

THE EXECUTIVE PRACTICE SCHOLAR MODEL: PRELIMINARY DEVELOPMENT

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Background

- State of crisis of the U.S. healthcare system
 - *To Err is Human* (IOM, 1999)
 - *Crossing the Quality Chasm* (IOM, 2001)
 - *Health Professionals Education: A Bridge to Quality* (IOM, 2003)
- Quadruple Aim of healthcare (Berwick, et al. 2008; Sikka, et al. 2015)
- Future of Nursing Report (IOM, 2015)
- DNP degree demographics (AACN, 2017)
- Lack of consistent understanding of role outcomes (Mackey, 2009)
 - Worth: revenue generated by DNP-prepared nurse
 - 2.5 x APRN salary
 - 80% of time
 - Value: revenue plus intangibles like quality, savings, goodwill
 - 20% of time
- Lack of role outcome measures (Nichols, et al. 2014)

Purpose Statement

- To develop and validate an Administrative Clinical Scholar Model (**which evolved into the Executive Practice Scholar Model**) to demonstrate competencies and role outcomes of DNP-prepared leaders by:
 - Using the constructs from Role Theory: Donabedian's Structure, Process, and Outcomes Model; and The Competitive Advantage Model
 - Translating identified themes in literature, AONE competencies, and DNP Essentials documents into a 2-round Delphi to identify and suggest competencies and measurements of role outcomes
 - Having a subset of Delphi members validate the revised preliminary model

Design/Sample

Design: 3-phase mixed method design: utilized a descriptive approach to induce an Administrative Clinical Scholar Model (Executive Practice Scholar Model)

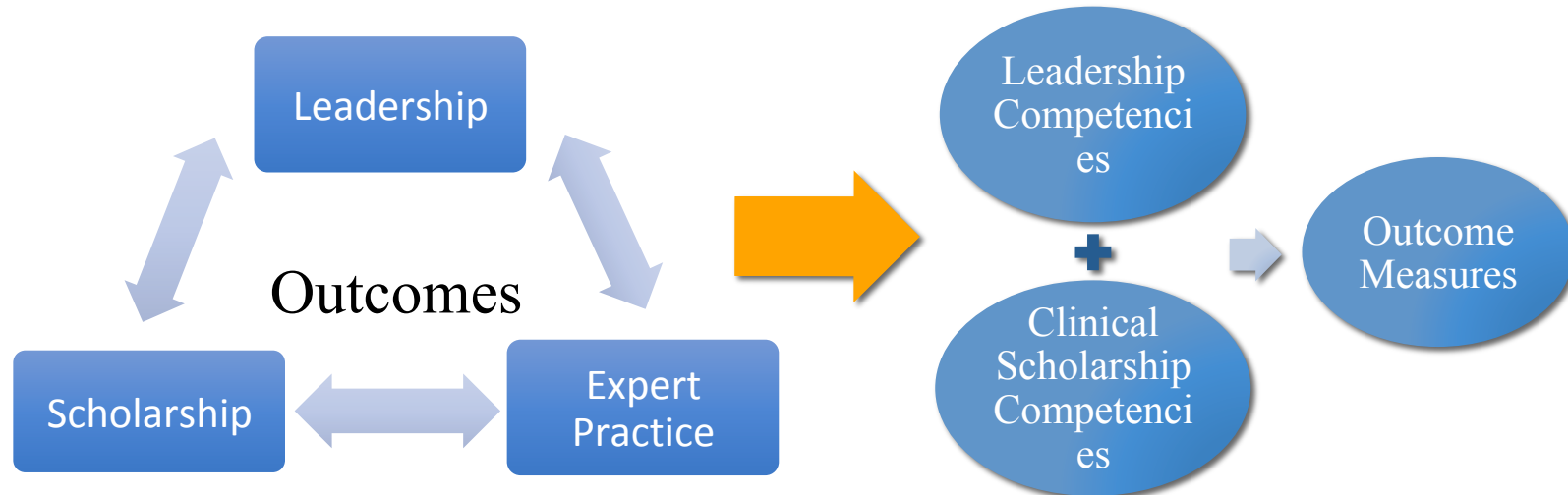
Phase 1: thematic analysis of literature, AONE Nurse Executive Competencies, and AACN DNP Essentials

Phase 2: 2-Round Delphi Survey to determine competencies and role outcome measures for DNP-prepared leaders

- **Purposive and criterion 2-Round Delphi with some snowball sampling**
 - **Inclusion Criteria**
 - DNP-prepared
 - Nurse Leader Role
 - **Exclusion Criteria**
 - APRN role
 - Academic faculty

Phase 3: validation of the revised model by a subset of randomly chosen 3 panel experts

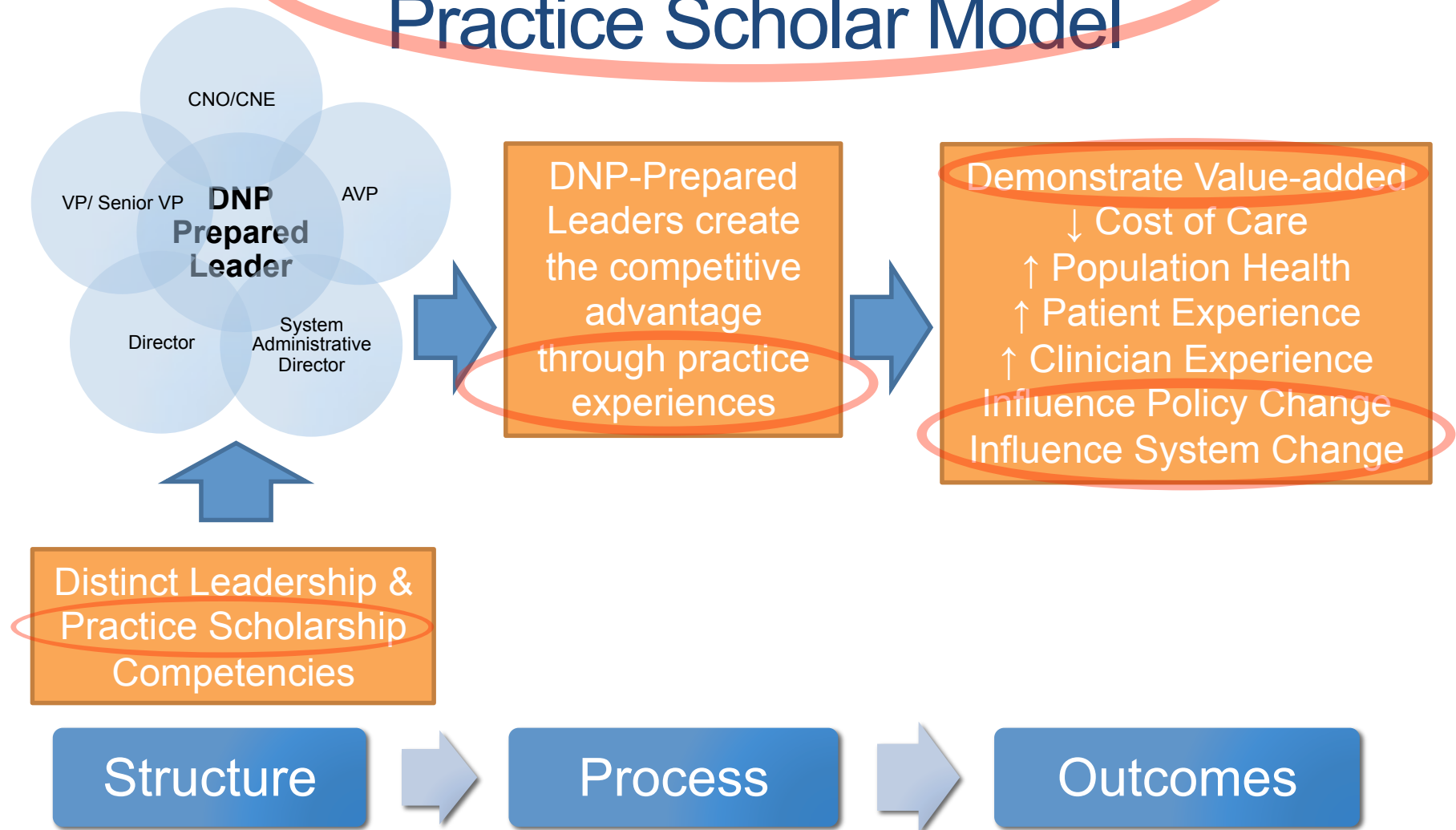
Results Phase 1: Evolution of themes



Results Phase 2: 2 Round Delphi

- Consensus was defined as Mean ≥ 4.25 and SD ≤ 1
 - Mean for collaboration: community: 4.17 and was not included as leadership competency
 - All other statements met consensus criteria were retained
- Modifications to the model were based on phase-1 and phase-2
- Proposed definitions of the Model components were determined

The End of Phase 3: Executive Practice Scholar Model



Definitions of the Executive Practice Scholar Model Components

Component	Component Definitions	Behaviors Indicating Competencies
Leadership Competencies	Leadership competencies are knowledge, skills, behaviors, and attitudes needed to drive organizations to achieve the multiple aims of healthcare.	<ul style="list-style-type: none"> • Collaboration: interdisciplinary clinical and non-clinical • Drive institutional, state, federal policy • Effective communication: interpersonal, oral/written presentation • Ensure accountability of quality/ Ensure accountability of safety • Lead change/ Systems thinking/ Emotional intelligence • Relationship/ Strategic/ Financial management • Use of technology to analyze data, collect data, influence outcomes • Workforce development
Practice Scholar Competencies	Practice scholar competencies are the expert knowledge, skills, behaviors, and attitudes that integrate evidence-based practice and organizational data to develop efficient and effective best practices to achieve the multiple aims of healthcare.	<ul style="list-style-type: none"> • Analyze data to drive care delivery models/ strategy • Assess effectiveness of new models • Balance business and practice • Collaborate with academic partners • Critically appraise literature to influence practice approaches • Ensure that policies adhere to professional standards • Ensure policies adhere to regulations • Ensure policies are evidenced-based • Mentor/ Publish • Team based scholarship • Translate research into practice • Use analytic methods to drive practice • Use evidenced-based practice to initiate innovations
Outcome Measures	Outcome measures are data validating that leadership and practice scholar competencies are met.	<ul style="list-style-type: none"> • Decrease cost of care • Implement policy change • Implement systems change • Improve population health • Improve the caregiver experience • Improve the patient experience • Demonstrate value-added

Conclusion

- As a profession, nurses have a responsibility to demonstrate value and worth of the DNP degree to executives in healthcare organizations.
- The Executive Practice Scholar Model, influenced by the conceptual frameworks of Role Theory, Donabedian's Theory, and Porter's Competitive Advantage Model, has the potential to provide structure to demonstrate the value and worth of the degree.
- Once tested for applicability, the Model can be applied to drive the quadruple aim and future aims of healthcare.

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