

The Doctor of Nursing Practice Essentials in Action: Using the Essentials to Build a University-wide Automatic External Defibrillator Program

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ABSTRACT

In 2004, the American Association of Colleges of Nursing released the doctorate of nursing practice (DNP) position statement endorsing the DNP as the terminal practice degree in nursing. After this, the AACN assembled a task force that developed the *Essentials of Doctoral Education for Advanced Practice Nursing*, establishing the curricular components for the DNP degree. Since that time, there has been continued debate regarding what constitutes a satisfactory DNP project. Although there are many published accounts of actual DNP projects, very little literature exists illustrating how the DNP essentials were specifically addressed within each project. This article shows the influence of each individual DNP essential on the development of a revamped automatic external defibrillator policy and program at a large urban university.

Keywords: doctorate of nursing practice, doctorate of nursing practice essentials, doctorate of nursing practice project

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In 2004, the American Association of Colleges of Nursing (AACN) released the doctorate of nursing practice (DNP) position statement supporting the DNP as the terminal degree for advanced practice nurses.¹ The impetus for assembling a task force to develop this position statement was spurred by the increasing complexities of the United States health care system. To meet the demands of the rapidly changing landscape of health care in this country, the task force determined nurses working in advanced practice settings including clinical, administrative, policy, and academia needed a revamped educational program to better position them among their colleagues in medicine, pharmacy, and respective allied health professions.²

After the release of the 2004 position statement, the AACN assembled another task force to determine the curricular requirements for DNP programs. Similar to the AACN's *Essentials of Master's Education*

for *Advanced Practice Nursing*, the task force was charged with developing the *Essentials of Doctoral Education for Advanced Practice Nursing*. Aligning with the Institute of Medicine's recommendations,³ the task force engaged key stakeholders across more than 200 institutions and determined the DNP curriculum should encompass preparation to engage with interdisciplinary teams, leverage information systems, and focus on quality improvement and patient safety.²

The task force developed 8 essentials including scientific underpinnings for practice, organizational and systems leadership for quality improvement and systems thinking, clinical scholarship and analytic methods for evidence-based practice, information systems/technology and patient care technology for the improvement and transformation of health care, health policy for advocacy in health care, interprofessional collaboration for improving patient and

population health outcomes, clinical prevention and population health for improving the nation's health, and advanced practice nursing. Additionally, the task force recognized the competencies set forth by the specialty certification organizations as another critical component of DNP educational design.²

The DNP project is the culmination and synthesis of the DNP student's course work and shows mastery of the DNP essentials. However, debate has ensued over what constitutes an adequate DNP project.⁴ Further complicating this debate is the fact that many DNP projects exemplify one essential more than the other essentials. This makes it difficult to determine if all DNP graduates are prepared to implement and incorporate all of the essentials into their respective practices.⁵ The AACN recently released a white paper to provide clarification on the discrepancies across the DNP curriculum nationwide. This paper provides recommendations for DNP programs to follow in order to provide consistency across programs and outcomes.⁶

When reviewing the literature, there is a moderate number of articles disseminating the findings of specific DNP projects; however, there is a lack of literature available showing which DNP essentials have been used in DNP projects. Although the AACN's 2015 recommendations do not require all of the essentials be present in the final DNP project, this article will show how each essential from *The Essentials of Doctoral Education for Advanced Practice Nursing* was used to inform a revamped automatic external defibrillator (AED) policy and procedure at a large Midwest urban university (Table 1).

ESSENTIAL I: SCIENTIFIC UNDERPINNINGS FOR PRACTICE

Essential I embodies the scientific foundations of nursing practice and asks the DNP graduate to relate his or her project to nursing theory.⁷ This lead author's DNP project uses Betty Neuman's Systems Model as a theoretic framework. Neuman's model looks at the client as being made up of various forms of energy resources, such as body temperature, genetics, organ strength or weakness, ego structures, and response patterns. These energy resources are surrounded by different types of resistance such as internal factors that help a client defend against

various stressors. The client also comes into contact with normal lines of defense that determine his or her equilibrium. Finally, the flexible lines of defense encountered by a client represent the dynamic events that can quickly influence a client's state of well-being. Neuman supports the role of the nurse in providing stability for the client system through 3 levels of prevention: primary, secondary, and tertiary.⁸ Although Neuman's theory is based on the individual patient/client, the lead author used the elements of the theory to look at a client system as described by Fawcett.⁹ The DNP project addresses the shortage of AEDs on a large urban campus with a focus on tertiary prevention (Figure 1). In forming the argument for a revised AED policy on campus, a thorough review of the literature and evaluation of the processes and outcomes achieved by other large universities when establishing formal AED programs on their campuses was performed.

The project addresses the 4 elements of Essential I as described by the AACN. First, the lead author evaluated the current AED policy and its impact on the lives of the faculty, staff, students, and visitors to campus. The current policy governs the well-being of the campus community and needed to be enhanced to provide a safe environment for all. Second, the project also sought to address the current human behavior pattern on campus where faculty, staff, and students lack education and training surrounding AEDs and bystander cardiopulmonary resuscitation (CPR). Real-life training will lead to appropriate behavior during critical life events.¹⁰ To address the third element, the lead author's actions as a nurse seek to change processes and increase safety on campus resulting in positive health outcomes. Finally, the project aims to provide a safe and healthy environment knowing the campus community and its visitors are in constant interaction with the surrounding environment.

ESSENTIAL II: ORGANIZATIONAL AND SYSTEMS LEADERSHIP FOR QUALITY IMPROVEMENT AND SYSTEMS THINKING

Essential II prepares DNP graduates to assume leadership positions in improving health care and outcomes for populations using science, communication, business, finance, policy, and evaluation acumen.⁷ The lead author demonstrated leadership in

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