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Advocating for Nurse Practitioner Independent Practice

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Advocating for Nurse Practitioner Independent Practice

University of San Diego

Hahn School of Nursing and Health Science

Beyster Institute of Nursing

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

Tamara Troyer Denlinger

A portfolio presented to the

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DOCTOR OF NURSING PRACTICE

May 10, 2023

Kevin Maxwell PhD, DNP, FNP-BC, Faculty Advisor

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Acknowledgements

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Documentation of Mastery of DNP Program Outcomes

Manuscript Establishment of Best Practice Skills for Advanced Practice Nurses

Final Manuscript

Advocating for Nurse Practitioner Independent Practice

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Hahn School of Nursing & Science Health

Abstract

This project was an anonymous qualitative/quantitative survey of nurse practitioners in California to determine if passage of AB 890, which provides a pathway to independent practice, will result in more NPs choosing to practice independently after clinical hour requirements are met. Access to primary health care in California is projected to worsen over the next 10-15 years, particularly in rural areas, and an average of 44% of residents may be without enough access to care. Some areas in the state will be harder hit than others with Alpine, Calaveras, Glenn, and San Benito counties likely to be hardest hit by the shortage. Nurse practitioners are uniquely positioned to help alleviate these shortages, provide competent primary care and will now be able to practice independent (after requirements are met) of their physician colleagues. It is unknown how many nurse practitioners are planning to practice independently, however. This project sheds light on this question and explores current nurse practitioner's thoughts on whether their doctorly prepared nurse practitioner colleagues should be required to complete fewer hours than masters prepared nurse practitioners prior to attaining independent status. An anonymous opt-in survey was emailed to the membership of the California Association for Nurse Practitioners (CANP). Responses were confidential with no identifying information collected. Out of 22 respondents, 86% indicated they are interested in pursuing independent practice. Reasons for not pursuing independent practice include being satisfied with current practice authority. 74% of respondents believed DNP prepared NPs should have the same number of hours required for independent practice, 26% believed DNP prepared NPs should have fewer required hours for independent practice. This study demonstrated that most NPs are interested in pursuing independent practice which could help reduce the number of patients who lack primary care providers and revealed that many NPs would like to practice in areas where the need is greatest. Lastly, results showed most NPs believe the same number of clinical hours should be required for independent status, regardless of educational preparation.

Keywords: independent practice, AB890, nurse practitioner.

Background and Significance

Across the US and in California specifically, the need for primary care and other health services is unmet. Access to primary health care in California is projected to worsen over the next 10-15 years, particularly in rural areas. Furthermore, an average of 44% of residents may be without enough access to care. Some data supports the shortfall is due in part to the lack of medical doctors in California completing residencies in primary care. Some areas in the state will be harder hit than others with Alpine, Calaveras, Glenn, and San Benito counties likely to be most affected by the shortage.

An effort to meet the challenges to health care access was made in 2020 when Assembly Bill 890 was passed by the California Assembly and signed by the governor. The bill authorized practice without standardized procedures and independent practice for nurse practitioners after clinical practice hours requirements are met. Specifically, after applying a nurse practitioner must work 4,600 hours with physician oversight to attain section 103 status, which is practice without standardized procedures but with physician oversight. After another 4,600 hours of working without standardized procedures, a nurse practitioner may then apply for section 104 status which is working to the full scope of her/his training and education without standardized procedures or physician oversight.

This effort was met with approval by many California nursing associations but the thoughts of nurse practitioners in California were untested. What did they think about the new law? Do they plan to practice independently of their physician colleagues? Do they believe the requirements set forth in the bill are reasonable? And if not, what do they feel is reasonable? Lastly, should nurse practitioners with a doctorate (DNP), which requires 580 additional clinical hours, be required to complete fewer hours for attaining independent status?

Purpose/Aims

The primary purpose of this policy project was to gain insight into California nurse practitioner perspectives on independent practice. The questions explored level of familiarity with the new law; desire to attain independent status; and thoughts on clinical hour requirements for attainment of independent status.

A secondary purpose of the project was to ascertain where, if independent status was desired and attained, California nurse practitioners would like to practice. Since rural and urban underserved areas of the state are most heavily affected by primary care provider shortages, will nurse practitioners plan to practice in those areas?

Additionally, this project sought to evaluate whether nurse practitioners in California felt their doctorally prepared colleagues should be required fewer clinical hours for independent practice status, given they are required to complete 500 extra hours for their degree.

The final purpose of this project was to inform nurse practitioners about the passage of AB 890 in the hopes that they will consider attaining independent practice authority.

Evidence-Informed Practice Policy Model

The model used for this project was Loversidge's Evidence-Informed Health Policy (EIHP) model (Leversidge, 2016). The EIHP is used to critically examine policy problems, to guide research, survey, and disseminate results of nursing policy information.

The first step when using this model is to format a policy-oriented PICOT question (Loversidge, 2016). The PICOT question, which helped guide my research is as follows: Among currently practicing nurse practitioners in California (P), will passage of AB 890, which provides a pathway to independent practice, (I) reduce the number of nurse practitioners continuing to practice with physician supervision (C), and result in more NPs choosing to practice independently (O) after requirements are met, over the next five years (T)? Though this PICOT

question helped stimulate and inform the research for this project, it was not ultimately used for subsequent measurement.

The second and third steps in the model involve gathering the most relevant and important research and appraising that evidence (Loversidge, 2016). When conducting policy research, there may not be an ideal evidence base from which to draw. There may instead be less straightforward information that is found in the various stages of policy development. Examining independent practice for nurse practitioners required knowledge of the development and passage of AB 890 and the regulations that followed it. It also required critically appraising existing research regarding medical provider shortages and the use of nurse practitioners as adjuncts to physician providers. The EIHP model guided this research.

The EIHP model also guides researchers in disseminating their findings and informing relevant stakeholders about the policy change (Loversidge, 2016). This project accomplished this in two ways: 1. The survey itself was emailed to approximately 30,000 nurse practitioners in California and thus provided a measure of education regarding the possibility of independent practice; and 2. The results from the project will be submitted for publication to several journals including the CANP and the Journal of the American Association of Nurse Practitioners.

Literature Review/Evidence for the Problem

California is one of the largest states in the US, in size and in population, with 39 million people (United States Census Bureau, 2022). At $3.4 trillion in gross domestic product, California is also one of the largest economies in the world (State of California, 2023), yet projected shortfalls of healthcare providers are significant. In their research, authors Zhang, et al. (2020) found that by 2030, the United States will see a shortage of about 140,000 physicians compared to expected need, and that the state “with the greatest estimated physician shortage will be California (32,669).” Authors Klink, et al. (2022) discussed gaps in primary medical care across the country and the need to expand the physician workforce. And, the California Health Care Foundation, in their 2020 publication, reported that 11,266,111 residents of California live

in areas where there are already physician shortages (California Health Care Foundation, 2020). Furthermore, the California Health Care Foundation (2021) reports that more physicians are choosing to practice at the specialty level, as opposed to primary care, and that they are less likely to accept uninsured patients. Lastly, authors Spetz, et al. (2017) forecast likely significant shortages of primary care medical doctors in many areas in California due to insufficient numbers completing residency programs and project that access to primary health care in California is projected to worsen over the next 10-15 years, particularly in rural areas, where an average of 44% of residents may be without enough access to care.

Many years of research demonstrate that nurse practitioners, well educated, board certified and working to the fullest extent of their scope and training, can safely and effectively provide most of the health care services required in primary care. A Cochrane review (Laurant, et al. 2019) found that compared to doctor led primary care, nurse-led care resulted in very similar outcomes in common acute and chronic care and possibly improved blood pressure control. It also found that satisfaction of care reported by patients may be higher (Laurant, et al. 2019). Further, authors found that visit length is likely longer and that there are no statistical differences between doctor-led and nurse-led care with respect to number of prescriptions, tests or investigations ordered or referrals to hospitals made.

An example of the effectiveness of nurse practitioner utilization as primary care providers is seen in federally qualified health centers (FQHC). In their study of FQHCs, authors (Xue, et al., 2018) demonstrated that while primary care physician numbers have fallen or stayed stagnant, nurse practitioner increases have shortened the gap in health care coverage.

In a large retrospective research study of 806,434 Department of Veteran Affairs patients, authors Lui, et al., (2020) demonstrated no statistically significant differences in clinical outcomes nor ordering of diagnostic tests between medical doctors and nurse practitioners. They Lui, et al., (2020) also found that patients who were cared for by nurse practitioners had less utilization of primary and specialty care.

In their study of 23,704 patient visits, comparing the quality of care between medical doctors and nurse practitioners, authors Kurtzman and Barnow (2017), found no differences in service delivery other than nurse practitioners offering more smoking cessation counseling and more health education and counseling.

Lastly, in a study that compared physical led and nurse practitioner led care over 11 years in specialty clinics, researchers found nurse practitioners are as effective and safe in practice to their physician colleagues (Carranze, Munoz & Nash, 2020).

Methods and Justification

Data Collection

The survey was emailed to the membership of the California Association for Nurse Practitioners (CANP) using their Student Research Data Access program. Responses were confidential with no identifying information collected.

Participants

22 participants responded to the survey. Of the respondents, 13 were master's prepared, 6 were doctorly prepared, and 3 were otherwise prepared nurse practitioners. 5 participants possessed 3 or fewer years of experience, 8 had 4-7 years and 9 had 12+ years of experience. 2 participants had experience working as a nurse practitioner in a state with independent practice and 20 did not.

Analysis

Results from survey responses were reviewed and cleaned to ensure integrity of data and removal of duplicates (there were none). The data was then analyzed using descriptive statistics. Inferential analysis is possible with the data set but is unreliable. Totals responses to questions were counted and imported into pie and bar graphs for ease of understanding.

Ethical Considerations

This project was granted exempt status from human subjects' research as it met federal criteria which included the use of survey procedures whereby the data collected is done so to

protect the identity of the human subjects. To this end, extreme caution was taken in crafting of survey questions and questions were edited and approved by two faculty members of the University of San Diego. Further, no identifying information was collected from respondents.

As stated earlier in the paper, the main rationale for this project was the acquisition of knowledge regarding NP understanding and beliefs about independent practice and hours required for attaining independent status.

Results

22 California nurse practitioners responded to the survey. Of the 22 respondents, nearly 55% reported they were somewhat familiar, 41% were familiar and 1% were very familiar with AB 890. 86% of respondents indicated they were interested in pursuing independent practice while 14% were not, and the most common reason for not pursuing independent practice included satisfaction with current practice authority.

Of the 86% of respondents who indicated they would like to practice independently, nearly half indicated plans to practice in rural or underserved urban areas.

Regarding the number of required clinical hours for practicing without standardized procedures or independently, nurse practitioners were fairly split with 50% of respondents felt 4600 hours were unreasonable while 45.5% believed the required hours reasonable.

Finally, 74% of respondents believed DNP prepared NPs should have the same number of hours required for independent practice, 26% believed DNP prepared NPs should have fewer required hours for independent practice and one nurse practitioner felt NPs are ready to practice independently once they complete their education and receive their certification.

Study Limitations

There are limitations in this study. Firstly, the sample size is 22. Due to the lack of adequate sample size, the results from the study may be unreliable. Additionally, those nurse practitioners who plan to practice independently may have been more likely to answer the survey questions.

A potential limitation of the study involves the complex nature of the legislation. The bill itself is long and amends multiple sections of the Health and Safety, Welfare and Institutions and the California Code of Regulations. While significant efforts were made to clarify the survey, it is possible that some confusion occurred.

Further, I believe the purpose of the extra 500 clinical hours required of DNP prepared nurse practitioners is not well understood and that many, if not most masters prepared nurse practitioners believe these hours are for research when they are, in fact, completed only in clinical preceptorships.

Discussion

The rationale for this survey was to develop an understanding of California nurse practitioner's level of familiarity with AB 890, which allows for independent practice, and to gather information about nurse practitioner plans as they relate to independent practice as well as how they felt about the hours required to attain independent practice status. There were also questions about nurse practitioner's thoughts on how many hours a master's prepared nurse practitioners as opposed to doctorly prepared nurse practitioners were required to gain independent status and if they should be different. Results from the survey shed light on these questions.

Nearly all respondents had heard of AB 890 with 96% at least somewhat familiar with the bill. This statistic is reassuring as it means most nurse practitioners in California have awareness of the bill and can make decisions about their future regarding independent practice.

Of those responding, 86% plan to attain independent status. This is also reassuring as in many rural and underserved areas there are not enough medical doctors to provide primary care to patients and nurse practitioners who are planning to become independent in their practice will be able to provide primary care in those areas without the need for direct physician oversight. Collaboration will always be crucial to successful patient care but in the absence of adequate coverage of physicians, nurse practitioners are safe, well educated, prepared in their

practice and ready to lead. It is further encouraging that so many, nearly half of respondents plan to work in rural or underserved areas as that is where the need is greatest.

Nurse practitioners were nearly evenly split in their thoughts regarding the number of clinical hours required for independent status with 50% reporting there should be fewer hours required and 40% indicating they believed the required hours were reasonable. While it is difficult to ascertain exactly why, it speaks to a divide among colleagues and could reflect a lack of confidence in their skills and training or perhaps the belief that safe practice is important enough to warrant the hours specified in the bill. Perhaps it also represents conflicted emotions around independent practice, as for many years California nurse practitioners have been told by physician lobby groups, despite evidence to the contrary, that they are not safe or capable enough to work independently.

Lastly, the question of whether doctorly prepared nurse practitioners should be required fewer hours for attaining independent status was asked. 74% of respondents felt that DNP prepared nurse practitioners should be required to have the same number of hours as master's prepared nurse practitioners. The answer to this question was interesting because the DNP, a clinical practice degree, is overall not well understood and the answer likely reflected it. Many believe the DNP is an academic degree where nurse practitioners focus on leadership and a capstone research project. Some believe that the additional 500 hours of clinical time can be spent on the capstone project data collection. This is largely inaccurate as the DNP, while it does include leadership, translation of research into practice and healthcare as a business type curriculum, requires 1080 hours of clinical practice, 500+ more than a master's prepared nurse practitioner and these hours must be worked in clinical settings where patient assessments, physical exams, diagnostics, referrals, plans of care and follow up are developed and carried out, regardless of project requirements.

Implications for Future Research

There is much yet to learn about NP thoughts on independent practice, for example, future work could explore the basis for reluctance to practice independently, and why there is such a split among NPs regarding hours required for attaining independent practice. Further, it would be interesting to examine NPs attitudes on the difference between DNP vs. master's prepared hours requirements: if NP knew more about the DNP, would they change their perspective on the number of hours required for DNPs?

Conclusions

California is a large and diverse state. The fifth largest economy in the world has 39 million people will new asylum seekers and refugees entering the state daily. Its people range from poverty stricken or homeless to some of the wealthiest in the United States. All of them need healthcare but demand has outpaced supply, particularly in more rural areas of the state.

California nurse practitioners, particularly those in primary care, working to the full scope of their education and training, are proven safe to practice autonomously and are well deserving of independent practice status. They are the solution to the gap of coverage left by physicians who either choose to specialize or who are not working in rural or underserved areas. They have been working with physician oversight for many years and after clinical practice hours have been met, should be encouraged to branch out to meet the needs of California's vast and underserved population.

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Appendix A Poster Abstract

ADVOCATING FOR INDEPENDENT PRACTICE FOR NURSE PRACTIONERS

by

Tamara Troyer Denlinger, BSN, DNP Student

Kevin Maxwell, PhD, DNP, FNP-BC

Abstract

Introduction: This project was an anonymous qualitative/quantitative survey of currently nurse practitioners in California to determine if passage of AB 890, which provides a pathway to independent practice, will result in more NPs choosing to practice independently after clinical hour requirements are met.

Background: Access to primary health care in California is projected to worsen over the next 10-15 years, particularly in rural areas, and an average of 44% of residents may be without enough access to care. Some areas in the state will be harder hit than others with Alpine, Calaveras, Glenn, and San Benito counties likely to be hardest hit by the shortage. Nurse practitioners are uniquely positioned to help alleviate these shortages, provide competent primary care and will now be able to practice independent (after requirements are met) of their physician colleagues. It is unknown how many nurse practitioners are planning to practice independently, however. This study sheds light on this question and explores current nurse practitioner's thoughts on whether their doctorly prepared nurse practitioner colleagues should be required to fulfil fewer hours than masters prepared prior to attaining independent status.

Methods: An anonymous opt-in survey was emailed to the membership of the California Association for Nurse Practitioners (CANP) membership. Responses were confidential with no identifying information collected.

Results: Out of 22 respondents, 86% indicated they are interested in pursuing independent practice. Reasons for not pursuing independent practice include being satisfied with current practice authority. 74% of respondents believed DNP prepared NPs should have the same number of hours required for independent practice, 26% believed DNP prepared NPs should have fewer required hours for independent practice.

Evaluation: This study demonstrated that most NPs are interested in pursuing independent practice which could help reduce the number of patients who lack primary care providers.

The survey also revealed that many NPs would like to practice in areas where the need is greatest. Lastly, results showed most NPs believe the same number of clinical hours should be required for independent status, regardless of educational preparation.

Keywords: independent practice, AB890, nurse practitioner.

Appendix B Poster

Independent Practice for Nurse Practitioners – A Policy Project

Tamara Troyer Denlinger, RN, PHN, student DNP FNP/PNP
Faculty Advisor: Kevin J. Maxwell, PhD, DNP, FNP-BC, RN

University of San Diego
HAHN SCHOOL OF NURSING AND HEALTH SCIENCE

Background

- There are not enough primary care providers to meet patient needs. California has passed AB 890 which authorizes independent practice for nurse practitioners after practice requirements are met.
- It is unknown how many nurse practitioners plan to practice independently. It is also unknown how current NPs feel about a reduction of required hours for DNPs to attain (fully independent) status.

Evidence for Problem

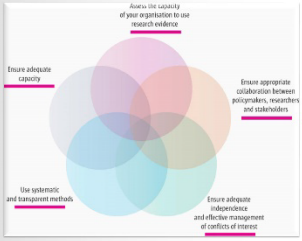
- Access to primary health care in California is projected to worsen over the next 10-15 years, particularly in rural areas, and an average of 44% of residents may be without enough access to care
- Some areas in the state will be harder hit than others with Alpine, Calaveras, Glenn, and San Benito counties likely to be hardest hit by the shortage
- Nurse practitioners are uniquely positioned to help alleviate these shortages, provide competent primary care and will now be able to practice independent of their physician colleagues

Purpose

This anonymous five-minute survey was sent to current NPs to determine their interest in independent practice and their thoughts on hour requirements for DNPs as opposed to MSN prepared NPs.

Framework/EBP Model

Loversidge's Evidence-Informed Health Policy (EIHP) model is used to critically examine policy problems; conduct research gathered from experts, data, and opinions; to inform and influence relevant stakeholders; and facilitate passage and evaluation of health-related policies. EIHP guides the research, survey and dissemination of results.

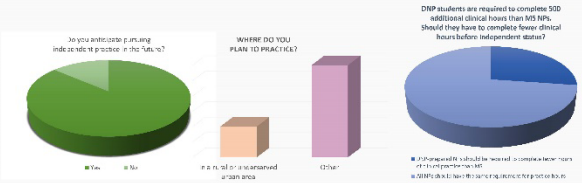


Policy Intervention

Anonymous and confidential survey to current nurse practitioners in California sent to members of the California Association of Nurse Practitioners (CANP).

Evaluation Results

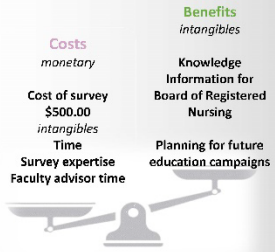
- 22 current nurse practitioners responded to this survey
- 19 indicated they were planning to practice independently
- 10 indicated they would practice in rural or underserved areas
- 6 felt DNP prepared nurse practitioners should be required fewer hours for independent practice than Master's prepared colleagues



Conclusions

Amongst current nurse practitioners in California, many would like to practice independent of their physician colleagues. They stand ready to fill in projected gaps between primary care providers and need and nearly half would like to practice in the most needed areas.

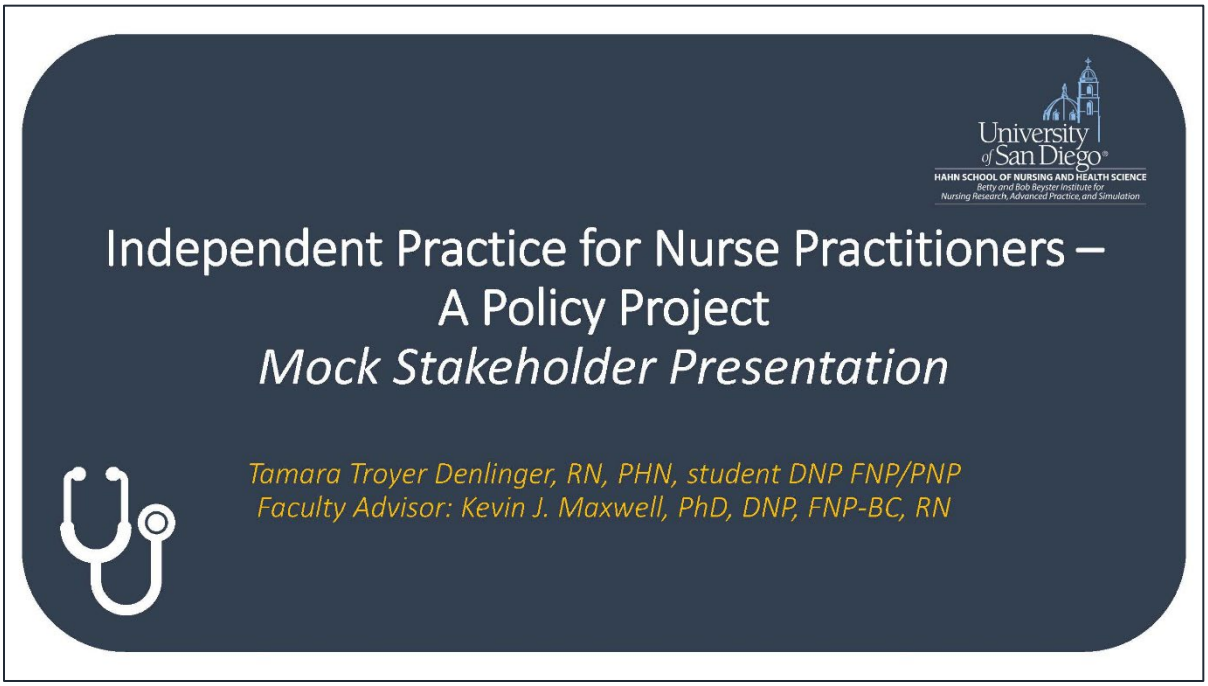
Cost-Benefit Analysis

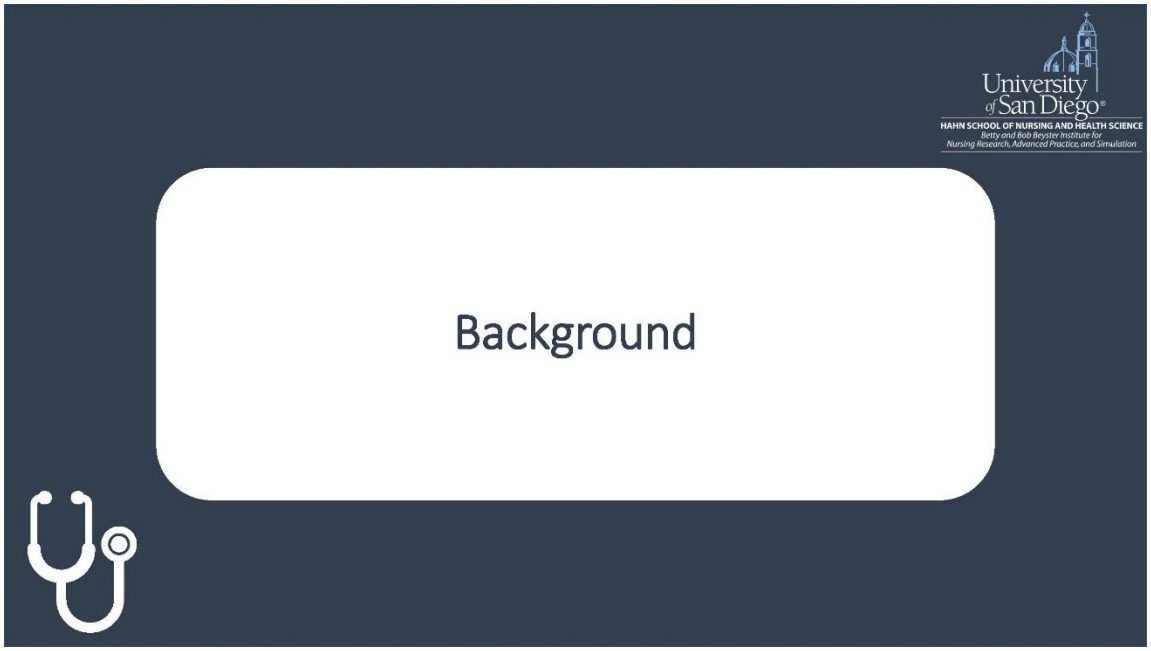


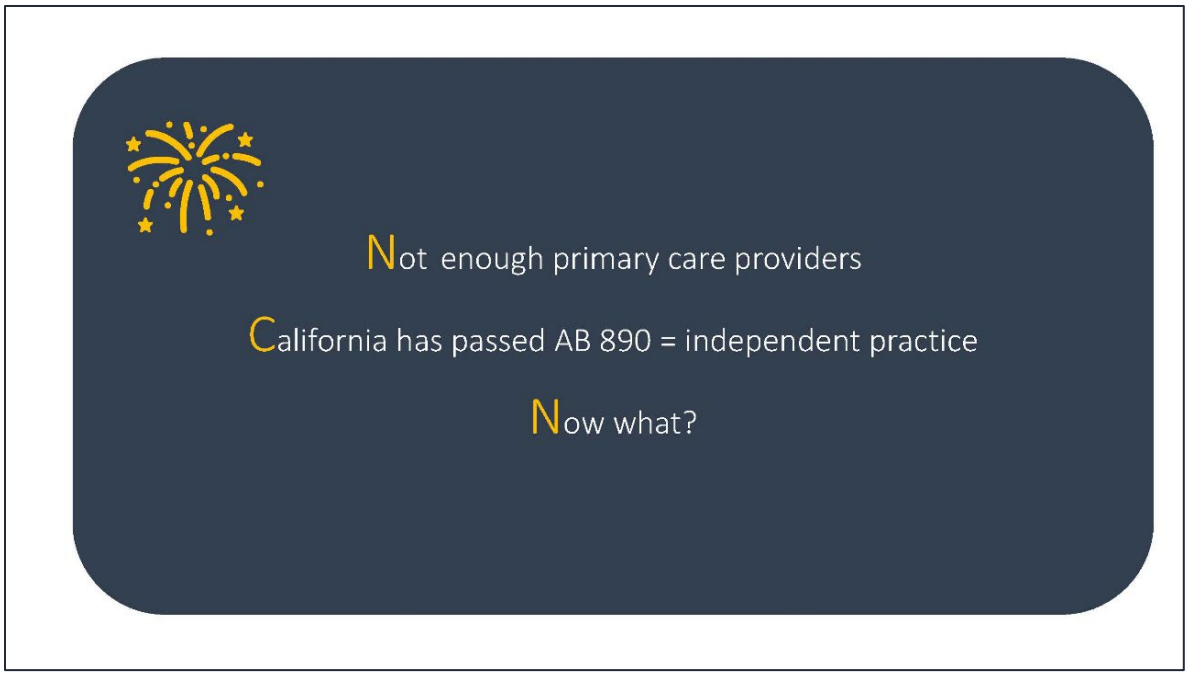
Implications for Clinical Practice

- Once AB 890 is fully implemented, California NP's can increase access to primary care. A majority of respondents indicated an interest in independent practice.
- Many NPs would like to practice in areas where the need is greatest.
- A majority of NP respondents believe an equal number of clinical hours should be required for independent status, regardless of educational preparation.

Appendix C Stakeholder Presentation Slides




University of San Diego
HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation
Background


Not enough primary care providers
California has passed AB 890 = independent practice
Now what?

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Evidence of Problem

Access is projected to worsen over the next 10-15 years

An average of 44% of residents may be without enough access to care

Up to 100% in some counties

~ Alpine County ~
~ Calaveras County ~
~ Glenn County ~
~ San Benito County ~

Nurse practitioners are uniquely positioned to help


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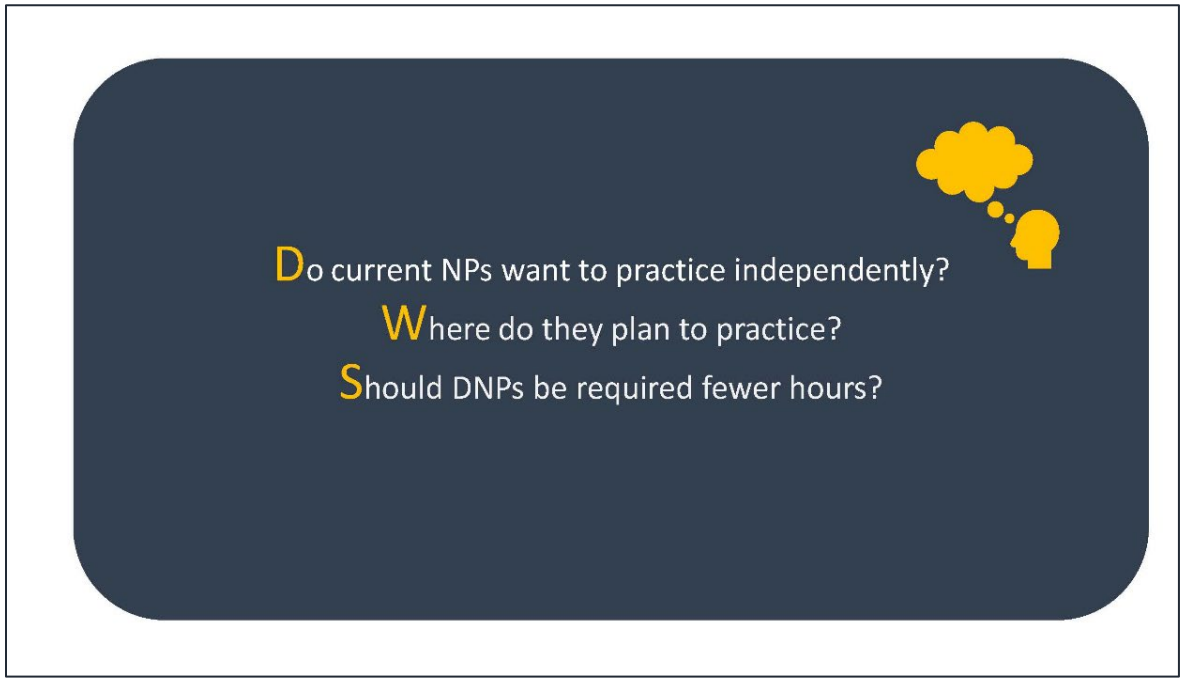
Purpose


Do current NPs want to practice independently?
Where do they plan to practice?
Should DNPs be required fewer hours?

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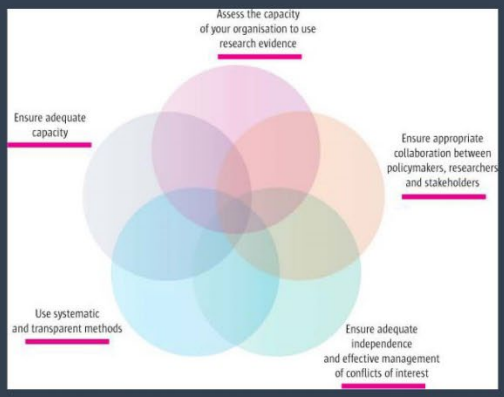
Framework

Loversidge's Evidence-Informed Health Policy (EIHP) model



An anonymous five-minute survey was sent to current NPs:

- ☑ Interest in independent practice
- ☑ Where do they plan to practice?
- ☑ Thoughts on hours needed to complete requirements for DNPs as opposed to MSN prepared NPs

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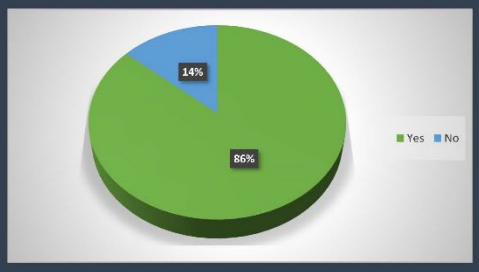
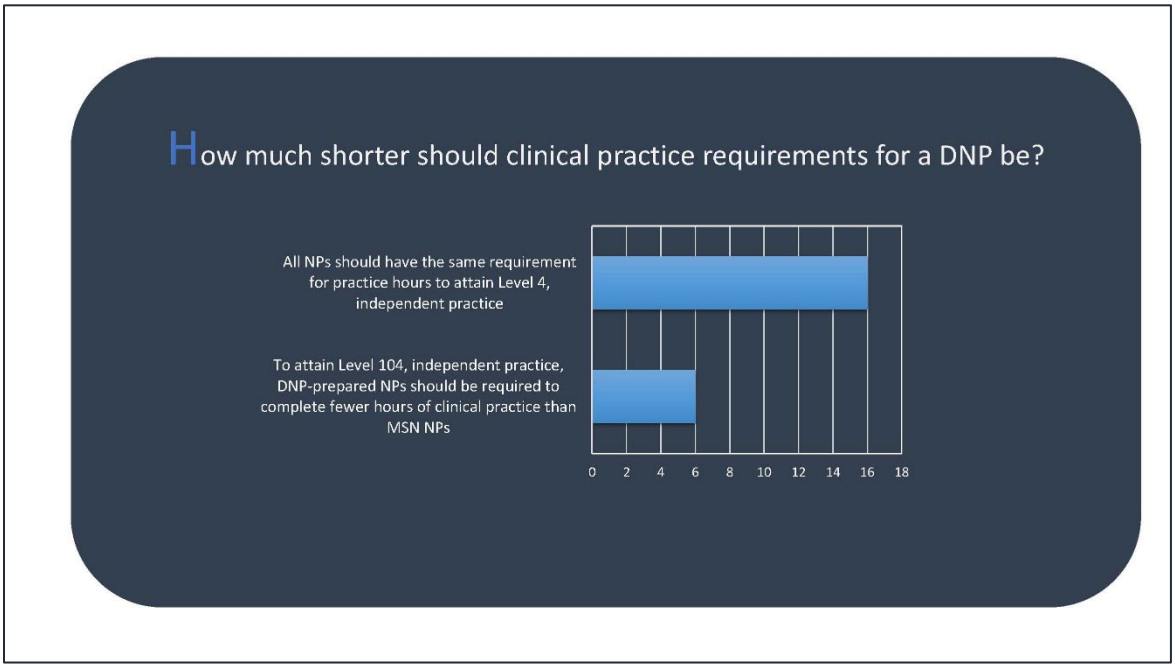
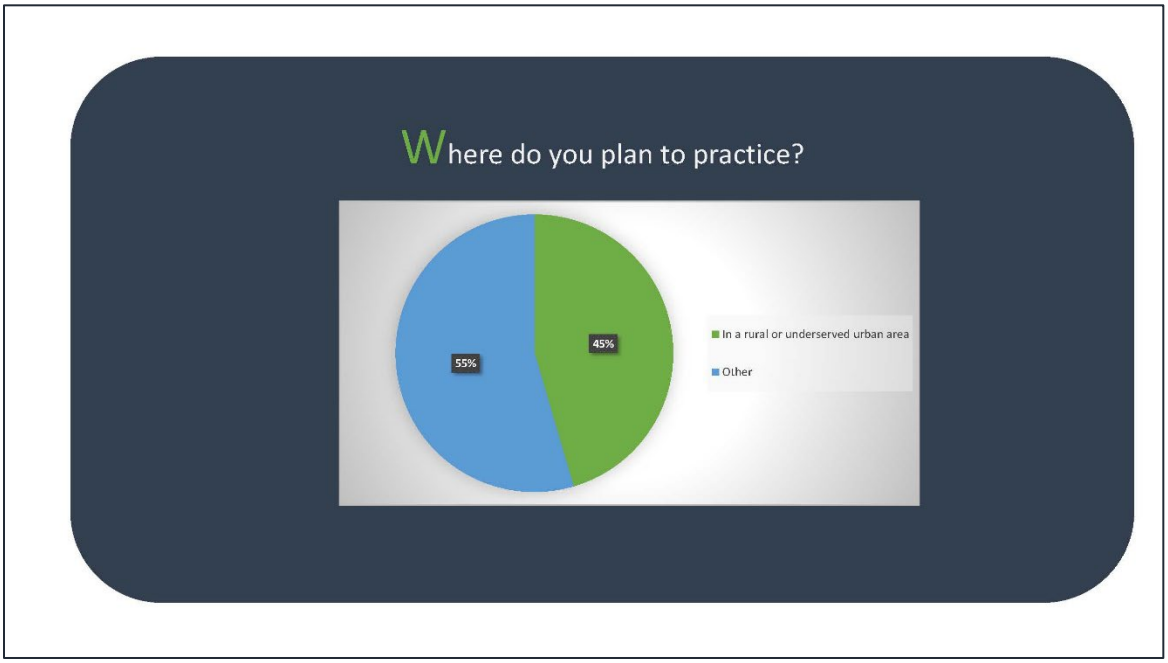
Evaluation Results

Do you anticipate pursuing independent practice in the future?




How much shorter should clinical practice requirements for a DNP be?
All NPs should have the same requirement for practice hours to attain Level 4, independent practice
To attain Level 104, independent practice, DNP-prepared NPs should be required to complete fewer hours of clinical practice than MSN NPs
0 2 4 6 8 10 12 14 16 18


Where do you plan to practice?
45%
55%
In a rural or underserved urban area
Other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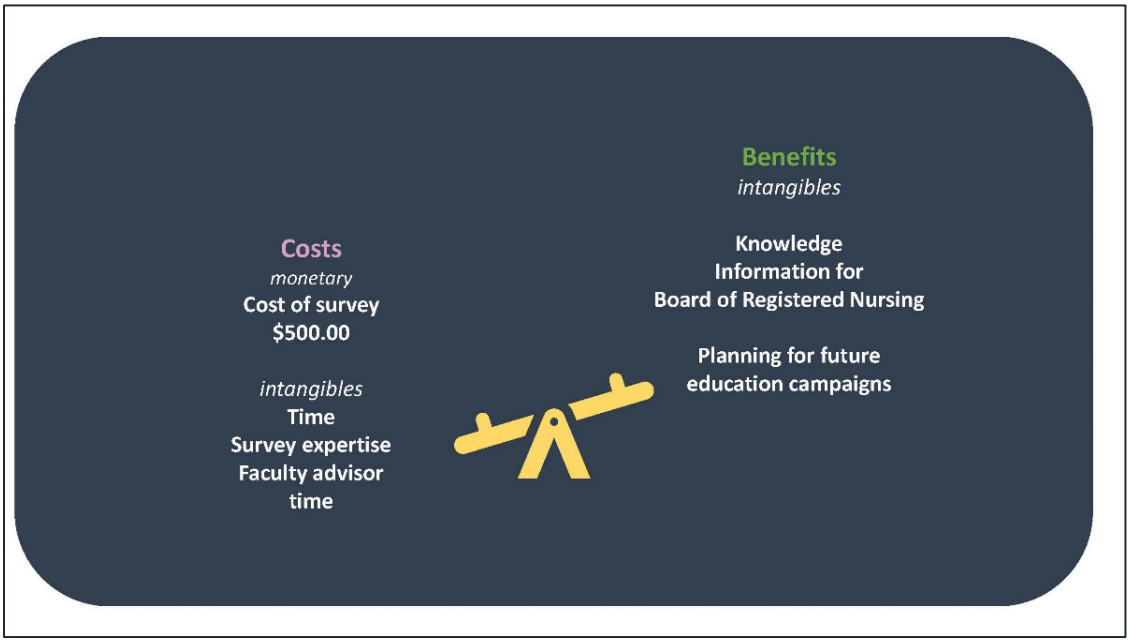
Cost Benefit Analysis


Costs
monetary
Cost of survey
$500.00
intangibles
Time
Survey expertise
Faculty advisor
time
Benefits
intangibles
Knowledge
Information for
Board of Registered Nursing
Planning for future
education campaigns

University of San Diego
HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation

Conclusions and Implications for Practice

Appendix D Dissemination of Results

This manuscript will be sent for publication to the California Association of Nurse Practitioners and the American Association of Nurse Practitioners.

Appendix E Certification

Appendix F AACN DNP Essentials/NONPF Competencies/

USD DNP Program Outcomes

AACN DNP Essentials & NONPF Competencies	**USD DNP Program Objectives**	**Exemplars** Provide bulleted exemplars that demonstrates achievement of each objective
DNP Essential I: Scientific Underpinnings for Practice **NONPF: Scientific Foundation Competencies** *The scientific foundation of nursing practice has expanded and includes a focus on both the natural and social sciences including human biology, genomics, science of therapeutics, psychosocial sciences, as well as the science of complex organizational structures. In addition, philosophical, ethical, and historical issues inherent in the development of science create a context for the application of the natural and social sciences.*	**2.** Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.	• **Fall 2020 –** used the Symptom Management Model to evaluate and describe symptoms of Pre-menstrual Dysphoric Syndrome and the Iowa Model as a guide to direct initial/subsequent research/reevaluation as well as a pathway to practice guidelines in Methods of Translational Practice (DNPC 611) • **Spring 2021** - Developed a scientific understanding of human biology and disease processes in Advanced Pathophysiology (ANPC 520) • **Spring 2021** - Developed a foundation for decision-making necessary for initiating, monitoring, and modifying pharmacological treatment plans in Pharmacology (APNC 523) • **Spring 2021** – Developed an understanding of and used Critical Race Theory as it applies to public health policy in Health Care Informatics (HCIN-540) • **Summer 2021**- researched the Servant Leadership model for implementation in clinical practice in

		Scholarly Practice (DNPC-630) • **Summer 2021** – Created a video presentation highlighting a personal scenario where refection-in-action was not used and how it could have been used to create a better outcome in Reflective Practice (DNPC-610) Researched the MBSR therapy practice and determined when and where it may be most useful in practice and where and when it should not be used in Reflective Practice (DNPC-610)
DNP Essential II: Organizational & System Leadership for Quality Improvement & Systems Thinking **NONPF: Leadership Competencies/Health Delivery System Competencies** *Advanced nursing practice includes an organizational and systems leadership component that emphasizes practice, ongoing improvement of health outcomes, and ensuring patient safety. Nurses should be prepared with*	**5.** Design, implement, and evaluate ethical health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.	• **Spring 2020 –** Built a foundation for and evaluated TrueCare's (community clinics) strategic principles using the Ebener and Smith framework for strategic planning in Strategic Planning/Quality Initiative (DNPC 626) • **Spring 2021** – Developed an understanding of and used Critical Race Theory as it applies to public health policy in Health Care Informatics (HCIN-540) • **Summer 2021** – Developed healthcare related financial analytical skills and literacy through research and development of a non-profit health promotion business plan in Financial Decision Making for Heath Care Settings (DNPC-653)

sophisticated expertise in assessing organizations, identifying system's issues, and facilitating organization-wide changes in practice delivery. This also requires political skills, systems thinking, and the business and financial acumen needed for the analysis of practice quality and costs.		• **Fall 2021** – developed knowledge base of ethical use of genetic information and participated in a group project where ethical genetics were used to assess a patient and determine the risk of offspring inheritance of genetic mutation in Pathogenesis of Complex Disease (DNPC-622) • **Fall 2021** – learned and applied advanced assessment and diagnostic skill in laboratory setting and lecture in Physical Assessment and Diagnosis (APNC 521)
DNP Essential III: Clinical Scholarship & Analytical Methods for Evidence-Based Practice **NONPF: Quality Competencies/Practice Inquiry Competencies** *Scholarship and research are the hallmarks of doctoral education. Although basic research is viewed as the first and most essential form of scholarly activity, an enlarged perspective of scholarship has emerged through alternative paradigms that*	**4.** Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing evidence-based practice guidelines.	• **Fall 2020** Researched pediatric asthma/incorporated literature review and (adapted) tool for emergency department screening to decrease rates of readmission/ED visits and missed school days in Epidemiology (DNPC-625) • **Fall 2020** Researched and made recommendations for additional research/ increased use of luteal phase only SSRI use in the setting of stable Premenstrual Dysphoric Disorder in Methods of Translational Science (DNPC-611) • **Spring 2021** Researched and identified key variables between gun violence and Black youth, why it dropped so dramatically in the 1990's, why rates of gun violence affect Black youth disproportionally and

involve more than discovery of new knowledge. These paradigms recognize: (1) the scholarship of discovery and integration "reflects the investigative and synthesizing traditions of academic life"; (2) scholars give meaning to isolated facts and make connections across disciplines through the scholarship of integration; and (3) the scholar applies knowledge to solve a problem via the scholarship of application that involves the translation of research into practice and dissemination and integration of new knowledge.		hypothesized what can be done to reduce violence in this population in Health Care Informatics (HCIN-540) • **Summer 2021 –** Explored philosophical underpinnings of advanced nursing practice though evaluation of relevant and scientific literature and models and gained a deeper understanding of the importance of mindfulness within my practice in Philosophy of Reflective Practice (DNPC-610) • **Spring 2022** – Developed policy project survey around California AB 890, conducted comprehensive appraisal of literature on independent practice for nurse practitioners and presented project to my cohort in preparation for implementation of capstone project during Perspectives in Program Planning and Evaluation (DNPC – 686) • **Summer 2022** – drafted, finalized and sought approval of capstone project survey questions. Sought permission from the California Association of Nurse Practitioners to use their Student Research Data Access program to send survey to their membership. Received survey responses, analyzed results in DNP

		Scholarly Practice (DNPC 630) • **Spring 2023** – presented results of survey to relevant stakeholders, including my faculty advisor. Completed and submitted manuscript for publication to the California Association for Nurse Practitioners and the American Association of Nurse Practitioners in DNP Scholarly Practice (DNPC 630)
DNP Essential IV: Information Systems/Technology & Patient Care Technology for Improvement & Transformation of Health Care **NONPF: Technology & Information Literacy Competencies** *DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and health care systems, and provide leadership within healthcare systems*	**7.** Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.	• **Spring 2021** – developed a clear understanding of health care informatics and how it is effectively used to provide increased quality of care to patients in Health Care Informatics (HCIN-540) • **Spring 2021** – Completed weekly exercises that guided my understanding of foundational concepts of health informatics including meaningful use, HIPAA, HER development and management of health care databases (HCIN 540) • **Spring 2021** – Analyzed raw data on race and violent crime from US Census Bureau to debunk the theory that violent crime fell as a result of legalization of abortion in the United States. Presented findings to cohort and instructor in in Health Care Informatics (HCIN-540)

and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduates apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice along with the design, selection, and use of information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.		• **Summer 2021** – Used MS Excel to analyze productivity, cost effectiveness, and cost avoidance related to financial decision making in Financial Decision Making for Heath Care Settings (DNPC-653)
DNP Essential V: Health Care Policy for Advocacy in Health Care	**3.** Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care	• **Spring 2021** - Developed an understanding of the role in which policy determines health policy and the importance of actively participating in the process as a nurse leader in Health Policy Analysis (DNPC-648) • **Spring 2021** - Analyzed federal and state health

NONPF: Policy Competencies *Health care policy, whether created though governmental actions, institutional decision-making, or organizational standards, creates a framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs. Engagement in the process of policy development is central to creating a health care system that meets the needs of its constituents. Political activism and a commitment to policy development are central elements of DNP practice.*	delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).	policy bills; evaluated strengths and weaknesses of policies; developed a policy brief, stakeholder analysis and policy alternatives; deepened understanding of norms, compromise; and made recommendations for adoption and appropriation of funds for bill to address systematic racism within public health in Health Policy Analysis (DNPC-648)
DNP Essential VI: Interprofessional Collaboration for Improving Patient & Population Health Outcomes **NONPF: Leadership Competencies**	**1.** Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidence-	• **Fall 2021, Spring 2022, Summer 2022, Fall 2022 and Spring 2023** – established relationships and worked collaboratively with clinic preceptors to identify evidence-based practice policies and procedures. Provided evidence-based health interventions, referrals and follow up to clinic patients in Primary Care I, IIa, IIb, IIIa, IIIb, Pediatric Primary

Today's complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, and patient-centered care in this environment, health care professionals must function as highly collaborative teams. DNPs have advanced preparation in the interprofessional dimension of health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.	based, culturally competent therapeutic interventions for individuals or aggregates. **3.** Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).	Care I: Developmental and Behavioral Pediatrics in Primary Pediatric Health Care and Pediatric Primary Care II: Complex and Chronic Conditions in Pediatric Primary Care (NPTC 602, 604, 605, 608, 609, 619 and 620 • **Winter 2023** – provided continuing education presentation to the staff of Holy Innocents Children's Hospital in Uganda, Africa • Attended and participated in educational and clinical activities in Uganda, Africa • Partnered with local nurses to improve clinical care at Holy Innocents Children's Hospital in Uganda, Africa

DNP Essential VII: Clinical Prevention & Population Health for Improving Nation's Health **NONPF: Leadership Competencies** *Consistent with national calls for action and with the longstanding focus on health promotion and disease prevention in nursing, the DNP graduate has a foundation in clinical prevention and population health. This foundation enables DNP graduates to analyze epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population.*	**6.** Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.	• **Fall 2020** Researched pediatric asthma, critically appraised literature and (adapted) tool for emergency department screening to decrease rates of readmission/ED visits and missed school days in Epidemiology (DNPC-625) • **Spring 2023** – Applied principles of population and public health while evaluating asylum seekers at San Diego shelter, used evidence-based screenings and interventions to ensure patients were medically cleared and equipped for travel in Primary Care IIIb (NPTC 605)

DNP Essential VIII: Advanced Nursing Practice **NONPF: Independent Practice/Ethics Competencies** *The increased knowledge and sophistication of healthcare has resulted in the growth of specialization in nursing in order to ensure competence in these highly complex areas of practice. The reality of the growth of specialization in nursing practice is that no individual can master all advanced roles and the requisite knowledge for enacting these roles. DNP programs provide preparation within distinct specialties that require expertise, advanced knowledge, and mastery in one area of nursing practice. A DNP graduate is prepared to practice in an area of specialization within the larger domain of nursing.*	**1.** Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidence-based, culturally competent therapeutic interventions for individuals or aggregates.	• **Fall 2021 – Spring 2023** Progressive responsibility in all aspects of patient care at a variety of health system based, community and private clinical sites including focused history taking; focused physical exam; development of differentials; ordering of appropriate, ethical diagnostics; research and implementation of evidence-based, ethical and culturally competent interventions; and making referrals as needed for nearly 715 pediatric and 163 adult patients in Primary Care I, IIa, IIb, IIIa, IIIb, Pediatric Primary Care I: Developmental and Behavioral Pediatrics in Primary Pediatric Health Care and Pediatric Primary Care II: Complex and Chronic Conditions in Pediatric Primary Care (NPTC 602, 604, 605, 608, 609, 619 and 620) • **Spring 2023** – completed all courses, DNP capstone project, manuscript and 1080 clinical hours as required for graduation