Essential VII. Clinical Prevention and Population Health for Improving the Nation’s Health

*Per Dr. Fletcher:* As it says in Z & W ... “the DNP will help propel the nursing profession to new horizons while promoting improvement in the nation's health” (p. 294). I believe that each one of your projects will contribute in this way. Let’s discuss how so.

I am following Megan’s lead here in addressing Pam’s post. My project takes a look at a non-traditional therapeutic intervention to improve breast cancer survivor quality of life and resilience. The fly fishing retreat thinks outside the box in approaching breast cancer survivors, most of whom have never and will never attend a support group though research tells us group support helps mental health and survivorship. By intervening to improve mental health, I hope to improve physical health and prolong survivorship, i.e. prevent progressive disease, recurrence, suicide, depression, anxiety, etc.

The findings of my study may hopefully be generalized to other cancer populations who sometimes feel overshadowed by the attention paid to breast cancer. This same type of therapeutic retreat could benefit not only cancer survivors, but nurses experiencing compassion fatigue and burnout (my original proposal until I figured out how much more time and money would be involved planning a new program rather than evaluating an existing one!) I would like to be involved in preventing burnout/compassion fatigue in order to help nurses feel happy in their careers and prevent mental health issues in our own profession.

Non-traditional therapies are needed to improve mental health in many populations. We’ve already discussed how tele-psychiatry can benefit rural and handicapped populations that cannot come to the office for traditional therapies, something that will probably be in my future APRN/DNP practice. One of the things my patients reflect to me is that as a nurse, I am easier to talk to than some other more traditional therapists who follow more strict psychoanalytic or other
theory guidelines and do not have the same presence or comfort level that we as nurse have with our patients. I would say my therapy approach is already a bit non-traditional. I also like to look at quality of life and resilience in the patients I see for therapy/medications and hope to improve both with my interventions and engagement with the patient.

In my practice with psychiatric patients I do a lot of physical health education and connection with other medical services. Just today I had a “chronic psychiatric patient” who had a TIA and was not taking his anti-hypertensives, cholesterol medication, and was still smoking. At least he had switched from cigarettes to pipe smoking (less frequent tobacco use.) I worked with him on further tobacco reduction/cessation as well as re-establishing trust in medical providers and importance of medications in preventing future TIA, stroke, and permanent damage. Because of our relationship and trust I was able to get through to him and hopefully to others. That is the part of my job that is so rewarding and the reason why I continue my education. And like my colleagues in this class who are educating nurses, I see myself in that role in the future. If we can help one nurse learn holistic competent practice, we can help hundreds of patients!

References
