

OUTCOMES

The monthly E-Newsletter from DNP, Inc.

November 2024, Volume 10 Number 11



Monthly Survey

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DNP, Inc./ADPN Organizational Updates

It's a joy - and a little disconcerting - to see changes in our discipline, the scope of nursing services, and the potential to influence outcomes as a result of an earned doctorate degree. All of this in the context of a changing society.

In the past month we have had meetings with the **2025 Doctors of Nursing Practice Conference and Academy of Doctoral Prepared Nursing Summit** planning committee. Potentials for themes, and objectives were discussed. The conversation kept coming back to access and equity in health care and how we - as doctoral prepared nurses - are making a difference to our patients. Thank you to the following for being a part of this first and important phase of the conference planning process:

Amy Herrington, DNP, RN, CEN, CNE, Academic Coordinator of Nursing Clinical Education
University of St. Augustine for Health Sciences

Cynthia Drew, DNP APRN, Autonomous Practice, Business Owner, Cynthia Drew ARNP LLC

Danielle Brochu, DNP, RN, CNEcl, Clinical Nurse Educator, University of Saint Joseph

Chandler Padgett, DNP, APRN, FNP-C, Assistant Professor, Columbus State University, and,

Jean Simmons, DNP, RN, Owner, Simmons Inc.

The input and thoughtful recommendations of this team of colleagues is very much appreciated.

We also had an informative and inspiring meeting with the **Academy of Doctoral Prepared Nurses**. This most recent meeting reflects a third group that has been consulted over the past 12 months to help assure a consistent thinking and direction for the Academy. Thank you to this most recent group that contributed to the planning and strategies to assure a solid foundation for growth:

Peter Bernard Longley, DNP, RN. Professor, Quinnipiac University

DeLeon Addison, DNP, RN, CNE, Department Chair of Nursing/President, Tarrant County
Community College, and Addison Academics

Sarah M. I. Cartwright, DNP, RN, NI-BC, CAPA, FASPAN, Professor, University of St.
Augustine for Health Sciences

Kelli Garber, DNP, APRN, PPCNP-BC, FAANP, Associate Professor, Director DNP Advanced
Practice Program, Old Dominion University

Angela G. Opsahl, DNP, RN, CPHQ, Associate Dean, Assistant Dean of Academic Operations,
Indiana University Bloomington

Katherine (Katie) Lothe, DNP, APRN, FNP, RN, Clinical Associate Professor, University of
Wisconsin Madison

Tracy Saladar, DNP, CPNP-PC, PMHS, Clinical Professor, University of Wisconsin Madison

Other teams to address the conference/summit and the growth of the Academy and its associated Journal are being formed. If you have an interest in any aspect of these initiatives, please contact us. We look forward to working with you and other colleagues.

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.

Appreciating Diversity, Equity, and Inclusion in all that we do

This past Friday October 25, the good folks at DNP of Color hosted a virtual cocktail party to celebrate 20 years of the DNP degree. There were multiple presenters that shared thoughts and insights into how we are evolving collectively as DNP prepared colleagues. It was a very satisfying event. Thank you Dr. Danielle McCamey for coordinating this event.

Supporting Diversity, Equity, and Inclusion is an ongoing challenge in the context of some in the political arena that label these efforts as counter productive. Working with colleagues to continue these efforts is also an on-going effort. **DNP Inc./ADPN** offers 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](#))
 DNP 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 len which reflects to 0.17 to 1.0 Continuing Education U

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./ADPN Monthly Survey Results

The October 2024 survey explored perspectives on the rigor of doctoral degrees in nursing. Do the responses below reflect your thoughts, experiences, and point of view?

Question 1: In a recent University Board Meeting, one of the members suggested that the DNP degree is really no more than a Master's degree due to a lack of rigor. Please share your thoughts to the following statements: All doctoral degrees, all disciplines, have an equal amount of rigor requiring an equitable amount of academic expertise.

58% very much to absolutely, 42% somewhat to not at all

Question 2: A DNP degree commands the same respect as other doctorate degrees in both nursing and other disciplines.

77% very much to absolutely, 23% somewhat to not at all

Question 3: I have seen examples of the DNP degree not demonstrating the same rigor as other doctorate degrees.

15% very much to absolutely, 85% somewhat to not at all

Question 4: The highest practice degree in nursing is the DNP degree. The highest practice degree in medicine is the MD or DO degree. The highest professional degree in pharmacy is the PharmD. The highest professional degree in law is the JD degree.

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

Question 5: All professional/practice degrees receive the same level of respect in all disciplines including nursing.

15% very much to absolutely, 85% somewhat to not at all

**Click here to participate in
THIS month's survey.**

Important Articles and Links

- [*Leveraging Doctor of Nursing Practice Scholarship to Meet Organizational Leaders' Expectations*](#)
- [*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*](#)
- [*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@DoctorsofNursingPractice.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

BLOGS

- [Dual Certified DNPs](#)
- [DNPs of All Race, Creed, Ethnicity](#)
- [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 Color - DOCs](#)

- [University of Cincinnati Medical Center's Nurse-Lead Leadership - an interesting plan](#)
- [Is Pursuing Diversity Worth the Effort?](#)
- [Who's an Anesthesiologist? Turf War Sparks Trademark Dispute](#)
- [Roles and responsibilities as a Chief of Staff for Maryland Department of Health](#)
- [LGBTQ+ Nursing and Healthcare Organizations](#)
- [Virtual Nursing is Here](#)

EVENTS

FORUMS

• [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*

- [DNP Education – Preparing for Practice](#)
- [DNP Student Concerns](#)
- [The AACN Essentials Conversation Continues](#)
- [The Controversy of the DOCTOR Title](#)
- [DNP Professional Growth](#)
- [DNP Faculty](#)

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 view them. 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 are examples of Scholarly Projects currently in the Archives. Click the title to view.

[The Effect of Caregiver Feeding Education on Dementia Patient Weight,](#)

by Elizabeth Marks Cortright, DNP, MBA, RN-BC, CNE from Touro University Nevada

[An Opioid Education Toolkit about Prescription Opiates](#)

by Bonnie R. Jensen, DNP, RN from Bradley University

[Reducing Corneal Abrasions during Surgery through Utilization of Bio-Occlusive Dressings: A Quality Improvement Project](#)

by Melissa A. Lychee, 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

The second anniversary of me writing this column is this November issue. The Informal Caregiver has been my focus. I am smiling as I recall the editor of *OUTCOMES* initially asking me if I wanted to write monthly or every other month. I told him monthly, although I was not sure if I would run out of material. That is not yet the case!

I did use this anniversary to look at the various aspects of their role that I have covered over the past two years. Dementia care was covered from several perspectives. Informal Caregiver stress issues are a common theme in several articles. The sheer numbers of those embracing this role provided information for an issue. Those numbers will be updated early in 2025, and I will report them to you as well.



Loneliness and isolation are common to more than Informal Caregivers, but I have written about both in this column to remind Professional Caregivers of the propensity for both in this population.

Perhaps I enjoyed most, using case studies to illustrate the lengths Informal Caregivers will go to protect those in their care, or to enhance the quality of the lives of those in their care.

Calling attention to the laws in each state that impact our Informal Caregivers has been the subject of yet another article. Laws that impact those who assist them, or laws that might pay them or reminding them of resources to pursue when the Informal Caregiver embraces the role.

While it is appropriate to measure the numbers of Informal Caregivers on a set basis – every five years in our country - it is also important to assist Informal Caregivers on their way out of the role. Once the Professional Caregiver realizes the 'end' is near for the care recipient, they need to broach uncomfortable topics, related to that end. Does the Informal Caregiver know the preference for the type of funeral or burial method? Are these last expenses pre-paid? Is there a living will or trust? In many cases these things will be covered and discussed with a Social Worker, but the Professional Caregiver must know enough to ask and help if needed.

As I reminded readers in last month's article, November is traditionally National Family Caregivers' month. Again, this year, I have contacted three major greeting card companies both in email and telephone calls regarding preparing cards and even small gifts for family caregivers, but again this year, there is no interest. While Halloween and Thanksgiving cards, gifts etc. are now available just about everywhere you look, there is no formal recognition of Informal Caregiving in our country. What is the purpose of declaring an entire month as National Family Caregivers' month?

If you have access to members of your family who are Informal Caregivers, I encourage you to find a way to recognize them. If you have ways to get administrators in areas where you are employed aware of the designation, perhaps that would start a trend.



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](#).

Streamlining Asthma Care: Implementation of MART Therapy

By Brigette Holleran, DNP, APRN

Asthma is a chronic respiratory condition characterized by airway inflammation, bronchoconstriction, and variable airflow obstruction, affecting individuals of all ages. According to the Centers for Disease Control and Prevention (CDC, 2024), over 25 million Americans are diagnosed with asthma, and seven million of those are children under 18. As a family nurse practitioner (FNP) committed to delivering evidence-based care, it is imperative to disseminate practice pearls when guidelines are updated to optimize asthma management and improve patient outcomes. This summary aims to provide clinical pearls of the Maintenance and Reliever Therapy (MART) approach for asthma care, which recommends using the combination of an inhaled corticosteroid and formoterol, a specific long-acting bronchodilator, for both maintenance and quick relief therapy for patients ages six and older with moderate to severe asthma. This approach is recommended in national and global guidelines, including the 2024 Global Initiative for Asthma (GINA) report and the 2020 Focused Updates to Asthma Management Guidelines which emphasize the efficacy, benefits, and implementation in clinical practice.

Background

Traditional asthma treatment recommended the use of separate maintenance (controller) and reliever (rescue) medications, often resulting in suboptimal symptom control and poor medication adherence. For years, the standard of care for asthma treatment has highlighted a short acting beta agonist (SABA), like albuterol, as the reliever (rescue) medication of choice. Updated guidelines focus on using a long-acting beta agonist (LABA), specifically formoterol, in conjunction with an inhaled corticosteroid (ICS), like budesonide or mometasone, instead of albuterol, for the reliever component in adults and children ages six and older in steps 3 and 4 of asthma management (GINA, 2024). Formoterol is fast acting (similar to albuterol) but lasts longer. Think of this as a fast acting, long lasting bronchodilator. The ICS component serves to reduce airway inflammation and prevent asthma exacerbations. Regular use of ICS medications is essential for achieving long-term asthma control and reducing risk. But newer evidence shows that using ICS medications in combination with formoterol for quick relief reduces the risk of severe asthma exacerbations and emergency department visits and hospitalizations by 65% compared to traditional treatment with SABA alone as the reliever therapy (GINA, 2024). Additionally, prescribing this combination in a single inhaler, such as budesonide/formoterol (branded as Symbicort) or mometasone/formoterol (branded as Dulera) improves medication adherence. This integrated approach reduces the need for multiple inhalers and enhances medication adherence by ensuring consistent access to both components of asthma therapy. If a single device cannot be prescribed (due to cost, coverage, or availability), these two drugs can be prescribed in separate devices and used together. This innovative strategy aims to provide comprehensive asthma control while simplifying treatment regimens and enhancing patient adherence.

Clinical Implementation of MART Therapy

Nurse practitioners play a crucial role in educating patients and their families about the rationale, benefits, and proper use of MART therapy. Management should emphasize the importance of regular medication adherence, inhaler technique, and the significance of early recognition and management of asthma exacerbations. The MART approach will be different from what many patients have been taught in the past. For example, adults and children 12 and older may use their combination (budesonide/formoterol) inhaler one or two puffs twice a day for maintenance as they did before, but now will use that same inhaler as a reliever (instead of albuterol) as needed, up to a maximum of 12 puffs per day. (Children ages 6-11 can use additional doses up to 8 puffs per day.) Providers should continue to tailor asthma management plans to meet the unique needs and preferences of each client and schedule regular follow-up visits to assess asthma control, medication efficacy, and adherence to MART therapy. Providers should continue to use validated asthma control tools, spirometry, and symptom diaries to evaluate treatment response and adjust therapy as needed to achieve optimal outcomes. There are barriers in the United States to this approach. Although MART regimens have been strongly supported by asthma guidelines globally for more than 15 years, the Food and Drug Administration (FDA) has not approved combination inhalers for rescue use at this time (Reddel et al., 2022). As a result, cost and coverage may be an issue for some patients. Clinicians should engage in shared decision making with patients and

Conclusion

Current asthma guidelines emphasize that MART therapy is a promising approach to asthma management for adults and children, six years and older, with moderate to severe asthma symptoms. This regimen offers comprehensive control of asthma symptoms, reduced risk of exacerbations, and improved patient adherence. Providers have a responsibility to stay informed about emerging guidelines and best practices in asthma care and to incorporate evidence-based strategies such as MART therapy into clinical practice when possible. Disseminating these guidelines and implementing MART therapy effectively can enhance the quality of care and empower patients to achieve better asthma control and overall well-being.

References

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2. Global Initiative for Asthma (GINA). (2024). Global Strategy for Asthma Management and Prevention. Retrieved from <https://ginasthma.org/>
3. Expert Panel Working Group of the National Heart, Lung, and Blood Institute (NHLBI) administered and coordinated National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC); Cloutier MM, Baptist AP, Blake KV, Brooks EG, Bryant-Stephens T, DiMango E, Dixon AE, Elward KS, Hartert T, Krishnan JA, Lemanske RF Jr, Ouellette DR, Pace WD, Schatz M, Skolnik NS, Stout JW, Teach SJ, Umscheid CA, Walsh CG. 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group. *J Allergy Clin Immunol*. 2020 Dec;146(6):1217-1270. doi: 10.1016/j.jaci.2020.10.003. Erratum in: *J Allergy Clin Immunol*. 2021 Apr;147(4):1528-1530. PMID: 33280709; PMCID: PMC7924476.
4. Reddel HK, Bateman ED, Schatz M, Krishnan JA, Cloutier MM. A Practical Guide to Implementing SMART in Asthma Management. *J Allergy Clin Immunol Pract*. 2022 Jan;10(1S):S31-S38. doi: 10.1016/j.jaip.2021.10.011. Epub 2021 Oct 16. PMID: 34666208.

Words of Wisdom and Philosophies to Consider

“If a person gave away your body to some passerby, you’d be furious. Yet you hand over your mind to anyone who comes along, so they may abuse you, leaving it disturbed and troubled - have you no shame in that?”

Epictetus, *Enchirindon*, 28 [The Stoicism Digest FB Group](#)

“The price good men pay for indifference to public affairs is to be ruled by evil men.”

Plato [Poets FB Group](#)

Stupidity is the same as evil if you judge by the results.

Margaret Atwood, [Philosophaire21 FB Group](#)

Educating the mind without educating the heart is no education at all.

Aristotle [Shadows Within My Mind's Post on FB](#)

I exist as I am, that is enough

If no other in the world be aware I sit content

And if each and all be aware I sit content.

One world is aware, and by the far the largest to me, and that is myself,
And whether I come to my own today or in ten thousand or ten million years,

I can cheerfully take it now, or with equal cheerfulness, I can wait

Walt Whitman, [Classic Literature FB Group](#)

I am not what happened to me, I am what I choose to become.”

Carl Jung, [The Stoicism Digest FB Group](#)

University of Cincinnati Medical Center's Nurse-Lead Leadership: An Interesting Plan

[This article is authored by Keeyy 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.

In discussing the approach, Mr. Wiehe noted the value nurses bring to administration, including an essential frontline perspective.

"Their integration into these executive roles really just strengthens patient-centered decision-making," he said.

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.

For example, amid UC Health's financial transformation, the health system used its shared-governance teams and models to identify supply chain improvement opportunities within inpatient units. This ultimately resulted in switching usage around some of the standardized, widely available supplies and products.

"It helped us really drive adoption of new and different supplies that we're confident are still focused around safety and quality, and we're not giving any of that up," he said. "But we had our nurse colleagues sitting at the table and really examining and had a very strong, if not the strongest, voice in that decision, and they helped us reach good [financial] outcomes."

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.

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

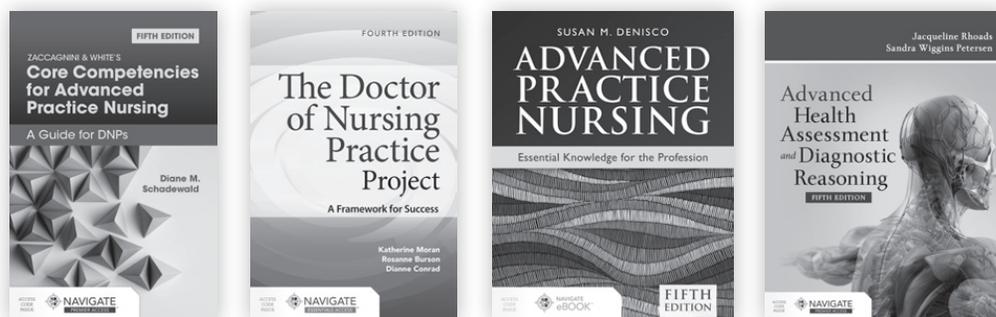
See [OUTCOMES](#) past issues. Click [HERE](#) to contribute!

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.

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— Past Nurse Executive Fellowship Participant



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Applications are due Aug. 19.

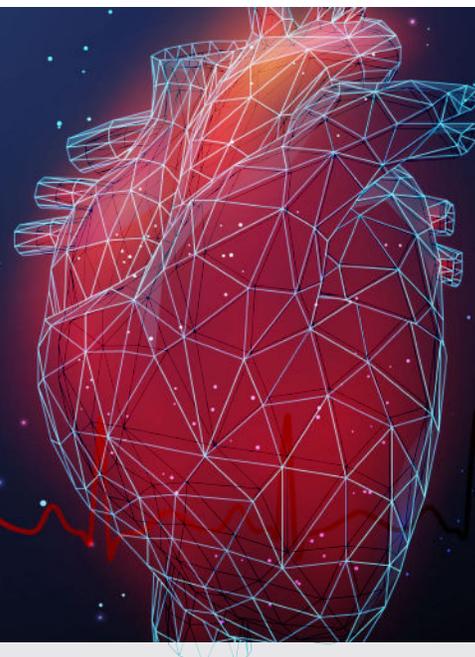
[Learn more and apply.](#)

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



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

WARNING: LIFE THREATENING PROARRHYTHMIA

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

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

Highlights of Prescribing Information INDICATIONS AND USAGE

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

IMPORTANT SAFETY INFORMATION

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

CONTRAINDICATIONS

Sotalol hydrochloride is contraindicated in patients with:

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

WARNINGS AND PRECAUTIONS

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

ADVERSE REACTIONS

- Proarrhythmia (5.1, 5.2)

- Negative inotropy (5.3, 5.4)

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

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

DRUG INTERACTIONS

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

USE IN SPECIFIC POPULATIONS

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

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

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



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

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

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

In advance, thank you for your participation.

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

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

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



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Academy of Doctoral Prepared Nurses

Several small groups have met this year, and preliminary teams contributed to the formation of the Academy as far back as 2021. A venture of this magnitude and complexity requires a slow and methodical approach. While the infrastructure is being built, many groups are contributing and refining a strategic approach to next-best-steps.



This page shares strategic plans, and names of those that agree share talents and expertise will follow both on the website and on this page in OUTCOMES to keep all interested parties apprised of these efforts.

Mission:

Improve healthcare outcomes and delivery systems through the collaboration of doctoral prepared nurses.

Vision:

1. Advance collaboration with colleagues embracing all nurses with doctorate degrees,
2. Promote the dissemination of health care services techniques that demonstrate healthcare improvements,
3. Demonstrate intra and interprofessional collaboration among all healthcare professional partners, and,
4. Integrate research-based evidence to impact healthcare services and policy nationally and internationally.

Actionable investigative and application projects (suggested in this order):

Doctoral Programs Consistency - Questions:

- What is the consistency between doctoral programs? (initially DNP but also other doctoral degree programs?)
- Is there a correlation between doctoral program rigor and productivity, output, outcomes, and burnout?
- How do programs compare in terms of credit hours, practicum/clinical hours, and cost per credit hour?

If you are interested in being a part of this project, please email: info@doctorsofnursingpractice.org mentioning **Doctoral Program Consistency** as a project of interest to you.

Degree Definition and Differentiation - Questions:

- To provide a consistent display of skills, roles, and responsibilities, what are the descriptions of the degrees?
- How do the degrees overlap, and how are they different?
- What impact does each doctoral degree have regarding potential health care outcomes?
- Who qualifies for tenure, and why is this important?

If you are interested in being a part of this project, please email: info@doctorsofnursingpractice.org mentioning **Degree Definition and Differentiation** as a project of interest to you.

Research Collaboration - Questions:

- Who is best prepared to perform research of discovery?
- Who is best prepared to perform research of practice?
- How do these colleagues communicate to assure robust, beneficial, and sustainable collaboration?
- How do these colleagues best promote the discipline of nursing together?

If you are interested in being a part of this project, please email: info@doctorsofnursingpractice.org mentioning **Research Collaboration** as a project of interest to you.

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.



Please accept this update regarding the formation and development of the Journal of the Academy.

We did not anticipate the heavy-lifting obligations needed to build an open-source journal for the purposes of this initiative. We are working with an IT team with expertise in installing this type of application and have hit speed bump that require us to step back, re-evaluate, and try again. This process is still moving forward but we have not gained the traction desired to have the journal infrastructure in place by the 4th quarter of 2024.

Similar to other teams for the **DNP Inc./ADPN Conference and Summit**, and the **ADPN Strategic planning team**, the **Journal of the Academy of Doctoral Prepared Nurses** will invite team members to participate in the building of structure and process. Sadly, this is likely to be postponed until the first quarter of 2025.

Here's more information about goals and direction:

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.

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 last week of May 2025.

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

Advocacy and Equity: Collaborative Approaches to Improve Population Health

Objectives:

- 1. Identify large-scale collaborative possibilities to address access and equity in health care delivery,**
- 2. Articulate skills needed to apply evidence to practice to inspire change and generate sustainable health care outcomes,**
- 3. Demonstrate benefits of incorporating strategies in developing interventions to incorporate equity, and,**
- 4. Share examples of how technologies enhance advocacy and services.**

This year's conference and summit welcome change agent participants to share and explore this topic as we explore mechanism to build collaborative synergy. Consider submitting an abstract for a presentation: Podium Plenary, Podium Breakout, Mini Podium, or Digital Poster presentations.

Topics include population health services to vulnerable populations included (but not limited to):

- Patients with psychiatric/mental health challenges**
- Elderly population with altered cognitive abilities**
- Women's health concerns**

Sessions specific to policy formation and implementation are invited along with colleagues that can speak to collaboration and diversity dynamics and sustainable change.

Information about the venue, pricing, transportation options, and extended benefits of this event will be provided in the near future.

Would you like to be a part of the planning team? We need folks that can help solicit exhibitors, sponsors, and presenters. [Contact if interested!](#)

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
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