

OUTCOMES

The monthly E-Newsletter from DNP, Inc.

August 2024, Volume 10 Number 8



Monthly Survey

Featured Article

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DNP, Inc./ADPN Organizational Updates

As we move into August 2024 we continue to build on the ideas and trajectory for both Doctors of Nursing Practice, and the Academy of Doctoral Prepared Nurses. Here's an update on steps taken or in process to assure these efforts yield a benefit for all doctoral prepared nurses and all professional nursing colleagues:

- The DNP website is being modified to accommodate growth to meet the needs of both the original organization and the Academy,
- Subdomains are in place to house both the Academy and the Journal,
- An open-source Journal application is being install to meet the needs of the online journal both for function and also to help disseminate the efforts of the academy and all colleagues,
- Attorneys and accountants have blessed shared strategic plans to help assure success now and into the future,
- Advisory board members for the Academy and Editorial board members for the Journal have been identified,
- Progress to collect input from these volunteering colleagues has been slow pending the development of the infrastructure (plus leadership's delays in assuring thee plans are put into action).

The inaugural Academy of Doctoral Prepared Nursing summit yielded the following objectives:

1. Identify categories of healthcare outcomes that can best be realized by a joint effort of doctoral prepared nurses.
2. Describe essential steps needed to coalesce the talent and expertise of nursing colleagues to create sustainable impact on select health care issues.
3. Explore the methods of maximizing existing and creating future systems to support the synergy of dedicated nursing professionals.

Steps are underway to address the following:

- A. 2025 Conference Planners (to identify and develop the theme and objectives)
- B. Planners to help identify and secure exhibitors, sponsors, and donors
- C. Volunteers to help build the conference to support doctoral students to share their work with supportive colleagues
- D. Academy oversight planners to help structure mechanisms for membership and participation
- E. Committee development to address topics identified in the summit
- F. Strategies to assure this group and organization continues to identify and address topics that impact healthcare outcomes and collaborative opportunities

Doctors of Nursing Practice, Inc. is the first and continues to be the only organization that supports the growth of all doctoral prepared nurses including graduates from all programs, all work environments, all races and ethnicities, and all areas of practice. We welcome all and appreciate the support of colleagues - in particular those with diverse backgrounds and points of view. Email info@DoctorsofNursingPractice.org to share your thoughts, interests, and commitment to enhancing the status of all nurses to improve health care outcomes.

The mission of Doctors of Nursing Practice, Inc. and the Academy of Doctoral Prepared Nurses is to improve healthcare outcomes by promoting and enhancing the doctoral-prepared nursing professional.

Is Pursuing Diversity Worth the Effort?

In a recent discussion board for a group of graduate nursing students, Social Determinants of Health was explored in some detail. The majority of comments and discussion addressed racial inequities and great examples were offered, argued, and appreciated.

It became apparent that arguing to appreciate diversity was a good idea, but alone this approach is useless. Impacting systems, operations, and impacting measurable outcomes (that have a monetary component) should be the goal. Building affinity groups has its place as people with similar interests should have the ability to collaborate, commiserate, and collaborate. But is that enough?

Here's an example of what may be considered a failed effort at pursuing Diversity, Equity, Inclusion, and Belonging in a large university with an influential college of nursing. A Diversity team was developed with representatives from doctoral, graduate, and undergraduate faculty. Racial, ethnic, and sexual diversity issues were identified. The list of members and their respective background is impressive.

Exploring the website to see actions taken, or how this collective impacted a change showed no documentation or suggestion that this group was more than a list of smart people. When this group was approached individually and collectively to share their experiences no response was received. This group was approached 4 times by email, voice mail, and old-fashioned fax messages. No response from anyone in this group which begs the question, what is their value?

These thoughts beg the question: Is building concepts of diversity worth the effort? Is a committee or department enough if they are not publicizing or realizing change? Is a DEIB effort enough to appreciate a substantive change in culture.?

One thing to consider is that the plight and efforts at equality for people of African descent has been an ongoing effort for at least 300 years. Another thing to consider is that racism is integrated and intrinsic in our cultural and social constructs. So by encouraging diversity we (collectively) are not impacting behavior.

Impacts in action - at least here in the United States - is not realized unless there are legal and/or financial implications. What are we doing to impact the legal concerns? I don't know the full scope of actions to answer that question but know there are many legal mandates and precedents to build on. What are we doing on the financial front?

This is where we as doctoral prepared nurses can etch away at this mountain of concern. We invite colleagues to share thoughts, concerns, and actionable ideas for all to see. In particular we invite people from these groups:

National Black Nurses Association ([NBNA](#))

National Association of Hispanic Nurses ([NAHN](#))

Asian American/Pacific Islander Nurses Association ([AAPINA](#))

Caribbean Nurses Association ([CNA](#))

National Alaska Native American Indian Nurses Association ([NANAINA](#))

DNPs of Color ([DOC](#))

National Coalition of Ethnic Minority Nurse Associations ([NCEMNA](#))

Your insights would be very much appreciated. Visit [THIS BLOG](#) to share your thoughts.

Continuing Education for Doctoral Prepared Nurses

Are you looking for Continuing Education opportunities that address the needs of doctoral prepared nurses? Of course, all Continuing Education offerings have value, but refining skills and thoughts specific to our educational preparation are not easily found. ConEd for specific roles (such as clinical roles) is also readily available, but how about skills needed to assure we are working at the top of our professional abilities as doctoral prepared nurses?



Doctors of Nursing Practice, Inc. currently has over 170 courses and more are being added. All are searchable by any keyword. Categories can be used to filter by:

Clinical / Administration / Academia / Diversity, or / Policy

Courses vary from 10 minutes to 60 minutes in length, which reflects to 0.17 to 1.0 Continuing Education Units

Cost? From \$5 to \$30 per course

Purchasing these courses also helps fund scholarships by future colleagues.

10% of all purchases goes to the Foundation that funds Doctoral Prepared Scholars to improve healthcare outcomes.

All completed Continuing Education Courses are stored on the website for each access. CE certificates are provide at the completion of each course.

[Learn more about Continuing Education Services](#)

[Explore a listing of available Continuing Education Courses](#)

DNP, Inc. Monthly Survey Results

The survey shared in July 2024 explored perspectives on types of research and the actions/interactions of types of doctoral prepared nurses. Do the responses below reflect your thoughts, experiences, and point of view?

Question 1: The categories of interest shared in the recent Academy of Doctoral Prepared Nurses summit meeting address issues of identity and process. Please share your thoughts regarding these areas identified in that meeting session. Providing a definition of each type of doctoral nursing preparation is a good start in identifying how we can collaborate.

70% very much to absolutely, 30% somewhat to not at all

Question 2: Research of discovery and translational research are two sides of the same coin.

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

Question 3: Endorsing nursing faculty clinical practice is a strong mechanism to build nursing student expertise for future practice.

90% very much to absolutely, 10% somewhat to not at all

Question 4: Doctoral projects should demonstrate collaboration with other doctoral prepared colleagues.

60% very much to absolutely, 40% somewhat to not at all

Question 5: The rigor of DNP projects is variable and should be addressed through the efforts of the Academy of Doctoral Prepared Nurses.

60% very much to absolutely, 40% somewhat to not at all

[Click here to participate in
THIS month's survey.](#)

Important Articles and Links

- [*Doctors of Nursing Practice Defend Truthful Titles, Free Speech, and Their Livelihoods in a new Lawsuit*](#)
- [*Drivers for Seeking the Doctor of Nursing Practice Degree and Competencies Acquired as Reported by Nurses in Practice*](#)
- [*Practice Scholarship Engagement as Reported by Nurses Holding a Doctor of Nursing Practice Degree*](#)
- [*Clinical Scholarship Competencies and Roles to Impact Population Health Outcomes*](#)
- [*Alignment of DNP Degree Competencies with Employer Perspectives: The Value of Academic Practice Partnerships*](#)
- [*Impact of Practice Scholarship as Perceived by Nurses Holding a DNP Degree*](#)
- [*Practice Scholarship Satisfaction and Impact as Perceived by DNP-Prepared Nurses*](#)
- [*Statistical, Practical and Clinical Significance and Doctor of Nursing Practice Projects*](#)
- [*Research Focused Doctoral Education in the 21st Century: Curriculum, Evaluation, and Postdoctoral Considerations*](#) Important Articles and Links
- [*Academy of Clinical Essentials: A Revolutionary Nurse Staffing and Education Model*](#)
- [*INANE Virtual Journal*](#) Listing of journals

Do you have articles of interest to share with your nursing and doctoral prepared colleagues? Submit them to: info@DNPInc.org for inclusion in OUTCOMES: the Monthly electronic newsletter for and about the doctoral prepared nurse.

DNP Foundation: From the Classroom to the Boardroom

The DNP Foundation assists colleagues in realizing their plans to impact health care delivery. All donations are 100% tax-deductible.

Demonstrate your support by donating today.

There are many opportunities to donate at the individual and corporate levels. Our profession and your colleagues thank you!



DNP Online Community

Explore these options to enhance practice, improve outcomes, develop professionally, and network with colleagues.

Are you a member of the DNP Community? Start [HERE](#) to sign up and learn more. It's free!

GROUPS

- [DNPs Seeking Positions in Academia](#)
- [DNP/APRN Veterans Health Care](#)
- [DNPs in Diversity, Equity, and Inclusion \(DEI\)](#)
- [National Indian Nurse Practitioners Association of America \(NINPAA\)](#)
- [DNPs of All Race, Creed, Ethnicity](#)
- [Dual Certified DNPs](#)

BLOGS

- [Is Pursuing Diversity Worth the Effort?](#)
- [Slavery and the Journal - Reckoning with History and Complicity](#)
- [LGBTQ+ Nursing and Healthcare Organizations](#)
- [Structural Racism in Peer Reviewed Publications](#)
- [Structural Racism in Peer Reviewed Publications](#)

EVENTS

- [International Council of Nurses NP/APN 13th Network Conference, September 9-12, 2024](#)
- [American Academy of Nursing 2024 Transforming Health Driving Policy Conference, October 31-November 2, 2024](#)

Do you have an event to share?
Contact us: Info@DNPInc.org

FORUMS

- [DNP Student Concerns](#)
- [The AACN Essentials Conversation Continues](#)
- [DNP Education – Preparing for Practice](#)
- [Important DNP Student Surveys: Please Complete to Support Colleagues](#)
- [DNP Professional Growth](#)

Dissemination Team

Support your students, graduates, and colleagues through the Dissemination Team. Offer the extra nudge to publish and share successful projects for all to see. These uploads can be found through browser searches. If your program is not listed below, join this team to enhance our profession and support colleagues. More information can be found [HERE](#). A team effort and collaborative engagement in dissemination support students, graduates, patients, organizations, colleges, and all stakeholders that have an interest in the final project that is completed by DNP professional nurses.

[Chaminde University](#)
[Charles R. Drew University of Medicine and Science](#)
[Wilmington University](#)
[University of Maryland](#)
[Purdue Global University](#)
[Sacred Heart University](#)
[Lourdes University](#)
[Oak Point University](#)

Scholarly Project Repository

If your scholarly project is displayed in the DNP Repository, it can be found by anyone with a browser. Though other repositories are valuable, only academics can see those listings. The DNP Scholarly Project Repository is a link that you control. You - the author of your work - can share this link with anyone or any organization you wish, and include it in your portfolio and curriculum vitae.

Here's an example of a Scholarly Project currently in the Archives. Click the title to view.

[Increasing HPV Vaccination Rates Among Adolescent Girls,](#)

by Brittany A. Bollinger, DNP, RN from Bradley University

[Aligning Theory and Evidence-Based Practices to Enhance Human Flourishing in Nurse Executives,](#)

by James N. D'Alfonso, DNP, RN, PhD(h), NEW-BC, FNAP from the University of San Francisco

[Removing Barriers to Practice: Achieving CRNA Autonomy through Education, Engagement, and Policy Change](#)

by Mitchel Charles Dent, DNP, CRNA from Cedar Crest College

- Are you ready to have your work displayed?
- Is it time to show your work to a larger audience of professional consumers?

Click [HERE](#) to learn more about the benefits of listing your work in the DNP Scholarly Project Repository.

[THIS LINK](#) will take you to the data entry page.

Doctoral Project Dissemination Team

Join the Dissemination Team Today!

Support your students and graduates by providing them with a discount to post their scholarly practice projects. This reflects your commitment to our discipline to improve health care outcomes.

Sign Up Today! [Click HERE to learn more!](#)

Conference Archives

The First National DNP Conference took place in 2008.

Session recordings and collections of presentations including PowerPoint and audio recordings are available.

This is a great resource for scholars, students, and anyone interested in the history and development of the DNP degree and how it has impacted our profession.

[View these archives](#)

Doctoral Project Repository

An Archive of Curated Documents

Share your talents and support to improve outcomes!

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 your ideas and work product into the scholarly community and also the consumer community.

There is a one-time nominal \$30 charge to post your scholarly project to this archive of curated documents. Once posted, the owner may share the URL web page address with any individual or organization desired.

Each listing helps to educate patients, employers, organizations, and other stakeholders about DNP capabilities and competencies. Your posted scholarly practice doctoral project will:

- Support a collaborative engagement with practice partners and employers,
- Showcase DNP prepared professional's impact on improving outcomes,
- Disseminate DNP generated content for all interested in the theme, environment, and process of impacting the complex processes of health care delivery,
- Build a foundation for sustainable change, future practice, and the research of practice scholarship, and,
- Support the growth and development of DNP students in the process of developing their project.

If you are a student or graduate, consider this investment to help assure your work can be accessed by both colleague scholars and patients/consumers alike. Other repositories have great value, but are not accessible to those outside of academic circles.

Click [HERE](#) to begin your scholarly project submission.

Click [HERE](#) to View Repository Displayed Projects

The Caregivers' Corner

This week I had a call from a former patient's Informal Caregiver who was his sister. Her story is documented in my book, *Stories of Silent Sacrifice, A Tribute to America's Informal Caregivers*. She overcame many challenges over the 24 years she cared for her brother. Now she faced the final challenge - the end of his life. I felt she needed support and I know there's no family available for to help her. I went to the hospital and was with her as she enrolled her brother into hospice care. He was gone in 48 hours.

Now she's dealing with the aftermath. Just because the patient has expired, it doesn't mean the Informal Caregiver no longer needs the support of our healthcare system. It may be different members than those who directed the patient's care, but it would be beneficial for healthcare staff providing direct care, to know how to guide the Informal Caregiver during this time.



As I research the topic, there were items that stood out. Issues I didn't think to address. Informal Caregivers need to give themselves time to grieve. The Informal Caregiver is likely familiar with the existence of a living will, as they may have had to use that information as the patient's end of life neared.

If such a document is available, does the state you're in need to have it presented in a specific time frame? There are immediate costs coming with someone's death. Covering those costs and other potential areas of benefit come from accessing Social Security, life insurance and Veteran's benefits. All you need in many cases is a copy of the death certificate.

These are common thoughts we all might have considered. Singleton (2020) suggests further actions. If there's a home with items to be inherited inside, home locks should be changed. Vehicles should be locked inside a garage. If there are valuable items, a tape should be made so there is no question of where items have gone.

Singleton (2020) advises a first step includes gathering banker's boxes to keep and file all paperwork. This is part of being organized and staying organized. In addressing debts owed by the patient, first call the creditors and advise them the patient has expired. Frequently, the company will tell you not to pay the bill. Prior to a patient losing ability to make decisions, they should relate to their Informal Caregiver - assets and debts, passwords for accounts and PIN numbers where needed.

Handling the issues related to death, is a daunting task. An estate plan makes the job easier for remaining family. Healthcare workers are in position to see these challenges on a regular basis. This brings me to a final point, it's important for us to consider what will happen not only when we expire, but as we age. Having an estate plan in place eases this burden for remaining family members.

Singleton, A. (2020, May 26). *Family Caregiving Doesn't End When Care Recipient Dies*. <https://www.aarp.org/caregiving/financial-legal/info-2020/when-care-recipient-dies.html>.

See more insights and reflections of wisdom from our colleague, Dr. Rosemary Henrich, in future issues of OUTCOMES. Her work can be found on Amazon using [this link](#).

A Call for Nursing Advocacy

By Denise Lindstrom, MSN, RN, IBCLC, PMH-C
DNP Student at Eastern Kentucky University

Doctor of Nursing Practice (DNP) prepared nurses are poised to be advocacy leaders in population health. The Institute of Medicine (IOM) (2011) calls for nurses to practice to the fullest extent of their training and to be advocacy leaders in making advances through policy changes in population health. The American Association of Colleges of Nursing (AACN, 2021) has developed curriculum content and expected competencies of graduates receiving a DNP degree. The AACN essential domain three focuses on competencies for population health. Included in this domain is the call for advanced-level nurses to manage population health, engage in effective partnerships, advance equitable population health policy, and demonstrate advocacy strategies (AACN, 2021). The AACN sub-competency 3.5h specifically encourages nurse leaders to engage in relationship building and advocacy efforts with stakeholders at the local, state, regional, system, national, or global level (AACN, 2021, p. 35).

Advocacy Activities

DNP prepared nurses must take the next step to advocate for their patients for health policy changes. One way to start is to send a letter to your congressperson discussing an upcoming bill. Nurse leaders can also use social media to spread the word and encourage others to take political action. Furthermore, nurses can advocate for an issue by writing letters to editors. Another way to get started in advocacy work is to join a professional organization. Many organizations promote advocacy skills through educational webinars and advocacy tool kits. Professional organizations can provide the necessary background information on what is happening in the political arena. Organizations can provide background information so that one can become familiar with their representatives. They also offer templates for emailing or calling your congressperson. An advocacy tool kit can be found at the American Nurses Association (ANA, 2018) website. Professional organizations can also provide advocacy days.

DNP Student Experience

This author was able to participate in the Maternal Mental Health Leadership Alliance (MMHLA) Congressional Advocacy Day. MMHLA provided an hour-long training session before the advocacy day. Participants got to meet other advocates on their state team. The training included a review of initiatives to support improving maternal mental health. The agenda included content on funding for the national Maternal Mental Health Hotline, supporting military families, and increasing funding to state maternal mental health programs. The training included time for the participants to practice their three-minute story. Participants were fully prepared to meet with their state senators and local representatives. Overall, participating in an organized advocacy day was a great way to get started in advocating for policy change.

Conclusion

Nurse leaders are equipped with leadership skills for creating strategic partnerships. DNP prepared nurse's skillset includes communication skills, healthcare economics, quality improvement, and a system-thinking mindset. DNP nurse leaders can assess a situation, formulate a plan, implement improvement projects, and have the expertise to evaluate project outcomes. Nurse leaders can also use their skills to advocate change and advance population health by serving on committees, panels, councils, and boards. DNP leaders can take their advocacy skillset to the next level by conducting health policy research, testifying before the legislature, and running for public office. The IOM (2011) calls for nurses to achieve higher levels of learning and use their knowledge and influence to improve healthcare systems. Nurse advocacy started with Florence Nightingale, and it continues with the DNP nurse leader today.

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Is it Type 1 Diabetes, Type 2 Diabetes, or LADA?

By Rosalia Villegas, DNP, APRN, FNP-BC, Texas Tech University Health and Science Center, El Paso, TX

Are Nurse practitioners prepared to identify Latent autoimmune diabetes in adults LADA? LADA is an atypical form of diabetes, which is also known as diabetes Type 1.5. LADA is often misdiagnosed with type 2 diabetes (Type 2 DM), and, therefore, Nurse Practitioners need to know about it and be ready to identify Type 2 DM.

Diabetes misdiagnosed may lead to inappropriate treatment and possible adverse effects on patients. All healthcare providers should suspect LADA in patients diagnosed with Type 2 DM, especially when they are 30 years old or younger and have a past personal and family history of autoimmune disease and a BMI of less than 25 (UpToDate, 2024). Also, healthcare providers should suspect LADA in patients who do not have an expected response on glycemic control after being compliant with initial treatment (Rajkumar, & Levine, 2024), especially when being on oral glycemic control (UpToDate, 2024).

LADA is often misdiagnosed with type 2 diabetes, and therefore, these patients may not be treated with appropriate medications. LADA has both type 1 and type 2 DM features. LADA, as type 1 DM, eventually becomes dependent on insulin.

The diagnosis of LADA is made with one or more diabetes autoantibodies, but prolonged preservation of insulin may result in other titers (UpToDate, 2024). To properly diagnose and differentiate Type 2 diabetes from LADA, the autoantibodies to islet cell antigens should be measured, and they are not present in type 2 diabetes but present on LADA (Rajkumar & Levine, 2024). Anti-islet autoantibodies are markers in type 1 DM and LADA (Kawasaki, 2023). Other markers need to be considered before making the final diagnosis. In type 2 DM, beta cell failure is due to the overwork of the cells trying to compensate for the persistently elevated blood sugar.

Type 1 Diabetes needs insulin at the time of diagnosis and usually are diagnosed with Ketoacidosis. Conversely, LADA may not need insulin for several months or even several years prior to needing insulin (UpToDate, 2024).

Besides the most common diabetes types 1 and 2, there are now other kinds of diabetes, which are known to be atypical diabetes, and the incidence ranges from 5 to 10%, depending on factors such as ethnicity (Stone et al., 2024). Initially, the islet cells are essential to differentiate which diabetes is present. Beta cell autoimmune destruction is much slower on LADA than on Type 1 DM (Hu et al., 2022).

Clinical Case Study

36-year-old Hispanic female with a recent diagnosis of type 2 diabetes; she is treated for three months and is following up. She changed her diet, and her blood sugar has decreased, but she is not at goal. Her BMI is 23, she has no family history of diabetes, and she is always healthy. She was told that in the past, she had problems with her thyroid but never received medications.

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The Future of the NP: Not a Joke

From a nursing colleague (Rebecca Love) on [LinkedIn](#)

To say I was furious at the recent, biased and misfactual article in [Bloomberg News](#) regarding [#NursePractitioners](#) would be an understatement. It is the 1st in a supposed 3 part series - that aims to flay and destroy [#NP](#) [#practice](#).

Here is what I want to say: Grant Nurse Practitioners full practice authority in all 50 [#States](#). Allow NPs to have full [#independent practice](#), [#reimbursement](#) and [#liability](#) - let [#patients](#) decide who they want to see.

Let [#FreeMarket](#) [#economics](#) do what it is designed to do - and let [#NPs](#) stop being handcuffed by organizations who only serve in their self interest - not that of patients.

[#NPs](#) expand access to quality healthcare for millions of [#Americans](#).

More than 100 million Americans do not have a primary care provider - nurse practitioners are the solution to this - they are not the problem.

This is about [#money](#) not [#patientoutcomes](#).

Here are the [#Facts](#) as shared by [Stephen Ferrara, DNP, FAAN](#) and [#AANP](#):

[#TheAmericanEnterpriseInstitute](#): “Our studies showed that beneficiaries who received their primary care from NPs consistently received significantly higher-quality care than physicians’ patients in several respects.”

The National Academies of Science, Engineering and Medicine’s nursing home report found that: “[#APRN](#) provided care in nursing homes, including improved management of chronic illnesses, improved functional and health status, improved quality of life, reduced or equivalent mortality and hospital admissions, improved self-care, reduced emergency department use and transfers, lower costs, increased time spent with residents, and increased resident, family, and staff satisfaction.”

[#TheBrookingsInstitution](#) wrote: “Academic literature finds no evidence of harm to patients associated with less-restrictive Scope of Practice (SOP) laws. When no harm is present, the restrictions serve only to generate artificial barriers to care that ultimately provide physicians with protection from competition, prevent the attainment of system-wide efficiencies, and constrain overall provider capacity.”

[#MedPAC](#): APRNs and PAs comprise approximately one-third of our primary care workforce, and up to half in rural areas.”

And here is another study: <https://lnkd.in/dNgGQYWU>

It’s time for [#FullPracticeAuthority](#) for [#NPs](#). This is about [#patients](#) and access to quality care. This is the fight of the century for [#NPs](#) in the [#US](#) and it’s time all [#Americans](#) got involved and demand access to [#healthcare](#).

[#NPs](#) are the [#solution](#), not the [#problem](#) and it’s time we demand access to the care that [#NPs](#) provide [#patients](#).

Link to AANP response: <https://lnkd.in/draFMbzZ>

[#NursesOnLinkedIn](#) [#HealthcareOnLinkedIn](#)

Thoughts? Ideas? Recommendations? Please share in [THIS BLOG](#)

Share Your Expertise! Support Innovation and Practice!

We are honored to receive and post articles from DNP colleagues - and DNP colleagues to be. Kindly share your thoughts, insights, curiosities, and challenges in a brief article to be posted in a future issue of OUTCOMES. Graduates, faculty, and students are welcomed to contribute.

Challenge student to submit articles. The content is likely to be of interest to all readers/colleagues.

Topics may include:

Informatics' Impact on Health Care Outcomes
DNP Prepared Nurses' Successes and Challenges in Policy Formation
Doctoral Prepared Nurses Demonstration of Collaborative Success
Expertise in aggregate/population health outcomes
Entrepreneurial expertise: How to start and maintain a practice
Collaboration to improve academic outcomes
Including all doctoral prepared nurses to enhance diversity

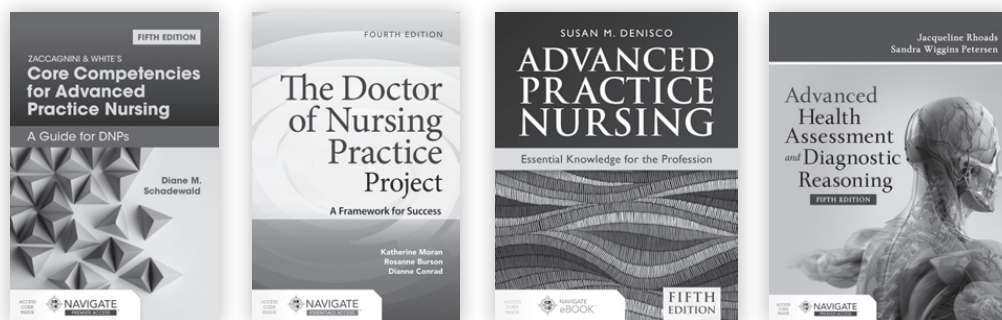
See [OUTCOMES](#) past issues. Click [HERE](#) to contribute!

Kindly share this invitation with colleagues!

Take advantage of this opportunity to reach more than 11,000 per monthly mailing and over 33,000 in the regular outreach to those that may have an interest in doctoral prepared nursing. Articles submitted can include practice information, opinions, editorials, and reflect work performed in your work environment (as a student, faculty, clinician, administrator, researcher, policy expert, and/or informatics specialist).

We look forward to hearing from you and publishing your work.

Say Hello to Your New Course Resources



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— Past Nurse Executive Fellowship Participant



AONL Nurse Executive Fellowship

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Are you new to a senior executive role? Develop critical leadership skills to lead in complex systems to influence and inspire the nursing workforce in this year-long fellowship. Engage with a cohort of peers creating a network of support from new executives facing similar challenges.

Who should apply?

Novice Senior Nurse Executives with less than three years of experience in an executive role, including CNO, CNE, VP and COO.

Applications are due Aug. 19.

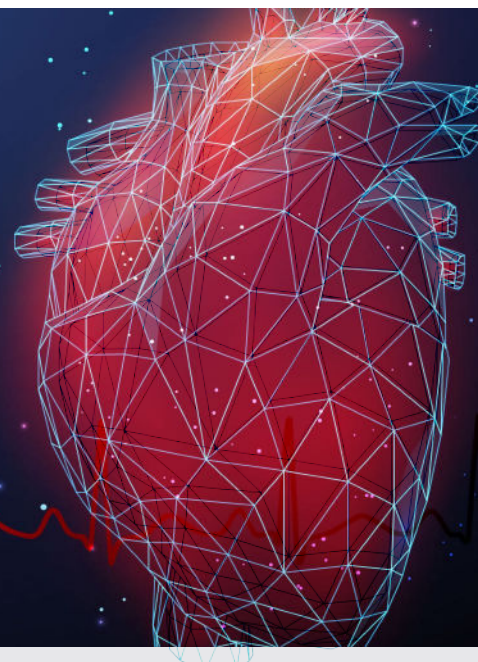
[Learn more and apply.](#)

[This is the best link to use.](#)



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1-hour IV loading dose offers a faster way to initiate sotalol therapy.

WARNING: LIFE THREATENING PROARRHYTHMIA

Sotalol can cause life threatening ventricular tachycardia associated with QT interval prolongation. To minimize the risk of drug induced arrhythmia, initiate or up-titrate intravenous sotalol in a facility that can provide continuous electrocardiographic monitoring and cardiac resuscitation [see Dosage and Administration (2.3) and Warnings and Precautions (5.1)]

Do not initiate intravenous sotalol therapy if the baseline QTc is longer than 450 ms. If the QTc prolongs to 500 ms or greater, reduce the dose or discontinue.

Highlights of Prescribing Information INDICATIONS AND USAGE

Sotalol is an antiarrhythmic indicated for the maintenance of normal sinus rhythm [delay in time to recurrence of atrial fibrillation/atrial flutter in patients with symptomatic AFIB/AFL] who are currently in sinus rhythm. (1.1) and the treatment of life-threatening ventricular tachycardia. (1.2)

IMPORTANT SAFETY INFORMATION

Sotalol IV (sotalol hydrochloride injection) should be administered only by physicians who are experienced in the treatment of life-threatening arrhythmias, who are thoroughly familiar with the risks and benefits of sotalol therapy, and who have access to facilities adequate for monitoring the effectiveness and side effects of treatment.

CONTRAINDICATIONS

Sotalol hydrochloride is contraindicated in patients with:

- Sinus bradycardia (<50 bpm), sick sinus syndrome or second or third degree AV block without a pacemaker
- Congenital or acquired long QT syndromes, QT interval >450 ms
- Cardiogenic shock, decompensated heart failure
- Serum potassium <4 mEq/L
- Bronchial asthma or related bronchospastic conditions
- Known hypersensitivity to sotalol

WARNINGS AND PRECAUTIONS

- Risk of life-threatening ventricular arrhythmias, particularly torsade de pointes (TdP). The risk of TdP can be reduced by adjustment of the sotalol dose according to creatinine clearance and by monitoring the ECG for excessive increases in QTc. (5.1)
- Bradycardia, heart block, sick sinus syndrome. Sotalol-induced bradycardia increases the risk of Torsade de Pointe, particularly following cardioversion. In general, sotalol is not recommended in patients with sick sinus syndrome associated with symptomatic arrhythmias, because it may cause sinus bradycardia, sinus pauses, or sinus arrest. (5.2, 5.3)
- Negative inotropy: hypotension, heart failure. Monitor hemodynamics during administration. New onset or worsening heart failure may occur during initiation or up-titration of sotalol because of its beta-blocking effects. Monitor for signs and symptoms of heart failure and discontinue treatment if symptoms occur. (5.4, 5.5)
- Bronchospasm. Avoid sotalol use in patients with bronchospastic diseases. If sotalol is required, use the smallest effective dose. (5.6)
- Hypoglycemia. Beta-blockade may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. Diabetic patients may experience elevated blood glucose levels and increased insulin requirements. (5.7)
- Thyroid Abnormalities. Avoid abrupt withdrawal of beta-blockade which might be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Beta-blockade may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. (5.8)
- Anaphylaxis. While taking beta-blockers, patients with a history of anaphylactic reaction to a variety of allergens may have a more severe reaction on repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat the allergic reaction. (5.9)
- Anesthesia. The impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures. (5.10)
- Diabetes. May mask symptoms of hypoglycemia and alter glucose levels; monitor (5.5)

ADVERSE REACTIONS

- Proarrhythmia (5.1, 5.2)

- Negative inotropy (5.3, 5.4)

• Adverse reactions related to sotalol use are those which are typical of its Class II (beta-blocking) and Class III (cardiac action potential duration prolongation) effects. The common documented beta-blocking adverse reactions (bradycardia, dyspnea, and fatigue) and Class III effects (QT interval prolongation) are dose related.

To report SUSPECTED ADVERSE REACTIONS, contact AltaThera Pharmaceuticals LLC at 1-800-524-1985 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Negative Chronotropes-Concomitant use can increase the risk of bradycardia. (7.1)
- Calcium Blocking Drugs-Can be expected to have additive effects on atrioventricular conduction, ventricular function, and blood pressure. (7.2)
- Catecholamine-Depleting Agents-Concomitant use may produce an excessive reduction of resting sympathetic nervous tone. Monitor such patients for hypotension and marked bradycardia which may produce syncope. (7.3)
- Insulin and Oral Antidiabetics-Hyperglycemia may occur, and the dosage of insulin or antidiabetic drugs may require adjustment. Symptoms of hypoglycemia may be masked. (7.4)
- Beta-2-Receptor Stimulants-May have to be administered in increased dosages when used concomitantly with sotalol. (7.5)
- Clonidine-Concomitant use increases the risk of bradycardia. Because beta-blockers may potentiate the rebound hypertension sometime observed after clonidine discontinuation, withdraw sotalol several days before the gradual withdrawal of clonidine to reduce the risk of rebound hypertension. (7.6)
- Drug/Laboratory Test Interactions-Presence in the urine may result in falsely elevated levels of urinary metanephrine when measured by fluorimetric or photometric methods. (7.7)

USE IN SPECIFIC POPULATIONS

- Pregnancy (8.1)
 - Fetal/Neonatal Adverse Reactions-Sotalol has been shown to cross the placenta and is found in amniotic fluid.
 - Labor or Delivery-Risk of arrhythmias increases during the labor and delivery process. Patients treated with sotalol should be monitored continuously during labor and delivery.
- Lactation (8.2)
 - Sotalol is present in human milk in high levels.
 - Advise women not to breastfeed while on treatment with sotalol.
- Females and Males of Reproductive Potential (8.3)
 - Infertility-Based on the published literature, beta blockers (including sotalol) may cause erectile dysfunction.
- Pediatric Use (8.4)
 - The safety and effectiveness of sotalol in children has not been established. However, the Class III electrophysiologic and beta-blocking effects, the pharmacokinetics, and the relationship between the effects (QTc interval and resting heart rate) and drug concentrations have been evaluated in children aged between 3 days and 12 years old.

These highlights do not include all the information needed to use sotalol hydrochloride injection safely and effectively. See full Prescribing Information for sotalol hydrochloride injection. For more information about Sotalol IV (sotalol hydrochloride injection) please visit our website at www.sotaloliv.com.

REFERENCE: 1. Sotalol IV [package insert]. Chicago, IL: AltaThera Pharmaceuticals; 9/2023.



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Validating a Survey Tool to Assess Telehealth Provider Satisfaction Across Subspecialties Utilizing the TAM Model

You are invited, as a nurse practitioner (NP) to participate in a survey validation for future research. This survey validation is being conducted by DNP faculty at FGCU and has been approved by the FGCU IRB. This survey is to assess appropriate and clear questions regarding telehealth satisfaction in subspecialty areas. Once the survey is validated, future research on this topic can proceed and findings will inform NP practice, research, and education.

Participation in this anonymous validation survey is voluntary. Completing this survey indicates your willingness to participate. Should you have any questions about this study, contact the principal investigator, Tammy Sadighi, DNP, FNP, MBA at tsadighi@fgcu.edu.

In advance, thank you for your participation.

Tammy Sadighi, DNP, APRN-FNP, MBA
Associate Professor, DNP Program

Brenda Hage, PhD, DNP, APRN
Director of the School of Nursing

Kelly Goebel, DNP, APRN-Acute Care NP
Director of the BSN program



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MARIEB COLLEGE OF
HEALTH & HUMAN SERVICES
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Academy of Doctoral Prepared Nurses

Since the official launch of the **Academy of Doctoral Prepared Nurses** this past June 25, 26, and 27, 2024 in Key West, FL, planning is taking place to assure the talents of groups and individuals is maximized to build momentum and gain traction in areas identified in that summit.

Several initial items were articulated as first steps to help build and identify the goals and purposes of this fledgling organization. They include:

- **Degree Definition and Differentiation**

The group identified that there is not a consistent definition of the expectations of those that have earned a DNP degree. This could also be true of those with the PhD, EdD, DNSc and other nursing degrees. Nurses with other doctoral degrees (medicine, law, sociology, anthropology, etc.) are better defined. To build on the value of connecting doctoral prepared nurses one of the first tasks is to address these definitions and differentiate with an emphasis on similarities to highlight the common ground and mutual skills and education to focus on the common goal of improving healthcare outcomes.

- **Research**

What are the differences and similarities of research of discovery and translational research? Are we relegated and confined to a specific type of research based on our respective degrees, or do we all enhance our efforts by collaborating and agreeing to share passions and talents? These types of dynamics in the realm of research is a topic of discussion and documentation that will help assure the trajectory of a collective of doctoral prepared nurses as we move forward to addressing larger problems and issues.

- **Faculty Differentiation and Concerns**

A lively discussion took place describing the roles and responsibilities of nursing faculty with various types of doctoral presentation. Some universities do not acknowledge the DNP degree and pay is the same as faculty with the MSN degree. Some universities do not offer a tenure track to faculty unless they have a PhD degree. Of equal concern is the message sent to students that the practice of nursing by faculty may not be a priority as some universities do not acknowledge or support faculty practice to maintain and increase skills to translate to students. These issues are tremendous and are of concern for doctoral prepared nurses to find a consensus. A statement of understanding and expectations could support the growth of our profession as it challenges and supports efforts in the realm of nursing education.

- **DNP Project Rigor**

This category was brought up as the group recognized the disparity of rigor (including lengths of programs, number of credit hours, and end product variability) of this terminal practice degree.

[See the growing list of Board of Advisors](#)

To view the mission, vision, and initial strategies for this initiative, [CLICK HERE](#).

Contributions through a collaboration of doctoral prepared nurses can touch practice, academia, policy, research, informatics, and diversity. Be a part of this initiative by joining and contributing to this organization. Membership information will follow in next month's column for and about the **Academy of Doctoral Prepared Nurses**.

The dedicated Academy Website is under construction. Please visit and share your thoughts. Content is populating and the services of the site will improve over time.

<https://academy.doctorsofnursingpractice.org>



The Journal of the Academy of Doctoral Prepared Nurses

During the recent **Doctors of Nursing Practice, Inc.** and Inaugural **Academy of Doctoral Prepared Nurses** Summit, there was a working group to discuss and explore our options for an online journal to support the Academy.

The Journal of the Academy of Doctoral Prepared Nurses is being developed as a response to a perceived need and communications with current publishing companies.

The challenges to build an online journal are tremendous yet we have lined up these challenges and are addressing them one at a time. As publishing companies were requiring a tremendous financial investment to get started, we made the decision to build this online journal effort as a grass-roots effort making it a cost effective as possible.

An open-source application is being installed on the Journal website. Once this is accomplished, volunteers will begin the construction of this journal. Once begun we anticipate a collective effort of about 3 months (one quarter) before it can be rolled out as operational. Even then tweaks and modifications will be required.

Scope: **The Journal of the Academy of Doctoral Prepared Nurses** will begin as a quarterly online publication supporting the scholarly, peer-reviewed contributions of doctoral prepared nurses. It is the official journal of the Academy of Doctoral Prepared Nurses that welcomes the contributions of all doctoral prepared nurses including the DNP, PhD, EdD, DNS, DNSc, and any other nursing colleague with an earned terminal degree.

The Academy and the Journal celebrate diverse talents of doctoral prepared nurses that work in concern to improve healthcare delivery locally, nationally, and internationally.

You may be interested in seeing how our current team is going about building this journal. First, we listen carefully to the talented editors in the [International Academy of Nurse Editors \(INANE\)](#). See the website and also to their [directory of nursing journals](#) to see that the Journal we are proposing is not currently offered.

There has been some discussion about making this journal open source, meaning people will pay to have their article published. We resist this option but have not completely settled on the business model that best support this effort.

Now the brass tacks of making this journal work. We have a growing [List of Board of Editors](#) supporting this effort, yet many other roles will to be addressed to realize the success of this venture. Editors, reviewers, and support staff are essential, along with marketing experts and those that can help to propel this journal forward into the realm of academically sophisticated services that support our profession.

Are you interested in being a part of this journal effort? Please email info@DoctorsofNursingPractice.org to share your thoughts and curiosity.

Welcome to a new phase of practice driven by all doctoral prepared nurses.



TIGER

TRANSLATION AND INTEGRATION OF GENOMICS IS ESSENTIAL TO DOCTORAL NURSING

TIGER prepares doctoral nursing faculty to:

- Translate and integrate genetic and genomic content into nursing academic curricula, scholarship and practice
- Establish competency with knowledge and skills in genomics
- Engage in a community of genomics-informed nurses

TIGER is a two-part program:

- **In-Person Workshop** | prior to AACN Doctoral Education Conference, **January 14, 2025**
- **Virtual Monthly Webinars** | **February-December 2025**

Cost-free genomics education

Up to \$1,500 travel stipend available for January workshop
22.75 contact hours

APPLICATION DEADLINE:

SEPTEMBER 30, 2024

The program is offered to doctoral nursing faculty at all schools of nursing in the country. Faculty from the same institutions are welcome to apply and participate.

LEARN MORE:



ADDITIONAL INFORMATION:



<http://nursing.vanderbilt.edu/tiger>



Please share this opportunity widely among your faculty for enrollment of cohort 4, which begins in January 2025.



IMPROVE THE KNOWLEDGE AND SKILLS OF DOCTORAL NURSES IN GENOMICS

PAST ATTENDEE TESTIMONIALS:

"I am constantly seeking to update my genomic knowledge and skills, and having expert lectures on a variety of topics is key to my ability to do so. The lectures have been wonderful."

"High quality speakers with knowledge and passion were able to make the content understandable to a novice."

"This training has allowed me to better understand the opportunities for students with interest in genomics research and how to best guide them. In addition, this course allowed me to feel confident accepting a teaching assignment on genomics. I am learning a lot along the way, but I would not have felt able to take that course without this TIGER foundation."

We are in a genomic era of health care; nurses are the largest health care profession. In order to realize genomic-informed health care, educational programs at all levels must integrate omics content and concepts into nursing curricula. The purpose of TIGER is to prepare doctoral nurses with foundational genomic concepts for integration into academic curricula, clinical practice, and research. Our goal for the TIGER research educational program is to create "champions" for genomic integration into nursing.

This workshop is supported by the National Human Genome Research Institute of the National Institutes of Health under award number R25HG011018 (PI: Connors).



National Conference and Summit

Plans have begun for the **18th National Doctors of Nursing Practice Conference** and **2nd National Academy of Doctoral Prepared Nurses Summit**. Thank you to everyone for your contributions and support for this event.

We anticipate that this event will again take place in Key West as this destination affords the opportunity for down-time, relaxation, and entertainment that has no comparison to other cities. We are exploring the first week of June 2025.

18th National Doctors of Nursing Practice Conference and First Second Annual Academy of Doctoral Prepared Nurses Summit

Please be a part of the 2025 event. Sign up for one (or more) of these tasks:

- *Design and develop the conference/summit theme and objectives*
- *Secure plenary and keynote speakers and presenters*
- *Identify and invite exhibitors and sponsors*
- *Request underwriters (grants or donations) to support this event*
- *Develop strategies and processes to have students display their work*

Conferences can be expensive - we all know this. So to help with the expense all future events will be in-person and hybrid (virtual).

Celebrate the exhibitors and sponsors for this year's event:

Jones and Bartlett Learning

Saint Leo University

C-TIER: Center for Telehealth, Innovation, Education, and Research

Altathera Pharmaceuticals

Florida Gulf Coast University, Mariea College of Health and Human Services, School of Nursing

Links and Resources

The mission of *Doctors of Nursing Practice, Inc.* is to improve healthcare outcomes by promoting and enhancing the doctoral prepared nursing professional. Many services are available to support students, graduates, faculty, employers, and stakeholders with an interest in the DNP degree. Click the links below to explore options and opportunities.



Doctoral Project Repository	University and College DNP Program Database	Dissemination Team
DNP Conference Current and Future Plans	DNP Conference Archives	DNP List of Sponsors and Exhibitors
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