OUTCOMES

The monthly E-Newsletter from DNP, Inc.

September 2024, Volume 10 Number 9

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DNP, Inc./ADPN Organizational Updates

This page is dedicated to reporting on the activities and strategies of Doctors of Nursing Practice, Inc. and its efforts and initiatives. This month (September 2024) we provide another update. The challenge of assuring the infrastructure is in place is becoming more of a challenge than expected. We have been working with an IT company that showed great promise in moving our efforts forward. We have made progress in the last 7 months, yet at this point are not appreciating the traction hoped for at this stage of development.

The DNP Inc. web site is still going through renovation in order to accommodate and support the growth of the Academy of Doctoral Prepared Nurses and the online journal that goes with that initiative.

But we cannot blame the IT department entirely for this plateau of progress. We are also working with volunteers and leaders to develop both the Academy infrastructure and address items that have been identified as strategies and priorities. Another step in this advisory oversight is the development of an oversight Doctors of Nursing Practice Advisory Board that is scheduled to meet on Tuesday September 3. The input and recommendations of this experts will help to guide the immediate and long-term steps of the organization that will influence the development of the academy and the journal.

Stay tuned for updates as we continue to press forward together.

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.

Embracing Diversity - Only for Certain Groups?

I wonder if others see that pursuing and embracing diversity has evolved into the actions of only those that are perceived as diverse? Are our colleagues of color the only ones that should embrace diversity, or should it truly be all of us?

Here's a lesson learned from the past. About 20 years ago I was active in developing services for people with HIV disease. Many organizational meetings and group efforts were taking place when a client/patient stopped me in the parking lot one day. He was honest enough to share that he and many of his friends (HIV Positive) did not trust me or the organizations that were trying to build services. He reasoning: Those that are not HIV infected do not know the needs of those that are in need of services.

That gave me a reason to stop and ponder. When asked what he thought should take place, he shared that he believes those with money and resources should hire those that have a stake in the outcome to organize and provide services.

That did not happen the way he envisioned, yet his premise was worth exploring. Those that have a perceived need must be incorporated in the evolution of services to assure sustainability and success of mission and vision.

Now let's fast-forward to the present day. These organizations and those like them attract people that perceive a need to be represented.

> 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**)

All have value, yet when approached to share and allow those that do not meet their status, silence is the response when offered collaborative support. If not of color, or ethnic identify of these organizations, there is a lack of active involvement of others to participate. All of the above organizations have been invited to share more information with the intent of helping to grow their efforts. None of them have responded to invitations to collaborate or allow this organization's platform to support their efforts.

Surprised? I certainly am. Still, their efforts support us all, and we all benefit from their work. Similar to the gentleman that shared his distrust for those that were not a part of his group (HIV positive), those in these identified groups have a need to build and grow on their own. Still, others want to help with this growth and evolution to help improve the status of everyone - regardless of ethnicity, race, or national origin.

So - what do we do? Here's an approach that I believe all will agree to embrace:

Keep pressing forward, either within an identified group like listed above or any organization that has similar goals. Progress can be made even when fragmented.

Yet imagine what progress could be made if we worked together?

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 August 2024 explored perspectives on dissemination of scholarly practice projects and initiatives. Do the responses below reflect your thoughts, experiences, and point of view?

Question 1: Dissemination and collaboration go hand-in-hand. Please share your thoughts to the following statements. I disseminate my findings and professional efforts in peer-reviewed journals.
30% very much to absolutely, 70% somewhat to not at all

Question 2: The work product I produces as a DNP student or graduate has not been published.
45% very much to absolutely, 55% somewhat to not at all

Question 3: I routinely see scholarly practice work published by colleagues that have earned a practice doctorate degree.
50% very much to absolutely, 50% somewhat to not at all

Question 4: Work products showing improved healthcare outcomes should be disseminated to the end-consumer as well as scholarly colleagues.
95% very much to absolutely, 5% somewhat to not at all

Question 5: I anticipate publishing my work (individually or collaboratively) within the next 12 months.
50% very much to absolutely, 50% somewhat to not at all

Click here to participate in THIS month's survey.

Important Articles and Links

- *INANE Virtual Journal* Listing of journals
- *Research Focused Doctoral Education in the 21st Century: Curriculum, Evaluation, and Postdoctoral Considerations*Important Articles and Links
- *Alignment of DNP Degree Competencies with Employer Perspectives: The Value of Academic Practice Partnerships*
- *Doctors of Nursing Practice Defend Truthful Titles, Free Speech, and Their Livelihoods in a new Lawsuit*
- *Academy of Clinical Essentials: A Revolutionary Nurse Staffing and Education Model*
- *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*
- *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*

Do you have articles of interest to share with your nursing and doctoral prepared colleagues? Submit them to:
info@DoctorsofNursingPractice.org
for inclusion in OUTCOMES.

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

- *Virtual Nursing is Here*

- *The Science of Certainty in Most Uncertain Times*

- *The Future of the NP: Not a Joke*

- *Slavery and the Journal - Reckoning with History and Complicity*

- *LGBTQ+ Nursing and Healthcare Organizations*

- *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

- DNPs in Diversity, Equity, and Inclusion

- 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.

Please see these examples Scholarly Projects currently in the Archives. Click the title to view.

Effect of a Peer-to-Peer Educational Intervention on Compassion Fatigue and Burnout in Flight Nurses,
by Bryon G. Denton, DNP, RN, CFTN, PHRN from Aspen University

Diabetes Distress Screening Among Type 2 DM Patients in Primary Care,
by Marvin C. Depas, DNP, MSN, FNP-BC from Touro University Nevada

Integration of Survivorship Care Plans into Standard Care: A Quality Improvement Project
by Patricia E. Deslauriers, DNP, APRN, NP-C, AOCNP

- 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

Informal Caregivers and other family members of patients with dementia often ask, "What do I do when he (or she) gets angry? It's even worse at night." This remains an extremely difficult question to answer. Many of the other challenges Informal Caregivers face can be solved or alleviated with advice, support, special medical products/supplies, and medications. This common issue with dementia patients, however, remains difficult to address.

When considering this issue, we benefit from remembering the world is gradually becoming a scary place for individuals with dementia. They steadily forget the meaning of words and names. Even their environment becomes unfamiliar. This is why it's recommended we keep the dementia patient in their own environment for as long as possible. They steadily become confused, frustrated and deluded. At times they hallucinate. This sets up a situation difficult for anyone to manage.

This behavior is triggered by the demented person's inability to express themselves with words and comprehend what they are seeing. Once the caregiver is able to assess the situation and reverse the trigger, the behavior improves. While trying to assess the situation, the caregiver must avoid arguing or attempting to reason with the person with dementia. An Informal Caregiver must learn to live in the reality of the demented person.

An important quality for a caregiver is patience. A patient's cognition can change throughout the day. In addition to a normal process of change, the impact of infection can take a toll on the Informal Caregiver and the patient. In fact, many times infections are diagnosed based on behavioral changes.

As the patient's dementia progresses, they need to feel love and comfort from the caregiver. This can be done with physical touch, music, radio or television shows from the demented person's era. When addressing a "trigger," the caregiver should keep in mind it can take up to two minutes for the individual with dementia to process what is going on around them.

The demented patient becomes upset when they cannot find someone who had been critical in their life. This is the case where a spouse or sibling has died. Is it ethical to 'lie' to the person? I would argue it's much more caring to simply tell the demented patient the person they are looking for has gone to the store or are visiting a friend. They will 'forget' your explanation.

If you decide you must be honest, remember, every time you tell them the person has died, they relive a heart-breaking moment. Just like they forget your simple explanation suggested above, they will forget the truth.

We frequently look for medications to intervene with behaviors. With the older demented patient, this is not an option. Simple reflection on side effects of psychiatric medications when used by the elderly tells the story. There are serious side effects, such as stroke or even death.

Organizations offering support for Informal Caregivers of a demented individual include Alzheimer's Association, Positive Approach to Care and The Family Caregiver Alliance.

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.

Enhancing DNP Nurse Leadership in Addressing Movement Disorders

By Edward Graham, MSN, APRN, PMHNP-BC
Eastern Kentucky University

Movement disorders, such as Tardive Dyskinesia (TD) and extrapyramidal symptoms (EPS), persist as substantial concerns within the healthcare system (Debrey & Goldsmith, 2021). The prevalence of TD can range from 15 to 40% (Jackson et al, 2021). TD is typically associated with protracted antipsychotic medication use, while EPS predominantly occurs in the early phases of medication treatment (Gupta et al., 2021). Confounding factors and lack of awareness by mental health practitioners exacerbate underdiagnosis and ineffective management. DNP psychiatric mental health] leaders possess a comprehensive understanding of the importance of underdiagnosis, misdiagnosis and the associated challenges for both provider and client. These clinicians also understand the importance of education, standardized assessment protocols, and the timely, appropriate treatment when addressing movement disorders.

AIMS Screening Tool

Through evidence-based practice[EBP], DNP nurse leaders have a unique opportunity to enhance client care (Cornett et al., 2017) by advocating for the use of standardized assessment tools, such as the Abnormal Involuntary Movements Scale (AIMS). The AIMS is an effective tool to gauge the onset of TD and recognize EPS (Guy, 1976). DNP nurse leaders can improve early detection and decrease the time to intervention initiation for clients with movement disorders. The AIMS consists of a series of items designed to assess several properties of involuntary movements, such as frequency, intensity, and duration. Each item is scored on a scale ranging from 0 to 4, with higher scores indicating more severe symptoms. Total scores can range from 0 to 28, with higher scores suggesting a greater extent of abnormal movement. Interpretation of AIMS scores should consider the individual's baseline movement patterns, medication history, and clinical presentation (Guy, 1976). In collaboration with healthcare providers, patients, and caregivers, DNP nurse leaders can ensure accurate analysis of AIMS scores and tailor interventions to meet individual needs. This may include adjusting medication regimens, initiating adjunctive therapies, and providing comprehensive support services.

Despite the effectiveness of standardized assessment tools like the Abnormal Involuntary Movements Scale (AIMS) in detecting movement disorders such as TD and EPS (Guy, 1976), there are barriers to their widespread implementation in clinical practice. Studies have highlighted the importance of integrating these tools into routine practice to enhance early detection and improve patient outcomes (Cornett et al., 2017; Gupta et al, 2021).

Navigating the Path Forward: Strategies for Advancing Movement Disorder Care

To overcome these barriers, DNP nurse leaders must prioritize provider education and awareness, emphasizing the significance of using standardized assessment tools like the AIMS, and offering guidance on their interpretation and utilization (Debrey & Goldsmith, 2021). By enhancing provider knowledge and awareness, DNP nurse leaders can encourage the routine use of these tools in clinical practice, improving detection rates and ensuring timely interventions for patients with movement disorders. Collaborating with healthcare providers, patients, and caregivers, DNP nurse leaders can ensure accurate interpretation of AIMS scores and tailor interventions to individual needs, including adjusting medication regimens, initiating adjunctive therapies, and providing comprehensive support services.

Enhancing DNP Nurse Leadership in Addressing Movement Disorders (Continued)

Moreover, DNP nurse leaders can play a pivotal role in promoting evidence-based practice (EBP) related to the assessment and management of movement disorders. By staying abreast of the latest research findings and guidelines, they can advocate for the adoption of best practices and ensure that clinical interventions are grounded in sound evidence. Collaboration across the healthcare continuum is essential for addressing barriers to implementing standardized assessment tools. DNP nurse leaders should collaborate with multidisciplinary teams, including psychiatrists, primary care providers, and allied health professionals, to develop integrated care pathways and protocols that facilitate the systematic use of assessment tools in diverse clinical settings (Cornett et al, 2017; Gupta et al, 2021; Guy, 1976; Jackson et al, 2021).

Conclusion

DNP nurse leaders can make a significant impact by addressing movement disorders within the healthcare system (Debrey & Goldsmith, 2021; Gupta et al, 2021; Cornett et al., 2017). Scholarship, advocacy, and leadership allow for groundbreaking change and help to improve patient quality of life. By aligning with the essentials from the American Association of Colleges of Nursing (AACN, 2021), especially Domain 4: Scholarship for the Nursing Discipline and embracing role transformation, nurse Leaders can elevate the field, engage in true clinical scholarship, impact policy or guideline development, and ensure positive healthcare outcomes.

References

American Association of Colleges of Nursing [AACN] (2021). The Essentials: Core   Competencies for Professional Nursing Education.   https://www.aacnnursing.org/essentials

Cornett, E. M., Novitch, M., Kaye, A. D., Kata, V., & Kaye, A. M. (2017). Medication-Induced Tardive Dyskinesia: A Review and Update. *Ochsner Journal*, 17(2), 162–174.

Debrey, S. M., & Goldsmith, D. R. (2021). Tardive Dyskinesia: Spotlight on current approaches to treatment. *FOCUS*, 19(1), 14-23. https://doi.org/10.1176/appi.focus.20200038

Gupta, H., Moity, A. R., Jumonville, A., Kaufman, S., Edinoff, A. N., & Kaye, A. D. (2021). Valbenazine for the treatment of adults with Tardive Dyskinesia. *Health Psychology Research*, 9(1). https://doi.org/10.52965/001c.24929

Guy, W. (1976). ECDEU *Assessment Manual for Psychopharmacology*. National Institute of Health. Rockville, MD.

Jackson, R., Brams, M.N., Citrone, L., Hoberg, A.R., Isaacson, S.H., Kane, J.M., and Kumar, R. (2021). Assessment of the impact of Tardive Dyskinesia in clinical practice: consensus panel recommendations. *Neuropsychiatry Disease Treatment*. 17: 1589-1597. doi: 10.2147/NDT.S310605

Easing the Burden of Emergency Preparedness

by Alexandra Hoffman-Steiman, DNP, FNP-BC

This authors graduated from Wagner College. Her capstone project entitled, "Educational Intervention on Easing the Burden of Emergency Preparedness of Caregivers Over the Age of Sixty-five Taking Care of Children" was completed in December 2020 during the height of the COVID 19 Pandemic. She is employed as a Family Nurse practitioner and Substitute Doctoral Lecture with The College of Staten Island. Her dissertation/final project highlighted the need for grandparents and caregivers responsible for taking care of young children to be well prepared.

September is national disaster month. Disasters strike at any time! Disasters can be natural, technological, or human caused. Storm surge, floods, wildfires, hurricanes, pandemic, cyberattack, and school bomb threat and shooting emergencies. Disaster situations arise can happen and develop in an instant without any warning. The purpose of her study was to examine the preparedness of senior caregivers of children they watch that are associated with poor preparedness in the event a disaster were to arise. The majority of this generation is employed and often leave the care of their offspring with older adults who have retired. Parents rely on caregivers for extra assistance when daycare and schools remain closed. She developed an educational video to educate caregivers on what to prepare and have in place in the event of an impending emergency. Most older adults minding children did not know the weight in pounds of the infant or child to correctly dose medication on hand or have a laminated identification card along with documentation guardian or parental consent readily available. Her study found the majority did not teach children their first name and referred to alternate general grandparent nicknames. A designated meeting place was not discussed in the event of separation and extra supplies pertinent to the child or infant did not exist. The aims of this study highlighted the importance of including appropriate pediatric resources in emergency disaster planning and response, educating the senior population about being prepared while caring for the child in the event of an impending disaster occurs, and provides resources and best practices that will assist senior population when planning for disaster. Her education video, "Who's Watching Who?" highlighted important items to have such as child size rain boots, clothes, formula, diapers, sippy cups, extra children's medication in an informative eight minute that engaged this population. A mnemonic memory aid to help them remember and visual imaging was showcased.

"KIDS= K-eep, I-infants and children, D-isaster, S-afe, and K-keep a ToGo bag, I-n, D-Direct, S-ight".

Her video educates the general public on having a manual can opener, extra flashlight with batteries, portable charger, extra pair of glasses or hearing aid, checking expiration dates on stockpiled items, having a passport, coins and keeping a ToGo bag with all supplies close for a quick evacuation and in an accessible location. Disaster Preparedness is critical for survival! Dr.Hoffmann DNP, FNP-bc looks forward to disseminating her project to senior centers and childcare centers to build resilience and reduce the risks associated by being unprepared.

For more educational information from Dr. Alexandra HOffmann-Steiman, visit **THIS BLOG**

Innovating Nursing Education

Excerpts from an article posted by Jones & Bartlett Learning

The healthcare system is transforming on multiple fronts, and academic programs must adapt to ensure that nurses are equipped to meet the demands of modern patient care. But according to a well-known healthcare executive and educator, traditional approaches in preparing nurses - which often revolve around more memorization than application - aren't keeping pace with complexities in health care deliver.

Dan Weberg, PhD, MHI, BSN, RN, advocates a shift in educational strategies. He has been publishing and speaking about healthcare innovation for more than 15 years and is well-versed in the challenges and opportunities in nursing education. He is the coauthor of **Leadership for Evidence-Based Innovation in Nursing and Health Professions**, a **Jone and Barlett** text whose 3rd edition to be published in September 2024.

Transforming from Memorization to Information Mastery

Weberg argues that the intricacies of patient care, particularly in intensive care settings, have reached a level of complexity that renders memorization ineffective in establishing adequate knowledge. "You can memorize anatomy, and that makes sense. But the complexities of an ICU patient today is so advanced that you can't memorize all the different pathways, all the different decisions, all the different drugs, all the different interventions. It's impossible."

"We have to teach nurses how to access reliable, safe, and vetted information, either through evidence-based practice or through an AI search tool - and to incorporate that into real-time information. He goes on to share, "Because they can no longer memorize all this stuff, I think it is a fundamental shift for us as educators. Nursing school needs to be set up to access information, not memorize it."

Cultivating Clinical Judgment

"NCLEX pass scores mean zero to me as a hiring manager, because it is the lowest part of our profession. When I hire 97% pass rate graduates, I still have to put them through a year-long training in order to get them to be independent and safe. Something is broken on the education side. From a hiring manager standpoint, I would like to see that even if a program has a 10% NCLEX pass rate, those graduates could hit the ground running safely in 2 months versus 12. That is the outcome I want to see."

Incorporating AI to Broaden Perspectives

Artificial intelligence has the potential to improve nursing education by offering an additional layer of analysis and feedback. "One of my burning platforms is nowhere in nursing education," he said. "We should be teaching how to take machine-generated insights and turn them into clinical decision making. That goes back to how we access real-time information…. By implementing an AI-informed approach, students would have a more accurate understanding of their knowledge.

Moving Beyond Checklists to True Competence

Weberg supports the move toward competency-based education but cautions against a simplistic checklist approach. "We have to really be careful that we don't go down the checklist route and that we actually go to the competence route. It's not just doing the task. Nursing is understanding all the complexities ghat go into every direction."

Innovation as a Core Component of Nursing Practice

"By embracing methods that prioritize information master, advanced clinical decision-making, and the integration of technology, nursing education can produce a workforce that is not only competent, but also innovative and adaptable.

To view the complete article, click into THIS LINK.

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.

AONL | American Organization for Nursing Leadership™
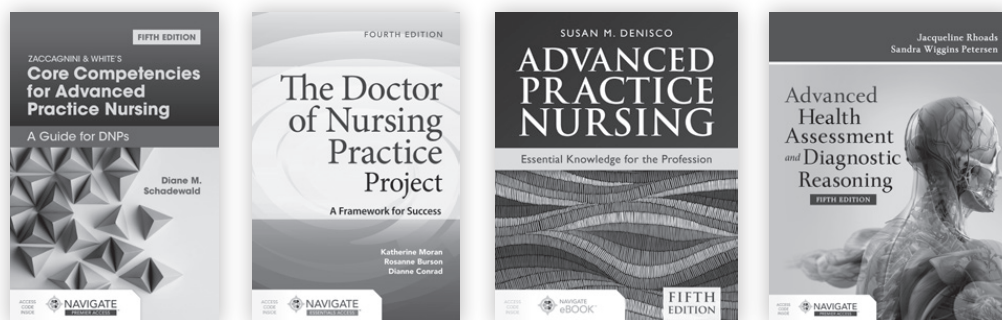
NURSE MANAGER INSTITUTE
Help Your Staff Develop Essential Management Skills

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Schedule

A three-day program with a blend of asynchronous pre-work and live sessions to build upon learning. All times are for the central time zone. Session details available within the AONL online learning platform.

Intended Audience

This course is designed for current nurse managers who are looking to add the critical management tools necessary to take their career to the next level.

Learning Objectives

Managing the business

Upward and downward management

Basics of budgeting

Cultivating the leader within

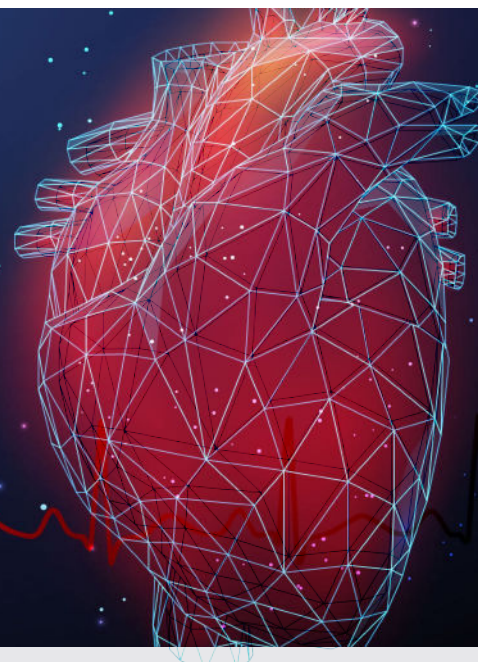**Confidently manage conflict**

Communicating effectively

Embracing Nurse Manager Identities

A TRUSTED TREATMENT, A DOSE OF INNOVATION: SOTALOL IV.

FASTER, EFFICIENT SOTALOL INITIATION FOR AFIB, AFL, AND V-TACH

SOTALOL IV
sotalol hydrochloride injection
10mL vial (15mg/mL)

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 uptitrate 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)
- Bradyarrhythmia, 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)
  o Fetal/Neonatal Adverse Reactions-Sotalol has been shown to cross the placenta and is found in amniotic fluid.
  o 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)
  o Sotalol is present in human milk in high levels.
  o Advise women not to breastfeed while on treatment with sotalol.
- Females and Males of Reproductive Potential (8.3)
  o Infertility-Based on the published literature, beta blockers (including sotalol) may cause erectile dysfunction.
- Pediatric Use (8.4)
  o 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.

ALTATHERA PHARMACEUTICALS

Florida Gulf Coast University FGCU

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   Brenda Hage, PhD, DNP, APRN   Kelly Goebel, DNP, APRN-Acute Care NP
   Associate Professor, DNP Program   Director of the School of Nursing   Director of the BSN program

Scan me!

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2024 Exhibitor &
Conference Bag Sponsor

Academy of Doctoral Prepared Nurses

Please accept this update on the steps and strategies in place (and being developed) to move the **Academy of Doctoral Prepared Nurses** forward. As noted in past issues of OUTCOMES this initiative was long in development and was put out to all interested during the June 25, 26, and 27, 2024 Conference and Inaugural Summit in Key West, FL.

Plans are in place but unfortunately have not been actualized to include Academy leadership and the formation of groups and teams to address priorities identified at the Inaugural Summit. 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

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. A recent survey validated the need for a vehicle to disseminate scholarly project work that does not fit the definition of research. Still, it is translational research, or research of practice and there is both an appetite and need for this type of publication. There are challenges that need to be overcome and addressed proactively.

The challenges to build an online journal are tremendous yet we 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. This has been a slow process and is not completed. When we started this process we had no idea that it would be such an arduous task, yet the end results will pay off for all involved.

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

IMPROVE THE KNOWLEDGE AND SKILLS OF DOCTORAL NURSES IN GENOMICS

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 participa[te]

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."

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.

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.

VANDERBILT UNIVERSITY
School *of* Nursing

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
Events from Collaborating Organizations	DNP Foundation Donor Options	DNP Foundation Donor Listing
Scholarship and Grant Opportunities	Sign Up for the Online Community	DNP Online Community: Blogs
DNP Online Community: Forums	DNP Online Community: Groups	Join the Mailing List
OUTCOMES Newsletter Archives	OUTCOMES Article Submission	Advertising Opportunities
Career Opportunity Advertising	The Academy of Doctoral Prepared Nurses	The Journal of the Academy of Doctoral Prepared