

THE EXECUTIVE PRACTICE SCHOLAR MODEL: PRELIMINARY DEVELOPMENT

AnneMarie Palatnik MSN, APRN, ACNS-BC
Doctor of Nursing Practice Project
La Salle University

Background

- State of crisis of the U.S. healthcare system
 - *To Err is Human* (IOM, 1999)
 - *Crossing the Quality Chasm* (IOM, 2001)
 - *Health Professionals Education: A Bridge to Quality* (IOM, 2003)
- Quadruple Aim of healthcare (Berwick, et al. 2008; Sikka, et al. 2015)
- Future of Nursing Report (IOM, 2015)
- DNP degree demographics (AACN, 2017)
- Lack of consistent understanding of role outcomes (Mackey, 2009)
 - Worth: revenue generated by DNP-prepared nurse
 - 2.5 x APRN salary
 - 80% of time
 - Value: revenue plus intangibles like quality, savings, goodwill
 - 20% of time
- Lack of role outcome measures (Nichols, et al. 2014)

Purpose Statement

- To develop and validate an Administrative Clinical Scholar Model (**which evolved into the Executive Practice Scholar Model**) to demonstrate competencies and role outcomes of DNP-prepared leaders by:
 - Using the constructs from Role Theory: Donabedian's Structure, Process, and Outcomes Model; and The Competitive Advantage Model
 - Translating identified themes in literature, AONE competencies, and DNP Essentials documents into a 2-round Delphi to identify and suggest competencies and measurements of role outcomes
 - Having a subset of Delphi members validate the revised preliminary model

Design/Sample

Design: 3-phase mixed method design: utilized a descriptive approach to induce an Administrative Clinical Scholar Model (Executive Practice Scholar Model)

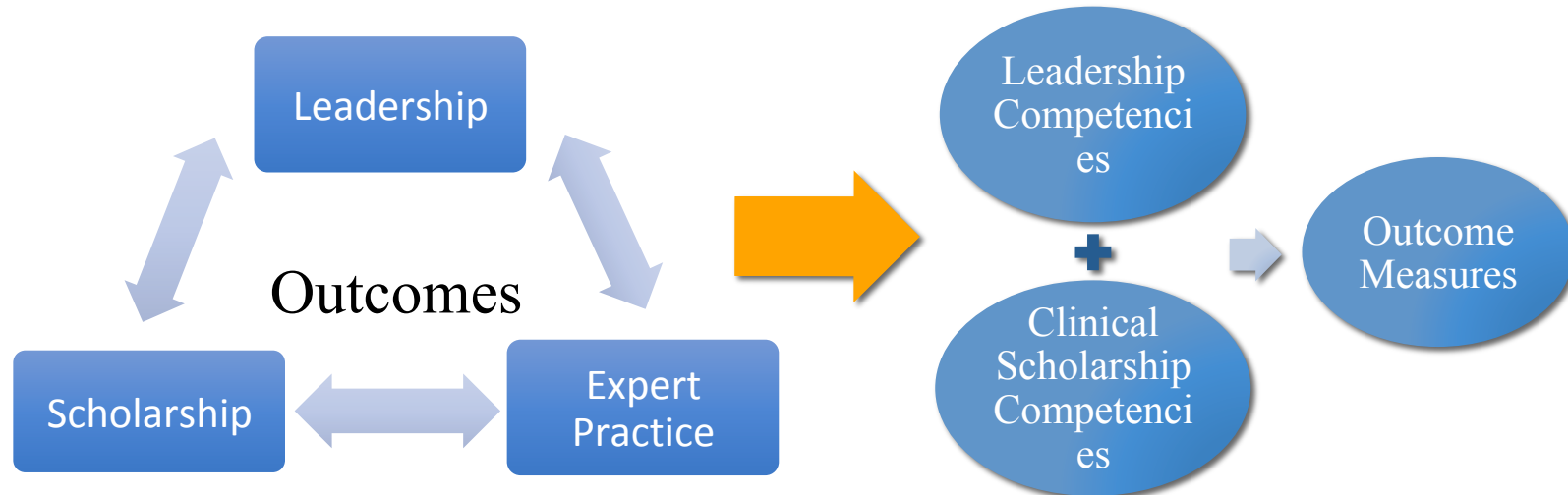
Phase 1: thematic analysis of literature, AONE Nurse Executive Competencies, and AACN DNP Essentials

Phase 2: 2-Round Delphi Survey to determine competencies and role outcome measures for DNP-prepared leaders

- **Purposive and criterion 2-Round Delphi with some snowball sampling**
 - **Inclusion Criteria**
 - DNP-prepared
 - Nurse Leader Role
 - **Exclusion Criteria**
 - APRN role
 - Academic faculty

Phase 3: validation of the revised model by a subset of randomly chosen 3 panel experts

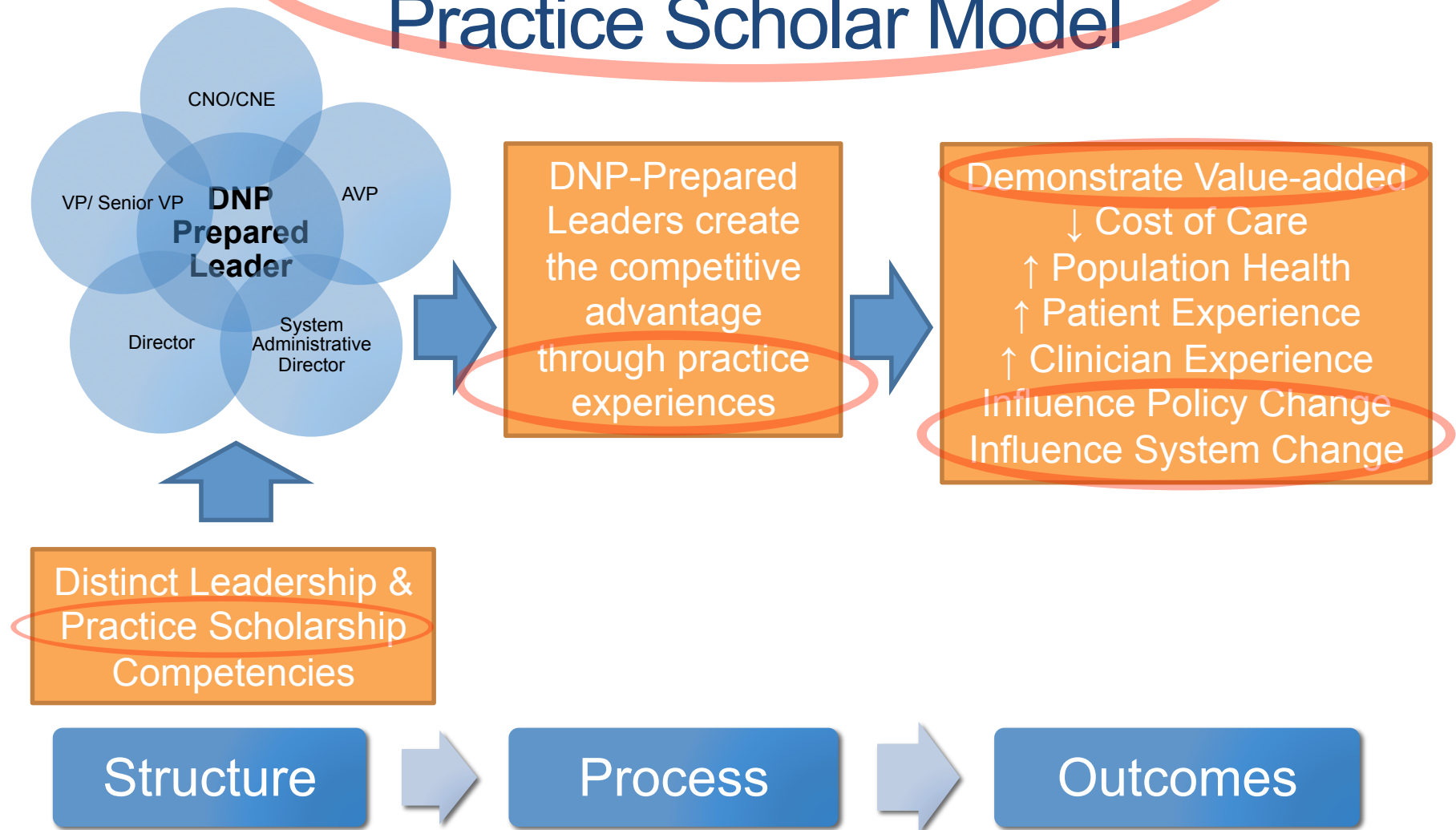
Results Phase 1: Evolution of themes



Results Phase 2: 2 Round Delphi

- Consensus was defined as Mean ≥ 4.25 and SD ≤ 1
 - Mean for collaboration: community: 4.17 and was not included as leadership competency
 - All other statements met consensus criteria were retained
- Modifications to the model were based on phase-1 and phase-2
- Proposed definitions of the Model components were determined

The End of Phase 3: Executive Practice Scholar Model



Definitions of the Executive Practice Scholar Model Components

Component	Component Definitions	Behaviors Indicating Competencies
Leadership Competencies	Leadership competencies are knowledge, skills, behaviors, and attitudes needed to drive organizations to achieve the multiple aims of healthcare.	<ul style="list-style-type: none"> • Collaboration: interdisciplinary clinical and non-clinical • Drive institutional, state, federal policy • Effective communication: interpersonal, oral/written presentation • Ensure accountability of quality/ Ensure accountability of safety • Lead change/ Systems thinking/ Emotional intelligence • Relationship/ Strategic/ Financial management • Use of technology to analyze data, collect data, influence outcomes • Workforce development
Practice Scholar Competencies	Practice scholar competencies are the expert knowledge, skills, behaviors, and attitudes that integrate evidence-based practice and organizational data to develop efficient and effective best practices to achieve the multiple aims of healthcare.	<ul style="list-style-type: none"> • Analyze data to drive care delivery models/ strategy • Assess effectiveness of new models • Balance business and practice • Collaborate with academic partners • Critically appraise literature to influence practice approaches • Ensure that policies adhere to professional standards • Ensure policies adhere to regulations • Ensure policies are evidenced-based • Mentor/ Publish • Team based scholarship • Translate research into practice • Use analytic methods to drive practice • Use evidenced-based practice to initiate innovations
Outcome Measures	Outcome measures are data validating that leadership and practice scholar competencies are met.	<ul style="list-style-type: none"> • Decrease cost of care • Implement policy change • Implement systems change • Improve population health • Improve the caregiver experience • Improve the patient experience • Demonstrate value-added

Conclusion

- As a profession, nurses have a responsibility to demonstrate value and worth of the DNP degree to executives in healthcare organizations.
- The Executive Practice Scholar Model, influenced by the conceptual frameworks of Role Theory, Donabedian's Theory, and Porter's Competitive Advantage Model, has the potential to provide structure to demonstrate the value and worth of the degree.
- Once tested for applicability, the Model can be applied to drive the quadruple aim and future aims of healthcare.

References

- American Association of Colleges of Nursing (AACN). (2006a). The essentials of doctoral education for advanced nursing practice. Retrieved from <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>.
- American Association of Colleges of Nursing (AACN). (2006b). DNP roadmap task force report. Retrieved from <http://www.aacn.nche.edu/dnp/roadmapreport.pdf>.
- American Association of Colleges of Nursing (AACN). (2016). *DNP Fact Sheet*. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/dnp>.
- American Organization of Nurse Executives (AONE). (2015). AONE Nurse Leader Competencies. Retrieved from <http://www.aone.org/resources/nurse-leader-competencies.shtml>.
- Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs*, 27, 759-769. doi:10.1377/hlthaff.27.3.759
- Braun, V., & Clarke, V., (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Burson, R., Moran, K. J., & Conrad, D. (2016). Why hire a doctor of nursing practice-prepared nurse? The value added impact of the practice doctorate. *Journal of Doctoral Nursing Practice*, 9(1), 152-157.
- Donabedian, A. (2005). Evaluating the quality of medical care. *Milbank Quarterly*, 83, 691-729.
- Grey, M. (2013). The doctor of nursing practice: Defining the next steps. *Journal of Nursing Education*, 52, 462-465.
- Hardy, M. E., & Conway, M. E. (1978). *Role theory: Perspectives for health professionals*. New York, NY: Appleton-Century-Crofts.
- Hasson, F., Kenney, S., & McKenna, H. (2000). Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing*, 2000, 32, 1008-1015.
- Holey, E. A., Feeley, J. L., Dixon, J., & Whittaker, V. J. (2007). An exploration of the use of simple statistics to measure consensus and stability in Delphi studies. *BMC Medical Research Methodology*, 7(1), 52-52.
- Hsu, C. & Sanford, B. (2007). The Delphi technique: Making sense of consensus. *Practical Assessment, Research & Evaluation*, 12(10), 1-8.
- Institute of Medicine. (1998). *To err is human: Building a safer health system*. Washington, DC: National Academies Press.
- Institute of Medicine. (2001). *Crossing the quality chasm*. Washington, DC: National Academies Press.
- Institute of Medicine. (2003a). *Health professionals' education: A bridge to quality*. Washington, DC: National Academies Press.

References

- Institute of Medicine. (2003b). *Keeping patients safe: Transforming the work environment of nurses*. Washington, DC: National Academies Press.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press. Retrieved from <http://www.thefutureofnursing.org/IOM-Report>
- Keeney, S., Hasson, F., & McKenna, H. (2006). Consulting the oracle: Ten lessons from using the Delphi technique in nursing research. *Journal of Advanced Nursing* 53, 205-212. doi:10.1111/j.1365-2648.2006.03716.x.
- Mackey, T. A. (2009). Practice value and worth of a DNP. *Clinical Scholars Review*, 2(1), 8-9.
- Malloch, K. (2017). Leading DNP professionals: Practice competencies for organizational excellence and advancement. *Nursing Administration Quarterly*, 41(1), 29-38. doi:10.1097/NAQ.0000000000000200
- Nichols, C., O'Connor, N., & Dunn, D. (2014). Exploring early and future use of DNP prepared nurses within healthcare organizations. *JONA: Journal of Nursing Administration*, 44(2), 74-78.
- Porter, M. E. (1985). *Competitive advantage: Creating and sustaining superior performance*. New York, NY: Free Press.
- Porter, M. E. & Teisberg, E. (2006). *Redefining health care: Creating value-based competition on results*. Boston: Harvard Business School Press.
- Sikka, R., Morath, J. M., & Leape, L. (2015). The quadruple aim: Care, health, cost and meaning in work. *BMJ Quality & Safety*, 24, 608-610. doi:http://dbproxy.lasalle.edu:2101/10.1136/bmjqs-2015-004160.
- Swanson, M. L., & Stanton, M. P. (2013). Chief nursing officers' perceptions of the doctorate of nursing practice degree: CNO perceptions of DNP degree. *Nursing Forum*, 48(1), 35-44.
- Udlis, K. A., & Mancuso, J. M. (2015). Perceptions of the role of the doctor of nursing practice-prepared nurse: Clarity or confusion. *Journal of Professional Nursing*, 31, 274-283.
- Wilkes, L. (2015). Using the Delphi technique in nursing research. *Nursing Standard* 29(39), 43-49.