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Innovate to Advocate: Helping DNP Students Discover Their Voice Through Health Policy Education

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In October 2015, the AACN formed the Faculty Policy Think Tank (FPTT). This group was charged with evaluating the current state of health policy education in schools and colleges of nursing around the country and developing recommendations to assist in standardizing the delivery and approach to health policy education for nursing students at all degree levels (AACN, 2017). The first step in this process was convening the Invitational Policy Faculty Symposium in December 2015. Fifty-seven nursing faculty from 27 states and 41 schools attended this symposium to share how they were teaching health policy and addressing the competencies needed to produce effective nurse advocates.

Major themes from the symposium included looking at health policy education through the lens of advocacy, analysis, and research. There was robust conversation regarding which of these areas was necessary to address at varying stages of nursing education. Additionally, faculty shared obstacles to health policy education, methods used to teach health policy, and trends in faculty involvement with health policy. Following the symposium, the FPTT analyzed the data collected and developed recommendations. These recommendations were published in October 2017 (AACN, 2017).

Three recommendations specific to academia were developed by the FPTT. The first recommendation involves differentiating educating health policy generalists versus specialists. Not all students will be health policy specialists, but all should have general health policy competencies at each degree level. Specifically, the FPTT stated faculty teaching health policy should have expertise in this area and ongoing engagement. The second recommendation focuses on having a dedicated health policy leadership position within the academic infrastructure. This includes developing roles at various levels that support health policy work, allowing protected time for faculty to pursue health policy interests, promote collaboration and consider policy work as part of the promotion and tenure process for nursing faculty (AACN, 2017). The third recommendation encourages interprofessional efforts in providing health policy education. Specifically, nursing programs are encouraged to identify health policy strengths in other disciplines and departments across campuses and leverage relationships to provide the best policy education and opportunities for students.

The FPTT also developed two specific recommendations for AACN to guide future health policy education and standardize the expectations across each level of nursing education. The first recommendation suggests there needs to be a streamlining of health policy competencies within the *Essential Series*. The second recommendation for AACN focuses on increased opportunity for professional development for faculty who teach policy in the form of mentoring programs, educational webinars and forums for health policy curricular development, and health policy-focused conferences.

Based on feedback from the Invitational Policy Faculty Symposium along with a review of the current literature on health policy education across disciplines, and taking into consideration current course delivery technology options, course redevelopment began. Four major assignments were developed to allow for immersive, experiential learning of advocacy, analysis and research skills in relation to health policy. The key concepts at the core of each assignment include cultural competence, health equity, and social awareness. The four assignments additionally allow students to focus on health policy issues at the institutional, community, state, federal, and global level.

The course is divided into two week learning modules and delivered via a learning management system, iTunes U, using the iPad. Each module includes readings and other learning activities including navigating health policy websites, completing online competency modules, visiting professional organization websites, posting public comments, and developing an elevator speech. In addition to the biweekly modules, there are four assignments that allow for a deeper dive into health policy at various levels.

In reviewing the survey data cumulatively at the start of the course 85% of the students are not engaged in health policy and at the end 93% self-report being involved with health policy. Seventy-five percent of the students were not a member of a professional nursing organization at the start of the course, but after the course, 80% report joining an organization. Additionally, when asked on a scale of one to five how excited they were about health policy; one being not excited and five being very excited, more than 50% of the students rated themselves at a one or two prior to the course, but at the conclusion only 25% of the students rated themselves a one or a two.

In terms of advocacy, all students polled at the conclusion of the course report they would be likely to advocate for a health policy, patient, or professional issue. All but 15 students reported they felt knowledgeable about international health policy issues which was a 50% increase from the pre-surveys. The findings for knowledge about interprofessional issues was similar with a 75% increase in the knowledge base after taking the course. Most compelling is the likelihood to meet with a federal, state, or local legislator about a health policy in the future. At the beginning of the course, 90% of the students reported they would not meet with a representative. However, at the conclusion of the course 98% reported they would meet with a representative in the future. Course evaluations have been consistently positive with many students offering free text comments about how surprised they were by the course and how much they have enjoyed it. It is also common for students to email the instructor directly to share the enthusiasm gained as a result of taking the course. To date, after taking the course, there are currently eight DNP students involved in health policy work with a professional nursing organization, five DNP students sitting on various boards, one student regularly meeting with her state representative related to advanced practice nursing full practice authority, and one student named by Ohio Governor John Kasich to the state Maternal Child Health Committee. Additionally, there are a number of DNP graduates now actively involved in health policy efforts.

As recommended by the FPTT, nursing educators need to be producing health policy generalists while planting the seeds and providing the experiences to help interested students become health policy specialists beyond graduation. The development of this DNP health policy course rooted in the TPACK Model and Sessler Branden Advocacy Matrix along with assignments influenced by the CCC Model, CDC overview of social determinants of health, and Goleman's Social Awareness Competencies has demonstrated that active, experiential learning strategies produce informed advocates. These tools are foundational to tackling health policy issues in real time and

collaborating with peers while communicating with key stakeholders about important issues. With the need for preventative, population focused health outcomes, DNP prepared nurses need to be fluent in health policy and competent in using the technology of today. This DNP health policy course provides a foundation for influencing lasting change that reaches beyond the classroom and into our institutions, neighborhoods, states, country, and our global communities.

Title:

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Keywords:

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Abstract Summary:

In 2015, AACN Faculty Policy Think Tank (FPTT) developed recommendations regarding health policy curriculum at all levels of nursing education. This session will review a Doctor of Nursing Practice (DNP) health policy course which was redesigned based FPTT competencies.

Content Outline:

1. Outline Health Policy as it applies to DNP education
1. Why is health policy important in nursing?
2. What does the DNP essentials say about policy and it's inclusion in DNP education?
2. Review the work of the Faculty Policy Think Tank (FPTT) established by AACN
 1. Describe the FPTT why it was deemed necessary
 2. Review the outcome of the work including the recommendations
 3. Describe the implementation of the recommendations
1. Evaluate health policy education and how faculty meet learning outcomes
2. Explain the infusion of technology driven experiential learning
4. Evaluate student outcomes
 1. Increased engagement
 2. Improved confidence
 3. Ability to have influence

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