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

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Our Rationale for Developing a Unique Set of Project Guidelines

Growing emphasis on health policy and advocacy in DNP Program Executive Tracks

- Supported by Essential V, AACN Essentials of Doctoral Education for Advanced Nursing Practice (2006)
- The DNP prepares expert clinicians, capable of addressing the nation's health problems by using evidence to improve quality;
- They can also be prepared to use evidence to inform policy.
- Parallel growth in emergence of health policy/advocacy focused DNP projects
- Health policy/advocacy DNP projects are different from clinical EBP, QI, and evaluation projects in significant ways.



Resources for Informing the Guidelines

- AACN Essentials of Doctoral Education for Advanced Nursing Practice (2006)
 - Essential V Health Care Policy for Advocacy in Health Care
- AACN DNP Tool Kit (2018)
- SUPPORT Tools for evidence-informed health policymaking (STP) (2009). A collection of articles published in Health Research Policy and Systems, 7 (Suppl I).
- AACN Report from the Task Force on Implementation of the DNP (2015)
- Our own work and experience in evidence-informed health policy (Loversidge & Zurmehly, Evidence-informed Health Policy, published 2019, Sigma).



Stating the Problem

- The nature of the problem is defined as a policy problem.
- It must also be made clear as to whether the problem is:
 - A governmental health policy problem; or
 - An organizational policy problem.
- The relevance of addressing the policy problem/issue for nursing and/or health care should be stated.



The PICOT question

- The PICOT question drives the literature search, as it does for a clinical DNP project, however;
- In all cases, it is written as an "intervention PICOT"
- I: a policy project generally introduces either a change in existing policy, or new policy. The new/changed policy is the *Intervention*.
- C: the *Comparison* describes what exists, even if policy is silent at present.

The literature search, critical appraisal, and evidence synthesis

- These *may* need to be two-pronged, i.e.;
- A clinical problem is likely to present as the need for a policy change.
- Therefore, both bodies of evidence (r/t the clinical problem, and the policy problem) may need to be explored.



Sources of evidence: flexibility is required

- Health policy and systems sciences have established that research alone is insufficient to serve as a body of evidence for a policy change.
- Additional non-traditional source may be required, e.g. government documents (as source documents)



The theoretical basis for the policy project:

- May be best served by using a policy/process model rather than an EBP model, e.g.:
 - Kingdon's Streams Model
 - Advocacy Coalition Framework
 - PDSA
 - CDC Policy Process or Framework
 - A Change-related theory
 - Evidence-Informed Health Policy



Recommendations, implications for policy and practice, and dissemination

- These require special attention, depending on:
 - The type of policy project involved,
 - The stakeholders served.
 - Potential audiences (dissemination)



Process

- Assessed Current DNP Project Guidelines and need to address differences
 - Students
 - Advisors/Committee members
- Accessed Resources



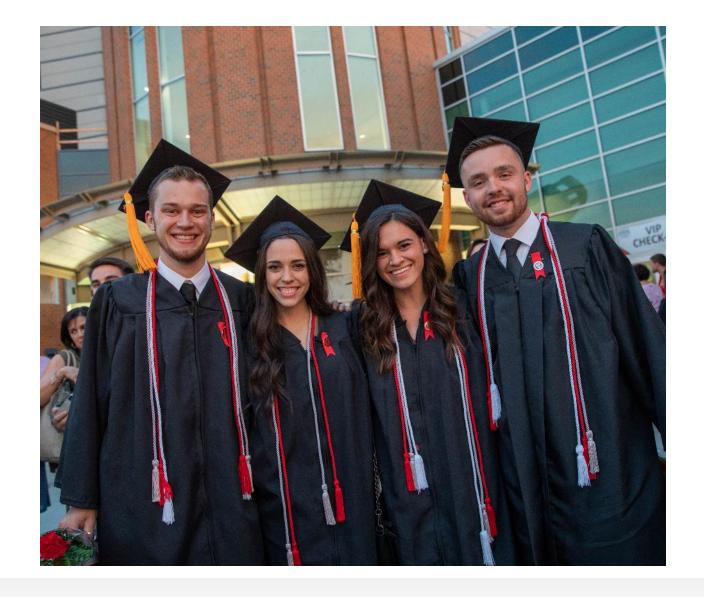
Process

- Drafted new Project Guidelines
- Piloted while drafting in progress
 - Clinical Project Guidelines "served" as a foundation
- DNP Subcommittee
- Graduate Studies Committee
- Full Faculty Approval



Joyce – you and I need pics of our DNP Grads!

Body copy



Thank you! Jackie Loversidge: loversidge.1@osu.edu Joyce Zurmehly: Zurmehly.1@osu.edu

