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Chicago**

AUG. 11-13, 2021

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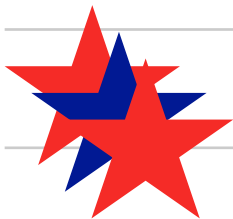


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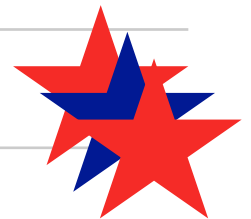
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AUGUST 11-13, 2021

DNP INC. ORGANIZATIONAL UPDATE

The 2021 14th National Doctors of Nursing Practice Conference taking place August 11-13, 2021 in Chicago is the top of our priorities. We have about 5 weeks before we meet to share knowledge, network, and renew our abilities and spirit as colleagues.

If you have not yet registered, please do so. As we slowly open up from the pandemic, we are appreciating that more and more venues are welcoming visitors and attendees. We are venturing forward with this face-to-face conference that be recorded for those that cannot attend in person.

On a different note, the on-line community continues to grow as the older one (with NING in the URL) is being dismantled. All posts on the old community are being archived for future reference. Please join the NEW DNP Online Community by clicking [HERE](#).

The Foundation continues to grow with the kind support of donors and supporters. Continuing education efforts also continue to evolve as we build more services to support and enhance the DNP prepared colleague.

The mission of Doctors of Nursing Practice, Inc. is to improve healthcare outcomes by promoting and enhancing the doctorally prepared nursing professional.

The organization is dedicated to:

- Providing accurate and timely information
- Supporting, developing and disseminating professional practice innovation
- Collaborating in a professional manner that demonstrates universal respect for others, honesty, and integrity in communications and,
- Responding with open discussions and dialogues that promote the evolution of advanced nursing practice and the growth of the DNP degree.

As we press forward together, we keep our sight on this mission and vision to direct us in assuring the best strategy for the future.

We welcome you to share your thoughts, insights, and recommendations.

Please visit the DNP Inc. website at www.DoctorsofNursingPractice.

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

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THE CRUCIAL NEED FOR LEGISLATIVE POLICY DNP PROJECTS

I work in an inner-city emergency department (ED) with a large number of homeless patients that are struggling with mental illness and addiction. Many of these patients utilize the ED multiple times a week because they are unable to care for their chronic illnesses. Often, they develop serious preventable complications such as endocarditis and sepsis. The connection between housing and health was clear, and I discovered the cost of hospital visits over a month could easily fund their housing for a year. Working with social work was largely unsuccessful due to lack of affordable housing. I knew stable housing would lead to better health outcomes and a reduction in costly ED utilization. As a seasoned nurse practitioner and nurse educator, I was eager to embark on my journey towards a Doctorate in Nursing Practice (DNP). I wanted to focus on reducing health disparities through housing when developing my DNP project. How could I make a difference for my patients and community through my project?

While the other students in my DNP cohort were focusing on quality improvement (QI) and evidence-based practice (EBP) dissemination projects, I realized that housing insecurity needed to be addressed through legislative policy. This was a knowledge gap for me, and I was able to surround myself with an interdisciplinary team of experts that served as mentors and guided my efforts as I learned a new skill set. Ultimately, I was able to focus my work on Medicaid housing policy which was exciting and transformative.

DNP programs have a unique opportunity to foster leaders in policy by encouraging and supporting students interested in this option. The American Association of Colleges of Nursing has endorsed public health policy as a viable DNP project, allowing students to work with government agencies to reduce disparities and improve access to care. Despite this endorsement, very few students choose legislative policy projects. This is illustrated by the examining the [Doctoral Project Repository](#) available through Doctors of Nursing Practice (2021). Of the 282 DNP projects listed only 7 identify as policy work. Of those 7, all focus on health care institution policy rather than legislative policy. While this is not representative of all DNP projects across the country, it does suggest that legislative work may be overlooked as a project option.

DNP program leaders must consider spending their resources and prepare to support policy work. Some students enter DNP programs with extensive nursing experience as leaders in QI projects and best practice efforts. When mentoring students, faculty may suggest approaching solutions not only through QI/EBP, but also from a health policy perspective. An interdisciplinary approach with faculty policy experts is ideal, allowing collaboration between experts in law, public health, and healthcare. This creates a supportive environment to allow policy projects to thrive and optimizes student learning.

This is a challenging and chaotic time in our country and nurse leaders must be prepared to advocate for our patients and communities. DNP faculty leaders already have expertise in policy. It's time for them to empower students to become change agents in the fight to reduce health disparities!

Reference

Doctors of Nursing Practice. (2021, June 21). *Doctoral project repository*. <https://www.doctorsofnursingpractice.org/doctoral-project-repository/>



June Treston MSN, CRNP
Director: Family Nurse Practitioner Program Track
University of Pennsylvania
treston@nursing.upenn.edu

MONTHLY DNP INC. SURVEY

The June 2021 Survey explored roles and changes in careers as a result of earning the DNP degree. What are your thoughts on these findings?

Question 1: Considering new opportunities as a result of earning the DNP degree, I have taken on a new role after graduation.

62% very much to absolutely, 38% somewhat to not at all

Question 2: My opportunities to expand my role have increased as a result of earning the DNP degree.

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

Question 3: Pay/salary has increased as a result of earning this degree.

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

Question 4: My colleagues and I enjoy a heightened sense of collegiality as a result of earning this degree.

26% very much to absolutely, 74% somewhat to not at all

Question 5: As a result of earning the DNP degree, I am more satisfied with my abilities to contribute to health care services.

71% very much to absolutely, 29% somewhat to not at all

What do you think of these results? New roles are in place as a result of earning the DNP degree with a moderate increase in opportunity, yet no increase in salary is reflected. Increased collegiality is not seen yet satisfaction with abilities has increased.

Click [HERE](#)
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July 2021 DNP Survey



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DNP INC. FEATURED REPOSITORY PROJECTS

Dissemination Team Information

Is your DNP Program a part of the Dissemination Team? This is a collective effort to support the dissemination of completed DNP student projects. See [THIS PAGE](#) for details. A modest annual investment provides a \$5 discount for all students in your program that upload their completed projects to the DNP Repository.

Programs that have signed on for the Dissemination Team effort includes:

[American Sentinel University](#)

[Lourdes University](#)

[Purdue Global University](#)

[Sacred Heart University](#)

[St. Louis University](#)

[Wilmington University](#)

Regardless directing your students to upload completed Scholarly Practice Projects with your support to disseminate. Projects in this repository are shared by Social Media and are searchable by web browsers such as Google. Does your school's proprietary repository have that capability? Consider supporting a broader method to disseminate the talents of your program's graduates.

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](#):

[Implementation of a Heart Failure Checklist to Reduce 30-day Readmission Rate](#), by Mychell G. Zepeda, DNP, RN, PCCN, a graduate of Bradley University.

[Parental Education on Human Papillomavirus Vaccination: Does it Positively Affect the Decision to Vaccinate Their Adolescent?](#) By Catherin e M. Zurawski, DNP, CRNP, FNP-C, a graduate of Misericordia University.

[Improving Antidepressant Adherence Rates in an Outpatient Behavioral Setting: A Quality Improvement Project](#), by Taiwo Itunuoluwa Abioye, DNP, APRN, PMHNP-BC, MSN, BSN, RN, a graduate of Touro University Nevada.

[Nurses Knowledge about Sudden Unexpected Postnatal Collapse and Safe Newborn Positioning](#), by Camilla Addison, DNP, RN, C-EFM, a graduate of Case Western Reserve University.

[Implementation of a Computerized Clinical Decision Support Tool to Improve Pressure Ulcer Prevention Practices in Long-Term Care](#), by Karen Lynn Bauer, DNP, APRN-CNP, CWS, a graduate of the University of Toledo.

The Doctoral Project Repository is an archive of curated documents. This archive 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.

DNP INC. ONLINE CONVERSATIONS

Join in on the New and Improved DNP Online Community. The OLD online community (with NING in the URL) will expire at the end of May 2021. 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 home page.

Groups including:

[DNP of Color \(DOCs\)](#)
[DNP Seeking Positions in Academia](#)
[Dual Certified DNPs](#)
[Greater Boston Doctors of Nursing Practice Group](#)
[Virginia Association of DNPs \(VADNP\)](#)
And more!

Forums including:

[July 2021 DNP Survey](#)
[DNP in Diversity, Equity, and Inclusion](#)
[DNP Faculty](#)
[DNP and Policy and/or Legislation](#)
[DNP Practice Issues](#)
[DNP Student Concerns](#)
[DNP Topics in the Media](#)
[DNP Professional Growth](#)
And more!

Blogs including:

[National Survey Examining the Quality of Life and Perceived Moral Injury Among Nurses Working During the COVID-19 Pandemic](#)
[How DNPs are Steering the Future of Nursing](#)
[AANP Applauds National Academy of Medicine Recommendations for Future of Nursing](#)
[Tri-Council for Nursing Calls for Broad, Bold Transformation in Nursing Education](#)
[Including other Disciplines in a DNP project](#)
[Complexity Science, Nursing, and COVID-19](#)
[Bold Action Taken to Transform Nursing Education](#)
[Evidence-based Primary Care to Treat People with COVID-19](#)
[Bad Actors Drive Traffic to Paper Mills](#)

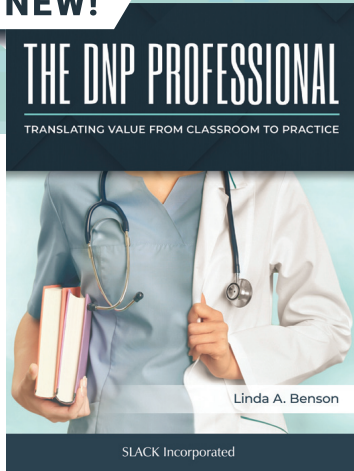
If you have an event that supports the growth and development of nursing colleagues, please send information via an email to: info@DNPInc.org so that we may post it for others to access.

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“THE DNP CONVERSATION”

Welcome to our monthly contribution to the Doctors of Nursing Practice Inc. OUTCOMES [E-Newsletter](#)! The [2021 Fourteenth National Doctors of Nursing Practice Conference](#) is approaching in August. Accordingly, timing was ideal to engage in conversation with the Dr. David O’Dell-Campbell, about the upcoming conference focused on *The DNP and Quality Improvement*.

Dr. David O’Dell-Campbell, DNP, APRN, FNP-BC, FAAN is the Chief Executive Officer of DNP Inc. In this 13-minute YouTube video, a broad stroke overview is shared about the upcoming DNP Conference taking place face-to-face in Chicago, Illinois on August 11-13, 2021. While the venue is an in-person conference, there are options for post-production, recorded conference segments that will be made available. Hear more in this YouTube video or watch the DNP Inc. website.

DNP and Quality Improvement is important to the foundation of what DNP-prepared colleagues do. The DNP Conference offers a wealth of experiences, knowledge, expertise, and application to share. Plenary presenters, breakout sessions, mini-podium presentations, and poster presentations are among the planned conference.

The target population for the conference is wide-ranging extending a focus to DNP’s in practice and education. In addition to shifts in the practice landscape, DNP education is evolving. This includes the new [AACN Essentials](#) to improve nursing education and therefore, practice. Initiatives impacting DNP education and practice are among the terrific opportunities for learning and engagement at the conference.

A great energy is anticipated. To all of our followers, we sure hope to see you at the conference! Looking forward to reconnecting with many at the conference and meeting new colleagues. Be sure to introduce yourself.

Thank you for listening to “*The DNP Conversation and let’ keep the conversation going!*” We hope you enjoy!

Link here to the [YouTube Conversation with Dr. David Campbell-O’Dell](#)
or copy/paste: <https://youtu.be/-5qozEsLuLA>



Brenda Douglass,
DNP, APRN, FNP-C, CBDCE, CTTS
DNP Program Director
Associate Clinical Professor



Jeannie S. Garber,
DNP, RN, NEA-BC
Professor of Nursing
Doctor of Nursing Practice
(DNP) Program

2021 DNP Conference Update

*Room Rates have been reduced from
\$199.00 to \$169.00 so book early*

*We have been in contact with the Swissotel to ensure
they have safety protocols in place for a
safe conference.*

*Please **CLICK HERE** to view their
ALL SAFE ACCOR program*

DNP Foundation News

FROM THE CLASSROOM TO THE BOARDROOM

The Doctors of Nursing Practice Foundation has been created to assist nursing colleagues in realizing their plans to impact health care delivery. Many scholarly projects are lacking the support needed to make a sustainable impact. The intent of the DNP Foundation is to assist in these efforts to improve outcomes.

To learn more about the foundation and how you may be a part of the process, visit [THIS LINK](#).

All donations are 100% tax-deductible according to IRS Code section 170.

Thank you to the following donors:

Diamond Donor: Patricia Thompson, Girard, KS

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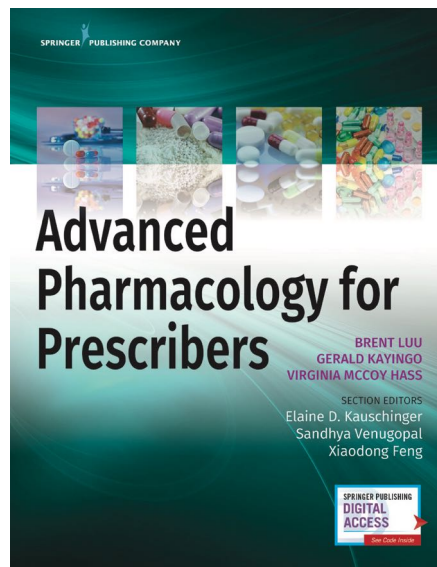
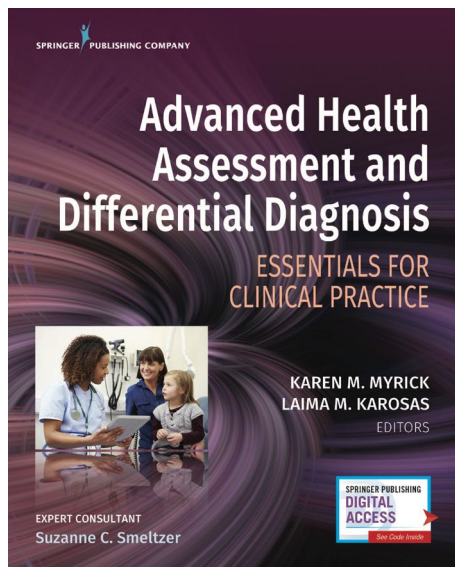
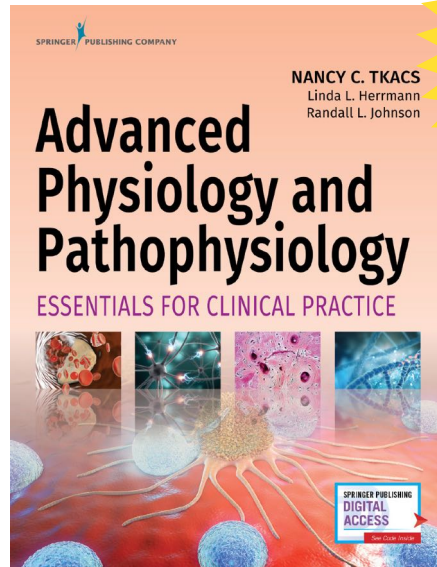
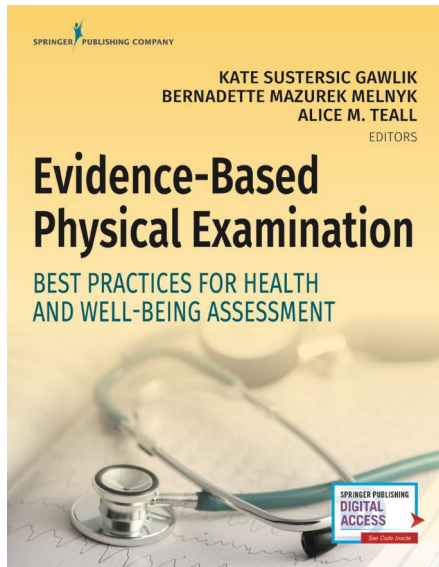
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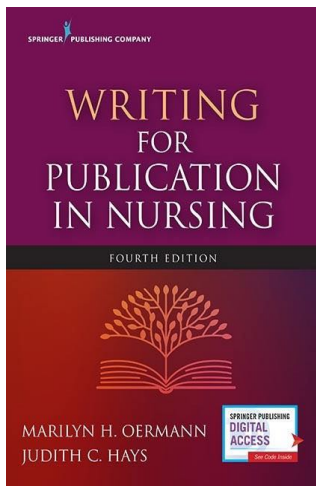
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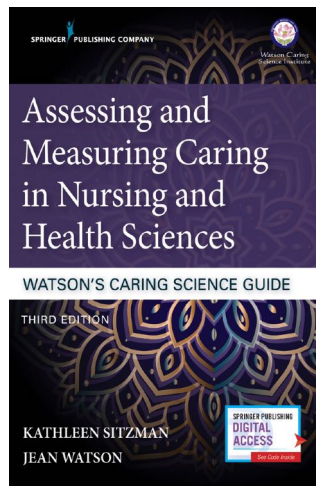
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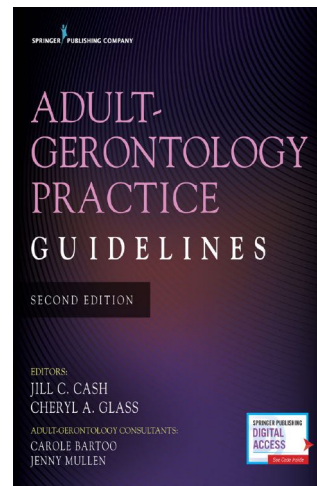
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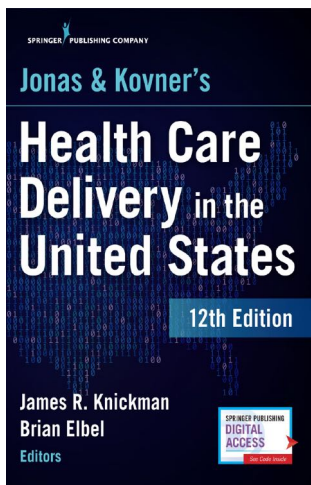
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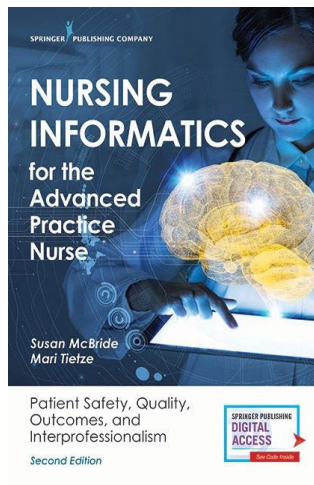
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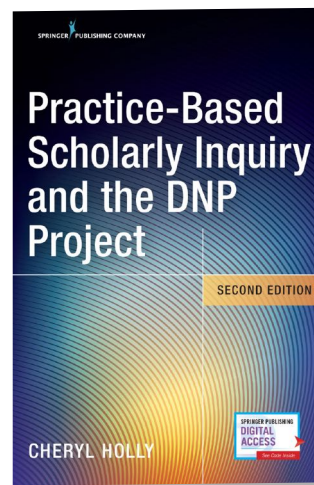
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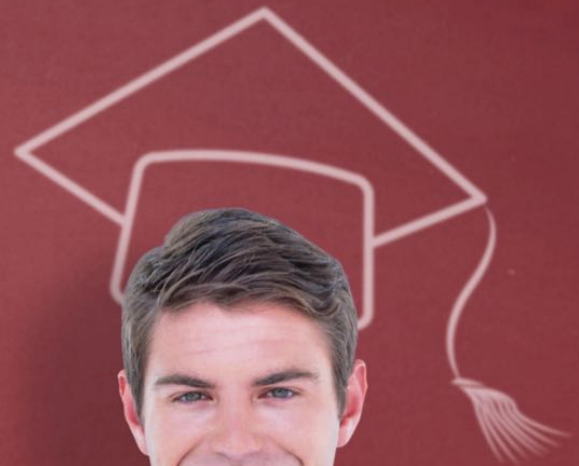
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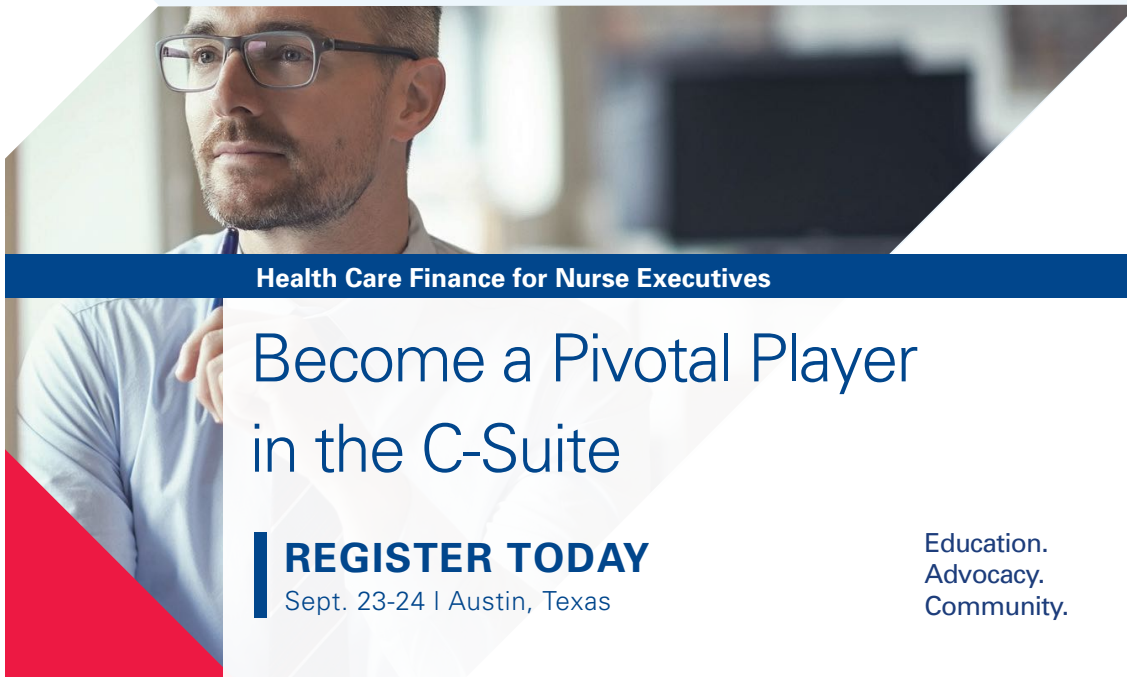
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Due to the COVID-19 pandemic DNP, Inc. had to make the difficult decision to cancel the annual national DNP conference. This national conference sustains the organization. Without this revenue the organization's operating budget has suffered a major setback. It is now a challenge to meet the Mission and Vision of DNP, Inc.

In these tough times we must rely on the generosity of colleagues. We have exhausted all other avenues for funding and are currently financing operations from personal funds. All donations are tax deductible since DNP, Inc. is a 501c3 corporation.

If you would like to help us continue our mission please [CLICK HERE](#) to contribute. Help Spread the Word!

Your kindness and support are appreciated. David and Steve



“INDEPENDENT PRACTICE FOR NPS: AN ACT OF PATIENT SAFETY OR OPPRESSION?”

Full practice authority (FPA) for nurse practitioners (NPs) has been an ongoing debate in the United States (U.S.) healthcare reform system for many years. It has been over a decade ago since the release of the Institute of Medicine’s (IOM) report: *The Future of Nursing: Leading Change, Advancing Health*, which highlighted barriers to patient care and recommendations for FPA (American Association of Nurse Practitioners [AANP], 2019). Since the release of the IOM’s report, the majority of NPs remain restricted in practicing to the full extent of their licensure. This has resulted in a loss of NPs from their home state as they have had to relocate to areas that allow FPA. Additionally, the effects of the COVID-19 pandemic have further increased the need for NP FPA due to shortages in primary care providers (PCPs). PCP shortages have resulted in more NPs in healthcare which has increased from 30,000 in 1990, to 140,000 in 2010 prior to the pandemic (Kraus & DuBois, 2017). NPs now provide 90% of primary care services and the advantages include: lower costs, comparable treatment outcomes, decreased wait times, and high patient satisfaction scores (Kraus & DuBois, 2017; Wofford, 2019).

In the movement for independent practice, 22 states and the District of Columbia have granted NPs FPA eliminating the requirement for a collaborative agreement with a physician (Simmons University, 2021). However, despite these monumental changes in legislation, there remains a great deal of controversy granting NPs FPA. The majority of states particularly located in Southern regions continue to restrict NPs from practicing to the full extent of their education and training. NPs are required to practice under a state-mandated collaborative agreement regardless of training or years of experience (AANP, 2021). Considering that several states have already followed suit in granting FPA to NPs, the question remains: Why are NPs still restricted to practicing independently? Exploring this question deeper reveals a traditional healthcare system structured on hierarchy and authority. Interestingly, a look back in U.S. history also reveals a similar pattern of authoritarian leadership. For example, social reform movements such as the civil rights and women’s rights movements were created out of discrimination and oppression from those seen as superior. Basic constitutional rights such as the right to vote, own property, receive equal protection, and obtain an education were revoked by those in power. These constitutional rights which had been granted to all American citizens under the 14th Amendment of the U.S. Constitution were continuously denied by powerful political leaders. In other words, the ability to fair and equal treatment as everyone else can be restricted by those in power to maintain the status quo.

This type of behavior has also played a role in the healthcare system as NPs continue to strive for improved patient care by advocating for FPA. Medical organizations in positions of power have successfully fought against FPA for NPs which has delayed legislation from granting these rights (Brom et al., 2018). Influential healthcare leaders have also commented that while NPs are extremely valuable to the healthcare system, granting NPs FPA would be dangerous and physicians are the only group qualified to lead patient care. The initiative for NP FPA has further been labeled as battle with physicians, which is counterproductive towards improving patient outcomes and reforming the healthcare system. Furthermore, this negative sentiment towards the initiative for FPA creates a sense of superiority that NPs are not properly qualified to care for patients without their supervising physician. However, NPs have been caring for patients independently without the presence of physicians in primary care and in hospitals for decades. NPs are the providers who are independently treating patients on a daily basis, leading interdisciplinary treatment team meetings, conducting peer-reviews with physicians, and seeing patients when physicians are ill or on vacation. These patients will rarely, if ever, be seen by the physician placing the NP as the primary healthcare provider. The truth of the matter is that the growing and complex demands of patient care has ultimately brought the mandated collaborative agreement down to solely ensuring state laws are being met on paper. In other instances, workarounds have been created with physicians who receive regular monetary incentives for their signature so NPs can maintain their practice. Should the collaborating physician decide to withdraw from the agreement at any time, patient care is detained until another collaborating physician is found. If the NP is unable to find a new collaborating physician, then the practice becomes nonexistent and patients must find a new healthcare provider. In reality, NPs practicing in states without FPA are evaluating, diagnosing, and treating patients on a regular basis without the presence, or collaboration, of their supervising physician. Clearly the need for a state-mandated agreement has become obsolete and purposeless in the current healthcare system.

“INDEPENDENT PRACTICE FOR NPS: AN ACT OF PATIENT SAFETY OR OPPRESSION? CONT'D

The role and scope of practice for NPs has significantly contributed to meeting the nation's growing healthcare needs especially in light of the COVID-19 pandemic. Granting NPs the right to FPA would be a monumental step for equality, advancing nursing practice, improving patient care, and reforming the healthcare system. Traditional healthcare models of leadership based on paternalism, hierarchy, and authority will eventually fail in the present-day evolving healthcare system. This has become apparent due to the effects of the COVID-19 pandemic which has forced healthcare to rapidly respond and adapt innovative measures for patient care. A look back in U.S. history reveals the consequences of authoritarian behaviors when restricting rights to individuals for the purpose of maintaining power and control. As people will continue to advocate and fight for their rights, leadership based on superiority will eventually fail and cease to exist. If unprecedented changes to policies and procedures in healthcare can occur throughout the COVID-19 pandemic, why can't NPs gain FPA across all states? Granting FPA to NPs is not a request for special privileges, but a request to have full rights to practice in a manner that they have been doing for many decades.

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