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2018 FACULTY
A DNP Student Reflection

Being in my fourth and last year of my Doctor of Nursing Practice program (BSN to DNP) at Rutgers University, I can now reflect upon and appreciate the decisions I made when beginning this program for countless reasons. When starting this program, I was still relatively new to the nursing profession, having less than two years of experience of an adult medical-surgical unit. At that time, I decided to keep my full-time position as a staff nurse and attend graduate school part-time. The intent behind this decision was to gain further experience at a registered nurse and increase my foundational understanding of disease processes and recognition of each treatment. While I must admit this process of thinking was correct (I can only imagine how much more I would have struggled if I did not have this experience), I did not realize how equally important the relationships I formed during this additional time of work was.

As a registered nurse working in a Magnet hospital, I am expected to participate in a committee. My involvement in the Diabetes Task force for over three years was crucial in the (thus-far) success of my DNP Project. While the creation of this quality improvement project was inspired from the gaps in practice I witnessed from working on a unit that specializes in the care of patient with metabolic syndrome, the support I have received from persons I met in this committee has aided in the ease of starting this project. From input of the hospital’s nurse and diabetes educator for the creation of tools and images, to the recommendations from a nurse educator and researcher, I cannot say enough. The IRB approval process was prompt, with minimal barriers and edits requested. Although I am currently still in the implementation phase of this project, it is almost set on auto-pilot due to the help of these colleagues and the buy-in of staff nurses I work with.

The rapport I have built with practitioners during my experience as an RN has also eased the schooling process, specifically in obtaining clinical site rotations of my choice. Rather than waiting to find clinical cites accepting nurse practitioner students, I started this conversation with physicians I worked with well before I started this portion of my education. Although all my rotations have been in primary care offices, I made conscious decisions to work in areas of alternative populations, making my experience as diverse and comprehensive as possible. I find myself fortunate in this situation to have been able to choose my own experience for clinical rotations rather than hoping an office would choose me.

Being in my last year of this DNP program, I am also starting to look beyond the current studies and think about obtaining a job after graduation. Thus far, I have been approached by four different physicians with different job offers. Three of these practitioners have not worked with me in the clinical arena or been witness to my experience of taking on the role as a future nurse practitioner. These are practitioners who I have worked with for the last four years have based these offers simply from their experience in working with me as an RN and the rapport we have built throughout this time. Although my skill of nursing obviously plays a role in these practitioners trusting me with their patients as an RN, I now see the significance of creating these connections to securing a position as a nurse practitioner before I have even begun my final semester in the program. It is gratifying to feel I will be in the same position in acquiring a job as I did my clinical rotations: I will get to choose where, in what specialty, and with whom I want to practice in my new role as a doctoral prepared nurse practitioner.

Lauren Wadams
Rutgers School of Nursing
NEW FOR 2018
FROM DNP, INC.

- Showcase DNP practice projects to share outcomes with colleagues and consumers.
- Educate patients, organizations and health care systems on the contributions of the DNP prepared nursing professional.
- Support DNP educational programs and practice partners to demonstrate the influence of the DNP prepared nurse.
- One time charge per student listing of $30 to defray cost of repository development and maintenance.

CLICK HERE FOR MORE INFORMATION
How do you inspire, empower and transform the experiences for persons of color in academia and their pursuit of a terminal degree? You seek out an innovative approach and create a pipeline for them. The idea for DNPs of Color (DOCs) was born during the first year of my Doctorate in Nurse Practice (DNP) program. Myself like many other nurses, started the journey of obtaining a terminal degree with lots of fear and doubt in mind, but the focus on accomplishing this goal and being one of the many firsts in my family to obtain a doctorate helped propel me through. In addition, the onus placed on me to succeed and help lead the way for others was present in my subconsciousness. I knew that this accomplishment was not only for me but also to the benefit of improving health for those in communities of color. The literature supports that the delivery of care by a diverse body of providers improves patient outcomes.

The journey in obtaining a DNP for students of color can be challenging and daunting from start to finish. Having the presence of those you identify with especially mentors, fellow students and practicing DOCs can be very uplifting and encouraging to those just starting the journey. DNPs of Color was created to provide a community that can support students, newly “minted” DNPs of color, and ultimately help increase diversity in the DNP. We also seek to encourage supportive environments, influence the landscape in academia and education, outcomes in our communities, and ultimately healthcare. DNPs of Color started its reach to potential members through the utilization of social media (FaceBook, Twitter, LinkedIn and Instagram). The response has been encouraging and the numbers increase daily.

DNP students of color report experiencing a lack of support from faculty, professional organizations, faculty and fellow student discrimination, feeling invalidated by nursing colleagues and overall lack of support from family and friends. DOCs also have the added burden of being “the first” in their families and communities to pursue doctoral education; failure is not an option, when your community is watching you. Below, are a few comments that validate the need for DOCs community and the need for support to be successful:

“Our group is needed to support current DOCS, those in school and those considering the possibility of DNP education. It truly makes a difference when you see someone who looks like you being successful, it gives you hope. I have seen evidence from the comments on the various social media platforms for DOCS, we are giving hope to many future and pursuing DOCS, there are strength in numbers, we give voice to those who we need to enter this field and become decision makers.”

“DNPs of Color is absolutely needed. My personal experience in my DNP program-I was the only Latina with 5 African Americans in my class of 30, by the time we graduated there were 25 students... racism from the professors was rampant and not well hidden. The feeling was pervasive. All the staff, the dean, and professors were Caucasian and treated us poorly, while the other students who were Caucasian were treated very differently. They were allowed extensions, absences, there was even a student who did not finish her doctoral project, but still passed. I cried and suffered greatly and spoke to a dear friend about the terrible treatment we received and she said “use the race card, and they’ll back off”...I didn’t want to....however, when they threatened myself and another student, in a phone conference, stating “we were not doctoral student material, and we should consider withdrawing” I said it.... “Do you mean to imply that because we are students of color, we’re unable to do the work?” Well they of course backtracked and said no, no, that’s not what we mean. I felt stronger, I demanded to change my advisor. I worked 10 times harder as did my colleagues of color and we finished, we graduated, we accomplished the unthinkable (to them)...that’s my personal story. We need the association, we need to help those men and women who face the same hurdles of racism. We need to support them, for I’m certain I’m not the only person who has gone through similar situations.

“Special places where groups can find a group of like minded people who authentically share a common experience are golden. Some who come here are mentors, some are novices. They are really valuable.”

“As a DNP soldier, I myself have asked many times why am I doing this...then looking at men & women that look like me are in the same struggle or have survived the war, how could I quit. This group is very positive and motivating to keep me focused. I appreciate each of my brothers & sisters in this struggle”
DNPs of Color (DOCs) cont’d

“The group is needed because students of color, especially Blacks or African-Americans often feel disconnected from their peers. I know as a nurse anesthetist the journey through school and often in my daily professional life can feel lonely. This group will allow DOCs to network and share experiences with those to which they can relate. Furthermore, there is an imbalance between the number of minorities in the U.S. versus the number represented in doctoral education. This group could help change that”

A few trail blazers, recent DNP of Color graduates, Dr. Jenna Benyounes, Dr. Daisy Medina-Kreppein, Dr. Ethlyn McQueen-Gibson, Dr. Marilyn Whitening, and current DNP students: Kiya Bell, Dr. LaDonna Brown and Toni Manuel have stepped up to serve as mentors and demonstrate to fellow DOCs that success is within their reach. Our mission is to connect fellow DOCs in order to network, support and create disruptive innovations that will help increase diversity in the DNP. This group is open to anyone that has a DNP, DNP students or those that have a motivation to connect to increase diversity in our profession. Our vision is to inspire, empower and transform the landscape of nursing to include more diversity on the doctoral level. We also aim to serve as mentors and guides to nurses of color to pursue doctor of nursing studies, expand networks and opportunities for engagement such as employment in academia, research and clinical areas with DOCs. We also aim to foster educational support and positive experiences amongst DOCs. Whether you identify as a person of color or have an interest in diversity, inclusion and engagement we welcome you to help this diverse group of individuals change the health outcomes for our communities. We look forward to the growth and success of DOCs and engaging with fellow DNPs. Feel free to learn more about us here: http://doctorsofnursingpractice.ning.com/group/dnps-of-color

Dr. Ethlyn McQueen-Gibson, DNP, MSN, RN-BC

Dr. Danielle K. McCamey, DNP, CRNP, ACNP-BC
**Ethics Survey of Nursing Leaders** is a study sponsored by faculty colleagues at Old Dominion University and Paracelsus Medical University in Salzburg, Austria. The study will aid in identifying issues that face current nurse leaders in the U.S., Germany, Austria, Switzerland and Canada. Your participation is requested!

**Tennessee NP Participation Needed** for a study that evaluates political astuteness. Traci Herrell creates the study. If you live in the great state of Tennessee, please participate in this survey.

**DNP Role Study** is the work of our colleague, Karen Mary Roush at the University of Massachusetts at Dartmouth. The goal of the study is to examine how the DNP degree has influenced the nursing career, roles or clinical practice. Please support the expansion of knowledge.

**How to Respond to a Difficult Person** by our great contributor, Eileen O’Grady. This is definitely worth your time to view and appreciate.

**DNPs: A Hot Commodity!** Dr. Cheryl Ann Green comments on the future value of the DNP degree. Join the conversation!

**Are we educating the public about our profession?** This blog by Dr. Renee Denobrega challenges our effectiveness in sharing our actions and worth. What do you think?

**DNP Groups of Interest:**
- College Health DNPs
- CNM/OB/GYN/WOMENHEALTH DNPs
- Geriatric Specialization
- Executive Leader DNP
- Population/Public Health DNPs
- DNP Health Informatics

And others.

If you know of an event that supports the growth and development of nursing colleagues, please post it to the EVENTS page. It’s free, and reaches thousands every month. Click the ADD button on [this page](#) to post an event.
The May 2018 survey requested feedback and perceptions of the intensity of DNP education. The results are a little surprising.

Question 1: I graduated from an MSN to DNP program.
63% very much to absolutely, 37% somewhat to not at all

Question 2: The rigor of the DNP educational process has decreased over the past five years.
15% very much to absolutely, 85% somewhat to not at all

Question 3: The number of credit hours required for the DNP degree should be on par with the number of hours for other disciplines post bachelor and post master degree.
81% very much to absolutely, 19% somewhat to not at all

Question 4: The scope of tracks offered by DNP programs in colleges and universities around the country reflect the needs of practice.
52% very much to absolutely, 48% somewhat to not at all

Question 5: The caliber of the DNP degree is improving as a result of the caliber of programs currently enrolling students.
63% very much to absolutely, 37% somewhat to not at all

These results show that the majority of respondents graduated from an MSN to DNP program, yet this number is smaller than in the recent past. The majority believes that the rigor of the educational process is NOT decreased over the past 5 years. There is a near split between those that believe that the tracks offered in DNP programs meets the needs of practice and those that do not believe the tracks reflect these needs. Nearly ¾ of respondents believe that the caliber of DNP programs is improving.

What do you think? Do these findings reflect your point of view?

Click HERE to take the June 2018 Survey
One of the most challenging phrases a growing organization can hear is, “I’ve never heard of you.” Efforts to share and educate are limited by the reach and ability to communicate. With that in mind we continue to expand efforts in several venues to assure that all interested colleagues can tap into the information and services offered by Doctors of Nursing Practice, Inc.

The DNP Online community now has close to 8,500 members. The growth rate is about 100-150 new members each month. Membership is free. Joint the conversation. Click here for learn more.

The OUTCOMES newsletter is published monthly. The mailing list hovers around 11,000 with a few unsubscribing and new subscribers every month. If you are receiving this issue, you are a subscriber to the mailing list. Please forward this publication to a colleague and ask them to sign up to receive this monthly electronic newsletter for and about DNP practice. Here’s the link to join the mailing list.

We continue to provide services to meet the growing needs of DNPs in practice, DNP students, and faculty. Join us by clicking into the following links:

- DNP National Conference
- Repository of Scholarly Practice Projects
- Listing of all colleges and universities that offer the DNP degree

We continue to develop services and are working to build the Foundation for donations and grants to worthy colleagues. We are also building multiple resources to support the DNP student, graduate and faculty.
On April 20, 2018, the National Organization of Nurse Practitioner Faculties (NONPF) made the commitment to move all entry-level nurse practitioner (NP) education to the DNP degree by 2025. Today, there are more than 300 DNP programs throughout the United States (US) (AACN, 2018), and NONPF has led the evolution of NP educational preparation to the DNP degree level (NONPF, 2015). NONPF maintains its dedication to all currently credentialed NPs and faculty members; however, we recognize that as the health care delivery system has grown increasingly complex, the role of NPs has evolved. The DNP degree reflects the rigorous education that NPs receive to lead and deliver quality health care.

NONPF supports a seamless, integrated DNP curriculum without a master’s exit point as preparation for entry to the NP role (NONPF, 2015; NONPF, 2016). The DNP NP curriculum is not an add-on to the master’s curriculum; instead, the curriculum integrates objectives and learning opportunities for students to achieve the NP core and population-focused competencies that are written for doctoral-level education (NONPF, 2013; NONPF, 2017a; NONPF and AACN, 2016). There are currently 187 post-baccalaureate DNP NP programs in the US, a 24% increase since 2015 (AACN, 2018). NONPF is committed to providing resources and support for faculty members as they embrace curricular changes (NONPF 2016).

Moving all entry-level NP education to the DNP degree by 2025 will take commitment from multiple stakeholders and development of strategies and initiatives yet to be determined. In December 2017, NONPF hosted a DNP summit with stakeholders from nearly 20 national organizations to have a critical dialogue about moving entry-level NP education to the DNP degree by 2025 (NONPF, 2017b). While not all participants agreed that the DNP should be the entry level degree for NP practice, everyone agreed to continue the dialogue, stay actively engaged, and take the information back to their organizations. Moving forward, NONPF will continue to work with the DNP Summit participants and additional organizations and stakeholders, as they are critically important to realizing our goal.
NONPF DNP Educational Statement Cont’d

As the preeminent leader in NP education that provides timely and critical resources for NP educators, NONPF moves forward with an unwavering commitment to create innovative, high quality educational resources to NP faculty during this transition. Our work will lead and unite NP educators to transform healthcare.

Approved by the NONPF Board of Directors, April 2018.

References


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For more information, visit our college website: [http://nursing.ua.edu](http://nursing.ua.edu) or contact Dean Suzanne Prevost at 205-348-1040. To apply, visit Employment Opportunities at [https://facultyjobs.ua.edu](https://facultyjobs.ua.edu) and go to faculty positions. The University of Alabama is an Equal Opportunity Affirmative Action education institution/employer.
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2018 Conference Objectives
1. Identify at least one potential change in practice,
2. Explore strategies to sustain projects beyond implementation,
3. Examine opportunities to collaborate across disciplines to improve health care outcomes, and
4. Recommend strategies to apply evidence to practice
Have you see the talent and contributions of DNP prepared colleagues? Here’s a sample of what can be found in the DNP Doctoral Project Repository:

**Can Married State Onboarding Close the Transition Gap to Professional Practice?** by Dr. Sueanne Wright Cantamessa, a graduate of Capella University.

**Decrease Door to Provider Timeframe** by Dr. Illa Mae Cox, a graduate of Touro University.

**Reimplementation of Bedside Reporting on a Medical/Surgical Unit** by Dr. Stacey De Leon, a graduate of Touro University.

Is your doctoral project in the repository? Are your colleagues and graduates of your university listed? [Click here](#) to learn more and to upload your project.
You are invited to complete a brief survey titled “The Top 3 Things that Keep You Up at Night”. This survey asks you to think about the ethical issues from your practice experience as a Nurse Leader that challenge you and ‘keep you up at night’. This survey should take approximately 15 minutes of your time. Your answers are anonymous and consent is implied by your participation. You may access the anonymous survey at:

https://odu.co1.qualtrics.com/jfe/form/SV_6WorHpvaoyFIKZT

Survey responses will aid in identifying the ethical issues that face current nurse leaders in the U.S., Germany, Austria, Switzerland and Canada. Results will provide an up to date description of the ethical issues facing nurse leaders today. Exploration of the ethical issues facing nurse leaders can provide important direction and focus for ethics education within graduate nursing programs around the world and can provide a fuller description of the ethical landscape in today’s complex health care systems. Including nurse leaders from Europe and Canada in addition to the U.S can spotlight important parallels and dichotomies between diverse international health care systems profiles.

If you have any questions or comments please feel free to contact us.

For more information about this study, please click into this blog on the DNP Online Community.

Thank you for your time and your participation!

Sincerely,

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Lorri Birkholz, DNP, RN, Lecturer, Old Dominion University, lbirkhol@odu.edu
Margitta B. Beil-Hildebrand, PhD, M.Sc., Dip.Nurs.Mngt., PG Cert.HE, RGN, Professor Paracelsus Medical University, Salzburg, Austria
Volunteer Eligibility Criteria

1. Currently enrolled in a DNP Program at the time of the 2018 conference
2. Not scheduled or invited to present at the 2018 conference
3. Accepts responsibility for all travel, lodging and food expenses with the exception of food provided during conference hours i.e. breaks, breakfast and lunches.
4. Availability from September 26-29, 2018
5. Skilled in customer service, communication and leadership
6. Free conference registration included for all volunteers

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