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Journey to the DNP

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Journey to the DNP

by Dr. Jake Creviston, DNP, RN, PMHNP-bc

In June 2015 I completed almost a decade long voyage. I became a doctor, more specifically a Doctor of Nursing Practice (DNP). In keeping with the pursuit of any great bounty, blood, sweat and tears were shed and lessons, revelations and insights gained. The tales of my adventure illustrate the majority of my professional nursing career and I believe are worth sharing. The persistent mystery of the DNP makes the story further worth telling. Through detailing my personal journey to the DNP I hope to offer some clarity of what the degree is and to suggest opportunities and responsibilities Doctors of Nursing Practice will inherit with the title.

My first few years of nursing were mixed. I loved my patients but working nights in the ICU was exhausting and moving to days virtually impossible. We offered stellar nursing care but psychosocial therapies often drowned in the wake of sexier, high-tech medicine. I wanted to change this but shared-governance member voices were lost on our ship steered by management and commanded by invisible figureheads. Discouraged by our direction I remembered a nursing school promise: for the sake of my patients, if I ever became cynical, I would pursue other options. It was time for a sea change.

Stricken with the inclination to leave nursing, I spent the following year on turbulent waters. I traded stability and benefits for a pay cut and slice of humble pie. I went on-call at the ICU and became an executive assistant at a professional nursing organization, a position I quickly proved myself unqualified for. It was a huge risk and my colleagues thought I was out to sea, but freedom from the hospital offered me the time and energy to explore. I clinical instructed, attended conferences and conducted informational interviews with every combination of the alphabet: PAs, LPCs, MBAs, MPA-HAs, FNPs, CRNAs, CNLs, CNSs, PMHNPs, the list goes on. These professionals enlightened me on my ignorance of healthcare and how important nursing was to its successful delivery. Intrigued by my findings I was compelled to go back to school. I researched graduate programs and found the DNP. Created to cultivate advanced practice clinicians, instill leadership principles and develop experts in population health, this was the degree for me.

In fall 2012 I entered a three-year Doctor of Nursing Practice program with sites set on a Psychiatric Mental Health Nurse Practitioner (PMHNP) certification at the two-year waypoint. Echoing the words of one of my interviewee's, I knew from the first moment at school I had made the right decision. But there were ominous clouds on the horizon.

The pace of the program forced my new shipmates and me to rapidly become a cohesive crew. We steadfastly navigated arduous courses like advanced pathophysiology, epidemiology, leadership, health systems, policy, finance, etc. all while trying, failing, and trying again to be proficient professional writers, a skill necessary for a graduate survival. We gained diverse perspective in sharing courses with aspiring APRNs of a different ilk and we learned patience and perseverance from countless group projects. We clung to each other when the scholastic seas became violent and threatened to throw us overboard. We fought to get the clinical sites we wanted and wrote our first prescriptions with trembling hands. The first two years passed like a flash. We had completed the requirements for licensure and for DNP progression and though most of my classmates chose to continue the journey to the DNP, several jumped ship to pursue a more stable life and practice. The last leg of the journey was upon the remaining crew.

Continue on page 4

From Journey to the DNP

As the saying goes, it's always darkest just before dawn. The remaining obstacles were two electives, the DNP final project, 720 hours of DNP residency, and the boards, the infamous boards. Time slowed down and like every step towards the end of the plank, each day was merely a day closer to our certain demise from the boards. Some of us ran and dove off the plank head first while others took a more controlled approach, preparing early and studying exhaustively. We all took different approaches, but in the end we all survived unscathed. With little room for celebration we spent the rest of our summer searching for employment and clinical residencies, drafting final project proposals, taking our third research methods course, and basically treading water, mostly alone.

Though most of us were experienced nurses, we were also fledging autonomous providers. Shanghaied by our endless responsibilities to keep our patients alive, develop acceptable research topics, duke it out with the institutional review board(s), on top of completing our personal ADLs, classmates rarely convened. This was challenging considering we had become close through enduring two marriages, a birth, multiple breakups, a failure, a drop out, and the onset and diagnosis of a number of our own mental disorders all while serving as each other's psychological and scholastic stewards. I grieved the constant contact of my comrades but celebrated the liberty of leading my own ship in the frenetic doctoral waters.

Every moment of my last year was a yearlong and the whole year a moment. It is a blur of hospital and clinic practice days, local and national conferences and events, speaking engagements, meetings, classes, the list goes on and on. Easily swayed by the siren songs of doubt, I was certain there was not enough time to finish my clinical hours and final project but my unwavering doctoral chair consistently righted my vessel just before capsizing. With trembling sea legs and salty skin I presented my doctoral work in late May. After the presentation my father said to me, "that was a career's worth of work." I hadn't thought about it that way, but from his perspective it was. The last three years were rich with lessons and tools and I could now pause, take a breath and appreciate my plunder.

My expedition has given me insight into what the DNP is and what it could be. The degree provides novice practitioners confidence from hundreds of additional supervised clinical hours; it prepares and charges nurses to design, implement and evaluate healthcare improvement initiatives in practice and beyond; and though it is not a research degree, it gives candidates the freedom to investigate health disparities and the responsibility to offer evidence-based solutions. It is my belief however that the most important function of the DNP is to resolutely steer nursing into the future.

Like an uncharted new world, the DNP offers great hope and opportunity. Scuttlebutt about the uncertain return on investment, looming mandate for APRNs, and ambiguity of role function create a pessimistic whirlpool from which progress cannot escape. DNP prospects must realize it is their responsibility to plot the course, weather the storms and safely and effectively steer the vessel into uncharted healthcare waters. It is our responsibility as doctorally prepared nurse practitioners to continually assess and understand these seas so that we may safely steward those who come after us. The DNP has been a life ring to my nursing career and also a beacon of hope for the future. With it I now have the knowledge and the confidence to command my own destiny. My journey is truly just beginning.

Jake recently won a national nursing award, the "Breakthrough Leaders in Nursing," and hopes to leverage the honor to promote interprofessional collaboration and achieving the Triple Aim and a Culture of Health. Jake is starting a new tenure-track faculty position at Linfield Good Samaritan School of Nursing this fall and anticipates starting his next mental health practice in early September in Portland.

