

OUTCOMES

The monthly E-Newsletter from DNP, Inc.

December 2024, Volume 10 Number 12



Monthly Survey

Featured Article

Organizational Update

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

- [Caregiver's Corner](#)
- [Nurse Practitioner Impact and Challenges](#)
- [The Modern Nursing Professional Outlook](#)

- [DNP Inc. / ADPN Organizational Update](#)
- [Important Professional Articles Links](#)
- [ADPN Update](#)
- [JADPN Update](#)

DNP, Inc./ADPN Organizational Updates

This month's organization update is about technology and the enhances that are finally coming together.

Please [click into past issues](#) to see the names and positions of those that are contributing as DNP Organization Advisor, and also the Academy of Doctoral Prepared Nurses advisors. We continue to work with these colleague to move the processes forward, yet the technology is the platform we are striving to have in place to assure success and sustainability.

Over the past several years, the Doctors of Nursing Practice, Inc. organization has contracted with several Web Designer companies to enhance and refine services provided. The end results has been less than expected with one company working for over 14 months without the results expected. This is frustrating. Finally, steps are being made to support all aspects of this umbrella of companies.

First, the Doctors of Nursing Practice, Inc. web site has been migrated to a new hosting server. As the site is housed in this new server yet not yet activated, we are in the process of overhauling several features and services. Anticipate a new look and feel for several functions to include the Program listings, the repository/archive of curated doctoral projects, the sign in/sign up process for the mailing list and online community and all purchases or inquiries. The goal is to capture contact information so that we can maintain consistent communications with all interested in the world of doctoral nursing education collaborative efforts.

Speaking of contact lists, we are also cleaning out the Customer Relations Management (CRM) system. Several months ago we had a grand total of 32,000 contacts with close to 10,000 on the regular mailing list. We have sifted through each contact and removed those that have not opened or clicked into messages in the past 12 months. The total number of contacts and those on the mailing list have decreased to a good number of active and interested participants. The number of members that have singed up for the online community is growing.

The Doctors of Nursing Practice, Inc. URL will remain the same. We now have a separate URL for the **Academy of Doctoral Prepared Nurses** and yet another for the **Journal of the Academy of Doctoral Prepared Nurses**. As the work in each of these departments grows, the content and benefit of these three sites will be more evident and sustainable. The **DNP Inc. site** will still be the main site where multiple processes will be houses (such as OUTCOMES, Conferences, the Foundation, Continuing Education and other services), while the **ADPN.network** site will be the vehicle for these services to be developed and coordinated. The **JADPN.info** site will house the open-source journal application that will accommodate the submission of manuscript, review, and selection for this online peer-reviewed journal. More information will be shared about this process soon.

We have many that have shared an interest in being a part of these processes. So far we have worked in phases for development and are close to truly launching these services. Your patience, persistence, and ongoing interest are all very much appreciated.

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

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

Are you familiar with the political discord that surrounds the ideas and efforts to promote diversity, equity, and inclusion? Organizations such as those listed below are demonstrating efforts to keep these concepts front-and-center in our thoughts. Universities and health care systems describe an interest in DEI, yet the resistance is palpable. Do you need proof? Check out the legislative initiatives in Florida, Texas, and other states that make the use of these terms criminal and deleted from curriculum and open conversation.

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 ongoing effort. **DNP Inc./ADPN** continues to 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 len which reflects to 0.17 to 1.0 Continuing Education Units

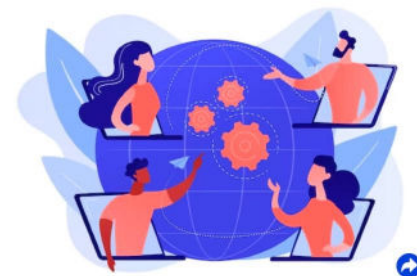
Cost? From \$5 to \$30 per course

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./ADPN Monthly Survey Results

The November 2024 survey explored thoughts and plans for the 2025 DNP National Conference and Academy of Doctoral Prepared Nurses summit. Do the responses below reflect your thoughts, experiences, and point of view?

Question 1: I anticipate attending the 2025 Doctors of Nursing Practice National Conference and Academy of Doctoral Prepared Nursing Summit in May, 2025 in Key West, Florida.

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

Question 2: A face-to-face and virtual option for attending is valuable to me.

64% very much to absolutely, 36% somewhat to not at all

Question 3: I may have the opportunity to schedule a mini-vacation around the conference and enjoy this sought-after vacation destination.

32% very much to absolutely, 68% somewhat to not at all

Question 4: The political environment in the nation and in the state of Florida may impact my decision to attend a face-to-face conference and summit meeting.

27% very much to absolutely, 73% somewhat to not at all

Question 5: I would like to present at the 2025 conference and summit.

41% very much to absolutely, 59% 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

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

BLOGS

- [Who's an Anesthesiologist? Turf War Sparks Trademark Dispute](#)
- [Virtual Nursing is Here](#)
- [The Science of Certainly is the Most Uncertain Times](#)
- [Is Pursuing Diversity Worth the Effort?](#)
- [Roles and responsibilities as a Chief of Staff for Maryland Department of Health](#)
- [LGBTQ+ Nursing and Healthcare Organizations](#)

EVENTS

- [Transform 2024, AACN, New Orleans, December 5-7](#)
- [Doctoral Education Conference: AACN, Coronado, CA, January 16-18, 2025](#)
- [2025 Patient Flow Management Summit, Las Vegas, NV, January 30-31, 2025](#)
- [2025 Women Transforming Healthcare: Leadership Summit, Las Vegas, NV, February 3-4, 2025](#)

Do you have an event to share?

Contact us: Info@DNPInc.org

FORUMS

- [DNPs in Diversity, Equity, and Inclusion](#)
- [DNP Education – Preparing for Practice](#)
- [DNP Student Concerns](#)
- [The AACN Essentials Conversation Continues](#)
- [The Controversy of the DOCTOR Title](#)
- [DNP Professional Growth](#)

Dissemination Team

Are your students, graduates, and faculty colleagues supported in their efforts to disseminate scholarly practice projects? Check out the Dissemination Team. Offer the extra nudge to publish and share successful projects for all to see. 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.

[Dedicated Medication History Specialist Impact on Completion of Medication Reconciliation](#),

by Freda G. Lyons, DNP, RN, NE-BC from American Sentinel University

[Using the PARO Therapeutic Device to Decrease Social Isolation and Loneliness in Homebound Older Adults](#), by Iryna Lyuta, DNP, APRN, FNP-BC from Oak Point University

[Diabetes: Reducing Foot Ulcers through a Protocol Approach](#), by Jesus Ines Jacanas, DNP, FNP-BC from Touro University Nevada

- 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 Available Repository Projects](#)

The Caregivers' Corner

Since November is Family Caregiver Month in our country, I like to think of it as both the end and beginning of a new caregiving year. Current Family Caregivers don't know if this is a role they will still be in next November. Many non-caregivers have no idea this role might be forming in their lives. Perhaps the uncertainty in both directions is why I am seeking a designated time to consider both a beginning and an end point.

When I was alone, listening to the interview tapes for my book, I would think about the difficult choices that Family Caregivers had to face in their journey to this role. I would wonder what choices I might make if I were faced with a similar situation. Some caregivers come to the role, seemingly overnight. In the book, I liken this experience to riding on a train that has suddenly gone out-of-control.

There was the couple who receives a worrisome evening telephone call that they know will change their lives. The husband will not commit them to a lifestyle change that will disrupt their retirement, without getting his wife's input. Their decision took just a few minutes. Then, once their decision is made, the challenges begin.

There is also the wife who gets a call from an emergency room that her seemingly healthy husband had sustained a life-threatening stroke. She cannot believe what she is hearing. He left her that morning reminding her that how our day goes, is our own responsibility. That call was just the beginning of several devastating life experiences. She managed to overcome them all. After all they have been through together, she emerges his champion protector.

It is hard to imagine being in the shoes of the mother who traveled a long distance to see her son after a hospital called to advise her, he was critically ill. As she traveled, she feared her son would be deceased by the time she arrived there. But on arrival, she found herself faced with a very different challenge. Her son survived but would never live independently again. She found no other family member willing to help. But somehow, she could not bear to leave him. She offers a very practical view of the full time caregiver role. She suggests the role should be time-limited for the elderly caregiver.

I think of these situations as a heavy curtain coming down over our lives and blocking our view of the future. We are faced with many 'what if's,' and sadly, there is little real help available to assist us in making decisions related to what our actions might mean. These soon-to-be full-time caregivers made their own decisions about how they would handle their individual situations.

There are many pathways leading to full-time Family Caregiving. How many of us will find ourselves on such a path in 2025? No matter if we decide to accept or reject becoming a Family Caregiver, our lives will never be the same.



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](#).

Nurse Practitioner Impact and Challenges in Inpatient Settings

By Roberta Lee Pool, DNP Student at Eastern Kentucky University

Nurse practitioners (NPs) emerged in the 1960s to help address the unmet healthcare needs due to physician shortages, increasing complexity of healthcare needs, and rising healthcare costs (Savard et al., 2022). Since then, the role of a NP has evolved and adapted to the different roles they can fill in different settings of healthcare. This article is aimed at better explaining the added value of NPs in inpatient settings.

Hospital Value-based Purchasing

The passage of the Affordable Care Act (ACA) and transformation in the health care system have created hospital value-based care and an engaging collaborative practice for all patients (Altman et al., 2016). Hospital value-based purchasing (HVBP) is an initiative from the Centers for Medicare and Medicaid Services designed to adjust the hospital payment system with emphasis on the “Triple Aim” for health care: improved health, improved quality of care, and reduce costs of the care provided to patients (Altman, et al., 2016). Value-based purchasing payment policies incentivize institutions to reduce readmissions and lengths of stay (LOS) and improve patient experiences, which are all outcomes requiring health professionals to better manage clinical care outcomes (Aikens et al., 2021). As physician participation in inpatient care is changing, hospitals are increasing the number of NPs employed to care for inpatients (Aiken et al., 2021). While the roles of inpatient NPs vary by hospitals and specialties within the hospitals, there are core components to NP practice likely to influence care outcomes.

Nurse Practitioner Impact

Core components of NP practice allow physicians to delegate more authority to NPs to make timely decisions about patient care. Nurse Practitioners conduct more frequent rounds to assess patients increasing the surveillance capacity for early identification of potential complications (Aikens, et al., 2021). Nurse practitioners have been found to be more accessible than physicians which leads to higher patient and nurse satisfaction (Aikens, et al., 2021). One study found hospitals employing a larger number of NPs had significant better outcomes including mortality, fewer readmissions, shorter LOS, higher patient satisfaction, and lower Medicare spending per beneficiary (Aikens et al., 2021). Registered Nurses (RNs) in hospitals with more NPs had significantly lower job-related burn out, higher job satisfaction, which led to more nurse retention and a reduction in nurse turnover (Aikens et al., 2021). These positive impacts for NPs in an inpatient setting can potentially offer stability in the supply of bedside nurses over the next decade as many experienced nurses are expected to retire (Aikens et al., 2021). Additionally, in a value-based purchasing framework, healthcare spending per episode of care that extended to 30 days following discharges was achieved from these improved outcomes. All these findings can be considered the foundation to building a business case for employing NPs in inpatient care settings (Aikens et al., 2021).

Nurse Practitioner’s Challenges.

As noted by the *Future of Nursing 2020-2030* report, restrictions on NPs have significant implications for addressing the disparities in access to healthcare in rural and urban areas that are identified as HPSAs (Kleinpell et al., 2023). Nurse Practitioners can play a pivotal role in providing safe healthcare services no matter what the setting is if their roles and duties are well defined based on their education, training, licensure, and certifications (Kleinpell et al., 2023). Typically, Acute Care Nurse Practitioners (ACNP) are intended to serve inpatient settings and Family Nurse Practitioners (FNPs) are intended to serve outpatient settings. However, when the roles and duties are well defined, FNPs can effectively serve in the inpatient setting as well. One of the four key messages of the initial *Future of Nursing* report is that nurses should practice to the full extent of their education (Kleinpell et al., 2023). All NPs are educated to practice autonomously according to the competencies assessed by their respective accrediting bodies. However, there are barriers and restrictions preventing NPs from practicing autonomously or to their full extent of their licensure and education capabilities. Barriers include state laws, federal policies, outdated insurance reimbursement models, opposition from some physicians and physician organizations, institutional practices, and cultures (Altman, et al., 2016). Restrictions involve requirements of physician co-signatures for perspective and hospital admission capabilities, the inability of NPs to be listed as the providers of record or to carry their own patient panels, and electronic health records that do not capture APRN care (Kleinpell et al., 2023). The National Academy of Medicine has reported overcoming barriers and restrictions currently affecting NPs has been identified as a major challenge facing the nursing workforce by the recent *Future of Nursing 2020-2030* report (Kleinpell et al., 2023).

Conclusion

Nurse Practitioners have continued to help fill gaps in accessing safe and high-quality healthcare nationwide. This makes them very important members of the healthcare system and adds value in quality improvement making a positive impact on individuals who experience illnesses. The complexity of inpatient care continues to evolve and demand more value-based care as advances in science and technology creates new opportunities to extend lives and improve daily functioning of the aging population with multiple health challenges. Opportunities for NPs to use their full scope of practice and expertise to ensure evidence-based practice is used to ultimately improve patient clinical outcomes, health care safety, and patient experiences while demonstrating the value they can bring to health care systems (Constable et al., 2021). It is becoming increasingly imperative to provide value in the expensive context of inpatient care and NPs in inpatient settings are a valuable adjunct to inpatient physicians and RN professional care (Aikens et al., 2021).

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Savard, I., Hakim, G. H., and Kilpatrick, K., (2022). The added value of the nurse practitioner: An evolutionary concept analysis. *Nursing Open*, 10 (4), 2540-2551, <https://doi.org/10.1002/nop2.1512>

IRB: NCR 245985 | Date Approved: 8/29/24

A web-based community of practice program to support novice nurse practitioner's role transition

We'd like you to participate in our program!

<https://redcap.link/hjq6n8rl>

Primary Investigator: [Asefeh Faraz Covelli PhD, APRN, FNP-BC, FAANP, afaraz@gwu.edu](#)

Location

Program is delivered online using Zoom

Are you Eligible?

- At least 18 years old
- Working as a NP for less than 12 months

We're looking for early career NPs. This study seeks to expand postgraduate support for novice NPs using a web-based community of practice program.

The Modern Nursing Profession Outlook: Beyond the Bedside, Into the Future

by Ali Fakher, BSN, RN, UN Nurse and Global Health Innovator, NurseHack4Health Winner, Leading Voice in Nursing Transformation. [LinkedIn](#)

What if I told you that the nursing profession is poised to lead the most transformative changes in healthcare—but only if we recognize and act on its full potential today?

It's a bold claim, but it's one grounded in reality. Nurses are no longer just caregivers—they're scientists, innovators, educators, and advocates. Yet, the outdated perception of nursing as a reactive, task-driven role continues to limit its growth and recognition.

The truth is this: **Nursing is the backbone of healthcare, and its future is not just in responding to care needs but in shaping the systems that meet those needs.** It's time to challenge the narrative, embrace a broader vision, and redefine what it means to be a nurse in the modern era.

Why the Modern Nursing Outlook Matters More Than Ever

In today's healthcare landscape, the demands on nurses are evolving at an unprecedented pace. Chronic disease management, digital health, health equity, and global crises have expanded the scope of nursing practice, placing nurses at the heart of the most critical challenges in healthcare.

Yet, we face a dichotomy: while nurses are essential, they are often undervalued and underrepresented in leadership and policy-making discussions. Changing this outlook isn't just about empowerment—it's about survival. Healthcare systems cannot thrive without elevating the role of nurses.

Read the complete article and please share from [THIS BLOG](#)

Quote from Dan Weberg, PhD, MHI, RN, FAAN

Productive and non productive time for nurses seems like the most archaic language and concept. Our medicine colleagues call it administrative time or education time. We are not in the Industrial Revolution. We are a profession not assembly lines.

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

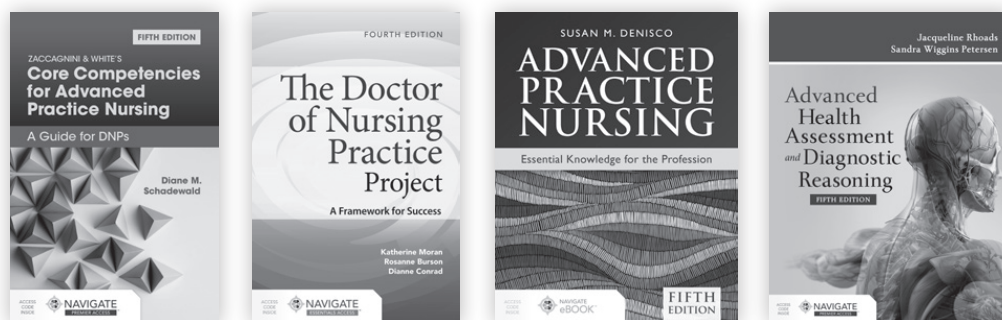
See [OUTCOMES](#) past issues. Click [HERE](#) to contribute!

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



Education.
Advocacy.
Community.

“The expert faculty, thoughtful dialogue with leaders and peers, experiential methodology, and situational analysis prepared me for the many challenges and obstacles nurse executives face.”
— Past Nurse Executive Fellowship Participant



AONL Nurse Executive Fellowship

Accelerate Your Transition to an Executive Role

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

Who should apply?

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

Applications are due Aug. 19.

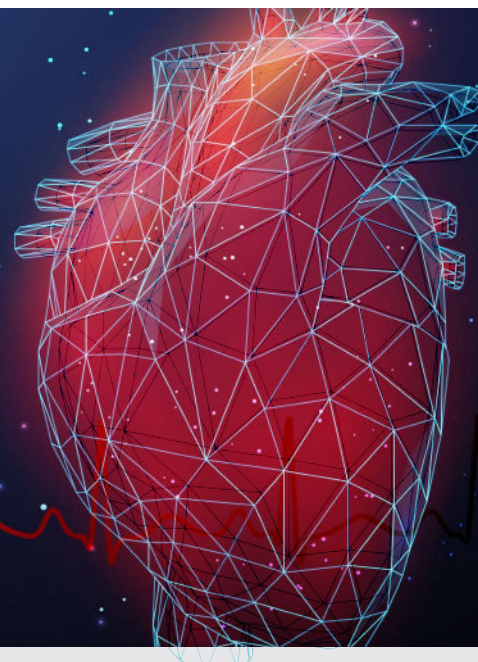
[Learn more and apply.](#)

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



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

ADVERSE REACTIONS

- Proarrhythmia (5.1, 5.2)

- Negative inotropy (5.3, 5.4)

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

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

DRUG INTERACTIONS

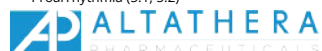
- Negative Chronotropes-Concomitant use can increase the risk of bradycardia. (7.1)
- Calcium Blocking Drugs-Can be expected to have additive effects on atrioventricular conduction, ventricular function, and blood pressure. (7.2)
- Catecholamine-Depleting Agents-Concomitant use may produce an excessive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

USE IN SPECIFIC POPULATIONS

- Pregnancy (8.1)
 - 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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School of Nursing

Academy of Doctoral Prepared Nurses

As has been described in previous OUTCOMES newsletters, the **Academy of Doctoral Prepared Nurses** is forming so that colleagues can appreciate deep collaboration toward common health and social issues. The top three items to tackle will address:

Doctoral Programs Consistency, Degree Definition and Differentiation, and, Research Collaboration

At first glance these goals may seem vague and difficult to clarify, yet they are foundational to the processes desired to assure that all doctoral prepared nurses are collaborating to address issues that affect healthcare outcome - particularly issues of social concern.

What the initial agenda may be is somewhat easier than describing HOW these processes will take place. Assuring structures of communication to promote collaboration is the challenge that we are building in the **ADPN.Network** website. As the URL name suggests, the plan is to truly develop a network for communications and collaboration.

This **ADPN.Network** website is in development with a go-live date of 12/15/2024 and activities in earnest starting January 2025.

When the site is active, specific areas of focus will have content shared in a static format, which will be enhanced by blog-like features for insertion of thoughts and ideas. Similar to Google Docs, the process will encourage the participation of key individuals to build and enhance a manuscript that will be submitted for publication in the **Journal of the Academy of Doctoral Prepared Nurses**.

Here's the caveat: This process comes with a price. We are seeking grants and donations to underwrite the process, yet to participate there will be an annual fee to participate and contribute. Some may balk at this step yet there is no other way around building mechanisms and infrastructure to address the goal of deep collaboration.

The initial annual fee has been suggested to be between \$150-\$200. After a year the entry fee will go up anticipating a 10% increase as activities and involvement toward this common goal grows and expands.

This annual membership will include a free subscription to the **Journal of the Academy of Doctoral Prepared Nurses** along with access to all Continuing Education offerings provided by **Doctors of Nursing Practice, Inc.**

Corporate collaboration will be encouraged by offering a group rate for a set number of colleagues from any institution that has an interest in the content and anticipated outcomes. The options for growing this group effort is tremendous and we look forward to seeing this unfold and move in ways far beyond our current imaginations.

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.

Thank you for reviewing this page. More will follow as the infrastructure is solidified and the dedicated **Academy of Doctoral Prepared Nurses** has a place to grow and demonstrate the value of colleagues working together.



The Journal of the Academy of Doctoral Prepared Nurses

Past issues of OUTCOMES has shared the steps of development for the **Journal of the Academy of Doctoral Prepared Nurses**. Its development and growth is directly related to the growth of the **Academy of Doctoral Prepared Nurses**. Similar to the post above describing the steps and processes of the **Academy**, a dedicated website is being developed to house the processes needed for a peer-reviewed online journal.



Some may ask - Why a new journal and why a new organization? The answer is simple: Nothing like this organization and proposed journal currently exists. As a discipline, we are fortunate to have many well established and sophisticated organizations that include a journal, yet few focus on the collaboration of doctoral prepared nurses and the anticipated outcomes of these collaborations.

When seeking the advice of building an online journals, three publishing companies that have journals in place were approached. All gave solid advice and encouragement, yet the cost for these publishing companies to take on this new initiative was far beyond the organization's budget. An open-source journal application is being installed in the **JDPN.info** URL. As this URL suggested, this is an information site that closely ties in with the **Academy of Doctoral Prepared Nurses** site.

Processes to build for a successful online journal requires the contributions of a team of talented and dedicated editors, reviewers, and other staff to assure the processes of the journal run smoothly. We have an expert building this open-source journal in the dedicated website, and have a list of interested colleagues to help move this forward.

We anticipate the second draft of the open-source journal will be ready for review by mid-December 2024 yet will likely not be officially rolled out until the end of January 2025 at the earliest. This will coincide with the efforts of the **Academy**.

The scope of 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 concert to improve healthcare delivery locally, nationally, and internationally.

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

The **18th National Doctors of Nursing Practice Conference** and **2nd National Academy of Doctoral Prepared Nurses Summit** will take place at the Key West, FL Opal Resort in the beautiful Gulf-side of Key West.

Reserve these dates: July 8-10, 2025

Conference Theme and Objectives:

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 welcomes change agent participants to share and explore this topic as we develop mechanisms 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.

[Visit the Conference Page HERE](#)

Links and Resources

The mission of *Doctors of Nursing Practice, Inc.* and the *Academy of Doctoral Prepared Nurses* is to improve healthcare outcomes by promoting and enhancing doctoral prepared nursing professionals. Services are available to support students, graduates, faculty, employers, and stakeholders with an interest in the doctoral degrees in nursing. Click the links below to explore options and opportunities.



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