

Sasakawa Nursing Fellow 2024 Annual Report

Miyuki Watanabe

University of Washington

School of Nursing Doctor of Nursing Practice

Pediatric Nurse Practitioner - Acute Care track

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I. Introduction

I started my Doctor of Nursing Practice (DNP) degree at the University of Washington in 2022. The purpose of pursuing the DNP was to obtain a comprehensive understanding of the role of the Nurse Practitioner (NP) and its education in the United States. With the support of the Sasakawa Health Organization, I graduated with the DNP on March 21, 2025. The DNP program equipped me with not only skills and knowledge in advanced practice nursing but also valuable insights into health. This annual report will serve three purposes: 1) to reflect the DNP program, 2) to summarize learning in the DNP, and 3) to identify the following goals as a Sasakawa Nursing Fellow alumni.

II. DNP Program Coursework

1) DNP Pediatric Nurse Practitioner Acute Care course

The third year was structured with clinical rotations and a final DNP project. Throughout four quarters, I had my rotations in the Seattle Children's Hospital's General Surgery, Pediatric Intensive Care Unit, Emergency Department, and another Emergency Department at Mary Bridge Children's Hospital in Tacoma, where poverty rates are higher than in Seattle. As an Advanced Practice Provider (APP) student, I was expected to develop clinical skills from novice to independent entry-level provider. The expected clinical skills for APPs vary, including history taking, physical examination, ordering necessary lab/imaging, assessment with differential diagnoses, and planning (management). In addition to these skills, APP students were also trained in patient note writing, patient presentation, and consultation phone calls to specialty services. While I had to get directions and assistance for most patient encounters in the first quarter, I came to feel comfortable providing an independent initial encounter with history-taking and physical examination under a supervising preceptor.

The final DNP capstone project took two quarters. My project was titled "Simulation Training Development for APPs in the Emergency Department at Mary Bridge Children's Hospital." The Emergency Department recently started hiring APPs, many of whom are newly graduated. However, because of the relatively new positions in the hospital, the department had not established educational resources for the APPs. The department recognizes the benefits of simulation training and desired to develop simulation scenarios as part of the APP training development.

The first quarter(Fall 2024) was intended to complete the project proposal writing. I conducted a literature review on simulation training, and subsequently, I compiled the evidence into an evidence table. One of the requirements for the project was to use a framework/model, such as the Knowledge-to-Action (KTA) Framework and IOWA model. In my case, I chose the ADDIE model, given the instructional design purposes. The following quarter (Winter 2025) was for implementations based on the project proposal. I conducted a web-based survey for APPs and held multiple meetings with the MultiCare Simulation Team as well as Nursing Development Specialists. After the analysis, I decided to collaborate with the simulation team, which works across multiple hospitals in the greater Tacoma region. I first verified that the team's scenario was compatible with the hospital's clinical pathway and then organized a pilot simulation utilizing the scenario. The final requirement was to provide a 15-minute final poster presentation. On March 18, 2025, I delivered the presentation, which concluded my DNP degree.

2) Global Health Project

Besides my DNP coursework, I had an opportunity to conduct my second global health project in Phayao, a rural region of Thailand, during the summer break. Thailand successfully established the Advanced Practice Nursing (APN) roles after the Health Care Reform in 2002, and the Community Nurse Practitioner (CNP) is one of the APNs who play a central role in providing primary health care in remote areas of Thailand. My project aimed to explore the barriers and facilitators of CNPs' practice in Phayao, collaborating with local nursing researchers at Boromarajonani College of Nursing Phayao. I conducted 15 interviews with the CNPs across 10 Primary Care Units and hospitals. The interviews revealed six facilitators and eight barriers. The findings were presented to the Center for Global Health Nursing on March 14, 2025. The project is selected for poster presentation at the International Council of Nurses (ICN) Congress 2025 Helsinki.

III. Takeaways in the DNP: Nursing Role in the U.S. and Japan

The three years in the DNP allowed me to explore the nursing roles, social expectations for nurses, and underlying healthcare systems both in the U.S. and Japan. The healthcare system is significantly different from each other. Japan's healthcare system is one of the best equitable systems in the world but not sustainable, given that aging populations cause increased expenses and workforce shortages. The U.S. healthcare system is underpinned by efficiency and advanced technologies. However, health outcomes are hugely impacted by socioeconomic status. The leading cause of bankruptcy in the U.S. is medical debt, which clearly illustrates the current situation in the healthcare system.¹

Nursing roles and social expectations for nurses are also different. In Japan, nursing roles are defined as providing assistance with activities of daily living life and helping treatment.² On the other hand, in the United States, Registered Nurses (RNs) are expected to deliver/organize patient care and provide education, advice, and emotional support to patients and their families.³ In most clinical settings in the U.S., daily activity assistance is offered by Certified Nursing Assistant(CNA) and Licensed Practical Nurse(LPN) rather than by RNs. In my impression, Japan values generalist nurses, whereas the U.S. appreciates specialist nurses. Each country has its own strengths and weaknesses, given its own healthcare system and culture. There is no right or wrong. The key is to learn about the successful practices of each other, which was my takeaway in my DNP in the U.S.

IV. Next Goals

My original goal was to promote the implementation of the NP system in Japan's health care system based on the DNP learnings. I now have a comprehensive understanding of NP roles, their education/training, and their impacts on patients, communities, and the healthcare system in the U.S. However, I am still uncertain about how the NP roles can be best optimized in Japan. Advanced nursing roles have a huge potential in the rural health and home care field. Yet, in urban hospitals, their advanced practice could conflict with medical doctor roles, which can lead to doctors' opposition to the adoption of the NP role.

My next goal as a Sasakawa Nurse Fellow Alumni is to develop a clear vision of Japan's NP roles that benefit both patients and doctors. I plan to apply for a Ph.D. in Nursing Policy within a few years to fulfill this goal.

V. Acknowledgment

As a recipient of the Sasakawa Nursing Fellow Scholarship, I would like to express my most sincere appreciation to the Sasakawa Health Organization. I have never imagined completing a doctoral degree in the United States, and this would not have been possible without the opportunity to be a Sasakawa Nursing Fellow. The mission and value of the Fellow program greatly inspired me, deepened my intellectual curiosity, and maximized my time in the United States. As a Sasakawa Nurse Fellow Alumni, I am very excited to contribute to advancing health and nursing in Japan. I cannot thank you all enough for the tremendous opportunity and warm support.

VI. Reference

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