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Emerging Directions in Doctor of Nursing Practice Projects: Development of Health Policy/Advocacy Project Guidelines

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Doctor of Nursing Practice (DNP) students must demonstrate their competence in implementation of nursing science, at the culmination of their educational program, by producing a final scholarly project. These projects have traditionally focused on improvements in clinical settings – either evidence-based practice improvements or quality improvement. However, with a growing need for executive tracks in DNP programs, and a growing emphasis on policy and advocacy, an interest in health policy/advocacy-focused projects has emerged. With this emergence in focus comes a parallel need for guidance, for both the students pursuing policy projects and the faculty mentoring the students.

First, it is essential to establish the legitimacy of health care policy and advocacy in clinical doctorate education, therefore DNP projects. *Health Care Policy for Advocacy in Health Care* is Essential V of the AACN Essentials of Doctoral Education for Advanced Nursing Practice (American Association of Colleges of Nursing [AACN], 2006). Further, by definition, advanced nursing practice, as it refers to the clinical doctorate in nursing (the DNP), is “any form of nursing intervention that influences health care outcomes for individuals or populations, including . . . implementation of health policy” (AACN, 2015, p. 11). The DNP prepares expert, well-educated clinicians who are capable of addressing some of our nation’s omnipresent health problems by using evidence to improve the quality of health care practice, improve population health, and have an impact on both organizational policy and governmental health policy (Melnik, 2013). In addition, the use of evidence-based models and processes, which are familiar to DNP students and faculty, have established usefulness for addressing policy problems and informing policy change (Dobrow, Goel & Upshur, 2004; Elliott & Popay, 2000; Loversidge, 2016; Niessen, Grijseels, & Rutten, 2000)

As such, health policy and advocacy have become essential components of the DNP curriculum. Educators are challenged to stimulate students’ thinking about the intersections between doctoral level advanced practice nursing and health policy and advocacy, that is, how future DNP prepared nurses can improve the health care of populations through the advancement of sound, evidence-informed policy. Therefore, a growing cadre of students and their faculty mentors are appreciating the potential for influencing health care outcomes indirectly, by approaching change through the advancement of evidence-based policy and/or advocacy. As a result, more DNP students are discovering that the direction they are pursuing in their advanced clinical practice education is moving them toward DNP projects that are health care policy and advocacy focused. A recent AACN document reporting on current issues and clarifying recommendations (2015), and the AACN DNP Tool Kit (2018), provide some guidance for faculty mentoring students who are pursuing policy projects. It indicates a number of requirements that DNP Projects, also known as “scholarly product,” should meet. Amongst these are several that can apply broadly, and directly, to organizational or governmental health policy projects. These include that the

project should: 1) focus on a change that impacts healthcare outcomes, but that the change apply to either direct or indirect care; 2) have a systems, population, or aggregate focus; 3) include a plan for sustainability that should include financial, systems, or political realities in addition to a theory base; and 4) a formative or summative evaluation of processes and/or outcomes that will guide practice and policy. However, because the DNP Essentials document (2006) establishes the focus of the final DNP project squarely in the realm of a practice change initiative, two tendencies have arisen: 1) DNP Handbooks normally have one set of DNP Final Project Guidelines for students to follow, and these are generally practice/EBP/Quality-Improvement focused; and 2) students who choose to pursue a policy/advocacy project, as well as their faculty mentors, are challenged to write their project because of difficulties with the practice project outline-policy project fit.

To address this gap in guideline-project fit, separate Health Policy DNP Project Guidelines were established. These guidelines were developed using: 1) the AACN Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); 2) the AACN DNP Tool Kit (2018); and available science related to evidence-based/evidence-informed policymaking, for example the SUPPORT Tools for evidence-informed health Policymaking (STP) (2009), which are currently in use on a global scale. The DNP Policy Project Guideline document differs from the clinical project guideline document in a number of ways. First, the nature of the problem is defined as a problem; it must also be made clear as to whether the problem is organizational, or governmental health policy related. Second, the PICOT question is, in all cases, an intervention PICOT – the Intervention is the “new” or “change” in policy, whereas the Comparison describes what exists, even if policy is silent at present. Third, the literature search, critical appraisal, and evidence synthesis may need to be two-pronged, in that a clinical problem is likely to present as the need for a policy change. Therefore, both the nature of the bodies of evidence related to both the clinical and policy problems may need to be explored. Fourth, health policy and systems sciences have established that research alone is insufficient to serve as a body of evidence for a policy change, so additional sources, and how to place them in an evidence hierarchy, is suggested. Fifth, the theoretical basis for the policy project may be best served by using a policy/process model rather than an EBP model. Sixth, recommendations and implications for policy and practice, and dissemination, require special attention, depending on the type of policy project involved, and the stakeholders served.

Title:

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*Note: All asterisked references are considered seminal work and underpin evidence-based/evidence-informed health policy-making.

Abstract Summary:

Health policy/advocacy DNP projects are an emerging focus of interest. However, project guidelines are designed to support clinically focused projects. This abstract establishes the legitimacy of the DNP health policy project, provides the evidence-based underpinnings for health policy projects, and describes the unique attributes of health policy/advocacy DNP project guidelines.

Content Outline:

1. Establish the legitimacy of the emergence of health policy and advocacy DNP projects.
1. Health Care Policy for Advocacy in Health Care - Essential V, AACN Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)
2. Definition of DNP advanced nursing practice refers to influencing health outcomes including implementation of health policy (AACN, 2015)
3. The nation's DNP prepared workforce has potential to address the nation's health problems, in part by having an impact on organizational and/or governmental health policy (Melnyk, 2013)
2. Describe the evidence used to underpin guidelines for health policy and advocacy DNP projects.
1. American Association of Colleges of Nursing (2006). The essentials of doctoral education for advanced nursing practice.

2. American Association of Colleges of Nursing (2015). The doctor of nursing practice: Current issues and clarifying recommendations
3. American Association of Colleges of Nursing (2018).
4. Additional evidence/literature (Dobrow, Goel & Upshur, 2004; Elliott & Popay, 2000; Loversidge, 2016; Melnyk, 2013; and Niessen, Grijseels, & Rutten, 2000)
3. Identify the unique attributes of health policy and advocacy DNP project guidelines, as compared with clinical DNP project guidelines.
 1. Stating the nature of the policy problem
 2. Describing the PICOT question
 3. Differences in the literature search, and accompanying critical appraisal and evidence synthesis
 4. Necessity of using non-traditional sources of evidence
 5. Differences in theoretical bases for a policy project
 6. Focus of recommendations and implications for policy and practice, including stakeholder considerations.

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