

OUTCOMES

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

January 2025, Volume 11 Number 01



Monthly Survey

Featured Article

Organizational Update

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DNP, Inc./ADPN Organizational Updates

Welcome to 2025! This year will likely be very interesting, with changes in our healthcare system and our roles in it evolving - perhaps quickly and in directions we may not have anticipated.

First, please accept my apologies for grammatical errors and misspelled words in the December 2024 OUTCOMES issue. A kind and concerned colleague pointed this out, and I see that my old eyes need to rely on other tools, such as Grammarly, to be sure all is written as expected. Thank you all for embracing this work and enduring errors.

As a follow-up to last month's organizational update, we have some good news to share and some information that will slow our roll just a little. The new Academy of Doctoral Prepared Nurses site is nearly ready to be opened for all to view and use to communicate the work with this venture that continues to grow. The IT company has been slower than expected to make the requested changes, but we will persist. We anticipate the website will be fully functional by the middle of January.

The Journal of the Academy of Doctoral Prepared Nurses site is also nearing completion yet still lacks features identified as needed. An open-source journal application is being installed, allowing a robust and full-featured online journal to include manuscript submission, peer-review, selection, and posting of articles individually and in Journal format. Both formats will allow interested colleagues to select items that are of interest.

The Board of Advisors for the Academy of Doctoral Prepared Nurses have shared their individual and collective wisdom, yet the editors of the Journal have not convened. We have a healthy list of colleagues interested in moving the Journal forward, and as we approach full functionality, we will begin to convene these volunteer editors and manuscript reviewers.

Please [click into past issues](#) to see the names and positions of those contributing as DNP Organization advisors, the Academy of Doctoral Prepared Nurses advisors, and the initial listing of editors and process contributors for the Journal.

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 another for the Journal of the Academy of Doctoral Prepared Nurses. As the work in these departments grows, the content and benefits of these three sites will be more evident and sustainable. The DNP Inc. site will still be the leading site where multiple processes will be housed (such as OUTCOMES, Conferences, the Foundation, Continuing Education, and other services), while the ADPN.network website will be the vehicle for developing and coordinating these services. 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 about this process will be shared soon.

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.

Is WOKE Now Obsolete?

Woke may be a term relegated to the past as it has instilled a highly charged political connotation. In the recent past, it implied awareness of social inequalities, including racial, sexist, and LGBTQ rights. It has become a political football and has been criticized by many. Using this term may cause more harm to an initiative than the benefit desired.

A search of the internet shows that alternative terms may be ideal that have a similar spirit and intent as the word Woke. Consider these terms instead: Aware, Conscious, Evolved, Inclusive, and Politically Correct. For more ideas, consider this [Thesaurus](#).

Doctors of Nursing Practice, Inc. and the Academy of Doctoral Prepared Nurses continue 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 colleagues can grow and enhance professional practice and innovation.

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](#))

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

Continuing Education for Doctoral Prepared Nurses

Doctors of Nursing Practice, Inc. currently has over 170 courses and more are being added. All are searchable by any keyword.

Categories can be used to filter by:

Clinical / Administration / Academia / Diversity, or / Policy

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

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

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

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

[Learn more about Continuing Education Services](#)

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



DNP, Inc./ADPN Monthly Survey Results

The December 2024 survey explored ideas of collaboration with colleagues. Do the responses below reflect your thoughts, experiences, and point of view?

Question 1: Regarding the opportunity to deeply collaborate with doctoral-prepared nursing colleagues to address problems that impact healthcare outcomes, I agree that there is a place for such an initiative.

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

Question 2: I already collaborate with other doctoral-prepared nurses to address issues and dynamics in my current work and professional environment.

20% very much to absolutely, 80% somewhat to not at all

Question 3: Addressing social dynamics, couched in the social determinants of health, are ideas that can benefit from a deep collaboration of a wide scope of doctoral-prepared nursing colleagues.

80% very much to absolutely, 20% somewhat to not at all

Question 4: The possibilities for impacting healthcare outcomes and social dynamics that impact these outcomes should be pursued.

0% very much to absolutely, 100% somewhat to not at all

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

80% very much to absolutely, 20% somewhat to not at all

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

Important Articles and Links

- [*Academy of Clinical Essentials: A Revolutionary Nurse Staffing and Education Model*](#)
- [*INANE Virtual Journal*](#) Listing of journals
- [*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*](#)

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

- [The Modern Nursing Profession Outlook: Beyond the Bedside, Into the Future](#)
- [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](#)

EVENTS

- [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](#)
- [2025 AANP Health Policy Conference, Washington, DC, March 2-4, 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 the completed project.

[Educate to Vaccinate](#), by Kayla Lynn Madison, DNP, RN from Bradley University

[Interhospital Transfer Timeliness](#), by Renee Maeweather-Reed, DNP, MSN, RN, NEA-BC from Resurrection University

[Effects of Cure-Based Infant-Driven Feeding in the NICU](#), by Jeannette B Magbutay, DNP, MSN-Ed, RN from Touro University Nevada

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

[Evaluation and Modification of a Discharge Communication Process Between Acute and Primary Care Providers](#), by Steven Mark Malarchick, DNO, RN, NRP from Colorado Mesa University

- 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.

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.

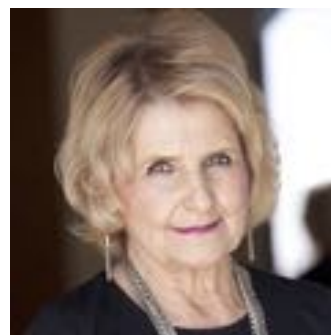
If you are a student or graduate, consider this investment to help assure your work can be accessed by both colleague scholars and patients/consumers alike. Other repositories have great value, but are not accessible to those outside of academic circles.

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

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

The Caregivers' Corner

Reading articles focused on numbers can be boring, but at times this is the only way to get the full picture. I recall my shock the first time I learned there are currently at least 53million people in the United States providing some level of care and support for a loved one (AARP, 2020). These numbers are mentioned in this article to remind readers that the number of Family (Informal) Caregivers is measured every five years. The last measurements came in 2020, which means updated numbers will become available in 2025. Will the numbers change? Will they continue to rise as they have every five years since we started measuring them?



Who are these 53million people designated as Informal or Family Caregivers? They are spouses, children, parents, cousins, friends and others caring for someone who needs care and support to maintain their independence. The financial value of the care being provided by these caregivers was estimated at 470billion dollars annually (AARP, 2020).



The AARP (2020) reported there is no gender, racial or cultural exclusion found in the Informal Caregiver population. It is estimated that about 66% of caregivers are women, but each time a survey is done, men appear to be catching up! Minority populations are reportedly more likely to live with their care recipient and more likely to rely on informal networks for assistance. In a multi-generational home, the caregiving experience may come about as a natural sequence of events. While one person in the family takes on the primary role, other family members may assist with caretaking duties. This sharing of the caregiver duties can reinforce family values as it reduces individual caregiver burden.

Not all caregivers care for another person on a 24-hour basis. However, it is likely that many of the current part-time or incidental caregivers may one day be called upon to fill the caregiver role on a full-time basis. When the time comes, a real decision process must take place. There would be obvious factors to consider like physical and mental stability, but what do full-time caregivers consider the most important factor?

While the caregivers in my book (*Stories of Silent Sacrifice; A Tribute to Informal Caregivers*, 2022) come from very different backgrounds, they all voiced similar opinions on what should drive that decision process. They identify the need for the process to be deliberate as far as the actual duties that would need to be met in each case. They all maintain, the main point must be the underlying feeling of love and respect for the person who needs their care. They also maintain, if they do not have those strong feelings, they need to decline the role. It seemed clear to all of them - taking on the role of a full-time caregiver without the underlying feelings – would result in abuse of the care recipient.

Now we wait to see what numbers emerge in post-pandemic - 2025.

AARP. (2020, May14). *Health, caregiving & long-term care*. [Press Release]. <https://press.aarp.org/2020-5-14-Caregiving-in-the-US-Report>.

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

Beyond the Brave Face: Why Self-Care Matters to Mental Health Providers

By Atheni Sevilla, DNP Student at Eastern Kentucky University

Nurse Practitioner Impact

Mental health professionals often seem tough and able to handle intense emotional challenges, frequently working with patients dealing with trauma and serious mental health struggles (Newell, 2020). However, the reality is that mental health professionals are particularly prone to burnout due to the intense emotional demands of their work. Constant exposure to patients' trauma and crises often leads to compassion fatigue, increasing stress and exhaustion for mental health professionals (Via et al., 2022). Additionally, separating work from personal life makes it hard for these professionals to disconnect and recharge, worsening stress and impacting well-being (Newell, 2020). Burnout significantly impacts providers' health and job satisfaction and affects the quality of patient care. The impacts of burnout are far-reaching, diminishing provider well-being, patient care quality, and organizational efficiency. Along with worsening mental health in healthcare workers, there are also increasing rates of psychiatric issues and substance use reported across professions, including physicians, nurses, and social workers (Via et al., 2022). Studies show burned-out healthcare workers struggle to deliver effective, compassionate care, leading to poorer patient outcomes (Anger et al., 2024).

Evidence-Based Strategies for Prevention and Management

Supporting mental health providers' well-being and reducing burnout is crucial for ensuring high standards in delivering mental health care and services. To address burnout among mental health providers, a combination of individual-level and organizational-level interventions is necessary (Anger et al., 2024). Studies indicate that self-care interventions enhance mental health professionals' well-being (Brillon et al., 2023). Self-care essentials include eating nutritious meals and snacks, prioritizing adequate sleep for recharging and adequate energy levels, and seeking out social support from friends, family, or colleagues for emotional strength to manage the demands of clinical work. Some widely used evidence-based strategies include mindfulness, stress management techniques, and yearly wellness assessments (Via et al., 2022). At the organizational level, providing a supportive work environment through workload management, flexible scheduling, and fostering open communication is crucial in reducing burnout. Organizations that promote work-life balance and ensure access to mental health resources for their employees create a culture that values well-being and enhances job satisfaction (Shanafelt et al., 2019).

The Role of DNP-Prepared Nurses

Doctor of Nursing Practice (DNP)-prepared nurses are crucial in addressing burnout through Quality Improvement (QI) initiatives. DNP nurses' advanced education and training enable them to lead projects that enhance workforce resilience and job satisfaction. An example of a DNP-led initiative was in Northeast Florida, which used a mindfulness-based stress reduction (MBSR) program to reduce stress and burnout, significantly boosting job satisfaction among nursing leaders (Lyons, 2020). Such efforts highlight the value of DNP-led projects in creating sustainable, positive changes for providers and patients.

Summary

Addressing burnout among mental health providers requires a comprehensive approach that combines individual and organizational strategies. Self-care is essential, as it helps providers manage stress and maintain resilience in demanding environments. Evidence-based interventions like mindfulness, stress management techniques, flexible scheduling, and a supportive work environment are vital for building a resilient and well-supported mental health workforce. DNP-prepared nurses are crucial in improving healthcare environments by leading QI projects and advocating for provider well-being. These efforts align with the American Association of Colleges of Nursing (AACN) Essentials for Quality and Safety in Healthcare, helping to create a sustainable workforce dedicated to delivering high-quality patient care.

Atheni Sevilla MSN-Ed, PMHNP-BC, APRN
Eastern Kentucky University DNP Student

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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.

AONL's Leadership Lab for Nurse Managers: A Great Opportunity

Help your managers advance their leadership expertise with [AONL's upcoming Leadership Lab: Leadership Development for Nurse Managers](#), starting February 6, 2025. They will immerse themselves in key practice areas that are integral to the nurse manager role, engage in peer- to-peer coaching and share best practices with peers. They will gain expert knowledge and skills from creator and facilitator Dr. Barbara Mackoff, a recognized authority on nursing management and leadership, in the national and international arena.

Grounded in peer-to-peer consultation and evidence-based management, this program maximizes opportunities for managers to advise each other and convey wisdom and best practices in dealing with shared leadership issues in the context of evidence-based management.

The American Organization for Nursing Leadership (AONL) is the national organization of nurses who design, facilitate and manage care. With more than 11,500 members, AONL is the voice of nursing leadership in healthcare. AONL is affiliated with the American Hospital Association.



American Organization for Nursing Leadership

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

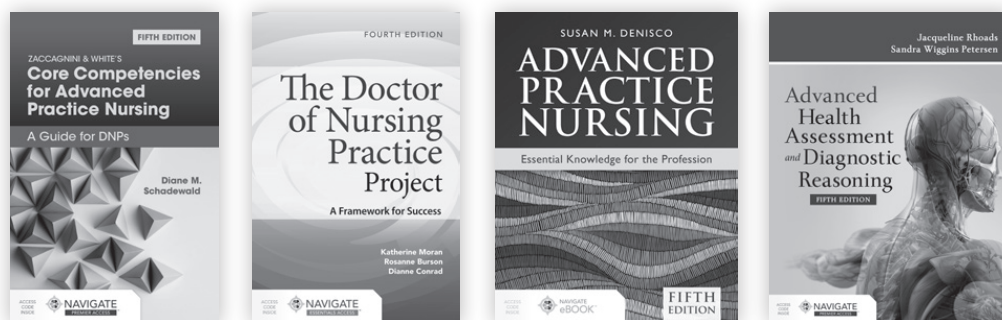
See [OUTCOMES](#) past issues. Click [HERE](#) to contribute!

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.

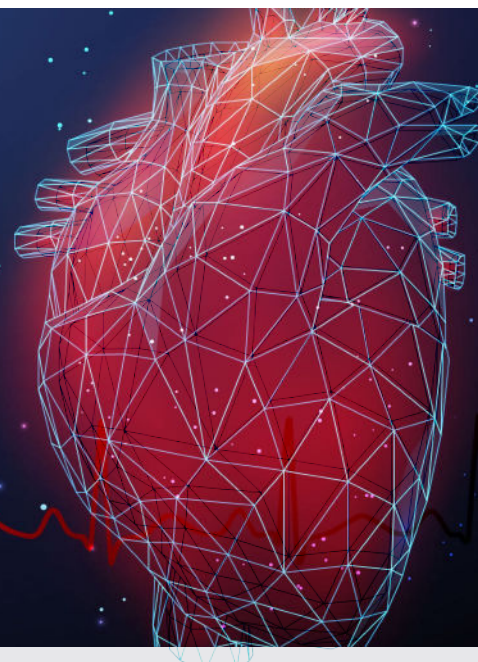
[Learn more and apply.](#)

[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)
- 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

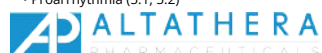
- Negative Chronotropes-Concomitant use can increase the risk of bradycardia. (7.1)
- Calcium Blocking Drugs-Can be expected to have additive effects on atrioventricular conduction, ventricular function, and blood pressure. (7.2)
- Catecholamine-Depleting Agents-Concomitant use may produce an excessive 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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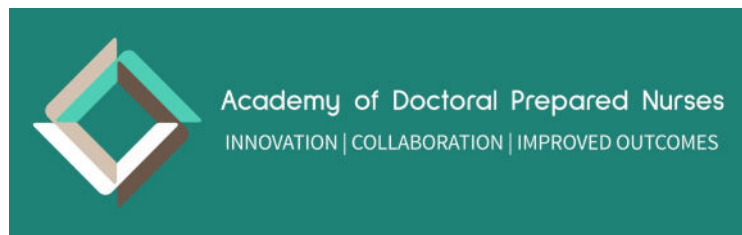
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MARIEB COLLEGE OF
HEALTH & HUMAN SERVICES
School of Nursing

Academy of Doctoral Prepared Nurses

We are all familiar with waiting in line. The **ADPN** is waiting in line for technology features to be installed so that the operations and growth of this organization can be realized. Efforts from 2024 are becoming a reality but are not yet in place to share with everyone who may be interested in this work.



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

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 outcomes - particularly issues of social concern.

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

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

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

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

Corporate collaboration will be encouraged by offering a group rate for several colleagues from any institution interested in the content and anticipated outcomes. The options for growing this group effort are 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. Advanced collaboration with colleagues, embracing all nurses with doctorate degrees,
2. Promote the dissemination of healthcare 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.

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 advice for building 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 information site closely ties in with the **Academy of Doctoral Prepared Nurses** site.

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

The scope of the **Journal of the Academy of Doctoral Prepared Nurses** will begin as a quarterly online publication supporting doctoral-prepared nurses' scholarly, peer-reviewed contributions. The official journal of the Academy of Doctoral Prepared Nurses 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 the diverse talents of doctoral-prepared nurses who 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 be addressed to realize the success of this venture. Editors, reviewers, and support staff are essential, along with marketing experts who can help 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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