Past, Present, and Future: Transforming Healthcare with DNP Educated Providers and Executives

CAROLYN M. RUTLEDGE, PHD, FNP-BC
ASSOCIATE CHAIR OF GRADUATE PROGRAMS
OLD DOMINION UNIVERSITY
The past is your lesson.
The present is your gift.
The future is your motivation.
Objectives:

1. Reflect on the evolution of DNP educated providers and executives
2. Identify current trends in healthcare and the role the DNP educated providers and executive
3. Develop strategies as DNP educated providers and executives for optimizing the future of health care
I Believe:

- The current healthcare crisis is an opportunity to truly make a difference.
- DNP educated Providers and Executives can and should be the leaders and change agents responsible for optimizing healthcare and our population’s health.
- We must think “Outside the Box” and not get stuck in the Status Quo.
What do you believe?
"A pessimist is one who makes difficulties of his opportunities; an optimist is one who makes opportunities of his difficulties."

President Harry S. Truman
History of DNP

- AACN in 2004 endorsed the Position Statement on the Practice Doctorate in Nursing
  - Called for moving APN roles to Doctorate level by 2015
- Why
  - Complexity in patient care
  - Expansion of knowledge in practice
  - Concern about quality and safety
  - Shortage of doctorally prepared nursing faculty
  - Increasing expectations and preparation of other professions
  - High credit load in MSN
Problems Encountered

- Buy in
- Understanding the potential of the DNP
  - DNP Project
  - What are clinical/practicum experiences
  - Dumbed down PhD
  - MD type program
- Moving the MSN to the DNP
- Not taking advantage of opportunity
Present DNP Facts

- Guided by AACN DNP Essentials (2006)
- Programs
  - 303 DNP programs are currently enrolling students
  - 124 new DNP programs are in the planning stages
    (58 post-baccalaureate and 66 post-master’s programs)
  - In all 50 states plus the District of Columbia
- From 2015 to 2016,
  - Enrolled increased from 21,995 to 25,289
  - Graduates increased from 4,100 to 4,855
- White paper 2015
Focus Areas

- EVIDENCE-BASED PRACTICE
- LEADERSHIP
- POLICY ADVOCATE
- INFORMATICS
- SYSTEMS THINKING
- PRACTICE
Qualities of DNP Providers

- Outside the Box (Critical Thinker)
- Advocate
- Leaders
- Change Agent
- Policy Maker
- Passionate
- New models
- Smarter care
- Questioning the status Quo – start with “Why”
Policy Advocate

- Running for Political Office
- Dawn Adams, DNP, ANP-BC
Technology

- Developing and Implementing Telehealth Programs
- Tina Haney, DNP, CNS
Practice

- Practice Owner
- Delphine Everhart, DNP, FNP
Teams

- Adams Compassionate Care
- Rebecca Bates, DNP, FNP-BC
Leadership

- ANA
- Jeff Doucette, DNP, NE
Future Opportunities

- Telehealth
- Law and regulations are opening the door
- DNP are at the table
- Population is getting behind nursing
- Dissatisfaction with current status
- Change in healthcare reimbursement
- IPEC
- Research that reaches the system or patient faster
Threats

- Not stressing quality and expecting students to steps up to the plate
- Varied quality of programs
- Varied expectations of graduates
- Dumbing down
- Mass production
- Not providing strong outcomes
- Knowing when you know and when you don’t know
- Not playing as a team member
- Resistance to change – entrenchment
Creating the Future

- Have high expectations for DNP graduates
- Think outside the box
- Create new models
- Vision – what can DNPs do to make healthcare better
- Change laws
- Change reimbursement
- Look for new and innovative ways to provide healthcare in cost-effective manner
- Keep cost down
- Self-reliant
Still Need to Work on

- Providing outcome data
- Defining DNP
- Not dumbing down the degree
- Clearly having a vision of the DNP
Don’t get Stuck in the Status Quo
"Let us make our future now and let us make our dreams tomorrow's reality."

Malala Yousafzai
Nobel winner
Pakistani champion of women's education