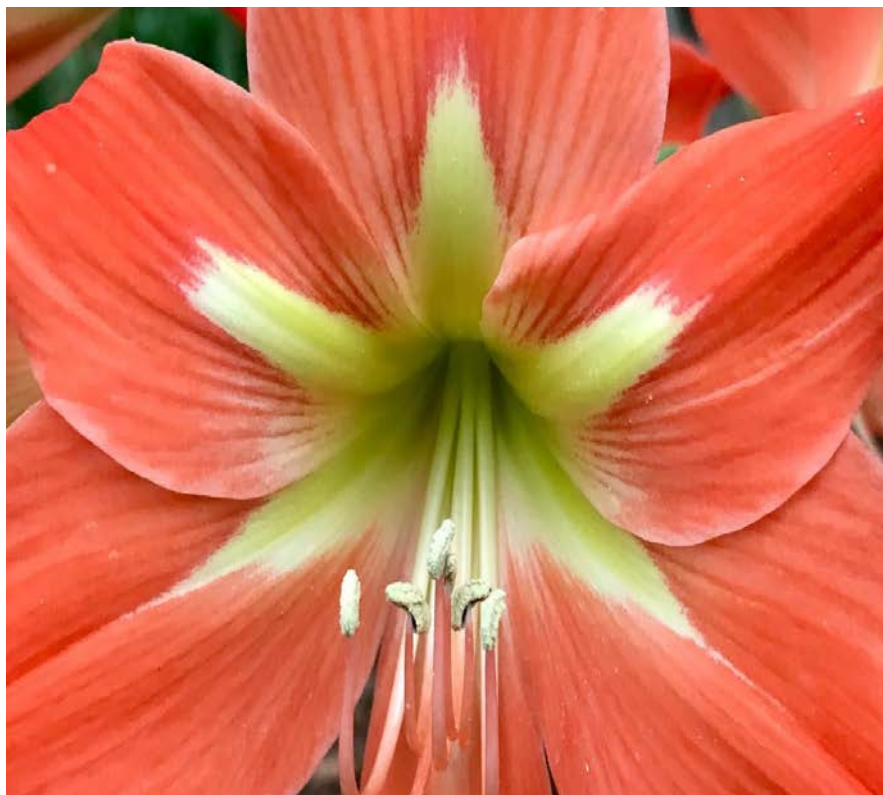


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THE E-NEWSLETTER OF
DOCTORS OF NURSING PRACTICE, INC.

APRIL



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

2020 13th National DNP Conference Tampa, FL
CONFERENCE STATUS UPDATE NEXT MONTH



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The “Sweet Spot” for Leadership & Team Building



Arlita Jefferson
MSN, MPH, RN-BC, CNE
EKU, DNP Student

For more than 20 years of my early nursing career, More than twenty years ago I started my nursing career as a new graduate nurse in corrections. I was so excited to have my first nursing job and my first “real paycheck.” Nursing leadership was great, my preceptor was great, and I had some great co-workers (and some not so great co-workers). For four years I worked with a group of individuals that worked together as a team. What did this mean? It meant that no one was sitting at the desk while the other staff were struggling to complete tasks, such as vital signs, prn medications, call light, bed bath, shower, dressing change, tube feeding, IV pump beeping, etc. We all helped each other and we all walked out together at the end of the shift. Four years later, I promoted to an assistant nurse manager position at another location and had to do a double-take. There were nurses badmouthing each other, the manager, and security staff on a routine basis. The phrase, “That’s not my job” was heard frequently. It was a total shock for me. These were “professional” nurses acting worse than our patient population. I immediately started trying to change the atmosphere around the clinic because I was quickly becoming burned out. You would hear patients state, “I am so glad Ms. J. is here. I know we will be taken care of now.” You may be thinking, manipulators. And that is true, some are. The sad fact is many were right because I worked both shifts and some of the nurses just talked about waiting to retire in a year or two. I was so frustrated that I wanted to quit many times. I would talk with my supervisor and they were so nonchalant about the issue and truly did not take me seriously. Also, many of the nurses we discussed had been in the system for multiple years and favoritism was rampant. I felt as if I had no power to make the culture change. and just stopped trying. As I prepare for the highest levels of nursing practice as a DNP, I can appreciate the importance of building my team. Finally, I resigned to complete my MPH externship. I did not

need to but this was a great excuse to leave. I no longer had the energy to fight what I thought was a losing battle. Teamwork is important in business, especially in healthcare. When there is no teamwork, it makes the job and workplace almost unbearable. The purpose of this book review was to explore the concept of team building through the perspective of Whitney Johnson’s *Build an A Team – Play to their strengths and lead them up the learning curve* (2018). Johnson identifies a leadership sweet spot for team building.

I returned to corrections nine years later but in an educator role. I think of myself as a life-long learner. This prompted me to return to graduate school and pursue my MSN in Nursing Education. After graduating, I started thinking ways I can assist with the education of new nurses and nurses transitioning to a new specialty. In fact, how can I begin to change the culture of correctional nursing? I decided to pursue my DNP. This journey has opened my eyes to so much I need to know and learn about nurse leadership.

Having the right leadership is necessary in building a proficient team. The leader must be able to motivate the team, know when to push the team, and when to ease up. The leader must also know when to maximize the team members’ strengths. DNP Essentials II (Organizational and Systems Leadership for Quality Improvement) and IV (Interprofessional collaboration for improving patient and population health outcomes) relate to this issue. Building positive teams and working together with all disciplines (taking out the concept of “It’s not my patient”) will not only improve the organization but possible patient outcomes because employees are happier and more confident. I am learning so much as a DNP student and am so excited to be in a position to make a change for the better in our profession by implementing evidence-based education and teaching. I am also in a position to begin incorporated this into our organization.

To summarize, Whitney Johnson’s *Build an A Team – Play to their strengths and lead them up the learning curve* (2018) discussed being the kind of supervisor a person would want to work for. She discussed how individuals are “wired to learn and change, not to stay in one place doing the same thing over and over again” (p. 3). In business, we should promote change because it promotes growth, whereas stasis promotes decline (Johnson, 2018). Johnson (2018) introduced the S curve of learning. The lower part of the S is where discomfort and excitement of the unknown lies; the middle of the S is the part of the curve where “magic happens and the employee is happy, engaged, and learning quickly; and the top part of the S curve is where confidence and dullness of mastery occurs. If employees are not given what they need to succeed at the lower level, they may become discouraged and leave. On the high end, if the employee is not challenged more, they become bored and may leave as well. This could be bad for the company because they will lose a valuable asset. We as leaders must know when and how to encourage our employees and help them move up the curve (or across the curve if you are at the top). How I wish I had read this book over 20 years ago! There may have been some different outcomes to my earlier manager roles.

Johnson (2018) further discussed seven ways a manager can support and elevate an employee up the curve by distinguishing between competitive risk and market risk (market risk will help you place an employee where no one else is and promote possible success), identifying the strengths of employees and utilizing them, embracing constraints because time limits can build character, and knowing that failure is ok. It is important to remember that how a manager responds to failure can hinder or promote growth and innovation (Johnson, 2018). Managers must also remain cognizant that when hiring and onboarding, new employees are mostly at the lower end of the S curve and in order to prevent frustration and attrition, leaders must communicate vision, goals, and expectations of the company as well as their expectations. Leaders must also discuss the needs of the new employee. What do they expect to get out of the job? Communication is important in assisting the new hire to move up the curve.

When employees move to the middle of the S curve, known as the “sweet spot”, leaders must continue to communicate with them and let them know that they are still valued (Johnson, 2018). Leaders must remind the employee not to become too complacent and challenge them to “be more, give more, serve more, do more, dream more” (Johnson, 2018, p. 110). Leaders must push the limits of these employees so that disruption (in a positive sense) occurs. This disruption will prevent complacency and promote success.

When leaders have employees at the top of the S curve, considered masters, these employees will feel that the work is too easy, routine, and boring and they become comfortable. These high-end employees have the experience that can benefit other employees. They can be utilized as: pacesetters (pushing low-enders to excel); trainers (conveying corporate memory); and mentors (facilitating collaboration) (Johnson, 2018, p. 131). It is important to keep moving to new learning curves before one gets bored (Johnson, 2018).

As a DNP advanced practice nurse, Johnson’s (2018) idea on learning as an S curve will be beneficial in my leadership role. I will be able to promote and advance employees from the bottom to the top of the learning curve and beyond, so that boredom will not set in. This concept may have been beneficial during my earlier years in nursing because I can see where many of the nurses were at the top of the learning curve and became bored but instead of leaving their current job or the manager challenging them to move to another curve, they stayed and made it uncomfortable for others. Challenging them and assisting them to move to another curve may have eliminated the team tension. As leaders, it is our duty to AID our top performing employees, **Applaud** their achievements **Identify** a new learning curve **Deliver** on helping them jump, to prevent stagnation (Johnson, 2018, p. 150). In other words, we need that sweet spot!

Johnson, W. (2018). *Build an a team – Play to the strengths and lead them up the learning curve*. Boston, MA: Harvard Business School Publishing.

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Building a DNP Online Community



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

As a group of professionals with common interests, we define ourselves by the scope and depth of our community. Though we may all belong to a number of different communities at the same time, we are connected by our dedication to the foundations of what we agree upon in professional practice. Along with a sense of similarity of interests, a community is formed when there is a perceived (or real) need of urgency to address a common threat. This sense of community can be seen throughout all nations as we address the Novel Coronavirus COVID-19 pandemic. Few will disagree that when like-minded people come together to address a common cause, the challenge will be addressed with added strength and responsiveness.

Specific to the notion of building a DNP community, the similarities of thought attract colleagues to want to communicate. However, common threats and challenges compel us to want to share information and work collaboratively. The desired end product of the DNP prepared professional is to improve healthcare outcomes. This seems simple enough, yet this is a complex and multi-dimensional process. The complexity of what we do individually and collectively impacts how we coalesce our communications. For example, a

DNP colleague with an expertise in neonatal acute care is not likely to seek out the thoughts and expertise of another DNP colleague that may have expertise in caring for the elderly in a community setting. Still, the foundational goals of these colleagues are the same: to improve outcomes and learn from the experiences of others. The common thought processes of groups of interest may not address specific concerns, yet there are themes and wisdom from each group that can support our overall professional growth.

An online community is a peculiar delivery and structure for a community as it affords an enduring archive of communications typically in an asynchronous format. Colleagues tap into forums, groups, blogs, or events that are of specific interest. These same online community members have the opportunity to safely challenge each other and share information that may be tangential or even contrary to the theme of the discussion. The ability to glean the wisdom of those that participate is profound and could enhance our professional abilities regardless of our specific focus or types of interests.

An online community is different than a social media platform group such as can be seen on Facebook®. Social communities frequently contain groups that share common goals or interests, yet to tap into the wisdom of a colleague that shared an insight or question from a year ago is just about impossible. One person may ask a question, seek assistance, or present a situation that allows others to share a response. Once that thread of discussion has run its course, it is more-or-less buried in the archives of that group's administrator and few can find the comments or wisdom from that group discussion. On a dedicated online community the ability to review older comments and entries builds the depth of the community and adds to its functionality. Visitors to an online community in 2020 can see the thoughts and opinions regarding any given topic available on that online community merely by clicking through forum, group, or blog headings. The value of this online community far surpasses the social media platforms, but it is not as dazzling or immediate as a service such as Facebook®.

So, how do we build an online DNP community? The answer is simple: One posting at a time. As you communicate with peer and colleagues in any venue or technique, share your thoughts, wisdom, and insights as we all benefit from each other's points of view. Consider adding your vision, knowledge, and experiences to a dedicated online community in [Forums](#), [Groups](#), [Blogs](#), and listing of [Events](#). We all benefit from this effort.

Best wishes for safety, health, and professional satisfaction now and into our future.



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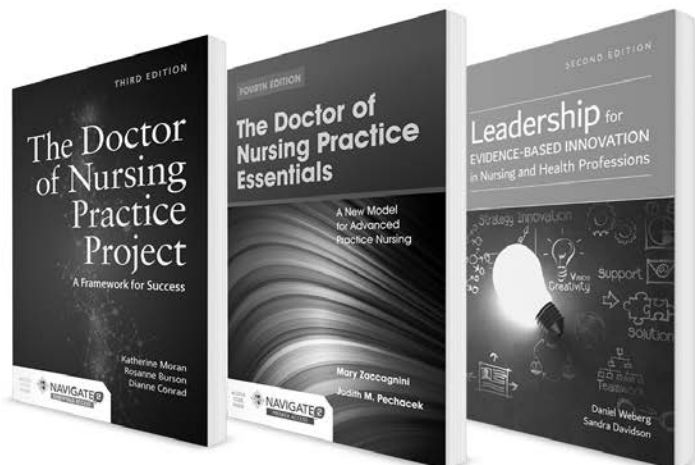
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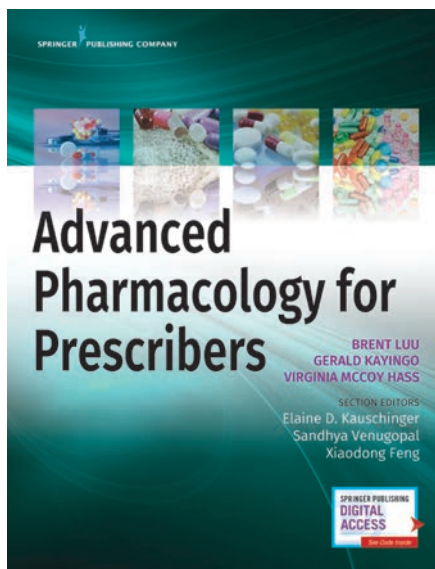
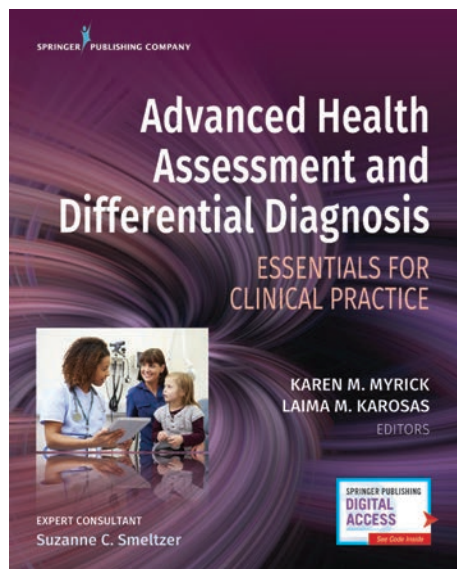
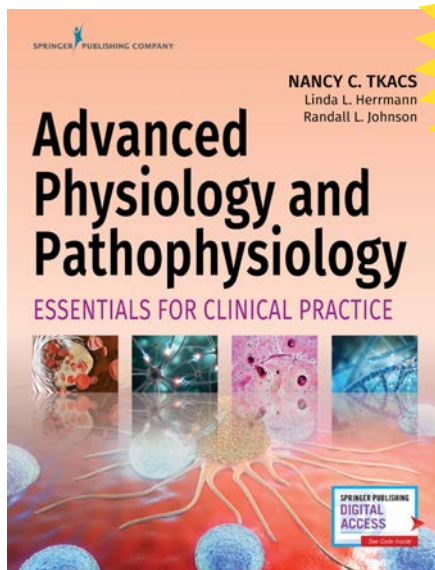
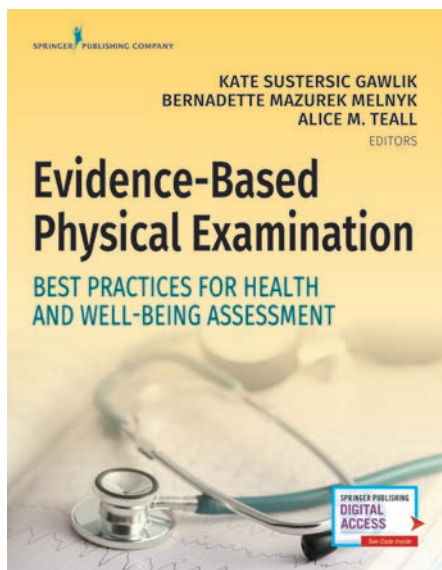
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With an on-going gratitude and we salute [San Jose State University](#) and [Purdue University Global](#) for contributing to our discipline by being Dissemination Team members. They have made a commitment to supporting their students in sharing the 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](#):

[Promoting A Wellness Program For Incarcerated Women: A Focus On Weight Loss And Exercise](#), by Margo L. Wallace, DNP, RN, a graduate of Touro University Nevada.

[Infection Control Practices In A Rural Peruvian Hospital: A Quality Improvement Project](#), by Barbara Jean Whitaker, DNP, MPH, BSN, RN, a graduate of Bradley University.

[Creating Pathways Of Care: A Multidisciplinary Approach To Increasing Screening And Treatment Of Postpartum Depression Within A Rural Health Clinic](#), by Holly T Kralj, DNP, CNP, IBCLC, PHN, a graduate of the University of Hawaii Manoa.

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

To all colleagues, please note: A new and improved DNP Online Community is now in place. Please sign-up for the new site's online community by clicking the Login option on the top right hand corner of www.DoctorsofNursingPractice.org.

EVENTS! [See a listing of events to support professional growth.](#)

Groups including:

- DNPs of Color
- DNPs in Correction
- DNPs Seeking Positions in Academia
- Indiana DNP Network
- And more!

Forums including:

- Covid-19 Pandemic: Bearing Witness, Telling our Story
- DNP Faculty
- DNP Practice Issues
- And more!

Blogs including:

- Looking for a mentor
- Covid19 Impact questions
- Coronavirus Pandemic in the US

If you have an event that supports the growth and development of nursing colleagues, please send information via an email to: info@DNPInc.org so that we may post it for others to access.



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MARCH 2020 DNP, INC SURVEY RESULTS

The March 2020 Survey questioned how social media and the DNP online community are meeting your needs. The responses were mixed. What are your thoughts on these findings?

Question 1: I like to belong to the DNP community using the online services of DNP Inc.

75% very much to absolutely, 25% somewhat to not at all

Question 2: I participate in DNP community building through Facebook, Twitter, or other social media platforms.

32% very much to absolutely, 68% somewhat to not at all

Question 3: The DNP Online Community has the features I like to communicate and network with peers.

32% very much to absolutely, 68% somewhat to not at all

Question 4: The events page is something that tap into to view conferences of interest nationally and internationally.

50% very much to absolutely, 50% somewhat to not at all

Question 5: I am a member of both the old and the NEW Online Community on the DNP Inc. web site.

50% very much to absolutely, 50% somewhat to not at all

Do these findings reflect your experience and point of view?

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



ORGANIZATIONAL UPDATE

Any information and desire to promote and enhance our discipline has been eclipsed by the Novel Coronavirus Covid-19 pandemic. These are unprecedented times. As our nursing and other health care colleagues step up to meet this challenge head-on, we offer our admiration and pride for the courage and tenacity of our teammates.

To offer an organizational update in the shadow of this pandemic it like describing the actions of a few while the world is focused on more pressing issues. Still, our mission and vision continue and we press on to enhance our discipline and support the growth of the doctoral prepared professional nurse.

The chief topic of interest is the 13th National Doctors of Nursing Practice Conference scheduled for the first week of August this year. As the pandemic unwinds we are worried that this conference will take place this year, though we cannot say with 100% confidence that it is cancelled. We are working with the company that has helped to secure the Hilton in Tampa, and anticipate that we will find a solution to the challenges of this year's conference. More information will be shared when we are able. Please visit the DNP Website for updates and details. Until then the best next step is to put a hold on this year's conference efforts. Thank you for your on-going support for the annual conference. We look forward to offering more concrete plans in the near future.

Please go to www.DoctorsofNursingPractice for conference updates.

Useful Links

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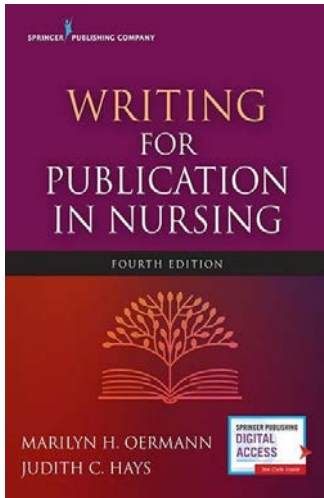
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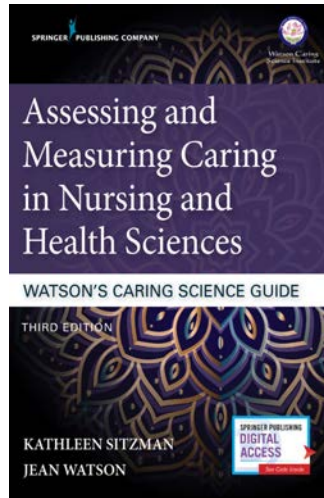
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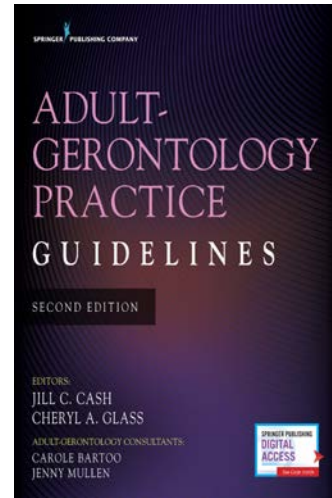
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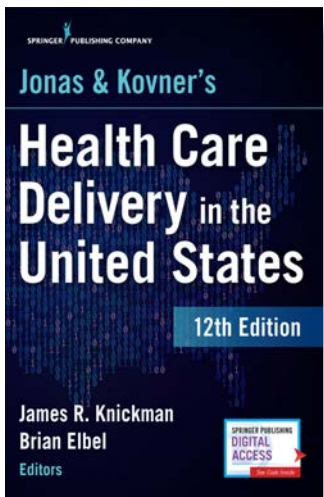
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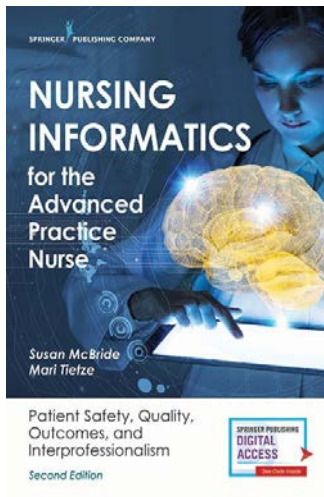
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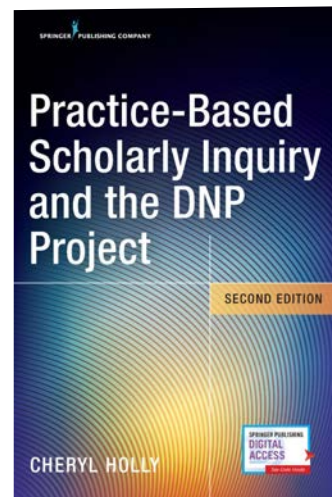
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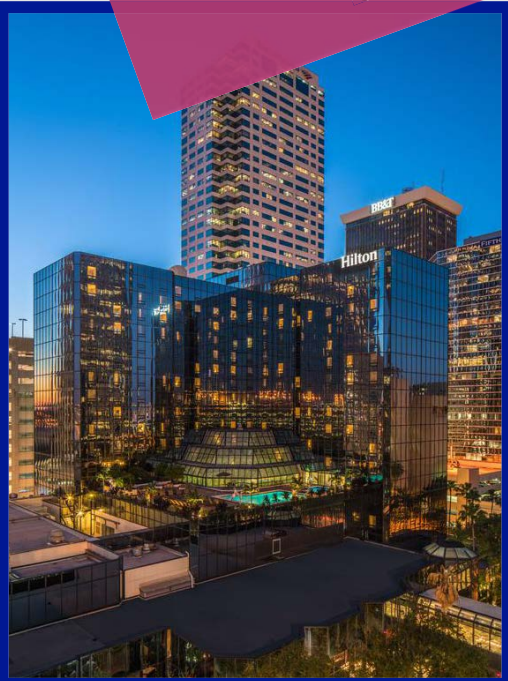
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Interested? Contact: Josie Weiss, PhD, FNP-BC, FAANP, Program Director:

Phone: 407-428-5751 ext. 1314 or 863-447-0119 **Email:** JWeiss@hcnetwork.org