**Education of advanced practice nurses at doctoral level**

- Prepares nurse leaders who set standards and help eliminate health disparities.
- Develops and evaluates care delivery that meets current and future needs of patient populations.

**DNP Essentials**

Organizational & Systems Leadership critical to improve patient and healthcare outcomes.
- Develop and evaluate care delivery that meet current and future needs of patient populations.

**Rush University College of Nursing**

“prepares nurse leaders who set standards and help eliminate health disparities”

**Limitations on learning contexts and experiences for leadership formation** – especially for advanced practice

**Context/environment for developing leaders**

- Provides leadership framework for projects.
- Provides training in the checklist.
- Facilitates involvement in developing program by residents and front line staff.
- Acceptance of program tools by residents and front line staff.
- Impact on number and rate of ED visits.

**The Project**

**Concerned with role formation**
- Learning takes place in a context in which applied social process – knowledge co-constructed instructors and learners.
- Emphasizes coaching with expert.

**Legitimate peripheral participation in communities of practice**
- Concerned over-emphasis on competency-based teaching.
- Emphasizes learning that occurs as part of practice.
- Sum of competencies not necessarily competent.
- Context/environment for developing leaders.
- Building leadership capacities in environment.
- Consider experiences needed to be a leader.

**People with intellectual disabilities**
- Compared to people without ID.
- 4X as likely (8X if they have coexisting mental health disorders) to have a five ED visits in two years.
- 6X as likely hospitalized for ambulatory sensitive conditions.

**Doctor of Nursing Practice Family Nurse Practitioner students**
- Community agency providing residential services with ID.
- Coordinated projects common reasons emergency department visits.

**Emergency department visits**
- Falls most common reason for ED visits.
- Recently computerized risk data.
- Agency has efforts for individuals at risk of falls.
- Problem behaviors/psychiatric second most common reason.

**Sudden illnesses**
- Development of symptom checklists common health issues leading to hospitalization.
- Placement of checklists specific to each resident in home.
- Training of front-line staff on checklists.

**Timeline**
- Development of project tools and assessment in collaboration with agency by Sept. ’14.
- Pilot with 1 or 2 homes each by Dec. ’14.
- Evaluation pilot & edits to program March ’15.
- Roll out of program ‘April ’15.

**Evaluation**
- Acceptance of program tools by residents and front line staff.
- Involvement in developing program by residents and front line staff.
- Use of program tools by residents and front line staff.
- Impact on number and rate of ED visits.

**Use of model**

- Connected to real problem on which this agency is trying to provide leadership.
- Elements of unstructure – consideration context-free and situational information in developing project.
- Projects co-constructed students and faculty. Faculty coaching for high-quality change products.
- Improving the space/role for nursing leadership – more than role defined in regulations.
- Data structure, process, and outcomes of nursing – provide information to improve quality of care.
- Building leadership capacity – specifically better coordination nursing and front-line staff.
- Students have met with others trying to improve care – example: Office of State Guardian.

**Conclusion**

- May fit in with efforts for Certificate and career development paths for front-line staff.
  Ex: – The Boggs Center http://rwjms.rutgers.edu/boggscenter/training/CDSAAdministratorTraining.html