

OUTCOMES

The monthly E-Newsletter from Doctors of Nursing Practice, Inc.
and the Academy of Doctoral Prepared Nurses

October 2024, Volume 10 Number 10



Services

Featured Article

Organizational Update

- [5 Question Survey](#)
- [ConEd for you!](#)
- [Online Community](#)
- [Dissemination Team and Repository](#)
- [Discounts on Key Text Books](#)
- [National Conference and Summit](#)

- [Caregiver's Corner](#)
- [The Importance of Triage](#)
- [Nurse-Lead Hospital Leadership](#)

- [Building an Academy to reflect our collective talents](#)
- [Still Exploring Ways to Support DEI](#)
- [PICOTalks Invitation](#)

DNP, Inc./ADPN Organizational Updates

We've all heard the phrase, "Be careful what you ask for as you just might get it." Well, we have been aiming (asking) to build the DNP Inc. organization to better impact and influence the professional activities of doctoral prepared nurses. We have had this OUTCOMES newsletter since November 2015 which makes this effort a 9 year marathon. We have worked to build the DNP Inc. organization since 2006 now rounding out 18 years of professional commitment.

The Academy of Doctoral Prepared Nurses initiative is new - given birth in 2024.

Throughout these past years the satisfaction is the feedback from colleagues sharing their appreciation for the information shared. Another great joy is the collaboration with colleagues to enhance and refine processes. The total number of contributors is difficult to quantify but please know your contributions are appreciated.

Recently we had a meeting of Doctors of Nursing Practice Inc. Advisory Board members. They include:

Douglas Dascenzo, DNP, RN, CEP, Regional Chief Nursing Officer, Trinity Health,
Louis M. Davis, DNP, APRN, FNP-BC, Assistant Professor, University of Mercy, Detroit,
Christina Cavinder, DNP, RN,, CPNP-PC, Assistant Dean of Graduate Nursing, Valparaiso University,
Amy Hite, EdD©, DNP, EdS, APRN, FNP, Professor and Director SANE & NPR Grant Projects
Pittsburg State University, and,
Susan VanBeuge, DNP, APRN, FNP-BC, FAANP, FAAN, Associate Professor,
University of Nevada Las Vegas

These colleagues have provided ideas and guidance in the past and have again stepped up to support the growth of DNP Inc. and the Academy. Many great ideas and strategic plans were discussed. More will no doubt be provided from this group of experts as the organization continues to grow and evolve.

Other updates to share: The IT/Website design company we have worked for this past several month has evaporated. They have ghosted us and as a result we are moving on to companies that can provide specific services. For example, one group is installing the open-source online journal on the Journal subdomain, while another company is finessing the application that captures and displayed Doctoral Programs and Scholarly Practice Projects. As you may know, these are on-going and evolving requiring the support of a team on a regular basis, and therefore there is a one-time charge of \$30 to display completed projects - unless there is an underwriting support of \$150 per year by the university or college to help support discounts to post these projects. For more information about the Dissemination team, [CLICK HERE](#).

Teams are being formed and activated to address the Academy of Doctoral Prepared Nurses, and the planning for the 2025 National Conference and Summit. Many colleagues interested in being a part of this process. If you are interested, [please contact us!](#)

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.

Still Exploring Ways to Support Diversity, Equity, and Inclusion

Trying to support Diversity, Equity, and Inclusion is an ongoing challenge with the proverbial 3-steps forward and 2-steps back dance. Past efforts to include colleagues' perspectives and experiences to highlight and enhance DEI have not been as successful as hoped. We again offer an open invitation for anyone involved in Diversity, Equity, and Inclusion to share thoughts in the form of an article or blog so that all members of Doctors of Nursing Practice, Inc. and the Academy of Doctoral Prepared Nurses can grow and enhance professional practice with the support of colleagues.

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](#) exploring if Pursing Diversity is Worth the Effort, and kindly share your thoughts and insights.

[We are proud to promote The Diversity Digest published by the American Association of Colleges of Nursing](#)

Continuing Education for 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

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 easy access and storage. CE certificates are provided 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 your perspectives regarding disaster preparedness. Do the responses below reflect your thoughts, experiences, and point of view?

Question 1: September is National Preparedness Month to remind everyone that preparing for emergencies and disasters can keep individuals, families and communities safe. Please respond to these statements: I am comfortable in taking care of children if a disaster were to happen.

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

Question 2: My home is prepared to shelter in place if there is a need.

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

Question 3: I have a To Go Bag ready if there is a need to evacuate quickly.

13% very much to absolutely, 87% somewhat to not at all

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

63% very much to absolutely, 37% somewhat to not at all

Question 5: If a disaster struck my area, I have evacuation and transportation plans in place.

19% very much to absolutely, 81% 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

- [Who's an Anesthesiologist? Turf War Sparks Trademark Dispute](#)
- [Roles and Responsibilities of a Chief of Staff for Maryland Department of Health](#)
- [Is Pursuing Diversity Worth the Effort?](#)
- [Structural Racism in Peer Reviewed Publications](#)
- [The Science of Certainty in the Most Uncertain Times](#)

EVENTS

- [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.

[Chaminade University of Honolulu](#)
[Charles R. Drew University of Medicine and Science](#)
[Wilmington University](#)
[University of Maryland](#)
[Purdue Global University](#)
[Sacred Heart University](#)
[Lourdes University](#)
[Oak Point University](#)
[Post University/American Sentinel College of Nursing](#)
[Saint Louis University](#)
[Westminster 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.

[**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

As I sit here preparing my article for the October issue of OUTCOMES the long hot summer of 2024 is finally receding in Las Vegas and the Southwest. Who could imagine looking forward to highs in the 90's? The onset of Fall comes with thoughts of what might be next. Many of us are considering the start of our traditional holiday season. The fun of Halloween, sharing Thanksgiving with family, and the joy of Hanukkah and Christmas will soon be here.

I have written about the impact of this season on Informal Caregivers in the past, but this month, I would like you all to consider another aspect of our holiday season. In November of 1997, President Bill Clinton was the first to declare November would be National Informal Caregiver Month. He referred to these Americans as unsung heroes. To this day, they remain 'unsung.'



Their numbers are counted every five years. We will soon have the long-awaited, 2025 update. It's hard to imagine how high this number needs to be to encourage change in ways our country can help this population. In 2020 their number exceeded 50million.

An Informal Caregiver is frequently described as a friend or family member who accepts the unpaid responsibility for caring for someone who can no longer care for themselves. There are times when an individual is able to get some compensation, but their unpaid contribution to our healthcare system exceeds billions of dollars.

It's difficult to believe it has been almost a year since I have addressed this problem in my small voice. I will reach out again to major card production companies hoping they might consider producing a few cards directed at recognizing our country's 50million Informal Caregivers. I reached out earlier this year, and I will do so again. When I reached out the first time, I felt like I was being told, "If we wanted a suggestion, we would have a suggestion box." I will see if I get any further this time.

I did find I had much success when I approached known family members or friends of Informal Caregivers. They asked for ideas on how to recognize them in November. I also had success when I spoke to my family's pastor regarding recognizing this population. Many church members are Informal Caregivers. The Church Deacons and Elders generally know who these members are. This year, I will encourage more out-reach to these members.

I plan to reach out to those who represent me in local and federal government to find ways to acknowledge this growing segment of our population. These Informal Caregivers are members of all political parties. They are voters.

I also plan to reach out to my family members, friends and acquaintances who I know are Informal Caregivers. Finally, I ask anyone who reads this column online in the Doctor of Nursing Practice OUTCOMES monthly newsletter, or other sources, where I plan to post this information, to find ways to join me.

For more information: <https://www.cdc.gov/aging/caregiving>

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](#).

The Importance of Triage

by Yoomi Lee, AGCPNP-BC, MSN, BSN
DNP Student at Eastern Kentucky University

Triage is a necessary skill all nurses should have. The idea of triage comes from a French physician who served as Napoleon's Chief Surgeon, who prioritized the medical needs of the army, "those who were dangerously wounded must be attended to first, entirely without regard to rank or distinction. Those less severely injured must wait until the gravely wounded have been operated on and dressed. The slightly wounded may go to the hospital line; especially officers, since they have horses and therefore have transport," this serves to conserve manpower and conserve the interest of the sick and wounded (Dippenaar & Bruijns, 2016, pg. 1). The United States was the first country to assign triaging to nurses as part of emergency room medicine. The nurse's knowledge and expertise affect how effectively they can triage and make good clinical decisions for a patient. An accurate triage "decision is a correct allocation for patients to receive emergency service in the best suitable time according to the severity of their condition" (Tam et al., 2018).

Triage isn't primarily for the emergency room. Nurses should have basic triage skills in all fields of nursing. In whatever nursing specialty or field, one ends up in, triaging skills may disappear and become low on the totem pole for priority skills to keep up on. However, patients do not want to wait in the emergency room and wait for a prolonged period, only to be told that their need isn't emergent, and they will have to continue to wait to be seen. These days patients bypass the emergency room and try to see their primary care provider instead. However, prolonged wait times increase the risk of adverse events and often leave individuals to seek urgent care (Ansell et al., 2017).

Triage in Primary Care

Timely access to primary care is associated with improved outcomes because the team has a better understanding of the patient's needs. It is also associated with higher patient satisfaction. "Waiting for a primary healthcare appointment can often impose a physical and emotional burden on an individual who is in pain or worried about a serious health condition, studies have shown that adverse events may arise from prolonged waiting for primary care appointment" (Ansell et al., 2017). Because appointments are scarce, nurses are expected to triage the patient to see how quickly they need to be seen. Often, messages are exchanged back and forth from the nurse and provider, which can delay care if a nurse can't triage appropriately or "mistriages" (Ouellet et al., 2023). "Overtriage," where a mild case is sent to the emergency room, can convolute care but also increase the number of patients in the emergency room (Ouellet et al., 2023). In cases like these, primary care nurses who have a better understanding of their patients' histories, should triage more accurately as not to prolong care, or add to the emergency room burden.

Recommendation

Continuing education should include triage as part of a curriculum for nursing licenses. It keeps the education that nurses worked so hard to achieve in place. It is important for nurses to have refresher courses on triage. Refresher courses should be simplified to assure all nurses understand the use of a triage system (Tam et al., 2018). A study by Brosinski et al. (2017) conducted training over a month with four 20- minute sessions with 10 power point slides and they found triage accuracy improved significantly based on the previous 3-month data that was collected (Tam et., 2018).

Role of DNP Leader

The DNP leader can facilitate education for nursing. Having the unique skill set and experience of having been a registered nurse and now a provider, they know what is needed in an effective triage. The DNP leader can lead these classes or develop continuing education classes. However, it may be more effective to do education within the organization based on the population health. Whether if it's a clinic or a hospital, the registered nurses have a feel for what types of patients come in often, this would lead to quality improvement and efficient patient care.

Summary

Triage skills are a necessity for all nurses. Even though, it's low on the totem pole, it is still a basic skill that can be improved. It's prudent that nurses don't forget this skill as it can help their patients at any point but also supports the providers. It can increase patient satisfaction and their confidence in primary care. It can also reduce adverse events and increase the quality of life for a patient.

References

- Ansell, D., Crispo, J. A. G., Simard, B., & Bjerre, L. M. (2017). Interventions to reduce wait times for primary care appointments: a systematic review. *BMC health services research*, *17*(1), 295. <https://doi.org/10.1186/s12913-017-2219-y>
- Dippenaar, E., & Bruijns, S. (2016). Triage is easy, said no triage nurse ever. *International emergency nursing*, *29*, 1–2. <https://doi.org/10.1016/j.ienj.2016.09.005>
- Ouellet, S., Galliani, M. C., Gélinas, C., Fontaine, G., Archambault, P., Mercier, É., Severino, F., & Bérubé, M. (2023). Strategies to improve the quality of nurse triage in emergency departments: A realist review protocol. *Nursing open*, *10*(5), 2770–2779. <https://doi.org/10.1002/nop2.1550>
- Tam, H. L., Chung, S. F., & Lou, C. K. (2018). A review of triage accuracy and future direction. *BMC emergency medicine*, *18*(1), 58. <https://doi.org/10.1186/s12873-018-0215-0>

You Won't Need as Many Nurses: Sooner Than You Think

Nurses are feeling overworked and burned out, and there are not enough nurses to fill the gaps left by those leaving the industry. This means your hospital halls will soon be empty, but not for the reason you think. Your nursing staff will be virtual.

Many organizations are turning to virtual nursing to address staffing and wellbeing, and with the current trajectory virtual care will be an integral part of the future of healthcare.

So, while your rooms won't be completely devoid of in-person nurses, soon an entire department of onsite clinical staff will be a thing of the past.

Here's how to adapt and advance.

The use of telemedicine following the COVID-19 pandemic kick started the virtual nursing movement. And while some systems are just getting started, many have been utilizing virtual nursing for years and continue to expand.

In fact, according to Steve Klahn, system clinical director for virtual medicine at Houston Methodist, virtual nursing roles are about to expand exponentially. Klahn predicted that within the next five to 10 years, 60% to 70% of nursing positions across the industry will become virtual or have a virtual component.

- **Within the next five to 10 years**, more than half of all nursing positions could be entirely virtual or have some kind of virtual component, which will only expand thereafter.
- **Care delivery models will have virtual nursing** fully integrated and will involve support from remote nurses and new ways of collecting patient information.
- Virtual nursing has the **potential to impact staffing by eliminating contract labor and serving as a flexible scheduling and education tool** for both new nurses and tenured nurses.

[See the blog and join the conversation.](#)

University of Cincinnati Medical Center's Nurse Lead Leadership

[This article is authored by Keeey Gooch Becker's Hospital Review, and can be found by clicking this sentence.](#)



Over a year ago, Cincinnati-based UC Health [adopted](#) a site leadership model where each of its two acute-care hospitals is led by a registered nurse. This shift, according to Rob Wiehe, the former chief administrative officer of University of Cincinnati Medical Center and current systemwide COO of UC Health's hospital division, has proven advantageous and is a strategy he intends to maintain.

"It's really important to have, if possible, that nurse leadership at the top," Mr. Wiehe told *Becker's*. "I definitely think the integration, within our end, has been a plus, and it's a model I'd like to continue to keep, although healthcare changes, and we'll adapt as needed."

As part of the leadership model, UC Health combined the chief administrative officer and CNO positions at both hospitals.

Jennifer Jackson, DNP, RN, rejoined UC Health as its vice president of operations, West Chester (Ohio) Hospital site leader and chief nursing officer, effective Sept. 11, 2023. Dr. Jackson replaced Tom Daskalakis, who was [appointed](#) permanent chief administrative officer and vice president at West Chester Hospital in 2017.

He also said the shift to the model was "a deliberate step toward creating that more integrated and collaborative leadership structure with nurses at the center of operational and clinical decision-making combined. It's allowed us to streamline leadership. It brings that clinical expertise again directly into our operational strategies, and it has fostered that alignment between care delivery and administrative functions."

UC Health does not yet have specific data related to the leadership model and potential effects on patient experience, patient outcomes, or recruitment and intention. However, Mr. Wiehe did point to other effects. He said the approach has helped foster a culture of shared governance and professional growth. "When you have a nurse leader as your site leader, it takes on a little bit of a different personality," said Mr. Wiehe.

Mr. Wiehe said the health system's shared-governance teams have also focused on helping nurses when they have challenging days. "When they've had challenging families or challenging patients, they've had a voice. They've created safe spaces within the hospital where they could go and just relax and kind of recover from whatever they were dealing with while their teammates covered for them on the front line," he said.

He recommended that other systems contemplating a similar approach consider the importance of having the right person in leadership roles. "If you had a leader who was only nursing centric and not able to work in a highly matrix environment, which academic medicine is, that it could be kind of insular," said Mr. Wiehe. "The caution is you need a leader who, yes, is an RN. Yes, in our instance, understands that front line and what's happening, the care pathways and can effectively work with their physician partners and with their ancillary services or even finance and other support services.

"They can't be so heavily nursing-focused, but having that nursing background, it really, if they have everything else, is such a big benefit."

Please share your thoughts and ideas on this blog, and/or through the Becker's Hospital Review site, 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:

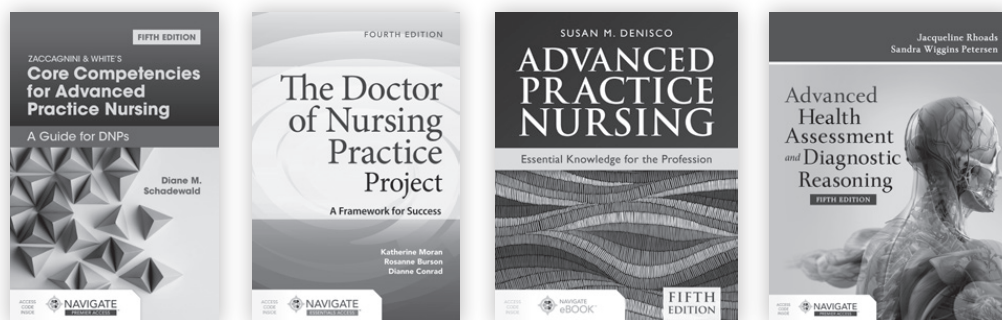
Informatics' Impact on Health Care Outcomes
DNP Prepared Nurses' Successes and Challenges in Policy Formation
Doctoral Prepared Nurses Demonstration of Collaborative Success
Expertise in aggregate/population health outcomes
Entrepreneurial expertise: How to start and maintain a practice
Collaboration 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.

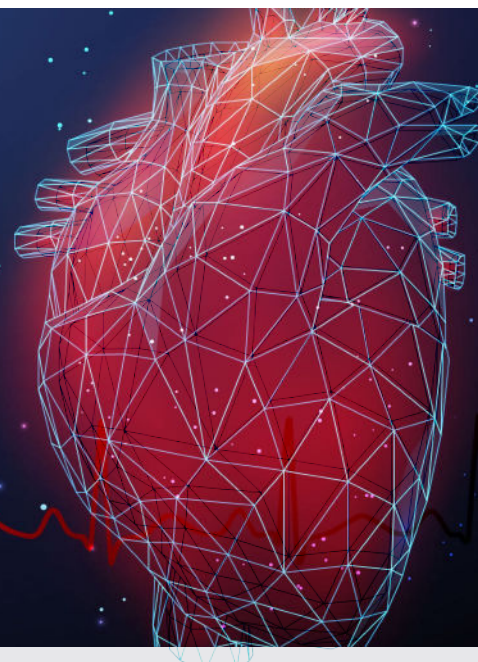
Say Hello to Your New Course Resources



See these titles and more at
www.jblearning.com

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

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



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.



Sotalol IV is a registered trademark of AltaThera Pharmaceuticals. ©2024 AltaThera Pharmaceuticals. All rights reserved. SIV-JAD-003.1-052024
This information is intended for use in the United States and Puerto Rico only.

Working Together, For You

Doctors of Nursing Practice, Inc. and Jones & Bartlett Learning have partnered to offer you an exclusive discount on top resources for DNP practice and education.

Please use code **DNP40** to enjoy **40% OFF PLUS FREE SHIPPING*** on any of our printed books.



Scan the Code to Save with Code **DNP40** or Visit go.jblearning.com/DNP40



*Offer valid through 12/31/2024. Must use coupon code: DNP40 at checkout. Suggested U.S. list price. Prices are subject to change. Not valid with other offers or prior purchases. Offer not valid on retail, trade, or wholesale orders. Individual purchases only. Free ground shipping to continental U.S. addresses only. Sales tax will be applied to your order. If you are not completely satisfied with your purchase, please return it within 30 days for a full refund or replacement copy.



Something New to Consider (to support professional growth) PICO Talks: An Invitation

We are all familiar with TED talks (Technology, Entertainment, Design). Yet we have a need in our discipline for something specific to healthcare and improving outcomes.

Introducing PICO Talks

(P)rofessionalism, (I)nnovation, (C)ollaboration, and (O)utcome

PICO Talks has been created to address the need of nursing and healthcare professionals to address a wide range of topics. These are TED Talk-like presentations that will be recorded and offered for free to anyone interested. The presenter agrees to offer their expertise without charge, and the viewer is asked to make a donation to the Foundation to support nursing excellence.

Please review these guidelines for a PICO Talk Presenters:

- The talk is 20-25 minutes maximum,
- Will be recorded without an audience for questions and answers, yet the speaker can received follow up communications,
- Topics can be in the field of Nursing and Healthcare delivery, and address healthcare outcomes either in a quantifiable format or in spirit,
- PowerPoint slides are discouraged. Talking to share ideas without images or words is the goal,
- The talk does not have a specific agenda nor is it a single-topic driven event,
- Diverse voices, points of view, and expertise are welcomed and embraced,
- This is a platform to showcase innovative thoughts and processes within the nursing discipline and health care delivery,
- Speakers should be transparent about the facts and evidence used in the presentation,
- The goal is to bring colleagues together, and avoid content that could be divisive or polarizing,
- Avoid being self-promoting of products such as books, products, or businesses,
- Talks are to highlight actions, ideas, advances, and insights into what doctoral prepared nurses can do together to enhance healthcare outcomes, and,
- Sponsoring organizations are welcomed and must be declared at the beginning of the PICOT Talk.

The bottom-line goal is to share expertise with a secondary benefit of earning donations for the Foundation to support professional growth.

Are you interested? Do you know of a colleague that would be an ideal presenter?

Please volunteer or name someone that you believe would be a great PICO Talk presenter.

Contact info@DoctorsOfNursingPractice.org to share your interest and ideas.

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.



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