THE BREEN SCHOOL OF NURSING

Doctor of Nursing Practice Handbook

Ursuline College ⚜

Introduction to the Doctor of Nursing Practice (DNP) Program

The Breen School of Nursing, Doctor of Nursing Practice (DNP) program is consistent with the Ursuline College liberal arts tradition. The program emphasizes the development of nurse leaders who use evidence-based practice for optimizing health care delivery through effective systems transformation. As graduates of the program plan and implement their practice with individuals and populations, they learn to integrate the spiritual, biological, social, psychological, and cultural factors that influence human responses to health and illness; therefore, the DNP represents a very holistic approach to the provision of health promotion, maintenance, and restoration through advanced nursing practice.

The DNP program complements, strengthens, and reinforces implementation of the Ursuline College mission by extending the Ursuline tradition of educating women, and the program is built upon the academic excellence of its foundational courses in the Bachelor of Science in Nursing (BSN) and the Master of Science in Nursing (MSN) programs that are values-based and consistent with a liberal arts emphasis. The program extends the Ursuline tradition of focus on spirituality, social justice, and the development of relationship- based nursing care that is incorporated into the program learning goals. DNP educational content adds to and complements the required advanced nursing practice courses by preparing leaders with "Values, Voice, and Vision" thereby allowing graduates to actively participate in the transformation of health care for the future.

DNP degree education will assist nurses to function as leaders to address future change in health care and in the provision of care to patients. Essentially, DNP degree-granting programs will provide course and clinical work that expands preparation as expert practitioners, leaders, and change agents within the health care arena. Additional coursework is recommended and driven by the AACN Essentials (AACN, 2021) to include the study of evidence-based practice (EBP), quality improvement, organizational leadership, interdisciplinary collaboration, and health care policy and systems.

DNP Program Vision

To prepare advanced practice nurses who are leaders in transforming the health and health care of the public and its individuals.

DNP Program Mission

The Breen School of Nursing, Doctor of Nursing Practice (DNP) program focuses on the development of nurse leaders who use evidence-based practice for optimizing health care delivery through effective systems transformation. As program graduates plan and implement their practice with individuals and populations, they learn to integrate the biological, social, psychological, cultural, and spiritual factors that influence human responses to health and illness.

Purpose and Outcomes of DNP Program:

The purpose of the DNP program is to prepare doctoral level graduate nurses to provide high

quality care to patients and patient aggregates and optimize health care delivery through effective systems transformation, or planned change. As graduates of the program plan and implement their practice with individuals and populations, they learn to integrate the biological, social, psychological, cultural, and spiritual factors that influence human responses to health and illness.

<u>Program outcomes demonstrate that graduates of the DNP program will</u>**:**

1. Provide the highest level of advanced nursing care resulting in high quality, cost-effective patient outcomes.

2. Lead healthcare organizations to promote comprehensive, holistic care as the foundation of a just society.

3. Implement change within integrated systems for high quality healthcare across the lifespan.

4. Make decisions and take action based on the integration of a strong knowledge base, personal and professional values, and diverse cultural, religious, spiritual, and ethical perspectives.

5. Evaluate the best evidence for practice, including the use of informatics, to locate evidence for meeting the health promotion, maintenance, and restoration needs of individuals, families, groups, systems, and communities.

6. Develop and implement policy-based approaches to healthcare that advance population health from a nursing paradigm.

7. Function in independent and interdependent roles as the colleagues of other health professionals in various healthcare settings.

The American Association of Colleges of Nursing (AACN) established Ten key Domains for competency-based curriculum. Domains are defined as broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing. Key concepts are interrelated and interwoven within the domains and competencies. The concepts include: clinical judgment, communication, compassionate care, diversity, equity, and inclusion, ethics, evidence-based practice, health policy, and social determinants of health. In addition, Spheres of Care with are emphasized include: Systems-Based Practice, Informatics and Technology, Engagement and Experience, Academic-Practice Partnerships, and Career-Long Learning. The (AACN, *Essentials*, 2021). These Ten Essential Domains are presented in the following table aligned with the DNP program expected learning outcomes provided in the courses required in the DNP curriculum.

DNP Program Goals/Student Outcomes and the DNP Essentials (AACN, 2021

Ursuline College Breen School of Nursing DNP Program Outcomes	*Essentials/Domains*
1. Provide the highest level of advanced nursing care resulting in high quality, cost-effective patient outcomes.	**Domain I: Knowledge for Nursing Practice** 1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines. 1.1e Translate evidence from nursing science as well as other sciences into practice 1.1f Demonstrate the application of nursing science to practice 1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care. 1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences. 1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research. 1.2g Apply a systematic and defendable approach to nursing practice decisions. 1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care 1.2i Demonstrate socially responsible leadership 1.2j Translate theories from nursing and other disciplines to practice 1.3 Demonstrate clinical judgment founded on a broad knowledge base. 1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning 1.3e Synthesize current and emerging evidence to Influence practice. 1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment **Domain 3: Population Health** 3.1 Manage population health. 3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs. 3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks. 3.1l Use established or evolving methods to determine population-focused priorities for care 3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods. 3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan. 3.2 Engage in effective partnerships. 3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health. 3.2b Demonstrate effective collaboration and mutual accountability with

relevant stakeholders.
  3.2e Challenge biases and barriers that impact population health outcomes
 3.2f Evaluate the effectiveness of partnerships for achieving health equity
 3.2g Lead partnerships to improve population health outcomes
 3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters

<u>**Domain 8: Informatics and Healthcare Technologies**</u>
8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.
  8 .1g Identify best evidence and practices for the application of information and communication technologies to support care.
   8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings
  8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.
  8.1j Explore the fiscal impact of information and communication technologies on health care
  8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.

8.2 Use information and communication technology to gather data, create information, and generate knowledge.
  8.2f Generate information and knowledge from health information technology databases.
  8.2g Evaluate the use of communication technology to improve consumer health information literacy.
  8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.
  8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care
 8.2j Interpret primary and secondary data and other information to support care.

8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.
  8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools
 8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship
 8.3j Evaluate the potential uses and impact of emerging technologies in health care.
 8.3k Pose strategies to reduce inequities in digital access to data and

	information. 8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels. 8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications. 8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care. 8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care. 8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care. 8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.5h Assess potential ethical and legal issues associated with the use of information and communication technology. 8.5i Recommend strategies to protect health information when using communication and information technology. 8.5j Promote patient engagement with their personal health data 8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care. 8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.

2. Lead healthcare organizations to promote comprehensive, holistic care as the foundation of a just society.	**Domain 2: Person-Centered Care**
	2.1 Engage with the individual in establishing a caring relationship.
	   2.1d Promote caring relationships to effect positive outcomes
	   2.1e Foster caring relationships
	2.2 Communicate effectively with individuals.
	   2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences
	   2.2h Design evidence-based, person-centered engagement materials.
	   2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care
	   2.2j Facilitate difficult conversations and disclosure of sensitive information.
	2.3 Integrate assessment skills in practice.
	   2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice
	2.4 Diagnose actual or potential health problems and needs.
	   2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.
	   2.4g Integrate advanced scientific knowledge to guide decision making.
	2.5 Develop a plan of care.
	   2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.
	   2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes
	   2.5j Develop evidence-based interventions to improve outcomes and safety.
	   2.5k Incorporate innovations into practice when evidence is not available
	2.6 Demonstrate accountability for care delivery.
	   2.6e Model best care practices to the team
	   2.6f Monitor aggregate metrics to assure accountability for care outcomes
	   2.6g Promote delivery of care that supports practice at the full scope of education
	   2.6h Contribute to the development of policies and processes that promote transparency and accountability.
	   2.6i Apply current and emerging evidence to the development of care guidelines/tools
	   2.6j Ensure accountability throughout transitions of care across the health continuum.

	2.7 Evaluate outcomes of care.
	  2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.
	  2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends
	  2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies
	2.8 Promote self-care managemen2.8f Develop strategies that promote self-care management.
	  2.8g Incorporate the use of current and emerging technologies to support self-care management.
	  2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management
	  2.8i Evaluate adequacy of resources available to support self-care management
	  2.8j Foster partnerships with community organizations to support self-care management.
	2.9 Provide care coordination.
	  2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.
	  2.9g Develop strategies to optimize care coordination and transitions of care
	  2.9h Guide the coordination of care across health systems.
	  2.9i Analyze system-level and public policy influence on care coordination
	  2.9j Participate in system-level change to improve care coordination across settings
	
	Domain 10: Personal, Professional, and Leadership Development
	10.3 Develop capacity for leadership.0.3j Provide leadership to advance the nursing profession.
	  10.3k Influence intentional change guided by leadership principles and theories
	  10.3l Evaluate the outcomes of intentional change
	  10.3m Evaluate strategies/methods for peer review.
	  10.3n Participate in the evaluation of other members of the care team
	  10.3o Demonstrate leadership skills in times of uncertainty and crisis
	  10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society
	  10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive

3..Implement change within integrated systems for high quality healthcare across the lifespan	**Domain 5: Quality and Safety**
	5.1 Apply quality improvement principles in care delivery.
	    5.1i Establish and incorporate data driven benchmarks to monitor system performance.
	    5.1j Use national safety resources to lead team-based change initiatives.
	    5.1k Integrate outcome metrics to inform change and policy recommendations
	    5.1l Collaborate in analyzing organizational process improvement initiatives
	    5.1m Lead the development of a business plan for quality improvement initiatives
	    5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery
	    5.1o Advance quality improvement practices through dissemination of outcomes.
	
	5.2 Contribute to a culture of patient safety.
	    5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.
	    5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety
	    5.2i Design evidence-based interventions to mitigate risk
	    5.2j Evaluate emergency preparedness system-level plans to protect safety.
	
	5.3 Contribute to a culture of provider and work environment safety.
	    5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury
	    5.3f Foster a just culture reflecting civility and respect5.3g Create a safe and transparent culture for reporting incidents.
	    5.3h Role model and lead well-being and resiliency for self and team.
	
	Domain 7: Systems-Based Practice
	    7.1 Apply knowledge of systems to work effectively across the continuum of care.

	7.7.1e Participate in organizational strategic planning. 7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes. 7.1g Analyze system-wide processes to optimize Outcomes 7.1h Design policies to impact health equity and structural racism within systems, communities, and populations. 7.2 Incorporate consideration of cost-effectiveness of care. 7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement 7.2h Design practices that enhance value, access, quality, and cost-effectiveness. 7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness 7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team. 7.2k Recommend system-wide strategies that improve cost-effectiveness considering structure, leadership, and workforce needs 7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes. 7.3 Optimize system effectiveness through application of innovation and evidence-based practice. 7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities. 7.3f Design system improvement strategies based on performance data and metrics. 7.3g Manage change to sustain system effectiveness 7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism- and other forms of discrimination in healthcare systems.

4. Make decisions and take action based on the integration of a strong knowledge base, personal and professional values, and diverse cultural, religious, spiritual, and ethical perspectives.	**Domain 3: Population Health**
	3.3 Consider the socioeconomic impact of the delivery of health care.
	  3.3c Analyze cost-benefits of selected population-based interventions.
	  3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions
	  3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations
	  3.3f Incorporate ethical principles in resource allocation in achieving equitable health.
	3.4 Advance equitable population health policy
	  3.4f Identify opportunities to influence the policy- process.
	  3.4g Design comprehensive advocacy strategies to support the policy process
	  3.4h Engage in strategies to influence policy change.
	  3.4i Contribute to policy development at the system, local, regional, or national levels.
	  3.4j Assess the impact of policy changes3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.
	  3.4l Evaluate the risks to population health associated with globalization
	  3.4i Contribute to policy development at the system, local, regional, or national levels.
	  3.4j Assess the impact of policy changes3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.
	  3.4l Evaluate the risks to population health associated with globalization.
	3.5 Demonstrate advocacy strategies3.5f Appraise advocacy priorities for a population.
	  3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.
	  3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.
	  3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.

Domain 9: Professionalism

9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.

  9.1h Analyze current policies and practices in the context of an ethical framework.

  9.1i Model ethical behaviors in practice and leadership roles

  9.1j Suggest solutions when unethical behaviors are observed

  9.1k Assume accountability for working to resolve ethical dilemmas

Domain 10: Personal, Professional, and Leadership Development

10.1 Demonstrate a commitment to personal health and well-being.

  10.1c Contribute to an environment that promotes self-care, personal health, and well-being.

  10.1d Evaluate the workplace environment to determine level of health and well-being.

  10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.

  10.2g Demonstrate cognitive flexibility in managing change within complex environments.

  10.2h Mentor others in the development of their professional growth and accountability

  10.2i Foster activities that support a culture of lifelong learning

  10.2j Expand leadership skills through professional service

5. Evaluate the best evidence for practice, including the use of informatics, to locate evidence for meeting the health promotion, maintenance, and restoration needs of individuals, families, groups, systems, and communities.	**Domain 4: Scholarship for the Nursing Discipline**
	
	4.1 Advance the scholarship of nursing.
	    4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.
	    4.1i Engage in scholarship to advance health
	    4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.
	    4.1k Collaborate to advance one's scholarship
	    4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities
	    4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship
	    4.2f Use diverse sources of evidence to inform practice.
	    4.2g Lead the translation of evidence into practice
	    4.2h Address opportunities for innovation and changes in practice
	    4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence
	    4.2j Articulate inconsistencies between practice policies and best evidence.
	    4.2k Evaluate outcomes and impact of new practices based on the evidence
	
	4.3 Promote the ethical conduct of scholarly activities.
	    4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities
	    4.3f Apply IRB guidelines throughout the scholarship process
	    4.3g Ensure the protection of participants in the conduct of scholarship
	    4.3h Implement processes that support ethical conduct in practice and scholarship
	    .4.3i Apply ethical principles to the dissemination of nursing scholarship evidence.

6. Develop and implement policy-based approaches to healthcare that advance population health from a nursing paradigm.	**<u>Domain 3 Population Health</u>** 3.6 Advance preparedness to protect population health during disasters and public health emergencies. 3.6f Collaboratively initiate rapid response activities to protect population health 3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations 3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations 3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment. 3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies

| 7. Function in independent and interdependent roles as the colleagues of other health professionals in various healthcare settings. | **Domain 9: Professionalism**
9.2 Employ participatory approach to nursing care.
  9.2h Foster opportunities for intentional presence in practice.
  9.2i Identify innovative and evidence-based practices that promote person-centered care.
  9.2j Advocate for practices that advance diversity, equity, and inclusion.
  9.2k Model professional expectations for therapeutic relationships
  9.2l Facilitate communication that promotes a participatory approach
9.3 Demonstrate accountability to the individual, society, and the profession.
  9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes
  9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.
  9.3k Address actual or potential hazards and/or errors
  9.3l Foster a practice environment that promotes accountability for care outcomes.
  9.3m Advocate for policies/practices that promote social justice and health equity.9.3n Foster strategies that promote a culture of civility across a variety of settings.
  9.3o Lead in the development of opportunities for professional and interprofessional activities
9.4 Comply with relevant laws, policies, and regulations.
  9.4d Advocate for policies that enable nurses to practice to the full extent of their education.
  9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.
  9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.
  9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes
  9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes
9.5 Demonstrate the professional identity of nursing.
  9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.
  9.5g Evaluate practice environment to ensure that nursing core values are demonstrated
  9.5h Identify opportunities to lead with moral courage to influence team decision-making
  9.5i Engage in professional organizations that reflect nursing's values and identity.
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.
  9.6d Model respect for diversity, equity, and inclusion for all team members.
  9.6e Critique one's personal and professional practices in the context of nursing's core values
  9.6f Analyze the impact of structural and cultural influences on nursing's professional identity
  9.6g Ensure that care provided by self and others is reflective of nursing's core values.9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.
  9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health |

15

Domain 6: Interprofessional Partnerships

6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.

6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions

6.1h Facilitate improvements in interprofessional communications of individual information (e.g., EHR.)

6.1i Role model respect for diversity, equity, and inclusion in team-based communications

6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.

6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.

6.1l Demonstrate capacity to resolve interprofessional conflict

6.2 Perform effectively in different team roles, using principles and values of team dynamics.

6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.

6.2h Evaluate the impact of team dynamics and performance on desired outcomes

6.2i Reflect on how one's role and expertise influences team performance

.6.2j Foster positive team dynamics to strengthen desired outcomes.

6.3 Use knowledge of nursing and other professions to address healthcare needs.

6.3d Direct interprofessional activities and initiatives.

6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.

6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.

6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning

6.4g Integrate diversity, equity, and inclusion into team practices.

6.4h Manage disagreements, conflicts, and challenging conversations among team members.

6.4i Promote an environment that advances interprofessional learning

16

The DNP program within the Breen School of Nursing and Health Professions at Ursuline College will build upon the solid foundation of the BSN and MSNs program for those nurses interested in preparing for at advanced practice levels. Students admitted to the BSN to DNP program will be prepared for an advancing practice role and earn their DNP degree as well. Nurses with master's degrees who return for the DNP can derive from any direct or indirect specialty practice area because they are already educated and often certified in their specialty areas (i.e., nurse practitioner, clinical nurse specialist, nurse anesthetist, nurse midwife, nurse administrator).They will complete the Post Master DNP Program.

Very Important

Students are expected to read and follow the academic policies detailed in the Ursuline College Graduate catalogue. The Graduate Catalogue is available at:
https://www.ursuline.edu/files/assets/2022-2023graduatecatalog.pdf

In addition to the policies and procedures detailed in the Ursuline College Graduate Catalogue, the Graduate Nursing Program has developed specific policies related to class participation and incompletes. These policies are detailed next.

DNP Class Participation Policy

Participation at all scheduled classes is expected. Class participation constitutes completing all modules as described for the class. If more than six hours of a three-credit course are missed, the student may be withdrawn from the course. For a two-credit course, missing more than four hours of a class may result in the student's withdrawal from the course. For a one credit course a student missing more than two hours of a class may result in withdrawal from the course. Individual situations will be reviewed by the instructor and the Associate Dean. The more time missed, the more there is concern that the student has not engaged in his/her own learning. Final Course papers and other assignments are due by the last day of the class unless otherwise specified by the instructor. Instructors may offer a two-week window for submission of final papers after the end of the class but no longer than two weeks is permitted as final grades must be calculated and submitted. Failure to complete the course requirements will result in No Credit for the course and the need to retake the course. For web-based classes that are delivered in the online format all course modules and assignments must be completed to receive DNP program credits.

DNP Incomplete Course Work Policy

The DNP program follows the college catalogue's procedure concerning requesting and granting an incomplete in a course. In the event that a student needs to take an incomplete for a course, the student will not be permitted to enroll in any subsequent DNP classes until the incomplete course work has been completed. The student must work with the assigned DNP course instructor when an incomplete becomes necessary. An incomplete will be issued for the final DNP course: NR 803 until all DNP Project work is complete. The required Ursuline College Graduate Program incomplete forms must then be completed.

DNP Program Grading Scale:

The DNP program follows the Ursuline College Graduate Program grading scale. The scale is structured as detailed below:

Letter Grade	Percentage
A	95-100%
A-	93-94
B+	91-92
B	87-90
B-	85-86
C+	83-84
C	78-82
C-	76-77
D	70-75
F	69 and below

The DNP handbook pages that follow detail the DNP curriculum.

DNP Curriculum Overview
Doctor of Nursing Practice (DNP) Curriculum
<u>& Post-master's degree</u>

Course No.	Course Title	Credits
NR 700 (a, b, c)	Scientific Writing for Professional Nurses	3
NR 701	Biostatistics for Outcomes Management and Evaluation	3
NR 702	Scientific & Theoretical Foundations for Advanced Nursing Practice	3
NR 703	Epidemiology for Population Health	3
NR 704	Analysis of Evidence for Advanced Nursing Practice	3
NR 705	Methods for Conducting Evidence-Based Projects	3
NR 706	Advanced Healthcare Management & Policy	3
NR 707	Interdisciplinary Organizational Leadership	3
NR 708	Advanced Healthcare Informatics	3
NR 709	Evaluation Strategies for Quality Improvement	3

NR 800	DNP Project Identification/DNP Residency (100 – 300 clinical hrs. per semester for a total of 500 clinical hrs.)	2
NR 801	DNP Project Proposal /DNP Residency	2
NR 802	DNP Project Implementation/DNP Residency	2
NR 803	DNP Project Dissemination/DNP Residency	2
	Total Credits	38

Post Master DNP Curriculum Plan

	Spring *January-May*	Summer *May-August*	Fall *August-December*
Level 1	**NR 702:** Scientific and Theoretical Foundations for Advanced practice Nursing (3) **NR 700a, b, c** Scientific Writing for Professional Nurses (3) **NR 709:** Evaluation Strategies for Quality Improvement (3)	**NR 707:** Interdisciplinary Organizational Leadership(3) **NR 800** Capstone Project Identification/DNP Residency (2)	**NR 704:** Analysis of the Evidence for Advanced Practice Nursing (3) **NR 701**: Biostatistics for Outcomes Management (3) **NR 703**: Epidemiology (3) **NR 801** DNP Capstone Project Proposal Development /DNP Residency (2)
Level 2	**NR 705:** Methods for Developing EBP Projects (3) **NR 708** Advanced Health Care Informatics (3) **NR 802**: Capstone Project Implementation/DNP Residency (2)	**NR 706** Advanced Health Care Management & Policy (3) **NR 803** Dissemination/DNP Residency (2)	

BSN to DNP Nurse Anesthesia Program

	Spring *January-May*	Summer *May-August*	Fall *August-December*
Level 1	**NR 540**: Advanced Physiology/Pathology (3) **NR 542:** Advanced Pharmacology (4) **NR 702:** Scientific and Theoretical Foundations for Advanced practice Nursing (3) **NR 700a, b, c** Scientific Writing for Professional Nurses (3)	**NR 541**: Advanced Health Assessment (3) **NR 707:** Interdisciplinary Organizational Leadership (3) **NR 800** Project Identification/DNP Residency (2) **NAP 510** Introduction to Nurse Anesthesia Profession (1) **NAP 511:** Applied Chemistry, Biochemistry and Physics (1)	**NAP 512** General Principles of Anesthesia (4) **NR 704:** Analysis of the Evidence for Advanced Practice Nursing (3) **NR 703**: Epidemiology (3) **NR 701**: Biostatistics for Outcomes Management (3) **Fundamental Simulation**
	Total 13 credits	Total 10 Credits	Total 13 credits
Level 2	**NAP 620** Advanced Anatomy, Physiology & Pathophysiology I (4) **NAP 621** Pharmacology of Anesthetic Agents **(4)** **NAP 651** Nurse Anesthesia Practicum I (1) **NR 709:** Evaluation Strategies for Quality Improvement (3)	**NAP 622** Advanced Anatomy, Physiology & Pathophysiology II (4) **NAP 623** Advanced Principles and Clinical Management I (4) **NAP 652** Nurse Anesthesia Practicum II (2) **NR 706** Advanced Health Care Management & Policy (3) **Simulation**	**NAP 624** Advanced Principles and Clinical Management II (4) **NAP 653** Nurse Anesthesia Practicum III (3) **NR 705:** Methods for Conducting Evidenced-Based Projects (3) **NR 801** DNP Project Proposal Development /DNP Residency (2)

	Total credits 12 (240 Clinical Hours)	**Total credits 13 (360 Clinical Hours)**	**Total Credits 12 (480 Clinical hours)**
Level 3	**NAP 630** Professional Aspects of Leadership (1) **NAP 661** Advanced Nurse Anesthesia Clinical Correlation I (3) **NR 708** Advanced Health Care Informatics (3) **NR 802**: Project Implementation/DNP Residency (2) **Total Credits 9 (480 clinical hours)**	**NAP 662** Advanced Nurse Anesthesia Clinical Correlation II (3) **NR 803** Dissemination/DNP Residency (2) **Simulation** **Total Credits 5 (480 clinical hours)**	**NAP 631** Comprehensive Board Review (3) **NAP 663** Advanced Nurse Anesthesia Clinical Correlation III (2) **Total Credits 5 (360 Clinical hours)**

DNP Course Descriptions

Course	No.	Credit Hours	Pre- co-requisite	Semester offered	Description
Scientific Writing for Professional Nurses	700 a,b,c	3	Graduate status	Fall and Spring	This course provides an introduction to scientific writing for nurses pursuing graduate education in nursing. Through the course students will learn skills for scientific writing in the dissemination of nursing research, implementation of evidence-based projects, project narratives, for the purpose of building nursing science in practice; other examples of scientific writing include articles for peer reviewed journals, grant proposals, and theses/dissertations/DNP projects in the sciences.
Biostatistics for Outcomes Management & Evaluation	701	3	Graduate status	Fall	This course is an introduction to biostatistics for students in nursing and the health sciences. The course is designed to provide knowledge for effective use of biostatistics in translational research to include descriptive and inferential statistical analyses, probability theory, hypothesis testing, and measures of central tendency, parametric and nonparametric analyses. Skills acquired by the student will assist in the critical appraisal of research for evidence-based practice with a focus on comprehension of consistency between research designs and statistical tests (correlation, regression, t-tests, analysis of variance and nonparametric tests). Additional skills include use of statistical software packages to practice analysis and interpretation of statistical tests.
Scientific & Theoretical Foundations for ANP	702	3	Graduate Status	Fall	This course focuses on the relationship between theory and methods of inquiry. Selected theories, concepts, and issues related to nursing and health are explored; application of theory to nursing practice is emphasized. Course content includes inquiry based on interaction of theory, research, and practice in the development of nursing knowledge and the improvement of clinical outcomes. Students also explore and examine the ways in which nursing philosophy and nursing knowledge impact professional nursing. The final project of this course involves a concept analysis linking theory to practice in areas related to the students' advanced practices.
Epidemiology for Population Health	703	3	NR 701 or equivalent course	Spring	This course introduces students to the principles and methods of epidemiological investigations. Infectious and noninfectious disease examples are utilized. The focus involves epidemiological research

					methods and their practical applications to the study of determinants and distributions of disease.
Analysis of Evidence for ANP	704	3	NR 701, or Director permission	Spring	This course assists the student in learning principles and processes of evidence-based practice (EBP) for analyzing research and other forms of evidence. The evidence is then validated and selected for use in advanced nursing practice. Evidence-based nursing models are reviewed, and students learn how to ask and develop practice-related questions. Computerized literature searches form the basis for finding, critically assessing, and selecting the best available evidence for implementation and evaluation in practice. This foundational course provides students with the skills necessary to synthesize evidence relevant to their practice and to propose an EBP implementation project with a plan for evaluating patient outcomes.
Methods for Conducting Evidence-Based Projects	705	3	NR 704	Fall	This course focuses on the analysis and adaptation of research methods relevant to evidence-based practice (EBP) projects. The course will include a review of qualitative research designs and quantitative research designs with associated statistics and corresponding levels of evidence. Additional research methods content will include samples and sampling techniques, measurement principles and instrument psychometrics, intervention protocols, data collection procedures, human subjects review, and scientific integrity. Students will analyze the cohesion of their EBP clinical questions with methods used to collect, enter, and analyze to augment their project evaluation. The course prepares students to build upon principles learned in the previous course, NR 704: Analysis of Evidence for Advanced Nursing Practice; and this course supplements NR 709: Evaluation Strategies for Quality Improvement.
Advanced Healthcare Management & Policy	706	3	NR 701 or equivalent course	Summer	This course provides students with the advanced skills and knowledge to analyze and evaluate current health policies and contribute to the development of new policy using evidence and research. Budgetary planning and management as well as the general fiscal analysis of health care projects, programs, and systems are also addressed. Finally, legal aspects of management and legislation in healthcare, including the interrelationships among policy, financing, legal issues, and legislation are analyzed.

Interdisciplinary Organizational Leadership	707	3	Graduate status	Summer	This course will prepare nursing students for Intraprofessional and interprofessional leadership through an interdisciplinary perspective that includes leadership psychology, an understanding of organization behavior and politics, as well as reflective practice to appreciate the impact of personal spirituality, ethics, and values on leadership roles and effectiveness. Students will examine the psychology of leadership by studying the personal qualities of successful leaders and the inner drive for power. Particular attention will be given to the ways in which culture and gender influence individuals and groups and their identities and dynamics. Throughout the semester, students will integrate values, cultural sensitivity, and spirituality into health leadership and ethical decisions to promote comprehensive, holistic care as the foundation of a just society.
Advanced Healthcare Informatics	708	3	Graduate Status	Spring	This course provides DNP students with the knowledge and skills to use information technology for augmenting the evaluation of nursing practice and healthcare outcomes. Students will learn to design databases for the collection and analysis of data, especially for the examination of patterns/trends; determination of variances in practice, and the evaluation of research, programs, and practices using national benchmarks.
Evaluation Strategies for Quality Improvement	709	3	Graduate status	Fall	This course will prepare DNP students to evaluate patient outcomes through quality improvement methodologies emphasizing the promotion of safe, effective, and efficient patient-centered care. Each student will learn to design and implement an evaluation plan involving data extraction from practice, information systems, and databases for the monitoring and evaluation of quality patient outcomes.
DNP Project Identification/ DNP Residency	800	2	All previous graduate nursing courses	Summer	This course guides DNP students in identifying their DNP projects with an advisor and one content expert/mentor member. At the completion of the course, students will have a clearly stated, measurable, evidence-based practice (EBP) question supported with a thorough literature review, and project framework. In addition, students will begin their DNP Residencies with advanced practice nurses holding expertise in the students' practice areas. At minimum, the students must complete 100 - 300 contact hours of residency per semester until approximately 500 hours are completed for the post-MSN student (depending on previous

					hours achieved in MSN program) and 1000 hours are completed for the post-BSN.
DNP Proposal Development /DNP Residency	801	2	NR 800	Fall	This course guides DNP students in developing the proposal for their DNP projects to include: EBP question/purpose/specific aims, review of literature, project framework, methods (sample, instruments, measures, intervention, data collection procedures), and an evaluation plan. At the completion of the course, students will be prepared to defend their proposals to their appropriate DNP project team and seek institutional review board approval. In addition, students will continue with their DNP Residencies. At minimum, the post master students must complete 100 - 300 contact hours of residency per semester until approximately 500 hours are completed for the post-MSN student (depending on previous hours achieved in MSN program) to achieve the required 1000 DNP residency hours.
DNP Project Implementation/DNP Residency	802	2	NR 800, 801	Spring	This course guides DNP students with the implementation of their DNP projects. At the completion of the course, students will have implemented the project and collected data for evaluating the project. Writing for dissemination will progress. Students will continue their DNP Residencies. At minimum, the post master students must complete 100 - 300 contact hours of residency per semester until approximately 500 hours are completed for the post-MSN student (depending on previous hours achieved in MSN program) and 1000 hours are completed for the post-BSN.
DNP Project Evaluation & Dissemination/ DNP Residency	803	2	NR 800, 801, 802	Summer	This course guides DNP students with the evaluation and dissemination of their DNP projects. At the completion of the course, students will have evaluated the projects based on their evaluation plans and complete the writing of a publishable paper for dissemination of the projects' outcomes. Students will bring their DNP Residencies to termination. At minimum, the post master students must complete 100 - 300 contact hours of residency per semester until approximately 500 hours are completed for the post-MSN student (depending on previous hours achieved in MSN program) and 1000 hours are completed for the post-BSN.

DNP Project/Residency Handbook

Introduction to the NR 800 Course Series– DNP Project/Residency Hours

Culminating DNP Project:
The major assessment of DNP student learning is the culminating DNP Scholarly project. This project involves the development of a scholarly project through a systematic review of the literature, with a project proposal presentation followed by a project implementation, data collection and then evaluation of an evidence-based change in an area of interest. DNP residency hours are completed to support the development and implementation of the DNP project in direct advanced nursing practice one-to-one with individual patients, patient groups, or communities, or in indirect advanced nursing practice as a nurse administrator or informatics nurse. The phases of this project correspond to the required residency/DNP courses designed to guide, instruct, and keep the student moving forward with project advancement:

Phase I (NR 800): DNP Project identification:
At the completion of the NR 800 course, students will have a clearly stated, measurable, evidence-based practice (EBP) project supported with a thorough literature review, and a defined theoretical project framework. This course guides DNP students in identifying their DNP projects with their DNP Team. In addition, students will complete DNP Residency hours in their project area of study and or areas of DNP Essentials development. The student will complete residency hours as identified by their DNP Team and course instructors. The residency requirements vary based upon previous clinical hours achieved in their MSN program and individual student needs. The NR 800 course may span two semesters depending on the student's progression with DNP project development.

Phase II (NR 801): Proposal development
This course is designed to guide DNP students in developing the proposal for their DNP projects to include: EBP question/ project purpose, overall project goal with measurable objectives, review of the literature, theoretical framework, project methods/plan, (sample, instruments, outcome measures, intervention, data collection procedures), and an evaluation plan. At the completion of the course, students will present their proposals to the DNP Steering Committee and then seek appropriate institutional review board approval prior to implementation of their DNP project.

Phase III (NR 802): Project implementation
This course is designed to guide DNP students with the implementation of their DNP projects. At the completion of the course, students will have implemented the project and collected data for evaluating the project. Preparation for project dissemination will follow.

Phase IV (NR 803): Project evaluation/dissemination
This course is designed to assist DNP students with the evaluation and dissemination of their DNP project. At the completion of the course, students will have evaluated the projects based on their established evaluation plans and completed the writing of a final project paper with a formal

DNP Project Presentation. Dissemination will be encouraged to include professional presentations and publications for dissemination of project outcomes. The DNP Project Chair will confirm when the student has completed the required scholarly paper.

NR 801, NR 802, NR 803– Completion of project – If the student has not presented their project proposal and completed the required residency hours at the completion of NR 801, they will be given an incomplete in the course. One course incomplete extension to complete their project proposal will be permitted. Failure to complete the proposal after one extension will result in the student needing to retake the course. A student will not receive a final passing grade for NR 803 until they have completed all the required DNP residency hours, completed a final project presentation, and submitted a final project paper. Additional credit hours per semester, as needed, will be allocated for the completion of the project. The student will register for the capstone course being offered when additional project hours are required to complete their DNP project scholarly paper.

Advisors and DNP Project Team: Each student is assigned an academic advisor upon admission to the DNP program. The advisor begins working with the student by advising them about academic coursework. The advisor will provide guidance on the selection of a project team. During the NR 800 DNP course, the student will select a DNP Team who will work in close collaboration with faculty teaching the NR 800, 801, 802 and 803 DNP courses to assist the student with smooth and efficient transitions through the DNP project proposal development, implementation, evaluation, and dissemination phases. If, at any time, a student wishes to change their DNP Team, the student will contact the Associate Dean of the Graduate Nursing program. The Associate Dean will then assist the student in changing his/her DNP Team, as necessary.

The Associate Dean will oversee the coordination of all DNP Project Teams. Faculty members from all the disciplines throughout Ursuline College will be available to serve as members of the DNP project team. The interdisciplinary focus offered by this arrangement strengthens the DNP program and offers a highly scholarly nature to the DNP projects.

Each DNP Team will consist of a DNP Chair and one content expert from the community. The DNP Chair must be a full-time Doctorally prepared nursing faculty member from Ursuline College who teaches in the Graduate Nursing Program. The second team member may be from the community with expertise in the project topic.

Every effort will be made to match the DNP Chair's area of scholarship to the focus of the DNP student's project. Responsibilities of the Chair include**:**

1. Guiding the student toward development of a professionally written proposal based on a thorough literature review and project framework.
2. Connecting the student with appropriate clinical and research experts in area of study
3. Preparing the student for a successful DNP project proposal presentation.
4. Assisting the DNP Steering Committee in the development of pertinent questions for the DNP project proposal presentation

5. Guiding the student toward successful completion of the institutional review board (IRB) process (es).
6. Overseeing the student's implementation of the project with assistance from the content expert or other professional resources or practice mentors.
7. Supervising the student's collection and analysis of data for project evaluation.
8. Guiding the student toward writing a publishable paper and/or preparing a professional presentation for dissemination of project outcomes.
9. Completing the appropriate documents for recording student progression through the DNP project such as: (a) DNP Project Team approval form, (b) DNP Project Presentation, and the (c) Final DNP Project Paper submission.

DNP Project Residency Requirements

In order to award the DNP degree, the CCNE requires that students complete a total of 1,000 hours of practice residency in their declared project area and/or to develop DNP Essential skills. As applicants are admitted to the post master DNP program, the determination of clinical residency hours credited to the student from previous MSN/master's degree work, and the determination of additional clinical residency hours required, will be designated on a form that will be maintained in the student's file with a copy provided to the student. The additional necessary clinical hours will be pursued as the student's DNP residency is being planned (see Plan for Residency, Appendix A).

Course assignments, electives and residency experiences should build on one another, culminating in the production of a clinical leader who will impact practice for a chosen population. To accomplish this, students must take responsibility for their learning. Students must examine themselves, reflect on their learning needs, and articulate their goals for achieving program competencies related to their selected areas of practice. Students will be asked to complete a DNP Self-Assessment for each of the DNP residency hour courses: NR 800, NR 801, NR 802, and NR 803. Next, students need to work with their course instructors and DNP Project Team, to tailor their residency experiences to meet these unique needs and goals. Students bring differing backgrounds and strengths, address differing needs, and pursue different interests. Therefore, residency experiences also differ.

Planning for the student's residency is the responsibility of the student and input from his/her project mentor(s) with final approval of the plan by the student's DNP Chair and/or course instructor. Any significant discrepancies, issues, or questions arising about the plan will be referred to the DNP Steering Committee for review and determination of outcome.

Residency Program Sites:
The student and DNP course instructors will identify sites and experiences appropriate for residency experiences. Verification of the required affiliation agreement will be the responsibility of the course instructor. Criteria for identifying the site(s) and practice mentors(s) will vary according to the student's DNP project, specialty area of practice, and individual learning goals.

Residency Hours and Agreement with Practice Mentor:

The purpose of the DNP residency experience is to increase the student's exposure to and involvement in doctoral level practice under the direction of a practice mentor; additionally, residency experiences may include: advanced leadership experiences, health care policy activities, exploration of populations at risk, site visits and professional interviews/meetings for exploration of project ideas, experience within existing project specific programs, observations of clinical environments related to project area, and identified experiences to refine the project goals and objectives. The student is responsible for identifying and initiating an agreement with a practice mentor with expertise in an area of interest. (See: DNP Residency Agreement, Appendix B).

The student and practice mentor will establish mutually agreed upon residency goals and objectives. The specific objectives and requirements will depend on the practice focus in which the student is participating, the student's level of education and the student's educational needs. Goals and objectives for the planned residency hours must address active involvement by the student in the project. The DNP Practice Mentor Agreement (Appendix B) must be signed by the student practice mentor and either the course instructor or the DNP Chair and placed in the student's academic file. The DNP Chair and/or Course instructor with input from the practice mentor will evaluate whether the DNP residency objectives were accomplished. Future residency experiences will be structured based upon this evaluation.

 A practice mentor may be a professional with a master's degree or doctoral degree preferred; an advanced practice nurse with considerable experience and recognized as an expert certified in a particular clinical field; a medical doctor with specialized training and experience; a nurse with an administrative position as the Director, Vice President, President, or Chief Executive Officer within a health care organization; a Doctorally prepared nurse educator; etc. Other doctoral prepared professionals may be used as appropriate. The clinical practice mentor will help to facilitate the DNP student's access to organizational information, decision makers, and other personnel in order to complete the development and implementation of the DNP student's project. The practice mentor cannot be someone who has supervisory or management authority over the student in their employment.

When possible and practical, DNP students are encouraged to select clinical practice mentor(s) who work outside of their current work settings. The line between current employment and clinical residency/ project hours must remain clear to the organization, the practice mentor, and the DNP project team. DNP students must be able to demonstrate achievement of DNP residency goals and objectives and DNP competencies, regardless of whether they are working within their current place of employment or in a different practice setting. Potential practice mentors may be selected based on the student's interests in direct or indirect practice.

Direct Practice

Student's Goal	Practice mentor
Adult-Gerontology Nurse Practitioner	APRNS: CNS, ANP, FNP, other NPs, or Physician

Family Nurse Practitioner	APRNs: CNS, FNP, ANP, other NPs, or Physician
Adult Health Clinical Nurse Specialist	APRNs: CNS, other NPs, or Physicians
Certified Nurse Anesthetist	CRNA, Anesthesiologist, or Physician,

Indirect Practice

Student's Goal	Practice mentor
Nursing Administration	A nurse or other type of health care administrator with at least a master's level of educational degree preparation (i.e., MSN, MBA, MPA, etc.; a nurse administrator, chief nursing officer, chief operating officer, chief executive officer in hospital or other health care arena)
Nursing Informatics	An individual who has established expertise in the area of nursing and/or health care informatics and possesses a master's degree level of educational preparation at minimum.

The DNP Practice Mentor is responsible for working with the student and faculty to plan the student's residency based broadly on the following program objectives/student outcomes:

Program Objective/Student Outcome	Opportunities (examples) actual opportunities available through residency should be described.
1. Implement the highest levels of advanced nursing care.	Provide direct advanced care to individual patients, groups of patients, communities and/or plan for the administration of indirect care with hospital/health facility administration – staffing, or informatics planning and implementation; analysis of aggregate patient outcomes and recommendations made; analysis of quality outcomes; costs involved – recommendations for improving cost effectiveness of care.
2. Provide leadership in healthcare organizations for the promotion of comprehensive, holistic patient care.	Opportunities for demonstrating leadership of projects, programs, etc. Analysis of experience through scholarly leadership paper. Strategic business plan developed for project/program including evaluation of outcomes; budget and cost analysis.
3. Implement change within integrated healthcare systems.	Project/program* (above) should introduce a system change to implement and evaluate a quality approach to care for patients and groups of patients across the lifespan.

4. Make decisions based on the integration of a strong knowledge base, personal and professional values, and diverse cultural, religious, spiritual, and ethical perspectives.	Plan for above project/program should reflect knowledge base utilized through an evidence-based review of literature for planning project/program. Analysis of personal and professional values with discussion of perspectives should be part of the basis of the project/program development.
5. Utilize evidence-based practice, including the use of informatics, in meeting the health promotion, maintenance, and restoration needs of individuals, families, groups, systems, and	Develop plan for project/program using evidence from the literature, research, experts, etc. Use informatics for developing databases and a plan for analyzing data collected through the project's implementation and evaluation phases.
6. Implement policy-based approaches to healthcare that advance population health.	Use the nursing paradigm factors of patient, health, environment, and nursing to develop and propose policy based on the project outcomes.
7. Function in independent and interdependent roles as the colleagues of other health professionals in various healthcare settings.	Demonstrate independent practice and decision-making as well as consultation with other practitioners from various disciplines during actual direct or indirect practice and as project/program is developed, implemented, and evaluated.

Guidelines for DNP Residency

The following activities/areas should be the focus of residency hours for the DNP courses and should be included in the student's goals and objectives. Students should plan residency experiences focused on these suggested areas for residency hour completion and project development opportunities. This is not an exhaustive list but is provided to guide students in selecting residency hour experiences.

- Completion of a need's assessment.
- Demonstration of evidence of the need for the project based upon research and validation of the need in the setting in which the project will be implemented.
- Delineation of goals and specific measurable outcomes.
- Population identification and identification of project sponsors and key stakeholders. Development of a program plan with well supported rationale for program activities and a clear flow from the objectives to proposed activities.
- Completion of a timeline for the project implementation and completion. Assessment of available resources needed/available to complete the project. Identification of tools.
- Identification of desired measurable program/project outcomes.
- Development of a plan for formative and summative evaluation.
- The student should be prepared to demonstrate that the DNP project reflects a synthesis of knowledge and progression toward meeting required competencies.

Examples of Acceptable Residency Hours:

1. Time spent with a practice mentor /agency in an area of specialization performing direct patient care (hours dedicated to DNP level experience; not the student's current role in an organization).
   [Leadership of an interdisciplinary team]
2. Projects related to specialization.
   [Mentoring in new leadership Roles] [Action Research]
3. Conferences and workshops that expand clinical expertise as long as the student demonstrates use of this content within expanded clinical hours.
4. Time spent attending clinical agency committee meetings to evaluate a practice protocol, guidelines, and process improvement projects.
   [Implementing a Business Plan]
5. Time spent participating in a health initiative in local, state, regional health departments.
   [Testimony related to regional, statewide, or national policy]
6. Students may have reasonable access to information from various departments to examine the financial and policy implications of proposed changes.
   [Quality Improvement Participation]
7. Opportunities for using databases to evaluate outcomes of care.
   [Face-to-face Collaboration/data gathering r/t scholarly project]

Examples of Activities that are <u>Not Acceptable</u> to Count as Residency Hours

1. Time spent in seminars/conferences that are counted toward a course in which you receive credit.
2. Time Spent on DNP course work
3. Time spent traveling to and from seminars/conferences.
4. Literature reviews, time spent studying, contemplation, etc.
5. Residency practice mentors cannot be related to the immediate supervision and employment of the student.
6. Students cannot use regular employment hours to count for the residency hours.
7. Writing Scholarly Papers for class work

The following information outlines and describes the entire proposal presentation process. This information includes the student formal appeals process for appealing DNP Project proposal presentation failures.

DNP Project Formal Proposal Presentation
DNP Project Proposal: Students begin the development of their stated areas of interest early in their coursework. As students move through their DNP courses, the areas of interest become increasingly refined with attention to theoretical/conceptual framework foundation, thorough review of the literature with expertise in the areas of interest enhanced, an understanding about mission, marketing, and management of advanced practice projects; and an appreciation for using all of this work toward evaluation/continuous quality improvement and future policy development. Students should collaborate with their Advisors/course instructors as early in their coursework as possible in order to continue to refine and focus their DNP project/areas of interest toward proposal development.

To emphasize: there are two presentation that are discussed in the DNP program: (1) the proposal presentation which follows development of the DNP project proposal, and (2) the final project presentation following full implementation, evaluation, and completion of the DNP Project. After the final project presentation, a final project paper detailing the project results is completed. Students are usually ready to complete their DNP project proposals after they complete the NR 801 and NR 705 courses in which they formulate their DNP project plan. The purpose of the DNP project proposal presentation is to validate a student's readiness for transition to the next phase of project implementation. The proposal presentation experience allows the student to demonstrate breadth, depth, and synthesis of philosophy/theory, evidence-based practice, statistics, organizational operations/management, leadership, and specialized content/practice area.

Scheduling the Project Proposal Presentation
The DNP student and DNP Chair will work to plan and schedule the presentation to the DNP Steering Committee. The Associate Dean of the Graduate Nursing Programs will add the DNP Project Presentation to the DNP Steering Committee Meeting agenda or plan an additional Steering Committee meeting as needed. The secretary of the graduate nursing can facilitate the scheduling of DNP Project presentations as well.

The DNP proposal presentation allows the student to present the DNP project proposal, answer questions about the proposal directly, and receive feedback on the DNP project. The DNP project proposal presentation is a closed session made up of the DNP project team chair, the student, and the DNP Steering Committee.

Review and Assessment of the Proposal Presentation
The presentation will be assessed by the DNP Steering Committee as pass/fail. In the event the student is not successful, the student is given a written plan of action or performance improvement that might include educational work (i.e., additional course work or repeating specified courses). This written plan is placed in the student's file. The DNP Chair, in consultation with the DNP Steering committee members, will develop and reviews a written plan with the student and a repeat proposal presentation will be scheduled later. After a total of two failed proposal presentations, the student may be dismissed from the program.

Student Appeals Process: Failure of Proposal Presentation
Any student who objects to the DNP Steering Committee's decision regarding the failure of the proposal presentation should consult first with the DNP Chair within one month following receipt of the decision. If after consultation with the DNP Team Chair, the student remains dissatisfied, she/he should present the grievance to the DNP program director that will make an appropriate recommendation. This step must be taken within two weeks after the student receives notice of the instructor's final decision.

If the student remains dissatisfied after receiving the DNP program director's recommendation, the student has one week to file a grievance with the Dean of the Graduate School, who will consult with the Dean of Nursing. Appeals to the dean must include a written statement of the grounds for the appeal, the specific relief sought, copies of all relevant documents including the syllabus and the graded assignment(s), and any other relevant information. The statement and

documentation must be submitted at least one week prior to any scheduled meeting between the student and the dean. The dean will consult with the student, the DNP program director, and the DNP Chair before rendering a decision, normally within two weeks of meeting with the student.

Any student who remains convinced of an injustice after receiving the dean's decision may present a formal statement to the Academic Standing and Appeals Board. Forms may be obtained in the Academic Affairs Office. This form must be presented within one week after the student receives notice of the dean's decision. The appeals process may extend beyond eight weeks following the issuance of grades, only in exceptional circumstances and with the permission of the Vice President for Academic Affairs and the Dean of Nursing. The Academic Standing and Appeals Board, consisting of faculty and student members, will review the student's appeal and determine if the appeal should be upheld or denied. The decision of the Appeals Board is final and not subject to further review.

DNP Doctoral Forms
These forms are used for the scheduling, process, and progress of the DNP proposal presentation approval of DNP Team members, etc. are provided in the following pages. Students and DNP Chairs should use these forms as appropriate to related proposal activities.

Ursuline College
The Breen School of Nursing
Doctor of Nursing Practice Program
<u>DNP Project Team Membership</u>

Date: _____

To: Associate Dean, Graduate Nursing

From: DNP Project Team Chair

Subject: DNP Project Team Selection/Recommendation

The following committee is hereby recommended as the DNP Project Team for

_____

(Student's Full Name)

_____   _____

DNP Chair   Professional Credentials

_____   _____

DNP Team Member   Professional Credentials

Approved:

_____   _____

Associate Dean Graduate Nursing   Approval Date

*1. All DNP Project Teams shall have two members, including one member who is recognized as a content expert in the DNP project area. The DNP Project Team will have a chair who is Doctorally prepared and a full-time faculty member in the Ursuline College Graduate Nursing Program (The DNP team may consult with additional content experts as needed)

2. At the time the DNP Project Team is constituted the chair shall submit this form regarding the DNP team membership to the Associate Dean of the Graduate Nursing program for ratification and approval. If there are any changes to the team membership thereafter, the DNP chair shall send revised DNP Team membership lists to the Associate Dean for further ratification and approval.

Ursuline College
The Breen School of Nursing DNP Program

Candidates for Potential DNP Project Team Membership

Review Process and Documentation of Approval

Faculty and others approved for membership on DNP Project Team are in the best position to provide high quality guidance and assessment of the student's project, scholarship, and practice accomplishments; therefore, careful selection of team members is essential to DNP student success. As DNP students begin to develop their DNP project team, they will identify potential candidates for participation from the practice and educational communities. DNP students and their chairs will submit the potential candidate's curriculum vitae or resume, which is then reviewed by the DNP Steering Committee.

The sections of the form (below) are used to review and document potential DNP team members and their qualifications. The review will assist in the assessment of quality regarding the potential member's practice, research, scholarly, and/or creative activities. The primary role of the DNP Steering Committee is to determine whether the candidate has the essential background to assist with the DNP student's progress toward DNP project success.

Candidate Name:

Graduate Degree	Mo/Yr. Conferred	Major Field	Institution

Ideally, candidates should possess terminal degrees appropriate to their fields and/or degrees appropriate to their roles in practice. Candidates must also be actively engaged in scholarly or creative activities and/or demonstrate current knowledge of and involvement within their fields. Evaluate candidate CVs/resumes in accordance with:

Presentations:

Publications:

Practice Expertise:

Approval Signatures:

Members of the DNP Steering Committee reviewed the potential DNP committee member's qualifications and approved his/her committee membership on the DNP project committee for:

_____
DNP Student Name

_____   _____
Associate Dean of the Graduate Nursing Program Signature   Date

_____   _____
DNP Steering Committee Member Signature   Date

_____   _____
DNP Steering Committee Member Signature   Date

_____   _____
Dean of the Breen School of Nursing   Date

Ursuline College
The Breen School of Nursing
Doctor Nursing Practice Program
<u>DNP Project Proposal Presentation Results</u>

Date: _____

To: Associate Dean, Graduate Program

From: _____
          DNP Project Team Chair

Subject: DNP Project Presentation Results

The DNP Project of _____
                                            (Student's full name)

Entitled: _____

_____

Was successfully*/unsuccessfully** defended on _____
                                                                          (Date)

*successfully   = no more than one "fail" vote recorded
**unsuccessfully = more than one "fail" vote recorded

The members of the DNP Steering Committee hereby record and attest to the above:

DNP Steering Committee Members:
                              Signature

                              _____
                              Printed Name

                              _____
                              Signature

                              _____
                              Printed Name

                              _____
                              Signature

                              _____
                              Printed Name

                              _____

Ursuline College
The Breen School of Nursing
Doctor Nursing Practice Program

Student Performance Improvement Plan: DNP Proposal Presentation

This form is to be used to document student weaknesses identified during the DNP project proposal presentation and oral candidacy examination. A plan is hereby developed for improving upon these weaknesses and resolving issues in order to make the student more successful for the transition to candidacy.

Issue, objective, or requirement not met:

Summary of discussion with student:

Student response:

Strategies to bring student to required level of performance:

Outcome/goal to be achieved:

Deadlines/timeframe for plan accomplishment:

_____   _____
DNP Chair   Date

_____   _____
DNP Student   Date

DNP Project: After Successfully Presenting DNP Project:

As the student develop a schedule for completing the DNP project, she/he must be certain to leave enough time for writing and revising the final DNP project paper. Unlike a course paper, the project will need to be revised many times until it is acceptable to the DNP Chair. The student must remember to provide a reasonable amount of time for the team members to critically read each (a minimum of 2-3 weeks due to faculty schedules and potential out-of-town travel). There is no rule to estimate the number of revisions that may be required but it is prudent to allow for at least 2 or 3 extensive revisions before a final editing is reached. Students who wish to complete the program in time for the January degree should complete their Final DNP project presentation by November 30. Students wishing to complete the program in May must complete their final DNP project presentation by April 15 and students wishing to complete the program August 31 will need to complete their DNP project presentation by July 31.

Remember that the timely completion of the DNP project is the student's responsibility, and this includes identifying a project area and faculty person for guidance. The student must persist in working on the project through completion while staying in touch with the DNP Chair frequently. Should the student become concerned about the timely response of faculty to questions and reviews of project drafts, the process is: (a) contact the faculty via email, telephone, or face-to-face, and (b) if problems continue to exist regarding faculty response, discuss the issues with the Associate Dean of Graduate Nursing.

Ursuline College
The Breen School of Nursing
Doctor Nursing Practice Program

<u>Final DNP Project Presentation</u>

Date: _____

To: Associate Dean Graduate Programs

From: _____
       DNP Chair

Subject: Final DNP Project Presentation Results

The DNP Project of _____
                                        (Student's full name)

Entitled: _____

_____

Was successfully*/unsuccessfully** presented on _____
                                                (Date)

*successfully   = no more than one "fail" vote recorded
**unsuccessfully = more than one "fail" vote recorded

The members of the DNP project team hereby record and attest to the above:

Team Chair   _____
                              Signature

                              _____
                              Printed Name

DNP Team Member   _____
                              Signature

                              _____
                              Printed Name

Ursuline College
The Breen School of Nursing
Doctor Nursing Practice Program

Appendices

Appendix A: Plan for Residency: **Required Completion of DNP Residency Hours**

Appendix B: Practice Mentor Agreement

Appendix C: DNP Residency Experience Log

Appendix D: DNP Self-Assessment

Appendix E: DNP Residency Hour Cumulative Summary Sheet

Appendix F: DNP Project Guidelines

Ursuline College
The Breen School of Nursing DNP Program

Appendix A

Plan for Residency: Required Completion of DNP Residency Hours

Date: _____

DNP Student: _____

Faculty Advisor: _____

Clinical Practicum/Residency Hours Credited from MSN/MS in Nursing Degree Completion:

Course	Description of Clinical	Hours Credited

I, understand that I will need to complete _____clinical.
Residency hours as a portion of my work towards the DNP.

Student Signature _____

Faculty Advisor _____

Ursuline College
The Breen School of Nursing
Doctor Nursing Practice Program

Practice Mentor Agreement

Student Name: _____   Mentor Name: _____

Address: _____   Title: _____

_____   Address: _____

Work Phone: _____

Home Phone: _____   Work Phone: _____

Email Address: _____   Email Address: _____

This letter of agreement for a DNP Residency experience provides for mutual agreement

between _____, DNP graduate student at Ursuline College, The Breen School

of Nursing and _____, Practice Mentor at _____ (organization).

The purpose of this agreement is to assist the DNP student in accomplishing learning outcomes

for the DNP Residency experience. This agreement is for the period beginning _____

(month, year) _____ and approximately ending _____ (month, year).

Section I: Learning Outcomes: The purpose of this experience is to assist the student to:

1.

2.

3.

4.

Section II: Evaluation

The student will be evaluated throughout the courses and NR 800 series of DNP project/residency courses and the residency practice mentor will assist in the evaluation process by providing ongoing feedback to the student based on the student's progress in meeting the identified specified learning outcomes as well as general DNP project/residency learning outcomes.

Section III: Additional Considerations

In the event of illness, or other unplanned events, the commitment will be rescheduled with the mutual consent of the above-mentioned parties. There will be no reimbursement for this experience. The terms of this contract may be renegotiated with the mutual consent of the undersigned parties.

DNP Student Signature   Date

Practice Mentor Signature   Date

DNP Faculty Member   Date

Appendix C

Ursuline College
The Breen School of Nursing DNP Program

DNP Residency Experience Log

Date: _____

DNP Student: _____

DNP Faculty: _____

Practice Mentor: _____

Date /Hours	Experience

I have completed _____hours required for the NR: _____ Residency.

Student Signature: _____

Practice Mentor Signature: _____

Date: _____

Ursuline College
The Breen School of Nursing DNP Program
Appendix D

DNP Self-Assessment

Doctor of Nursing Practice Student Self-Assessment

Please review each of the DNP program outcomes and evaluate where you believe you are in relationship to each objective. Please rate yourself using the following parameters. Please use Dr. Patricia Benner's Novice to Expert Theory definitions to evaluate your current level of achievement. Please provide an explanation for your self-assessment

Dr. Benner's Levels of Nursing Experience:
1. **Novice**
2. **Advanced beginner**
3. **Competent**
4. **Proficient**
5. **Expert**

Novice

- Beginner with no experience
- Taught general rules to help perform tasks.
- Rules are context-free, independent of specific cases, and applied universally.
- Rule-governed behavior is limited and inflexible.
- Ex. "Tell me what I need to do, and I'll do it."

Advanced Beginner

- Demonstrates acceptable performance.
- Has gained prior experience in actual situations to recognize recurring meaningful components.
- Principles, based on experiences, begin to be formulated to guide actions.

Competent

- Typically, a nurse with 2-3 years of experience in the same area/ area of expertise
- More aware of long-term goals
- Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization.

Proficient

- Perceives and understands situations as whole parts.
- More holistic understanding improves decision-making.
- Learns from experiences what to expect in certain situations and how to modify plans.

Expert

- No longer relies on principles, rules, or guidelines to connect situations and determine actions.
- Much more background of experience
- Has intuitive grasp of clinical situations?
- Performance is now fluid, flexible, and highly proficient.

Doctor of Nursing Practice Student Self-Assessment

Program Objective/Student Outcome	Opportunities (examples) actual opportunities available through residency should be described.	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Implement the highest levels of advanced nursing care.	Provide direct advanced care to individual patients, groups of patients, communities and/or plan for the administration of indirect care with hospital/health facility administration – staffing, or informatics planning and implementation; analysis of aggregate patient outcomes and recommendations made; analysis of quality outcomes; costs involved – recommendations for improving cost effectiveness of care.					
2. Provide leadership in healthcare organizations for the promotion of comprehensive, holistic patient care.	Opportunities for demonstrating leadership of projects, programs, etc. Analysis of experience through scholarly leadership paper. Strategic business plan developed for project/program including evaluation of outcomes; budget and cost analysis.					
3. Implement change within integrated healthcare systems.	Project/program* (above) should introduce a system change to implement and evaluate a quality approach to care for patients and groups of patients across the lifespan.					

Doctor of Nursing Practice Student Self-Assessment

Program Objective/Student Outcome	Opportunities (examples) actual opportunities available through residency should be described.	Novice	Advanced Beginner	Competent	Proficient	Expert
4. Make decisions based on the integration of a strong knowledge base, personal and professional values, and diverse cultural, religious, spiritual, and ethical perspectives.	Plan for above project/program should reflect knowledge base utilized through an evidence-based review of literature for planning project/program. Analysis of personal and professional values with discussion of perspectives should be part of the basis of the project/ program development.					
5. Utilize evidence-based practice, including the use of informatics, in meeting the health promotion, maintenance, and restoration needs of individuals, families, groups, systems, and communities.	Develop plan for project/program using evidence from the literature, research, experts, etc. Use informatics for developing databases and a plan for analyzing data collected through the project's implementation and evaluation phases.					
6. Implement policy-based approaches to healthcare that advance population health.	Use the nursing paradigm factors of patient, health, environment, and nursing to develop and propose policy based on the project outcomes.					

Program Objective/Student Outcome	Opportunities (examples) actual opportunities available through residency should be described.	Novice	Advanced Beginner	Competent	Proficient	Expert
7. Function in independent and interdependent roles as the colleagues of other health professionals in various healthcare settings.	Demonstrate independent practice and decision-making as well as consultation with other practitioners from various disciplines during actual direct or indirect practice and as project/program is developed, implemented, and evaluated.					

Please use the following space to evaluate your overall all progress toward achieving these learning outcomes for the DNP program. Please be specific on areas of strength and areas of weakness so that you can develop your own personal academic goals.

Doctor of Nursing Practice Student Self-Assessment

Essentials Level II	Learning Activities creating cognitive dissonance	Professional Behavior Change as a Result
Domain 1: Knowledge for Nursing Practice Integration, translation, and application of established and evolving disciplinary. nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including. a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.		
Domain 2: Person-Centered Care: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area		

Domain 3: Population Health Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.		
Domain 4: Scholarship for the Nursing Discipline The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.		
Domain 5: Quality and Safety Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers		

through both system effectiveness and individual performance.		
Domain 6: Interprofessional Partnerships Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.		
Domain 7: Systems-Based Practice Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.		
Domain 8: Informatics and Healthcare Technologies Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery		

of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.		
Domain 9: Professionalism Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, which reflects nursing's characteristics and values.		
Domain 10: Personal, Professional, and Leadership Development Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.		

Other comments regarding DNP Essentials:

Student Name: _____ Date: _____

Doctor of Nursing Practice Student Self-Assessment

Ursuline College
The Breen School of Nursing DNP Program
Appendix E
DNP Residency Hour Cumulative Summary Sheet

DNP Student Name:

Residency Hour Site/Location	Practice mentor (s) Name(s)	Month/Year	Hours Completed	DNP Competency Area (s)	DNP Course

DNP Team Chair Signature:_____   **DNP Student Signature:** _____

DNP Project Guideline

Abstract

An abstract of your project should include a very brief description about the problem, the overall purpose of the project with defined project goals. A brief description of the project intervention, project plan, project setting, project participants and instruments/ tools used during the project to complete the intervention and/or to measure the project outcome should be included.

Note: You will add to your abstract when you complete your final project paper. Once you complete your project you will add information to the abstract about your project implementation along with project results and observations for your final DNP Project paper.

Introduction in Paper

Problem Statement
   o Clearly stated problem. What is the problem? Identify any deficits in the current circumstances.
   o Describe the setting of the problem. Where is this problem occurring?
   o How prevalent is this problem? What is the incidence?
   o What are the consequences or impact of this problem? What happens if you ignore this problem?
   o Identify any gaps in practice. What is not happening?
   o Outline an evidence-based intervention as noted in the literature.

Purpose of the Project/Overall Project Goal
   o What do you hope to accomplish with implementation of the intervention?

Specific project objectives to be completed during the project to achieve overall project goal.
   o Identify at least 3 objectives.
   o Objectives need to be measurable and support achievement of overall project goal.

Needs Assessment where project is being implemented.
   o Current problem/baseline data
   o Population identification
   o Identification of project sponsor and key stakeholders
   o Organizational Assessment
      ▪ Mission alignment
      ▪ SWOT Analysis (identify driving forces and restraining forces or barriers)
   o Assessment of available resources
   o Identification of Project Team

Cost Benefit Analysis

- o Assign a monetary value to all costs.
- o Assign a monetary value to all benefits.
- o Identify total cost of the intervention to implement the practice change.
- o Identify the projected savings (benefit)
- o Identify the projected overall cost savings with implementation of the intervention (costs subtracted from benefits– ROI=return on investment)

Conceptual Framework
- o Identify how variables/concepts apply to the project being implemented.

Significance to Nursing
- o Analysis of impact to each level of nursing practice
- o Identify key roles in each level of nursing practice.

Literature Review

- o Provide a brief description of databases searched and key words used in literature review and the PICOT question used to conduct the search.
- o Summary of the literature (evidence) that supports the project needs with a short discussion of problem with supporting evidence.
- o Summary of the literature that supports the proposed intervention.
- o Identify gaps or limitations in the literature related to your project.

Note: The Methods section is completed in NR 705.

Methods Section: Project Plan/Project Intervention

Project Purpose, Overall Project Goal
- o Comes from the problem statement and background of the problem.
- o The project goal should be related to the needs assessment completed at the project site.

Project Objectives – flows from the project goal
- o What do you need to do to accomplish the overall project goal?
- o Objectives should be clearly defined and measurable.
  - ▪ The objectives are the activities/interventions needed to achieve the project goal.

Definition of key variables/ project terms with conceptual & operational definitions
- o Terms used frequently in the project need to be defined as to how you are using them in the project so that others replicating the project can use the terms in the same manner.

Description of project setting
- o Where are you planning to implement the project?

Description of project participants
- o Inclusion/exclusion criteria

- Identify the number of project participants with a rationale for this number based upon the need's assessment completed at the project location.
  - How many patients may you see weekly with this problem that you may be able to include in the project? Identifying this number will help you determine how long the project will need to run.
  - Give a rationale for the number of participants you are aiming to include. Why did you choose this number?

Project timeline with sequence of activities
- Explain in detail the project activities and timeframe required to complete each phase of the project.
- Explain this in a way that others could also replicate your project.

Description of planned intervention with clear description of rationale for selected program/project activities
- Clear description of the intervention and the steps you will take to implement the intervention.
- Data collection tools need to be identified.
- If using data collections tools used in other research studies confirm you have permission to use the tools
- Describe how you assure intervention fidelity.

Data collection plan
- Who will collect the data?
- How will the data be secured?
- Describe what variables and what type of information you will collect.
- Discuss tools/instruments to be used in the project for data collection & discuss reliability & validity.

Data analysis Plan
- Who will enter the data?
- How will you verify accuracy of the data?
- Where will the data be entered?
  - For example: SPSS? Excel? Excel then SPSS?
- Based on the data, what type of statistical analyses do you anticipate will be run? For example: descriptive, any specific statistical tests related to the type of project data collected.

Detail Protection of Human Subjects
- Describe how you will ensure the protection of human subjects & data related to the project.
- How long will you keep the data?
- How long will the data be stored?
- Who will have access to the data stored?

Information on Project Evaluation Plan
- o Present a plan for formative evaluation and modifying methods over the course of the project.
- o Present a plan for summative evaluation to include accomplishment of the objectives.
- o Clearly describe evaluation criteria and rationale for the selection of the criteria.
- o Format your proposal using APA 7th edition.

Note: After you complete your project your final Project Presentation/ Paper will include:

Project Results:
- o Findings of evaluation
- o Statistical analysis of data collected.
- o Explain how project results align with initial project goal and each individual project objective.

Discussion:
- o Relate project result to findings in literature review.
- o Identify limitations related to project.
- o Implications for practice
- o Discuss project sustainability.
- o Propose next steps.
- o Recommendation for future research and projects

Conclusion

Reference pages

Appendices

Note: The DNP project must address a complex practice, process or systems problem in the practice setting and use evidence to improve practice, processes, or outcomes.

Five Essential Components: (Waldrop, 2013)

1. Culmination of practice inquiry- (takes place over time)
2. Engagement of partnership/collaboration- intra or inter –professional
3. Translating/implementing (using) evidence (discovery) into practice
4. Informs (educates) and influences healthcare
5. Enhances health outcomes (costs/efficiencies)