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## Merging academia and practice: Innovations in doctor of nursing practice (DNP) collaborative partnerships

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Many patients receive care at the end of life misaligned with their values, choices and preferences. Treatment interventions that may be potentially unnecessary, harmful and costly with undesirable patient outcomes may result in sub-optimal utilization of healthcare resources and increasing levels of frustration and burn-out for the healthcare team. The increasingly complex needs of the chronically ill population create a critical urgency to implement changes to the techniques, content and delivery of education to healthcare professionals. Given the current state, healthcare professionals; both in practice and in training need to attain the knowledge, skills and tools essential to co-producing care with patients with life-limiting illness. Current challenges include the following: (1) New nurses graduate from pre-licensure programs with inadequate preparation for caring of patients who are often seriously ill with diagnosis trending towards the end of life, (2) Clinicians in the post-acute care setting, particularly home-based services are challenged by working with patients, families and caregivers in crisis. Often these clinicians are working autonomously and experience burn-out resulting in high turn-over of the workforce and a poor patient experience, and (3) Patient and care giver are not included in the development and delivery of care that is valuable to patients at this critical time in their lives. Co-producing care with patients continues to remain an innovation approach in organizations instead of being the standard approach to care redesign. There is an urgent need for collaboration between academic and practice stakeholders to address this critical gap in knowledge and skill.

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