SDC #1

*The American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Nursing Practice (7)*

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|  | **Essential** | **Examplars/Count** | |
|  |  | **DNP Graduate** | **DNP Supervisor** |
| I | Scientific Underpinnings for Practice  Integration of nursing science with knowledge from ethics, the biophysical, psychosocial, analytical and organizational sciences as the basis for the highest level of nursing practice. | I think one of the things that’s different now is, before I knew the guidelines, like before my DNP, I knew the guidelines really, really well around oncology. And that’s a great place to start. But now, really spending the time evaluating all the evidence that supports or contributed to the guidelines helped me to understand what exists in the literature and what doesn’t – what’s missing from it.  10/10 | She has become more adept at using evidence and applying that to her practice as an educator and administrator. Recently she was able to identify several evidenced-based practices to improve the performance of site visits by clinical faculty.  9/9 |
| II | Organizational and Systems Leadership for Quality Improvement and Systems Thinking  Preparation and expertise in assessing organizations, identifying systems’ issues, and facilitating organization-wide changes in practice delivery. | It has made me more confident in what I was doing. Looking at change theories and processes, understanding the fish bowel…those tools that you need to be able to change systems, I think it gave me those tools to be more confident in my change process.  10/10 | The DNP has provided her with a framework and confidence in how she goes into those discussions (interprofessional teams). She is able to maneuver those dialogues a little more differently than what she had been doing.  8/9 |
| III | Clinical Scholarship and Analytical Methods for Evidenced-Based Practice  The integration of knowledge from diverse sources and across disciplines, and the application of knowledge to solve practice problems and improve health outcomes. | My ability to actually read the evidence, read a study, read an article and to be able to translate what that would look like – to be able to implement that from a systematic perspective has certainly changed. I understand much more thoroughly how to appraise evidence, to rate it as to the validity of the strength of the evidence as a result of the program.  10/10 | She’s really able to reflect on what the research means, and how it applies to this particular patient population…significant improvement over time in the complexity of her decision making.  9/9 |
| IV | Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care  The ability to use information systems/technology to support and improve patient care and healthcare systems and provide leadership within healthcare systems and/or academic settings. | Patient satisfaction – that’s a big driver for all of us. But is everybody equally happy or unhappy or do different groups perceive care differently? I looked at, when we give care, and people rate us with satisfaction scores, is there any difference in the different elements, diversity elements, for how people are rating us? It’s not a one size fits all.  10/10 | As she was getting out of her DNP program, I was able to see her begin to use data to evaluate some of the projects and programs she was involved with. For example, I saw her partner with infection prevention to look at some of the NHSN data.  9/9 |
| V | Health Care Policy for Advocacy in Health Care  Preparation to design, influence, and implement health care policies that frame health care financing, practice regulation, access, safety, quality and efficacy. | learned quite a bit not only on policy advocacy, but also just general reaching out to your local representatives, going to the hill on NP day. I worked on policy advocacy on how to be effective advocates for NPs in the health care area.  10/10 | I think being in an environment where she was exposed to things that otherwise she may have not gotten to as quickly; I think it’s definitely an advantage and is an advantage to the organization….her whole effort with the nurse residency program is now on a national level.  7/9 |
| VI | Interprofessional Collaboration for Improving Patient and Population Health Outcomes  Advanced preparation in the interprofessional dimension of health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. | I learned how to negotiate with other interprofessionals; not only in a clinical setting, but I had to work with IT quite a bit and so it opened up my mind in that a professional doesn’t necessarily mean clinicians – it also means a lot of business professionals, even on the hospital side.  10/10 | After she graduated, she actually took over the work in the ambulatory setting and worked as the highest ranking nurse in that area. She sits on multiple interprofessional work groups, either leading or co-leading our population health strategy work.  8/9 |
| VII | Clinical Prevention and Population Health for Improving the Nation’s Health  Knowledge of public health, health promotion, evidence-based recommendations, determinants of health, environmental/occupational health, and cultural diversity and sensitivity. | I really now look at the patient on a much bigger systematic level. Now the question is, what can I do to change, not just an individual patient, but the system, so that the care can be delivered in a more effective, efficient, and not so costly, while tailoring it to the individual patient.10/10 | Yes, I definitely think that she has influenced patient outcomes through her influence with the practice, research and quality councils.  8/9 |
| VIII | Advanced Nursing Practice  Application of concepts in a variety of patient care settings that are integrated throughout the DNP program of study. | I think I have a better understanding of the best way to make change. Never consulted the literature to see typically what has worked, what were the barriers and how were those barriers overcome and how did they measure success. So, now I use a framework called, Knowledge to Action.  10/10 | She has much more systems thinking ability. She can navigate change, and thinks of ways to frame information so people can hear it if there is resistance. She will try a different strategy, with the patient in mind. She refocuses the conversation on the patient.  9/9 |