Doctor of Nursing Practice Program:

Post-MSN to DNP

BSN/MSN to DNP for Nurse Anesthesia

BSN to DNP Health Systems and Population Health Leadership

Student Handbook Supplement 2023 - 2024

Material contained in this handout is supplemental to material found in the Barnes-Jewish College

Student Handbook and the College Catalog

Table of Contents

Goldfarb School of Nursing at Barnes Jewish College
4483 Duncan Avenue
St. Louis, MO 63110
Date of Approval: January 26, 2023
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Dear DNP Students,

Welcome to the Doctor of Nursing Practice Program (DNP) at Goldfarb School of Nursing at Barnes Jewish College. The doctoral faculty are delighted that you have chosen to pursue further education in nursing.

You are embarking on an exciting journey with opportunities to affect change in nursing practice by evaluating policy, applying clinical scholarship, and using advanced leadership skills. Completing your DNP at Goldfarb will allow you to provide quality health care to patients, families, and communities by assuming a leadership role in the health care system.

All of the faculty and staff in the DNP Program are here to guide and support you in achieving the program student learning outcomes. Your courses will be taught by first-rate doctorally prepared faculty with the goal to build competencies in areas such as health policy, informatics, epidemiology, and healthcare economics. You will participate in a personalized approach to clinical experience at the doctoral level and you will have the opportunity to develop and implement a scholarly evidence-based project based on your interests and specialized area of practice.

This handbook has been especially designed with information that is important about the program. Please take the time to familiarize yourself with its contents.

We wish you success as you move through the program and please know we will make this an exciting and outstanding experience.

Sincerely,

Mayola Rowser, PhD, DNP, FNP-BC, PMHNP, Dean 5124
Teri Boyd, EdD, MSN, RN, CNE, Assistant Dean for Graduate Programs (MSN & DNP)
Bernadette Henrichs, PhD, CRNA, CCRN, CHSE, FAANA, Director, Certified Registered Nurse Anesthesia Program
Goldfarb School of Nursing at Barnes-Jewish College

COLLEGE MISSION STATEMENT

We prepare exceptional nurse leaders in an academic learner-centered environment.
COLLEGE VISION

To be a national academic leader in nursing education, research and scholarship.

CORE VALUES

The four core values of Goldfarb School of Nursing at Barnes-Jewish College represent our highest aspirations for institutional identity, impact and routine interactional conduct.

Community
We are one community, working together to deliver our best strengths for advancing, serving and sustaining health care work and success.

Caring Ways
We deliver, discover, teach, establish, sustain and support healing and restorative pathways, for both the community and all of us.

Mutual Respect
We hold each other in highest mutual regard, honoring our diverse gifts, to promote healthy engagement and exchange.

Empowerment
We are authorized, prepared and positioned to deliver our best thinking, skills, energy and contributions for our mission success and impact.

DNP PROGRAM GOAL

The goal of the DNP Program is to prepare graduates who provide quality healthcare to patients, families, and communities by assuming a leadership role in the healthcare system and are able to propose, implement, and evaluate evidence-based changes.

THE ESSENTIALS: CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

- Domain I: Knowledge for Nursing Practice: Descriptor: 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: Descriptor: 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 Descriptor: 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 Nursing Discipline: Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.
- Domain 5: Quality and Safety: Descriptor: 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: Descriptor: 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: Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.
- Domain 8: Informatics and Healthcare Technologies: Descriptor: 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: Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.
- Domain 10: Personal, Professional, and Leadership Development: Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

DNP STUDENT LEARNING OUTCOMES

Upon successful completion of the DNP program, the graduate will be able to:

1. Integrate, translate, and apply scientific underpinnings to improve nursing practice, clinical judgement and patient outcomes within the four spheres of care;

2. Design, implement, and evaluate safe, evidence-based, person-centered, compassionate care;

3. Influence population health, including improvements in health care policy, utilizing effective collaboration and advocacy strategies to ensure diversity, equity, and inclusion;

4. Employ nursing scholarship to advance nursing practice, optimize care, address health inequities, and take actions that target high priority social determinants of health;

5. Apply principles of quality improvement, ethics, and safety at both the individual and systems levels;

6. Effectively communicate and collaborate with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes;

7. Lead innovative strategies that promote the provision of safe, cost-effective, equitable care to diverse patient populations across complex healthcare systems;

8. Utilize information systems, communication technology, and informatics to improve and transform healthcare systems;

9. Demonstrate professionalism, including participation in activities that support nursing's professional identity, accountability, ethical principles, and values;

10. Participate in activities and self-reflection that foster personal health, resilience, well–being, lifelong learning, competence, and leadership.

DEGREE REQUIREMENTS

Attainment of a DNP requires successful completion of the following:

1. The required DNP coursework with a minimum grade point average of 3.0 on a 4.0 scale listed below:
    1. Complete a minimum of 1,000 clinical/project contact hours. For the Post-MSN, this may be a combination of clinical/project hours taken during the student's Master's program not to exceed 500 hours. Additional clinical/project hours will be completed in the DNP Core courses (500 hours).
    2. For the NAP, this will include a minimum of 2000 clinical hours in the Operating Room and their DNP project.
    For HSPHL students with a Master's degree, this may be a combination of clinical/project hours taken during the student's Master's program not to exceed 500 hours. Additional clinical/project hours will be completed in the Washington University coursework, Executive Preceptorship course (450 hours) and in the DNP Core courses (500 hours).
    3. For HSPHL students with a Bachelor's degree, hours will be completed in the Washington University coursework, Executive Preceptorship course (450 hours) and in the DNP Core courses (500 hours).
    4. All clinical hours completed during the DNP program are documented in an electronic student system (Typhon® Advanced Practice Student Tracking System)
    5. One clinical credit hour = 100 clinical hours towards the DNP project.
2. Successful completion and oral presentation of the DNP Project.
3. Portfolio providing evidence of meeting DNP student learning outcomes

All Requirements of the DNP Degree Program Must Be Completed within Five (5) Years of Matriculation. For the NAP DNP students, see the NAP Student Supplement as they must complete in 3 years while in the NAP.

NURS 6200 BIOSTATISTICS AND EPIDEMIOLOGY (3 CREDITS)
NURS 6420 HEALTH PROMOTION THEORY AND POPULATION HEALTH
      (3 CREDITS)
NURS 6523 FOUNDATIONS OF SCHOLARLY WRITING & EVIDENCE-BASED
      PRACTICE (3 CREDITS)
NURS 6327 HEALTH SYSTEMS POLICY (3 CREDITS)
NURS 6325 HEALTHCARE INFORMATICS, ECONOMICS, AND FINANCIAL
      PRINCIPLES (3 CREDITS)
NURS 6500 LEADERSHIP AND COLLABORATION FOR QUALITY AND SAFETY
      (3 CREDITS)
NURS 6240 SYSTEMS-BASED PRACTICE AND DNP PROJECT I (3 CREDITS)
NURS 6245 SYSTEMS-BASED PRACTICE AND DNP PROJECT II (3 CREDITS)
NURS 6250 SYSTEMS-BASED PRACTICE AND DNP PROJECT III (3 CREDITS)

NOTICE TO STUDENTS

The policies and procedures in this DNP Student Handbook Supplement are subject to review and revision annually. Amendments can also be made during the academic year, at the discretion of Goldfarb School of Nursing at Barnes-Jewish College, and if changes, additions, or deletions are made during the academic year, they will be announced on the College's website. All changes are effective immediately after being announced. It is the student's responsibility to note changes to the DNP Student Handbook Supplement. Additional policies and procedures specific to an Academic Program or Concentration may also be applicable.

The DNP Student Handbook Supplement is not a contract and should not be construed as such. Rather, it is intended as a reference point for students regarding the various issues related to their attendance at the College. Information is supplemental to information found in the Goldfarb School of Nursing at Barnes-Jewish College Student Handbook and the College Catalog along with the Nurse Anesthesia Student Supplement.

ACCREDITATION

The College is accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (NCA) and has approval from the Missouri Coordinating Board for Higher Education (MCBHE). The pre-licensure programs are fully approved by the Missouri State Board of Nursing. The Bachelor of Science, Master of Science and Doctor of Nursing Practice programs at Goldfarb School of Nursing have been granted accreditation by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791. The Nurse Anesthesia Program is fully accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 S. Prospect Avenue, Park Ridge, IL 60068-4037, (847) 692-7050. The U.S. Department of Education certifies all programs as eligible for federal and state grants and loans. All clinical affiliates are Joint Commission for Accreditation of Healthcare Organizations (JCAHO) accredited.

NONDISCRIMINATION STATEMENT 2023 Student Handbook Barnes-Jewish College Goldfarb School of Nursing - Nondiscrimination Statement (smartcatalogiq.com)

ADMISSION REQUIREMENTS FOR POST-MSN DNP APPLICANTS

- MSN and APRN certification as either an NP, CNM, CNS, CRNA or current enrollment in a CRNA Program

- Submission of one official transcript from each higher education institution attended. Applicants must have completed a master's degree in nursing from a nationally accredited institution. A minimum of a 3.0 on a scale of 4.0 cumulative GPA for graduate work is required.

- An unencumbered Registered Nurse license must be presented.

- Curriculum vitae or resume.

- Applicants must have the APRN (Advanced Practice Registered Nurse) national board certification as a CNS, NP, CNM or CRNA in their areas of specialty as appropriate. Applicants without national certification will be individually evaluated and may be required to pursue a post-master's certificate in any advanced practice specialty.

- Strong professional references from two (2) persons who can address academic skills, including oral and written communication, and clinical reasoning, or clinical competence,. Applicants are strongly encouraged to select a doctorally prepared nurse as one of the two references.

- Submission of a one to two (1-2) page essay of an example of a frequent occurrence in clinical practice that the applicant would like to see improved.

ADMISSION REQUIREMENTS FOR THE NAP (DNP Nurse Anesthesia Applicants): See NAP Student Supplement

ADMISSION REQUIREMENTS FOR BSN-DNP HEALTH SYSTEMS AND POPULATION HEALTH LEADERSHIP APPLICANTS

- Completion of a BSN from a nationally accredited institution

- Submission of one official transcript from each higher education institution attended. A minimum of a 3.0 on a scale of 4.0 cumulative GPA for all coursework is required.

- An unencumbered Registered Nurse license in the U.S. or comparable license in the country where they are practicing or completing clinicals.

- Curriculum vitae or resume.

- Strong professional references from two (2) persons who can address academic skills, including oral and written communication, or clinical competence. Applicants are strongly encouraged to select a doctorally prepared nurse as one of the two references.

- Submission of a one to two (1-2) page essay of an example of a frequent occurrence in clinical practice that the applicant would like to see improved.

TRANSFER CREDITS FOR MSN AND DNP GRADUATE PROGRAMS - See GSON
Student [Handbook](#)

WASHINGTON UNIVERSITY COURSE CREDIT IN THE HEALTHCARE OPERATIONAL EXCELLENCE PROGRAM

Credit for previous courses completed in the Health Care Operational Excellence program at Washington University will be accepted and not considered transfer credit. A maximum of 15 credit hours (5 courses) will be accepted for courses which are identical to the courses required in the DNP Health Systems & Population Health Leadership program, a partnership program with Washington University's McKelvey School of Engineering.

The student must submit his/her transcripts to the DNP Program Director of the HS/PHL track demonstrating successful completion of each course. A grade of "B" or higher must have been earned in each course. The courses will be recorded on the student's record to fulfill the program requirements.

NEW STUDENT ORIENTATION

All students are required to complete the online orientation to the DNP program.

WASHINGTON UNIVERSITY ORIENTATION –

[Get Your Bearings virtual orientation](#) (use WUSTL login credentials to access).

CARE LEARNING MODULES

Students are required to complete the Care Learning Modules prior to beginning the clinical portion of the DNP project. The college will send an email with more information to the students.

REGISTRATION AND WITHDRAWALS

- The Admissions and Registration Departments are located on the 4th floor of the Duncan Campus site. The following items may be obtained at the Registration Department: Instructions for online registration process
- Transcripts
- Loan deferments
- Graduation information
- FERPA / Letter of Recommendation Release Form
- Directory information charge forms

    Additional information is now accessible online as indicated below, including:

- Course schedule listings ([GusConnect](#)/Self-Service)
- Grade reports ([GusConnect](#)/Self-Service)

- Access to unofficial transcript (up to one year after graduation via GusConnect)
- Class schedules – personal (GusConnect/Self-Service)
- Compliance information (CPR, PPD, immunizations, background check, drug screen) is available through a student's compliance account
- Academic Calendar & Student Use Forms (www.barnesjewishcollege.edu/registration)

A. REGISTRATION

Registration dates and times are published on the Academic Calendar. Students register for their courses, via GusConnect once their personalized plan of study is determined.

DNP HSPHL students will be registered by Academic & Student Services staff at Washington University, McKelvey School of Engineering for the required Health Care Operational Excellence Certificate courses.

B. COURSE SCHEDULE, CANCELLATION, AND CHANGES

The Course Schedule is published every term. The College reserves the right to cancel any course in which registration falls below the minimum number of students required, revise class times, change instructors or classrooms, or modify course listings. The College reserves the right to cancel the registration of any student who is under suspension, who has failed to meet her/his financial obligations to the College, or who has failed to submit all required documentation.

C. ADD/DROP

Students may make schedule changes online during the online registration dates listed on the academic calendar. Schedule changes may be made during the official add/drop period of each term, which can be found on the academic calendar.

D. ACADEMIC AND STUDENT SUPPORT ADVISING

At the time of admission to the DNP program, DNP students will be assigned to the Graduate Advisor for academic advising. The Graduate Advisor will collaborate with DNP Program Option Directors will manage the caseload of students in the DNP program options which includes assisting with registration issues/questions throughout student course sequences, maintaining student progression data, assisting with course scheduling, assisting students and faculty throughout the DNP project to help ensure successful completion and graduation.

The Student Support Advisor works to ensure each student has a point of contact outside of faculty and helps them maintain a work-life balance throughout their studies. The Advisor will be among the first academic resources for students who are "at risk" and will collaborate with course instructors and the Student Academic Achievement Coordinator(s) to develop plans for additional support through various pathways. One pathway is a course faculty referral that involves the Graduate Academic Advisor to directly assess student immediate personal and academic needs. During this pathway, the Graduate Academic Advisor may add additional support if the need is determined.

E. <u>COURSE WITHDRAWALS</u> – See GSON Student [Handbook](#)

F. <u>ENROLLMENT AND PROGRAM PROGRESSION</u>

Once matriculated into the DNP program, students must be continuously enrolled in the program unless a written, formal request for a leave of absence has been submitted to and approved by the Director of the specific DNP Program. A formal Leave of Absence is required of any student who wishes to take a semester(s) off from their program of study. If the continuous enrollment is not maintained, a letter of withdrawal will be sent to the student from the Program Officer.

The maximum amount of time allowed for the completion of the DNP program is five (5) calendar years.

G. <u>LEAVES OF ABSENCE</u> – See GSON Student Handbook

[Barnes-Jewish College Goldfarb School of Nursing - Leave of Absence (smartcatalogiq.com)](#)

H. <u>COLLEGE WITHDRAWALS</u>

All requests to withdraw from the College must be made through the Program Officer and Director of the specific DNP Program. A Withdrawal form is completed and processed by the Registration Office, which officially withdraws the student from the College. The date on which the request is received determines both withdrawal status on the academic record and adjustments to the student's bill. Refer to the Refund Policies. For HSPHL students, withdraw requests from Washington University courses will be processed by the Washington University Registrar or respective department registrar.

CERTIFICATIONS, BACKGROUND CHECKS, AND HEALTH SCREENS

Incoming students are required to submit certain certifications, background checks, and health screenings prior to registering for classes. Proof of required immunizations, TB screening, and Basic Life Support for HealthCare Providers CPR certification from the American Heart Association must be done at least 30 days prior to the start of the program. Current TB test, immunization results, CPR certification and results of the criminal background check and drug screening must be on file with student's compliance account to attend any class. Students who have not submitted all the required information will not be allowed to register for classes.

Required information includes:

1. <u>BACKGROUND</u>: Students at Barnes-Jewish College are required to undergo a criminal background check and urine drug screening prior to enrolling in classes. This requirement has been mandated by the Joint Commission as a safety measure that affects students participating in clinical practicums. The information packet sent from the Admissions Office following completion of the admission requirements and prior to the start date provides further instructions regarding the process to accomplish the criminal background check and drug screening. Students are responsible for the cost of the background check and screening.

2. <u>CPR REQUIRED:</u> American Heart Association (AHA): BLS-Health Care Provider. Certification is valid for two (2) years and must not expire during your first term

3. <u>IMMUNIZATIONS</u>: Students must provide proof of immunizations for MMR, Hepatitis B (3 shot series), Diphtheria-Tetanus, Varicella*/Chicken Pox* (*date of disease), and seasonal flu vaccine (*for spring starts only*). Detailed guidelines on how to obtain immunizations from BJH Occupational Health Services are available in the information packet. (Signed "Release of Responsibility" is included in the information packet.)

   a. <u>PPD/TB:</u> is required annually. Incoming students must provide a record of this skin test documenting that it does not expire before the end of the first term in their program of study.

   b. <u>Chest X-ray:</u> (if unable to be skin tested): Students requiring chest x-rays must submit a report from an x-ray done within nine (9) months prior to the start of the first term of their program of study. If tested by x-ray, an annual report is required from Occupational health to "certify that you are not experiencing signs/symptoms of TB."

   c. <u>Meningitis:</u> The American Academy of Pediatrics recommends the meningitis vaccine for students attending college.

Students are responsible for providing updated renewal dates to their compliance account for CPR, PPD, chest X-rays, and immunizations. In order to register for the next term, all of the above items must be current and not expire during the term.

CONTINUING STUDENT REQUIREMENTS

Continuing students are required to update any immunizations and CPR certifications that will expire during their time as a student at Goldfarb School of Nursing. Students who have not updated any expired record will not be allowed to register for classes.
Required information includes:

IMMUNIZATIONS AND CPR RECORDS:

Students must provide proof of immunizations for Hepatitis B (3 shot series), Diphtheria-Tetanus, PPD/TB (if tested by x-ray, an annual report is required from Occupational Health to "certify that you are not experiencing signs/symptoms of TB") and seasonal flu vaccine (*collected during the Fall term*). CPR must be current prior to the 1st day of class every term and not expire during that term. Students will not be allowed to register for the term if this is not the case.

Students are responsible for keeping their compliance account active and updated. The compliance account requires the payment of an annual $10.00 fee to keep the account active. In order to register for the next term, all of the above items must be current and not expire during the term.

GRADING

A. GRADING SCALE AND GPA SCALE

Grading Scale:

A	100 – 93%
A-	92 – 90%
B+	89 – 87%
B	86 – 83%
B-	82 – 80%
C+	79 – 77%
C	76 – 73%
F	72% or below

GPA Scale:

The grade point average (GPA) is computed by multiplying the number of earned grade points for each course by the number of credits for that course, then dividing the total number of grade points by the total number of credits completed.

A	4.0	Superior
A-	3.75	
B+	3.5	
B	3.0	Good
B-	2.75	
C+	2.5	
C	2.0	
F	0.0	No Credit*

*Grades of less than "C" will be recorded on the transcript as "F".

Transfer credits are posted on the student's transcript and are included in the cumulative credit hours but are not calculated in the student's cumulative grade point average.

B. INCOMPLETE GRADES

An incomplete grade is a temporary grade for a student who:

1.   Requires an extension to complete course or clinical work after the conclusion of a course.

2.   Confers with the course coordinator about the need for an incomplete at least two weeks prior to the last day of classes. Otherwise, an internal review by the Director of the DNP Program will determine if the student receives an incomplete or an "F" for the course.

3.   Demonstrates ongoing and timely communication with course coordinator.

4.   Obtains approval of the petition for an incomplete grade by the course coordinator.

5. Understands that completion of course or clinical work assures no specific grade for the course.

6. Submits all course requirements for grading no later than the next enrolled term. Otherwise, the grade will automatically be converted to an F.

   – Students must complete the" Incomplete Contract" form and turn in to the course instructor.

   – A "Grade Change Form" must be completed by course faculty when the students successfully complete the requirements of the course.

COURSE SEQUENCING – POST-MSN DNP Program Option

Term 1 Spring	Term 2 Summer	Term 3 Fall
NURS 6200 Biostatistics and Epidemiology (3 Credits) NURS 6420 Health Promotion Theory and Population Health (3 Credits) NURS 6523 Foundations of Scholarly Writing & Evidence-Based Practice (3 Credits) (50 Clinical Hours)	NURS 6327 Health Systems Policy (3 Credits) NURS 6500 Leadership and Collaboration for Quality and Safety (3 Credits) (100 Clinical Hours) NURS 6325 Healthcare Informatics, Economics, and Financial Principles (3 Credits)	Program-specific or elective courses this term
Term 4 Spring	**Term 5 Summer**	**Term 6 Fall**
NURS 6240 Systems-Based Practice and DNP Project I (3 Credits) (100 Clinical Hours)	NURS 6245 Systems-Based Practice and DNP Project II (3 Credits) (150 Clinical Hours)	NURS 6250 Systems-Based Practice and DNP Project III (3 Credits) (100 Clinical Hours)

*A total of 1000 hours obtained from the courses listed above, with approved clinical hours from previous degree work.

COURSE SEQUENCING – BSN-DNP HSPHL Program Option

Term 1 Spring	Term 2 Summer	Term 3 Fall
NURS 6200 Biostatistics and Epidemiology (3 Credits) NURS 6523 Foundations of Scholarly Writing & Evidence-Based Practice (3 Credits) (50 Clinical Hours)	NURS 6500 Leadership and Collaboration for Quality and Safety (3 Credits) (100 Clinical Hours) NURS 6325 Healthcare Informatics, Economics, and Financial Principles (3 Credits)	NURS 5811 Applied Economics & Finance (3 Credits) (100 Hours) T/71-501 Introductory Overview of Operational Excellence in Healthcare (3 Credits)
Term 4 Spring	**Term 5 Summer**	**Term 6 Fall**
NURS 6420 Health Promotion Theory and Population Health (3 Credits) T/71-502 Facilitation Skills/ Change Management (3 Credits)	NURS 6327 Health Systems Policy (3 Credits) NURS 5812 Designing Care Delivery Alternatives (3 Credits)	NURS 5814 Evidence-Based Decision Making for Population Health (3 Credits) T/71-503 Lean Healthcare Concepts, Tools & Lean Management Systems (3 Credits)
Term 7 Spring	**Term 8 Summer**	**Term 9 Fall**
NURS 6240 Systems-Based Practice and DNP Project I (3 Credits) (100 Clinical Hours) T/71-504 Six Sigma Concepts & Tools (3 Credits)	NURS 6245 Systems-Based Practice and DNP Project II (3 Credits) (150 Clinical Hours) T/71-507 Project Management in Healthcare (3 Credits)	NURS 6250 Systems-Based Practice and DNP Project III (3 Credits) (100 Clinical Hours) NURS 6524 Executive Preceptorship (3 Credits) (200 Hours)

*A total of 1000 hours obtained from the courses listed above

COURSE SEQUENCING – Entry-level DNP Nurse Anesthesia Students (see NAP DNP Curriculum)

DNP CLINICAL HOURS

All DNP students are required to complete a minimum of 1,000 clinical contact hours. For Post-MSN students, this may be a combination of clinical hours taken during the student's Master's program not to exceed 500 hours. Please note that specific programs may require more than 1,000 clinical hours

(see specific program requirements). For the NAP, clinical hours in the OR and clinical hours working on your DNP project are required. Clinical practice hours are individualized to assist the DNP student in meeting doctoral competencies. Hours may include practice with individuals, families, populations, systems (including Information Systems), organizations, and/or policy focus. Hours may be completed at the student's place of employment, as long as the experiences differ from their work assignment(s) and students do not receive any monetary compensation. The Post-MSN students, prior to matriculation, students must submit practice hours from their respective MSN program.

Students are expected to adhere to all policies and protocols of the clinical agencies. Barnes-Jewish College student ID badges must be worn at all clinical experiences.

Doctoral practica are concentration specific. Clinical experiences may require the student to identify a preceptor. Signed clinical/preceptor agreements must be in place prior to initiation of activities. Students may be required to file preceptor requests with the GSON Student Placement Office prior to the beginning of the clinical experience. No clinical activities may commence until agreements are in place and preceptors are approved. See Appendix D: Student-selected Project Member Request Form.

All clinical hours completed during the DNP program are documented in an electronic student system (Typhon®) by the student.

<u>CLINICAL PRECEPTOR PROCESS AND CLINICAL EVALUATION TOOLS FOR POST-MSN STUDENTS</u>

Students are responsible for identifying and discussing potential preceptor(s) (who may also be project team member(s)) for rotations with course faculty members prior to starting their DNP project. The Student-selected Project Member Request form (Appendix D) must be submitted, and written approval obtained from the GSON Student Placement Office prior to starting clinical rotation(s). Students should meet with their clinical preceptor(s) prior to the start of clinical rotation(s) to confirm clinical schedule, review learning objectives, and exchange contact information.

DNP E-PORTFOLIO

All DNP students are required to create an electronic portfolio (e-Portfolio) to submit for grading   in the last project course. The purpose of this e-Portfolio is to showcase the student's best work completed during the DNP program, and to demonstrate the student's practice skills, including leadership, evidence-based practice, critical thinking, and communication skills. The e-Portfolio demonstrates the achievement of the GSON DNP Student Learning Outcomes and the DNP Essentials. Additionally, the collection of academic work and artifacts provides evidence of growth and transition to the DNP role. It is the   student's responsibility to keep the information current as they progress through the program. The e-Portfolio should be created in the first DNP course and updated at the completion of each succeeding course. Please do NOT wait until the final DNP course to create your e-Portfolio. Please see Appendix E for guidelines.

DNP PROJECT

The DNP Program is designed to prepare graduates who provide quality healthcare to patients, families, and communities by assuming a leadership role in a, healthcare system and who can propose, implement, and evaluate evidence-based changes. The planning, implementation, and evaluation components of evidence-based research in clinical practice are the scientific underpinnings of clinical scholarship. The DNP project is designed to meet the criteria published in AACN Essentials of Doctoral Education for Advanced Nursing Practice.

DNP Project Examples: DNP Project examples may include (but are not limited to):

Practice

- Implement and evaluate a practice model
- Implement and evaluate a program of care
- Implement and evaluate a quality improvement project
- Implement and evaluate an evidence-based practice guideline

Health Policy

- Collaborate on legislative change using evidence
- Provide leadership in analyzing, revising, implementing, or evaluating a policy based on evidence

Health Systems

- Lead financial analysis to compare care models and potential cost savings
- Implement and/or evaluate health programs to underserved communities or address disparities in care
- Implement and/or evaluate innovative uses of technology to enhance/evaluate care

DNP Project Team: The DNP Project Team is composed of (subject to change):

Team member #1 - DNP Project Chairperson:

- Doctoral-prepared GSON or Washington University Faculty/Staff with specialty in related DNP topic

- Can be the course leader in the DNP-specific courses

- Faculty Rank: Assistant Professor or higher (Staff are not ranked)

- Prior DNP project, dissertation, or evidence-based practice project team membership experience

- Completion of DNP project orientation.

- Signed and submitted commitment to serve in an active role on the DNP project team, meeting all deadlines for project throughput

Team member #2 – GSON or Washington University Faculty/Staff Member:

(Note: Either Team member #1 or #2 must be a GSON Faculty member)

- Doctoral-prepared GSON or Washington University Faculty/Staff

- Can be the course leader in the DNP-specific courses

- Faculty Rank: Assistant Professor or higher (Staff are not ranked)

- Completion of DNP project orientation

- Signed and submitted commitment to serve in an active role on the DNP project team, meeting all deadlines for project throughput

Team member #3 – Student selected Project Member (Optional):

- One who serves as an expert on the DNP topic

- Documented expertise in selected aspects of the DNP project or holds a position of influence at the local DNP project site

- Possess experience in project specific elements to serve as a mentor/facilitator in DNP project setting

The above information indicates the DNP Project Team member requirements; however, requirements may be modified on an individual basis, depending on the project. Final DNP Project Team approval will be completed as described below.

Procedure for Decision on the Chair of a DNP Project Team and the Two Team Members

The student will collaborate with the specialty specific Program Director and Program Officer to select an appropriate DNP Project Team. This proposed DNP Project Team will be submitted to the Program Officer using the DNP Project Team Appointment Request form (see Appendix C) and final approval will be determined by the specialty-specific Program Director. A list of potential GSON faculty project chairs and team members, along with their areas of interest, will be available for DNP students.

Tasks of the DNP Project Members:
Team member #1 – DNP Project Chairperson:
1. Oversees the DNP project, setting deadlines for the student
2. Reinforces student use of Appendices A and B
3. Returns student's submitted assignments, with feedback to the student in a reasonable time period (1-2 weeks)
4. Approves the written proposal and provides feedback using Appendix A: Proposal Written and Oral Presentation Rubric (completed in NURS 6240 or before)
5. Approves the oral proposal and provides feedback using Appendix A: Proposal Written and Oral Presentation Rubric (completed in NURS 6240 or before)
6. Approves the written project and provides feedback using Appendix B: Project Written and Oral Presentation Rubric (completed in NURS 6250 or before)
7. Approves the oral presentation of the project and provides feedback using Appendix B: Project Written and Oral Presentation Rubric (completed in NURS 6250 or before)
8. Meets all deadlines for the project completion as planned (completed in NURS 6250)

Team member #2 – GSON or Washington University Faculty/Staff Member:
1. Plays an active role in the DNP project, providing input and guidance on the written document
2. Returns student's submitted assignments, with feedback to the student in a reasonable time period (1-2 weeks)
3. Approves the written proposal and provides feedback using Appendix A: Proposal Written and Oral Presentation Rubric (completed in NURS 6240 or before)
4. Approves the oral proposal and provides feedback using Appendix A: Proposal Written and Oral Presentation Rubric (completed in NURS 6240 or before)
5. Approves the written project and provides feedback using Appendix B: Project Written and Oral Presentation Rubric (completed in NURS 6250 or before)
6. Approves the oral presentation of the project and provides feedback using Appendix B: Project Written and Oral Presentation Rubric (completed in NURS 6250 or before)
7. Meets all deadlines for the project completion as planned (completed in NURS 6250)

Team member #3 – Student-selected Project Member (optional)**:**
1. Provides expert input and guidance on the project
2. Invited to give feedback to the written proposal and project papers
3. Meets any deadlines for feedback on the project as planned
4. May approve the oral proposal and final presentations

DNP Project Key Milestones and Course Affiliation

During NURS 6200 Biostatistics and Epidemiology

- Complete CITI Training

- Complete IRB Training

During NURS 6523 Foundations of Scholarly Writing & Evidence-Based Practice

- Identify a general area of interest and population for the DNP project

- Identify specific gap for the population and purpose for DNP project

- Begin formulation of PICOT question

- Conduct initial literature search and evidence appraisal

- Identify and complete the DNP Project Team Appointment Request form to the Program Officer

During NURS 6500 Leadership and Collaboration for Quality and Safety

- Finalize PICOT question

- Write the background/significance of the clinical problem and the review of the literature and theoretical framework to support the DNP project

- Write the methodology for the DNP project

- Write the initial draft proposal and, if project site is BJH, submit it to BJH Dept. of Research for feasibility

During NURS 6240 Systems-Based Practice and DNP Project I

- Write the project design, timeline, and budget which supports the DNP project
- Write and receive project team approval of DNP project proposal paper
- Oral presentation of project proposal
- Submit proposal to IRB
- May begin implementation of project if IRB approval or exemption is obtained

During NURS 6245 Systems-Based Practice and DNP Project II

- Implement project and collect data
- Analyze project data
- May begin writing results if data collection is complete

During NURS 6250 Systems-Based Practice and DNP Project III

- Write results and discussion of findings
- Project evaluation
- Plan for sustainability and dissemination
- Finalize DNP scholarly project paper
- Oral presentation of scholarly project and findings

DNP PROJECT GUIDELINES

The final report of the DNP Project is a scholarly paper. The outline for this paper differs from the outline for the proposal paper. The student must follow the current Publication Manual of the American Psychological Association for publication practices and style rules. The student must consult with their DNP Project Chair and Team members to determine the required elements. The final paper is written in past tense and should include:

A. The required title page
B. Abstract
C. Introduction (heading is the title of the paper)
    a. Background (includes concepts/definitions)
    b. Problem Statement
    c. Purpose, Aims, and Objectives
    d. PICOT Question
    e. Significance
D. Review of Literature (includes search methods)
    a. Subheadings for the Key Concepts
    b. Patient Population and/or System Needs
    c. Evidence for the DNP project
E. Conceptual/Theoretical Framework or Evidence Based Practice Model

F. Methodology
    a. Project Design
        • Health Promotion/disease Prevention
        • Stakeholders
        • Resources (includes cost-effectiveness of project implementation)
    b. Project Site
    c. Population or Sample
    d. Recruitment/Sampling Strategy(ies)
    e. Ethical Considerations (includes IRB or site approval)
    f. Measurement Instruments (includes specific data collected)
    g. Data Collection Procedure
    h. Data Analysis (including software)
    i. Procedures for Project Implementation (includes cultural considerations)
G. Outcomes and Evaluation
    a. Results
    b. Discussion of Findings/Outcomes
    c. Strengths and Limitations of Findings
    d. Evaluation of the Process (includes outside influences)
H. System and Practice Impact
    a. Implications for Organizational and Systems Change
    b. Recommendations for Nursing Practice
    c. Sustainability
I. Summary and Conclusion
    a. Project Summary
    b. Plan for Dissemination
J. References
K. Appendices

IRB GUIDELINES

The Human Research Protection Office (HRPO) is the office that works closely with the Washington University Institutional Review Board (IRB). HRPO provides support for the IRB review process and performs administrative functions as they relate to IRB responsibilities and oversight for all GSON DNP student projects. All students will receive training on IRB processes and human subjects training (CITI) during their coursework. FAQs covering important information can be found at the bottom of the HRPO webpage at http://hrpo.wustl.edu.

DISSEMINATION AND AUTHORSHIP

All students are encouraged to pursue publications once their Doctor of Nursing Practice (DNP) Final Project has been approved. This process begins with a discussion with your DNP Project Chair. Since DNP Projects are collaborative, students, DNP Project Committee Members and Practice Mentors might all be included as co-authors.

The International Committee of Medical Journal Editors (ICMJE, 2018) provided guidelines for authorship including order of authors and distinguishing authorship form contributor status. A discussion about authorship should take place prior to preparing the final paper for submission for publication. See ICMJE website: http://www.icmje.org/recommendations/.

After authorship has been determined (generally, student as first author, DNP Project Chair as second author, etc.), the student must determine the journal and review the guidelines for authors. Author guidelines give explicit instructions about the manuscript format for submission. After the manuscript is prepared and according to the instructions given, it should be forwarded to the student's DNP Project Chair and any other co-authors for review and approval. After all authors are satisfied with the manuscript, submission to the journal is acceptable.

[**Please note the same process should be followed with regard to poster presentations. Abstracts and posters should be reviewed and approved by co-authors prior to submission and/or printing. The DNP Project Chair may seek funds for printing from the GSON Office of Nursing Research.

CRITERIA FOR EVALUATING DNP PROJECT

The product of the DNP Project may take on various final forms depending on the student's area of advanced nursing practice. Faculty are encouraged to support innovation in the design and dissemination of the final project and product to reflect the changing healthcare environment. However, the elements of the DNP Project should be the same for all students and include planning, implementation, and evaluation components. As an outcome of the program, students must have the opportunity to integrate all DNP Essentials into practice. However, all eight Essentials do not have to be demonstrated in the DNP Project.

All DNP Projects should:

- Demonstrate scientific underpinnings for clinical practice
- Focus on a change that impacts healthcare outcomes either through direct or indirect care.
- Have a systems or population/aggregate focus
- Demonstrate implementation in the appropriate area or area of practice
- Include a plan for sustainability
- Include an evaluation of process and/or outcomes to guide practice and policy
- Provide a foundation for future practice scholarship

INFORMATION ON GROUP PROJECTS

Introduction

A scholarly work that aims to improve clinical practice is required of students completing a practice doctorate in nursing. Collaboration with practice partners whenever possible will maximize the impact of the student experience.

DNP projects may be carried out with students as a group with 2-3 members at the discretion of the program director. Each member of the group must participate in every step of the project and must have a role in every phase of planning, design, development, and

implementation of the project. They will write one DNP project proposal and final paper with each of their names listed. For example, one student cannot conduct the review of literature while another student writes the introduction. Each member must work to actively participate in writing the introduction, conducting the review of literature, etc. It is not uncommon that one student takes the lead or that different students lead at different times, but all students in the group should participate.

Because students may already know who they prefer to work with for studying and group assignments, students can state which members they would like to have as their group members.

Group Project Topic

The topic of the group project will be chosen by consensus from the student group members. The primary outcome of the project will be quality improvement. For students in the nurse anesthesia program, a list of topic options will be provided by the faculty. The nurse anesthesia program faculty will work closely with leadership from the Washington University Department of Anesthesiology and Barnes-Jewish Hospital on a list of potential projects that may benefit the department or the hospital. Students may also propose their own topics for consideration.

Chair of the Group Project

It is important for the students to work together to conduct the project efficiently. A DNP Project Team chair will be assigned to the project, and the chair will serve as an advisor to the student group. It is expected that the chair will hold routine meetings to assure that the project is kept on schedule. The chair, along with course faculty, will help the students with their project synopsis, purpose of the project and problem statement [PICOT question: Patient-Population-intervention-comparison-outcome-time] and development of an evidence-based framework for the project. The early work is essential, often labor-intensive and will involve frequent meetings with the students by the chair and will include course faculty as necessary. Later, the group will begin to work independently with routine input from the chair.

Collaboration of the Members of the Group

Collaborating with members of the group is vital for the success of the project. Each member must carry a positive attitude when working with the group and be committed to the project. Expectations must be stated, and each member must adhere to these expectations. Each member must be open and willing to work as a team. It is important to communicate with each other and be responsive to any concerns raised. If disputes occur, it is important that the members have a process for resolving the dispute immediately.

Collaboration and group dynamics of team members will be evaluated by each student on his/her team member(s) at the end of each section as listed below (See Appendix O: Group Interaction Assessment):

1. Background, Significance, and PICOT question
2. Review of Literature
3. Oral proposal presentation to DNP project team

4. Data collection and analysis
5. Dissemination and final paper

Once the evaluations are completed, if a chair identifies that a student is not actively participating as expected, the chair will immediately meet with that student to discuss the lack of participation. The student will need to change his/her behavior immediately and actively participate or he/she will not pass the course.

A detailed validation of participation in the project will be conducted by each student on himself/herself at two different time intervals (See Appendix P: Validation of Participation in the DNP Project). The two different time intervals are listed below:

1. After project proposal is completed
2. After final paper is completed

Drafts of the proposal and final paper will be turned in as one paper, graded, and feedback given to all members. The draft and final versions of papers will be turned in by each member individually even though it is the same paper. This will allow the papers to be in each member's file.

Conflict

When working in a team, it is important to realize that conflict is normal. Conflict exists when two or more parties disagree, compete, or perceive that their interests are incompatible. Conflict is both an inevitable and a necessary aspect of human interaction. When a collaborative venture occurs, conflict will surface at some point. This does not mean that there is something wrong with the team. Ignoring the problem and avoiding the conflict will undermine the team project. Working cohesively occurs when the team engages in and resolves conflict.

Team leaders and members should learn not to fear conflict even though they may never enjoy it. It is important for members to talk through their differences to resolve the conflict. If handled well, it can strengthen the team as a whole.

Team members are necessarily diverse. By itself, diversity of thought, opinion, approach, or identity is neither good nor bad. What matters is how the matter is handled. Critically examining the culture of a team can often provide insight into understanding why differences in personal attributes that could be an asset for a team instead develop into a source of conflict and disharmony.

Conflict Resolution Styles

When a conflict arises, there are different resolution styles, and one team member may even use all five of the different styles in different situations. It is important to recognize if you are using one of these resolution styles so that you can quickly address this so that you can engage in and resolve the conflict.

Competing: You use your power to win your own position which you believe is correct.

Accommodating: You neglect your own concerns to satisfy the concerns of others.

Avoiding: You sidestep the conflict altogether to avoid dealing with it.

Collaborating: You try to work with the other team member to find a solution that satisfies all members

Compromising: You find a mutually acceptable solution that partially/fully satisfies all members.

Engaging with Conflict

The following steps will help to manage and resolve conflict:

1. Understand the culture and the context of the conflict. Seek out the meaning of the conflict.

2. Actively listen to each member's concerns and ask questions to confirm your understanding.

3. Acknowledge emotions. They will likely be part of the conflict but expressing them and hearing them can help lift barriers to resolution.

4. Look beneath the surface for hidden meaning. Hidden fears, needs, histories or goals may be the underlying source of the problem.

5. Separate what matters from what is in the way. Get away from discussing who is right or wrong and focus more on how to satisfy mutual needs.

6. Learn from difficult behaviors. Let those experiences help you develop your skills in managing difficult situations and having empathy for and patience with others.

7. Solve problems creatively and negotiate collaboratively. This also means committing to action.

8. Understand why others might be resistant to change. The problem could be an unmet need.
   (Adapted from Cloke and Goldsmith, 2000**)**

APPENDICES (Course faculty is responsible for explaining Appendices A and B to the student; Chairperson to reinforce)

Appendix A: Proposal (Paper and Oral Presentation) Rubric

Appendix B: Project (Paper and Oral Presentation) Rubric

Appendix C: Form: DNP Project Team Appointment Request

Appendix D: Form: Student-selected Project Member Request

Appendix E: DNP Program e-Portfolio Guidelines

Appendix F: Form: DNP Project: Course Faculty Evaluation of Student

Appendix G: Form: DNP Project Chair Evaluation of Student

Appendix H: Form: DNP Project: Student Evaluation of Project Chair

Appendix I: Form: DNP Project: Student-selected Project Member Evaluation of Student

Appendix J: Form: DNP Project: Student Evaluation of Project Site

Appendix K: Form: DNP Project: Student Evaluation of Student-selected Project Member

Appendix L: Form: DNP Project: Student Self-Evaluation

Appendix M: Basic Certificate in Quality & Safety from the Institute for Healthcare Improvement (IHI)

Appendix N: DNP Project Proposal Template

Appendix O: Form: Group Interaction Assessment

Appendix P: Form: Validation of Participation in the DNP Project

Appendix A: Proposal (Paper and Oral Presentation) Rubric

Criteria	Excellent (4)	Good (3)	Needs Improvement (2)	Unacceptable (1)	Comments	Team Score
Introduction						
Background & Problem Statement with Organizational Gap Analysis	Introduction includes background, problem statement, and organizational gap which are clearly stated and comprehensively discussed.	Introduction includes clearly stated background, problem statement, and organizational gap with limited discussion.	Introduction includes background, problem statement, and organizational gap but with limited clarity.	Introduction missing background and/or problem statement and/or organizational gap.		
Identify concepts / definitions.	Concepts / definitions clearly identified and comprehensively defined.	Concepts / definitions identified and adequately defined.	Concepts / definitions identified but are incomplete or poorly defined.	Concepts / definitions not identified.		
Clearly identify PICOT question. **Performance Indicator	Successfully identifies PICOT question.		Did not identify PICOT question.			

Significance • Will nursing's stakeholders (patients, nurses, healthcare community) benefit from the findings of the study? • Will the findings be applicable to practice, education, or administration? • Will the findings extend or support current theory, or generate new theory? • Will the findings support current nursing practice or provide evidence for changing current practice and/or policies?	Significance clearly stated and discussed, including significance to healthcare, nursing, and advanced practice.	Significance stated including significance to healthcare, nursing, and advanced practice, with some discussion.	Significance stated with limited or no discussion. Significance includes some aspects (healthcare, nursing, and advanced practice) but not all.	Significance not addressed.		
Review of Literature						
Demonstrate ability to synthesize evidence. • Describe methods of data retrieval and summation • Synthesis of evidence found from completing a literature review of the topic. • Appraisal of strengths, weaknesses, and limitations of evidence. **Performance Indicator	Comprehensive synthesis of evidence with discussion of strengths, weaknesses, and limitations.	Synthesis of evidence with limited discussion of strengths, weaknesses, and limitations.	Synthesis of evidence, lacking discussion.	No synthesis of evidence or discussion.		

Utilize informatics to define healthcare needs of a patient population and/or system. • Patient population needs clearly stated and discussed, including equitable care in diverse populations. • Provide data to define needs of patient population • Provide data to describe how needs of patient population impact the system • Describe how data summation impacted your project design **Performance Indicator	Population needs clearly stated and discussed, including equitable care in diverse populations. Population vulnerability(ies) clearly described. Thorough description of how informatics was utilized to clearly define the healthcare needs of a patient population and/or system.	Some population needs stated and discussed. Vulnerability and equity briefly described. Sufficient description of how informatics was utilized to define the healthcare needs of a patient population and/or system.	Missing some aspects of discussion of population needs or issues of vulnerability and equity. Description of utilization of informatics is missing some aspects or incomplete.	Missing large components or absent discussion of population needs or issues of vulnerability and equity. Minimal or no use of informatics.		
Conceptual/Theoretical Framework or Evidence Based Practice Model						
Identify conceptual / theoretical framework or EBP model. **Performance Indicator	Conceptual or theoretical framework or EBP model clearly identified and comprehensively discussed in relation to purpose, aims, and objectives.	Conceptual or theoretical framework or EBP model clearly identified but limited discussion to relation to purpose, aims, and objectives	Conceptual or theoretical framework or EBP model identified but is not appropriate or does not match the identified project.	Conceptual or theoretical framework or EBP model missing or not appropriate for identified project		
Goals, Objectives, and Expected Outcomes						
Goals, Objectives, and Expected Outcomes	Goals, objectives, and expected outcomes stated clearly.	Goals, objectives, and expected outcomes can be inferred but are not explicit.	Goals, objectives, and expected outcomes unclear.	Goals, objectives, and expected outcomes not included		

Project Design						
Design a safe patient care delivery strategy to improve health outcomes for a defined patient population. • Design an intervention that correlates to the identified problem. • Design inclusive care delivery strategies applicable to a diverse population. • Project design has logical flow. • Setting facilitators support chosen design. • Plan to overcome setting barriers is identified. • Stakeholders identified. **Performance Indicator	Designed and described a safe patient care delivery strategy(ies) (intervention). Discussed examples of how delivery strategy(ies) will be inclusive and improve health outcomes for a defined patient population. Provided clear and complete data to support health outcomes improvement and if necessary, to support safety of patient care delivery strategy(ies). Discussed how delivery strategy(ies) will address the identified problem.	Designed and described a safe patient care delivery strategy(ies). Discussed how delivery strategy will improve health outcomes for a defined patient population. Provided limited data and examples to support inclusive health outcomes improvement and if necessary, to support safety of patient care delivery strategy.	Designed a safe patient care delivery strategy(ies). Limited discussion of how delivery strategy will be inclusive and improve health outcomes for a defined patient population. Limited data and examples provided to support inclusive health outcomes improvement.	Missing safe patient care delivery strategy(ies) or missing discussion and examples of how delivery strategy will be inclusive and improve health outcomes for a defined patient population.		
Describe how intervention(s) will address health promotion /disease prevention efforts. **Performance Indicator	Provided evidence illustrating how the proposed care delivery strategy or strategies will address health promotion and/or disease prevention efforts.	Related how the proposed care delivery strategy or strategies will address health promotion and/or disease prevention efforts. Data or evidence may be limited.	Briefly discussed how the proposed care delivery strategy or strategies will address health promotion and/or disease prevention efforts. Little or no data to support discussion is included.	Health promotion and disease prevention efforts are not discussed.		

Methods						
Utilize knowledge of informatics to inform the design of data collection instruments and procedures. • Data collection instruments are comprehensively described and are explicitly appropriate to the project design. • Data collection instruments are appropriate for use with diverse participants. • Define data that will be collected to describe participants and determine success of intervention. • What method(s) will be used for data collection? • What technologies will be used to collect data? **Performance Indicator	Completely described data collection design, including instruments, specific data, and technological method(s) of data collection. Comprehensively discussed how informatics informed the data collection plan and process. Provided examples of how data collection design is explicitly suitable for diverse participants and will describe participants and measure the success of the intervention(s).	Described data collection design, including instruments, specific data points, technological method(s) of data collection used to measure success of intervention. Discussed how informatics informed the data collection plan and process. Limited examples of how data collection design is suitable for diverse participants or will describe participants and measure the success of the intervention(s).	Description of data collection design is missing a component. Limited discussion of utilization of informatics. Data collection design does not appropriately describe participants and measure the success of the intervention(s) or examples of how design is suitable for diverse participants are missing.	Discussion of data collection design is missing or inappropriate to describe participants and measure the success of the intervention(s). Missing discussion of informatics utilization.		

29

Utilize data appropriately to evaluate the cultural sensitivity of proposed intervention(s) and procedures for implementation. **Performance Indicator	Described and provided examples of how proposed intervention(s) and procedures for implementing project will accommodate cultural diversity identified by data.	Described and provided examples of how proposed intervention(s) and procedures for implementing project will accommodate cultural diversity. Data used to evaluate the cultural landscape is not comprehensively synthesized.	Cultural sensitivity of proposed intervention(s) and procedures for implementing project is discussed without examples. Data used to support discussion is limited.	Limited or no discussion of cultural sensitivity of proposed intervention(s) and procedures for implementing project. No data provided.		
Utilize knowledge of informatics to analyze collected data. Data analysis plan is appropriate to methodology and is described. **Performance Indicator	Plan for data analysis is appropriate to methodology and is comprehensively described.	Plan for data analysis is appropriate to methodology. Description is limited.	Plan for data analysis is provided, measures do not match the project aim/objectives or project type.	Data analysis plan is missing or not appropriate to project focus.		
Cost-Benefit Analysis/Budget						
Evaluate cost-effectiveness of patient care delivery strategy or strategies. **Performance Indicator	Provided clear and complete evaluative cost effectiveness data for proposed patient care strategy.	Provided clear but limited evaluative cost-effectiveness data for proposed patient care strategy.	Incomplete cost effectiveness data for proposed patient care strategy provided.	Missing cost effectiveness data for proposed patient care strategy.		
Develop a budget for project.	Resources needed for project identified and proposed budget included.			Resources needed for project not identified.		

Ethical Considerations						
Discuss ethical considerations.	Ethical aspects of implementing project discussed to include protection of human subjects & IRB requirements.	Ethical aspects inferred. IRB requirements briefly discussed	Ethical aspects and IRB requirements unclear.	Ethical aspects and IRB requirements not addressed.		
Format/Presentation						
APA format- Writing Scholarship for paper Title page References Appendices As appropriate: • Conceptual/Theoretical framework or EBP model • Concept map (optional) • Data collection instrument(s) • Letter(s) of support.	APA format is correctly utilized. Reference list inclusive and written appropriately. Appendices included, as appropriate. Professionally written communication used. Correct grammar is used.	APA format is utilized with minimal errors. Reference list, appendices, written communication, and grammar included with minimal errors.	APA format is utilized with several errors. Reference list, appendices, written communication, and grammar included with several errors.	APA format is not utilized. One or more sections are missing or include numerous errors.		
Presentation Design and Format for Oral Presentation	Presentation is well-organized. Format, slides, text, and graphics are clear, succinct and demonstrate professional quality.	Presentation is organized. Format, slides, text, and graphics are clear.	Presentation is disorganized and/or format, slides, text, and graphics are unclear.	Presentation is disorganized and unprofessional.		
Oral Presentation	Presenter has professional appearance and demeanor. Presenter is well-prepared and answers questions skillfully.	Presenter is professional and prepared.	Presenter is professional but is not well- prepared or does not answer questions skillfully.	Presenter has an unprofessional appearance and demeanor and is not prepared.		

DNP Project Chair Signature: _____ Date: _____

Appendix B: Project (Paper and Oral Presentation) Rubric

Criteria	Excellent (4)	Good (3)	Needs Improvement (2)	Unacceptable (1)	Comments	Team Score
Introduction						
Background & Problem Statement	Introduction includes background and problem statement, which are clearly stated and comprehensively discussed.	Introduction includes clearly stated background and problem statement, with limited discussion.	Introduction includes background and problem statement, but with limited clarity.	Introduction missing background and/or problem statement.		
Identify concepts / definitions.	Concepts / definitions clearly identified and comprehensively defined.	Concepts / definitions identified and adequately defined.	Concepts / definitions identified but are incomplete or poorly defined.	Concepts / definitions not identified.		
Purpose, Aims, and Objectives	Purpose, aims, and objectives stated clearly.	Purpose, aims, and objectives can be inferred but are not explicit.	Purpose, aims, and objectives unclear.	Purpose, aims, and objectives not included.		
Clearly identify PICOT question. **Performance Indicator	Successfully identifies PICOT question.		Did not identify PICOT question.			

Significance • Will nursing's stakeholders (patients, nurses, healthcare community) benefit from the findings of the study? • Will the findings be applicable to practice, education, or administration? • Will the findings extend or support current theory, or generate new theory? • Will the findings support current nursing practice or provide evidence for changing current practice and/or policies?	Significance clearly stated and discussed, including significance to healthcare, nursing, and advanced practice.	Significance stated including significance to healthcare, nursing, and advanced practice, with some discussion.	Significance stated with limited or no discussion. Significance includes some aspects (healthcare, nursing, and advanced practice) but not all.	Significance not addressed.		
Review of Literature						
Demonstrate ability to synthesize evidence. • Describe methods of data retrieval and summation • Synthesis of evidence found from completing a literature review of the topic. • Appraisal of strengths, weaknesses, and limitations of evidence. **Performance Indicator	Comprehensive synthesis of evidence with discussion of strengths, weaknesses, and limitations.	Synthesis of evidence with limited discussion of strengths, weaknesses, and limitations.	Synthesis of evidence, lacking discussion.	No synthesis of evidence or discussion.		

Utilize informatics to define healthcare needs of a patient population and/or system. • Patient population needs clearly stated and discussed, including equitable care in diverse populations. • Provide data to define needs of patient population • Provide data to describe how needs of patient population impact the system • Describe how data summation impacted your project design **Performance Indicator	Population needs clearly stated and discussed. Population vulnerability(ies), including equitable care in diverse populations. clearly described. Thorough description of how informatics was utilized to clearly define the healthcare needs of a patient population and/or system.	Some population needs stated and discussed. Vulnerability and equity briefly described. Sufficient description of how informatics was utilized to define the healthcare needs of a patient population and/or system.	Missing some aspects of discussion of population needs or issues of vulnerability and equity. Description of utilization of informatics is missing some aspects or incomplete.	Missing large components or absent discussion of population needs or issues of vulnerability and equity. Minimal or no use of informatics.		
Conceptual/Theoretical Framework or Evidence Based Practice Model						
Identify conceptual / theoretical framework or EBP model. **Performance Indicator	Conceptual or theoretical framework or EBP model clearly identified and comprehensively discussed in relation to purpose, aims, and objectives.	Conceptual or theoretical framework or EBP model clearly identified but limited discussion to relation to purpose, aims, and objectives.	Conceptual or theoretical framework or EBP model identified but is not appropriate or does not match the identified project.	Conceptual or theoretical framework or EBP model missing or not appropriate for identified project		

Methodology

Design a safe patient care delivery strategy to improve health outcomes for a defined patient population.						
Design a safe patient care delivery strategy to improve health outcomes for a defined patient population. • Design an intervention that correlates to the identified problem. • Design inclusive care delivery strategies applicable to a diverse population. • Project design has logical flow. • Project site facilitators and barriers, population or sample, and recruitment/sampling strategies are described. Stakeholders identified. **Performance Indicator	Designed and described a safe patient care delivery strategy(ies) (intervention), project site, sample, and sampling. Discussed examples of how delivery strategy(ies) will be inclusive and improve health outcomes for a defined patient population. Provided clear and complete data to support health outcomes improvement and if necessary, to support safety of patient care delivery strategy(ies). Discussed how delivery strategy(ies) will address the identified problem.	Designed and described a safe patient care delivery strategy(ies), project site, sample, and sampling. Discussed how delivery strategy will improve health outcomes for a defined patient population. Provided limited data and examples to support inclusive health outcomes improvement and if necessary, to support safety of patient care delivery strategy.	Designed a safe patient care delivery strategy(ies), project site, sample, and sampling. Limited discussion of how delivery strategy will be inclusive and improve health outcomes for a defined patient population. Limited data and examples provided to support inclusive health outcomes improvement.	Missing safe patient care delivery strategy(ies), project site, sample, or sampling or missing discussion and examples of how delivery strategy will be inclusive and improve health outcomes for a defined patient population.		
Describe how intervention(s) will address health promotion / disease prevention efforts. **Performance Indicator	Provide evidence illustrating how the proposed care delivery strategy or strategies will address health promotion and/or disease prevention efforts.	Relate how the proposed care delivery strategy or strategies will address health promotion and/or disease prevention efforts. Data or evidence may be limited.	Briefly discuss how the proposed care delivery strategy or strategies will address health promotion and/or disease prevention efforts. Little or no data to support discussion is included.	Health promotion and disease prevention efforts are not discussed.		

Evaluate cost-effectiveness of patient care delivery strategy or strategies. **Performance Indicator	Provided clear and complete evaluative cost-effectiveness data for proposed patient care strategy.	Provided clear but limited evaluative cost-effectiveness data for proposed patient care strategy.	Incomplete cost effectiveness data for proposed patient care strategy provided.	Missing cost effectiveness data for proposed patient care strategy.		
Methodology - Ethical Considerations						
Discuss ethical considerations.	Ethical aspects of implementing project discussed to include protection of human subjects & IRB requirements.	Ethical aspects inferred. IRB requirements briefly discussed	Ethical aspects and IRB requirements unclear	Ethical aspects and IRB requirements not addressed.		
Methodology - Measurement Instruments, Data Collection Procedure, and Data Analysis						
Utilize knowledge of informatics to inform the design of data collection instruments and procedures. • Data collection instruments are comprehensively described and are explicitly appropriate to the project design. • Data collection instruments are appropriate for use with diverse participants. • Define data collected to describe participants and determine success of intervention. • What method(s) were used for data collection? • What technologies were used to collect data? **Performance Indicator	Completely described data collection design, including instruments, specific data , and technological method(s) of data collection. Comprehensively discussed how informatics informed the data collection plan and process. Provided examples of how data collection design is explicitly suitable for diverse participants, describes participants, and measures the success of the intervention(s).	Described data collection design, including instruments, specific data points, technological method(s) of data collection used to measure success of intervention. Discussed how informatics informed the data collection plan and process. Limited examples of how data collection design is suitable for diverse participants or will	Description of data collection design is missing a component. Limited discussion of utilization of informatics. Data collection design does not appropriately describe participants and measure the success of the intervention(s)or examples of how design is suitable for diverse participants are missing.	Discussion of data collection design is missing or inappropriate to describe participants and measure the success of the intervention(s). Missing discussion of informatics utilization.		

		describe participants and measure the success of the intervention(s).			
Utilize knowledge of informatics to analyze collected data. Data analysis plan is appropriate to methodology and is described. ****Performance Indicator**	Plan for data analysis is appropriate to methodology and is comprehensively described.	Plan for data analysis is appropriate to methodology. Description is limited.	Plan for data analysis is provided, measures do not match the project aim/objectives or project type.	Data analysis plan is missing or not appropriate to project focus	
Methodology - Procedures for Project Implementation					
Utilize data appropriately to evaluate the cultural sensitivity of proposed intervention(s) and procedures for implementation. **Performance Indicator	Synthesized epidemiological, biostatistical, and/or environmental data to define the cultural landscape of the patient population, and intervention(s). Described and provided examples of how intervention(s) and procedures for implementation accommodated cultural diversity identified by data.	Described and provided examples of how intervention(s) and procedures for implementation accommodated cultural diversity. Data used to evaluate the cultural landscape is not comprehensively synthesized.	Cultural sensitivity of intervention(s) and procedures for project implementation is discussed without examples. Data used to support discussion is limited.	Limited or no discussion of cultural sensitivity of intervention(s) and procedures for implementation. No data provided.	

Outcomes and Evaluation						
Describe and discuss project results.	Results are comprehensively described; tables and figures are well designed and support the discussion. Relation of results to framework, purpose, aims, and objectives is clearly stated.	Results are described; tables and figures support the discussion. Relation of results to framework, purpose, aims, and objectives can be inferred but is not explicit.	Results are minimally described. Limited or no tables and figures, or tables and figures do not support the discussion. Relation of results to framework, purpose, aims, and objectives is unclear.	Results are unclear. Tables and figures are not included. Framework, purpose, aims, and objectives are not included in results discussion.		
Discuss strengths and limitations of the project and evaluate the project process.	Strengths and limitations of project are comprehensively discussed. Project process is comprehensively evaluated.	Strengths and limitations of project are discussed. Evaluation of project process is limited.	Strengths and limitations of project or evaluation of project process are unclear.	Strengths and limitations of project and evaluation of project process are not addressed.		

System and Practice Impact						
Describe organizational or system policy implications of healthcare delivery strategy(ies). • As a result of this project, are there healthcare policy changes you would recommend? • How would you, as a nursing leader, implement recommended policy changes? • What is the impact of the recommended policy change for the identified population? **Performance Indicator	Current policy is evaluated and used to propose a health care policy change. Implementation of health care policy and the role of nursing leadership is discussed. Strategies used to implement recommended policy change are described. Effects of policy change on identified population is described and supported with evidence.	Current policy is evaluated and used to propose a health care policy change. Potential effects of policy change on identified population is discussed. Implementation of health care policy and the role of nursing leadership is discussed.	Current policy is evaluated and used to propose a health care policy change. Proposed policy change and/or implementation strategies are briefly discussed. The role of nursing leadership in implementation is unclear.	No policy change or implementation strategies recommended.		
Describe impact of results on practice.	Impact of results clearly stated and comprehensively discussed.	Impact of results stated and discussed.	Impact of results unclear.	Impact of results not addressed.		

Describe leadership strategies that may be utilized for future implementation of clinical scholarship. • Clinical scholarship is knowledge gained from completion of this clinical project. • What changes should or could be made to nursing practice as a result of knowledge gained from this project? • How would you, as a nurse leader, recommend these changes be implemented? • If no changes are implicated, what would you, as a nurse leader, do to improve this health outcome in the future? Are there other interventions or strategies that could be used to address this problem?	Future implications for practice and leadership strategies comprehensively discussed.	Future implications for practice and leadership strategies discussed.	Limited discussion of future implications and leadership strategies.	Missing discussion of future implications or leadership strategies.		
Discuss a plan for sustainability.	Plan for sustainability of project comprehensively discussed.	Plan for sustainability of project discussed.	Plan for sustainability of project unclear.	Missing plan for sustainability of project		
Summary and Conclusion						
Dissemination Plan and Rationale • i.e. Publication, Poster, Presentations, etc**.**	Plan for dissemination and sustainability of project comprehensively discussed with appropriate rationale.	Plan for dissemination and sustainability of project discussed.	Plan for dissemination and/or sustainability of project unclear.	Missing plan for dissemination and sustainability of project.		

Format/Presentation						
APA format- Writing Scholarship for paper Title page References Appendices, as appropriate: • Conceptual/Theoretical framework or EBP model • Concept map (optional) • IRB approval or exemption document • Data collection instrument(s) • Letter(s) of support. Table(s) or Figure(s)	APA format is correctly utilized. Reference list inclusive and written appropriately. Appendices included, as appropriate. Professionally written communication used. Correct grammar is used.	APA format is utilized with minimal errors. Reference list, appendices, written communication, and grammar included with minimal errors.	APA format is utilized with several errors. Reference list, appendices, written communication and grammar included with several errors.	APA format is not utilized. One or more sections are missing or include numerous errors.		
Presentation Design and Format for Oral Presentation	Presentation is well-organized. Format, slides, text, and graphics are clear, succinct and demonstrate professional quality.	Presentation is organized. Format, slides, text, and graphics are clear.	Presentation is disorganized and/or format, slides, text, and graphics are unclear.	Presentation is disorganized and unprofessional.		
Oral Presentation	Presenter has professional appearance and demeanor. Presenter is well-prepared and answers questions skillfully.	Presenter is professional and prepared.	Presenter is professional, but is not well-prepared or does not answer	Presenter has an unprofessional appearance and demeanor, and is not prepared.		

DNP Project Chair Signature: _____ Date: _____

Appendix C: DNP Project Team Appointment Request

Student Name (print): _____

Student ID Number: _____   Date:_____

Proposed DNP Project Title: _____

I request that the faculty members listed below be appointed to serve as my Project Team.

☐   *I, Project Chairperson, agree to serve in an active role on the DNP project team, meeting all deadlines for project throughout.*

_____   _____
Name of Chairperson (print or type)   Signature, Project Chairperson

☐   *I, GSON/Washington University Faculty/Staff Member, agree to serve in an active role on the DNP project team, meeting all deadlines for project throughout.*

_____   _____
Member Name (print or type)   Signature, GSON/WU Faculty/Staff Member

☐   *I, Project Member, agree to provide expert input on the DNP project team, meeting all deadlines for project throughout (Optional member).*

_____   _____
Member Name (print or type)   Signature, Project Member
                                                          (Note: may be Agency Preceptor)

_____   _____

Signature of Student   Signature, DNP or NAP Program Director
                                                   Goldfarb School of Nursing

To be completed during the semester enrolled in:
NURS 6523 Foundations of Scholarly Writing & Evidence-Based Practice

Appendix D: Student-selected Project Member Request
(May not be applicable to Nurse Anesthesia students)

All fields must be completed in full where applicable.
- This form does not serve as a legal contract between the student and the clinical site/preceptor, this is only a request
- Please email form to: gs-gsonstudentplace@bjc.org
- This is not confirmed until you receive an approval email from the GSON Student Placement office
- Please note if a legal agreement is not in place for your clinical site, the start date for your clinical hours may be delayed by 4 to 6 months.

STUDENT NAME:_____

TERM/SEMESTER and YEAR: _____   COURSE NUMBER:_____

CELL PHONE:_____

GSON EMAIL:_____

Name of Preceptor/Student-selected Project Member (include credentials): _____

License or Certifying body: _____   Collaborating Physician:_____

Title or Degree: _____   Discipline/Specialty: _____

Years in role:_____ Number of students supervised concurrently: _____

Types of patients (check "X" all that apply): ____Acute _____Chronic _____Preventive

_____In-patient _____ Out-patient _____ Long-term care _____Other (specify) _____
_____Not Applicable

Site: ____Family _____Adult ___Other (specify) _____

Business email (if not BJC/Wash U): _____
Clinical Specialty: _____
Clinical Site Name: _____
Address: _____ Suite:_____
City, State, Zip: _____
Office Manager name and phone: _____

Corporate Ownership: (who actually "owns" the facility): _____

Company name:_____or independently owned by 1 or more people ("X"):____Yes___No

Preceptorship start and end dates (approx.): _____ Does preceptorship include attending

hospital/facility rounds: ___Yes ____No If yes, name of hospital/facility: _____

Approved by GSoN [7/25/19]

Revised (1/26/23)

Appendix E: DNP Program E-Portfolio Guidelines

All DNP students are required to create an electronic portfolio (e-Portfolio) that is submitted and graded in the last project course.. The purpose of this e-Portfolio is to showcase your best work that you have completed during your DNP program as well as demonstrate your skills, leadership, evidence-based practice, critical thinking, and communication. The e-Portfolio demonstrates achievement of the GSON DNP Student Learning Outcomes and the DNP Essentials. Additionally, the collection of academic work and artifacts provides evidence of growth and transition to the DNP role. It is the responsibility of the student to keep the information current as they progress through the program. The e-Portfolio should be created in the first DNP course and updated at the completion of each succeeding course. **Please DO NOT wait until the final DNP course to create your e-Portfolio.**

Directions:

1. Log into your TYPHON account
2. Click and review the "My Portfolio" Tutorial which is located under the "Student Questions/Tutorials "tab.
3. Activate your portfolio.
4. Set up the following "Page Titles" and upload the following documents.

   a) Current Resume or Curriculum Vitae

   b) Course Work

Upload the following course work/assignments:

Course	Assignment	Overview of the Assignment	DNP Essential	Student Learning Outcomes
NURS 6200 Biostatistics and Epidemiology	1. Module 7 – Critique Table 2. SPSS Modules	• Critique of statistical tests, epidemiological methods, and analyses in selected research articles • SPSS application/ practice with data output and writing results	I, II, IV, VIII	1, 2, 4, 8
NURS 6420 Health Promotion Theory and Population Health	1. Population Health Paper 2. Vulnerable Population Presentation	• Research paper and presentation on a selected vulnerable population, health problem and identified disparities	I, III	1 & 3

NURS 6523 Foundations of Scholarly Writing & Evidence-Based Practice	1. Clinical Practice Article	• Publishable article on clinical practice topic	I, IV, V, VII	1,4, 9
NURS 6327 Health Systems Policy	1. Health Policy Paper	• Students choose a current health care policy and analyze the impact of that policy on healthcare in the U.S.	I, III, IX, X	1, 2, 5, 7, 8
NURS 6500 Leadership and Collaboration for Quality and Safety	1. Development of DNP End Project PICOT 2. Development of 6500 Course Leadership PICOT 3. Completion of Human Research Protection Office (HRPO) for IRB submission. 4. Addressing the Gaps in Healthcare Delivery Paper	• Define leadership and organizational theories for advanced nursing practice. • Develop a proposal for innovation and change that will addresses a gap in healthcare delivery • Identify the impact and significance of the problem on the population and general area of interest for the DNP project. • Discuss the importance of the HRPO and how to submit proposal to the IRB.	II, III, V, VI, VII, VIII	3, 5, 7 & 9
NURS 6325 Healthcare Informatics, Economics, and Financial Principles	1. Implementation Paper	• Scholarly paper on process for implementing selected technology-based practice initiatives to address a healthcare problem in a population, using a QI model and incorporating budget and economic principles	I, II, IV, VII, VIII, IX	1, 2, 4, 7, 8, 9
NURS 6240 Systems-Based Practice and DNP Project I	1. DNP Project Proposal Paper 2. IRB Submission	• DNP Project Proposal Paper incorporating Project Team's feedback • IRB approval documentation	I, IV, X	1, 4, 10

NURS 6245 Systems-Based Practice and DNP Project II	1. Drafts of DNP Project Documentation	• Drafts of Final DNP Project Paper	I, II, III, IV, V, VI, VII, VIII, IX, X	1,2,3,4,5,6,7,8,9,10
NURS 6250 Systems-Based Practice and DNP Project III	1. Completed DNP Project Documentation	• Final DNP Project Paper	I, II, III, IV, V, VI, VII, VIII, IX, X	1,2,3,4,5,6,7,8,9,10
Basic Certificate in Quality & Safety from the IHI	1. Upload completed certificate (see Appendix M).	• Completed certificate		

**Please note it is the student's responsibility to apply edits and corrections to the assignments once the assignment has been graded and returned by the instructor prior to uploading it. It is the goal of the e- Portfolio to showcase your best work.

   c) Community Service Activities
   • Upload supporting documents

   d) Continuing Education Activities
   • Upload supporting documents of attendance at CE activities while in
   the DNP program

Approved by GSoN [7/25/19]

Revised (1/26/23)

Appendix F: DNP Project: Course Faculty Evaluation of Student

BARNES JEWISH
College
Goldfarb School of Nursing
BJC HealthCare

Student Name_____ Date _____

Faculty Name: _____

Please Circle Course Number

NURS 6523   NURS 6500   NURS 6240   NURS 6245   NURS 6250

Student Learning Outcomes/Competency Area:	Satisfactory (2)	Unsatisfactory (1)	N/A	Comments
I. Knowledge for Nursing Practice				
Integrate, translate, and apply scientific underpinnings to improve nursing practice, clinical judgement and patient outcomes within the four spheres of care.				
II. Person-Centered Care				
Design, implement, and evaluate safe, evidence-based, person-centered, compassionate care.				
III. Population Health				
Influence population health, including improvements in health care policy, utilizing effective collaboration and advocacy strategies to ensure diversity, equity, and inclusion.				

IV. *Scholarship for the Nursing Discipline*				
Employ nursing scholarship to advance nursing practice, optimize care, address health inequities, and take actions that target high priority social determinants of health.				
V. Quality and Safety				
Apply principles of quality improvement, ethics, and safety at both the individual and systems levels.				
VI. *Interprofessional Partnerships*				
Effectively communicate and collaborate with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.				
VII. Systems-Based Practice				
Lead innovative strategies that promote the provision of safe, cost-effective, equitable care to diverse patient populations across complex healthcare systems.				
VIII. Informatics and Healthcare Technologies				
Utilize information systems, communication technology, and informatics to improve and transform healthcare systems.				

IX. Professionalism				
Demonstrate professionalism, including participation in activities that support nursing's professional identity, accountability, ethical principles, and values.				
X. Personal, Professional, and Leadership Development				
Participate in activities and self-reflection that foster personal health, resilience, well–being, lifelong learning, competence, and leadership.				

Additional Comments:

_____

_____

_____

Approved by GSoN [7/25/19]

Revised (1/26/23)

Appendix G: DNP Project Chair Evaluation of Student

Student Name _____ Date _____

Project Chair Name _____

Complete at conclusion of project

Student Learning Outcomes/Competency Area:	Satisfactory (2)	Unsatisfactory (1)	N/A	Comments
I. Knowledge for Nursing Practice				
Integrate, translate, and apply scientific underpinnings to improve nursing practice, clinical judgement and patient outcomes within the four spheres of care.				
II. Person-Centered Care				
Design, implement, and evaluate safe, evidence-based, person-centered, compassionate care.				
III. Population Health				
Influence population health, including improvements in health care policy, utilizing effective collaboration and advocacy strategies to ensure diversity, equity, and inclusion.				

IV. *Scholarship for the Nursing Discipline*				
Employ nursing scholarship to advance nursing practice, optimize care, address health inequities, and take actions that target high priority social determinants of health.				
V. Quality and Safety				
Apply principles of quality improvement, ethics, and safety at both the individual and systems levels.				
VI. *Interprofessional Partnerships*				
Effectively communicate and collaborate with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.				
VII. Systems-Based Practice				
Lead innovative strategies that promote the provision of safe, cost-effective, equitable care to diverse patient populations across complex healthcare systems.				
VIII. Informatics and Healthcare Technologies				
Utilize information systems, communication technology, and informatics to improve and transform healthcare systems.				

IX. Professionalism				
Demonstrate professionalism, including participation in activities that support nursing's professional identity, accountability, ethical principles, and values.				
X. Personal, Professional, and Leadership Development				
Participate in activities and self-reflection that foster personal health, resilience, well–being, lifelong learning, competence, and leadership.				

Additional Comments:

_____

_____

_____

Appendix H: DNP Project: Student Evaluation of Project Chair

Student Name _____ Date_____

Project Chair Name: _____

Please Circle Course Number

| NURS 6500 | NURS 6240 | NURS 6245 | NURS 6250 |

	Always (5)	Most of the time (4)	Sometimes (3)	Rarely (2)	Never (1)
Available to student					
Responsive to student					
Demonstrates understanding of Chair role					
Provides guidance to student on DNP Project development, implementation, and dissemination.					
Serves as an effective role model for leadership principles					

Demonstrates strong positive interpersonal skills with other members of the DNP Project team.					
Demonstrates negotiation and conflict management skills					
Facilitates student's identified objectives					
Provides timely, appropriate feedback when questions or situations arise					
Assists student in decision making process related to project					
Suggests and provides additional learning experiences when appropriate					

Comments:

BARNES-JEWISH
College
Goldfarb School of Nursing
BJC HealthCare

Appendix I: DNP Project: Student-selected Project Member Evaluation of Student

(May Not be Applicable to Nurse Anesthesia Students)

Student Name _____ Date _____

Project Team Member Name: _____

Please Circle Course Number

NURS 6245   NURS 6250

	Always (5)	Most of the time (4)	Sometimes (3)	Rarely (2)	Never (1)
Communicates to Team Member effectively					
Conducts themselves professionally.					
Demonstrates understanding of DNP Project objectives.					
Demonstrates his/her role in development and implementation in the clinical setting					
Maintains participant confidentiality and data security					
Demonstrates strong positive interpersonal skills with members of the health team					

Additional Comments:
_____

Appendix J: DNP Project: Student Evaluation of Project Site

BARNES JEWISH
College
Goldfarb School of Nursing
BJC HealthCare

Student Name_____ __Date_____

Project Site: _____

Please Circle Course Number

NURS 6245   NURS 6250

	Always (5)	Most of the time (4)	Sometimes (3)	Rarely (2)	Never (1)
The project site provided meaningful learning experiences to meet my learning needs					
Project site staff made me feel that I was welcome – I was not "in the way"					
I was encouraged to learn, ask questions, and grow professionally by the health care team					
Staff and leadership demonstrated an understanding of the Practice Project and their role in development and implementation					
My overall opinion of the agency or clinical site is positive					

Please list any factors that enhanced your experience/learning:

_____

Were there any factors that may have hindered your experience?

_____

Reflect on the degree to which the project site environment fostered your personal health and well-being:

_____

Comments: _____

Appendix K: DNP Project: Student Evaluation of Student-selected Project Member

(Only applies to projects with a third project team member)

Student Name_____ Date_____

Project Team Member Name and Institution:
_____

Please Circle Course Number

NURS 6245   **NURS 6250**

	Always (5)	Most of the time (4)	Sometimes (3)	Rarely (2)	Never (1)
Available to student					
Responsive to student					
Demonstrates understanding of member role					
Demonstrates understanding of Practice Project and his/her role in development and implementation					

Serves as an effective role model for leadership principles				
Provided agency orientation for student, if applicable				
Demonstrates strong positive interpersonal skills with other members of the health team				
Demonstrates negotiation and conflict management skills				
Facilitates student's identified objectives				
Provides timely, appropriate feedback when questions or situations arise				
Assists student in decision making process related to project				
Suggests and provides additional learning experiences when appropriate				

Comments:

_____

_____

BARNES JEWISH
College
Goldfarb School of Nursing
BJC HealthCare

Student Name _____ **Date** _____

Please Circle Course Number

NURS 6240   **NURS 6250**

Student Learning Outcomes/Competency Area:	Satisfactory (2)	Unsatisfactory (1)	N/A	Comments
I. Knowledge for Nursing Practice				
Integrate, translate, and apply scientific underpinnings to improve nursing practice, clinical judgement and patient outcomes within the four spheres of care.				
II. Person-Centered Care				
Design, implement, and evaluate safe, evidence-based, person-centered, compassionate care.				
III. Population Health				
Influence population health, including improvements in health care policy, utilizing effective collaboration and advocacy strategies to ensure diversity, equity, and inclusion.				

IV. Scholarship for the Nursing Discipline				
Employ nursing scholarship to advance nursing practice, optimize care, address health inequities, and take actions that target high priority social determinants of health.				
V. Quality and Safety				
Apply principles of quality improvement, ethics, and safety at both the individual and systems levels.				
VI. Interprofessional Partnerships				
Effectively communicate and collaborate with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.				
VII. Systems-Based Practice				
Lead innovative strategies that promote the provision of safe, cost-effective, equitable care to diverse patient populations across complex healthcare systems.				
VIII. Informatics and Healthcare Technologies				
Utilize information systems, communication technology, and informatics to improve and transform healthcare systems.				

IX. Professionalism				
Demonstrate professionalism, including participation in activities that support nursing's professional identity, accountability, ethical principles, and values.				
X. Personal, Professional, and Leadership Development				
Participate in activities and self-reflection that foster personal health, resilience, well–being, lifelong learning, competence, and leadership.				

Reflect on your future learning goals:

_____

_____

Additional Comments: _____

_____

Approved by GSoN [07/25/19]

Revised (1/26/23)

All Doctor of Nursing Practice (DNP) students will be required to complete and obtain a "Basic Certificate in Quality & Safety" from the Institute for Healthcare Improvement (IHI). This certificate is free and awards 17.75 continuing education credits upon completion of all 13 online courses. The required IHI courses and GSON assigned courses are listed below. Upon completion of the program students will upload a copy of their certificate to their portfolio in Typhon in addition to uploading evidence of completion to each assigned course in CANVAS. IHI course and associated GSON course assignment

IHI Course	GSON Course Assignment
Q1 101: Introduction to Health Care Improvement

TA 101: Introduction to the Triple Aim for Populations | NURS 6420 Health Promotion and Population Health |
L 101: Introduction to Health Care Leadership	NURS 6500 Leadership and Collaboration for Quality and Safety
QI 102: How to Improve with the Model for Improvement	NURS 6327 Health Systems Policy
PS 101: Introduction to Patient Safety	NURS 6325 Healthcare Informatics, Economics, and Financial Principles
PS 102: From Error to Harm

PS 103: Human Factors and Safety

PS 104: Teamwork and Communication in a Culture of Safety | NURS 6240 Systems-Based Practice and DNP Project I |
| Q1 103: Testing and Measuring Change with PDSA Cycles

QI 105: Leading Quality Improvement

PS 105: Responding to Adverse Events | NURS 6245 Systems-Based Practice and DNP Project II |
| Q1 104: Interpreting Data: Run charts, Control Charts and Other Measurement Tools
PFC 101: Introduction to Person and Family Centered Care | NURS 6200 Biostatistics and Epidemiology |

Appendix N: DNP Project Proposal Template

[THIS TEMPLATE IS NOT AUTO FORMATTED; USE IT AS GUIDE AND CREATE AND FORMAT YOUR OWN PROPOSAL TEMPLATE ACCORDING TO THESE INSTRUCTIONS]
(Note: Please follow the latest edition of the APA Manual)

<u>F</u>ull <u>T</u>itle of the <u>P</u>roposal (<u>T</u>itle <u>C</u>ase)

Author's Name (no professional initials)

Barnes-Jewish College

Goldfarb School of Nursing

Chair: <u>Type your chair's name here</u>

Project Team Member: <u>Type your faculty/staff project member's name here</u>

Project Team Member: <u>Type your student-selected project member's name here</u>

Date of Submission: <u>Month, Day, Year</u>

Table of Contents (Centered, **Bolded**, begin on new page)

Appendix A ....

Appendix B (Example Timeline: your Timeline will be lettered in sequence with other appendix items)....

Appendix C and so on…

Abstract (Centered, **Bolded,** no indentation, begin on new page)

An abstract is a brief (approximately 250 words—no longer than one page) summary of the contents of the proposal. The abstract includes an overview of the proposed project's introduction and background and review of literature, purpose, method, plan, [results, interpretation/discussion, and conclusion are added when project completed]. Abstract does not contain personal comments. **and should not contain citations.**

Required Headers:

Background and Review of Literature:
Purpose:
***Methods*:**
Implementation Plan/Procedure:
Implications/Conclusion:

Keywords, such as those below, are words you used to perform database searches for the proposal.

Keywords: APA style 7th edition, publication manual

[This template is a guide to writing a DNP project proposal in APA Style, 7th edition. It provides the necessary sections, headings, and subheadings required in a proposal, as well as the line and paragraph spacing, page breaks, page numbering, and referencing styles. It is formatted with 0.5-inch top, bottom, left, and right margins; Times New Roman font in 12 point; double- spaced; aligned left; and paragraphs indented 8 spaces. The page number appears one inch from the right edge on the first line of each page. APA 7th Edition allows one or two spaces between each sentence. For more information about APA Style, see the *Publication Manual of the American Psychological Association (7th ed.)*, the APA Style web site: http://www.apastyle.org, and Purdue Owl Writing Center website: http://owl.english.purdue.edu/owl/resource/560/01/ .]

Full Title of the Proposal (<u>T</u>itle <u>C</u>ase, Centered, Double Line-Spaced, **Bolded**, new page)

   In this introductory section, begin by writing a concise paragraph that gives an overview of your problem telling why the problem within your chosen population is important. The paper should <u>not</u> be written in first-person point of view.

Background

   The Background section includes the detailed evidence of the problem. It can be a few paragraphs or longer, if necessary, to provide the evidence. Define (with citation) the key terms and concepts involved with project. Build a case for the need for the project that you propose by discussing **key indicators** that are missing, lacking or inadequate. Describe how the problem affects patients, staff, or the system as a whole, or prevents the provision of the best care possible. Why should the reader be interested in this project or topic? Describe key data about the dynamics leading to problem, population characteristics, attitudes and behaviors that are causing or exacerbating the problem. Support this with findings from the literature and cite them according to APA Style, 7th ed.

   Note that all source material used in this proposal must be documented in the body of the paper by citing the authors and dates of the sources. **When you have multiple sources in one parenthetical citation, they are listed within the citation in alphabetical order of the first author of each article**. The full reference to each citation must appear on a separate reference page entitled 'References'. The reference pages at the end of this template provide examples of types of references frequently used in academic papers. Reference entries are typed in *hanging indent* format, meaning that the first line of each reference is set flush left and subsequent lines are indented.

- A description of the policy problem/issue (ineffective or absent policy) that contributes to the clinical problem.

- The relevance of addressing the policy problem/issue for nursing and/or health care.

  o If this is a governmental policy problem, how will addressing the problem be relevant to nursing/health care at the target level, i.e., federal, state, regional, or local?

  o If this is an organizational policy problem, how will addressing the problem be relevant to the organization?

- Address associated factors

  o Social – general impact on society/nation/community

  o Ethical – equity; conflicting values

  o Political and Legal – funding level; challenges

- Who raised the issue and who is now interested in it?

- How did the policy issue become part of the public agenda for US healthcare?

- History of legislation and policies to address the clinical problem

Problem Statement

Your introduction section should smoothly transition into a problem statement. It should flow logically from the information you provided. Take all that you have written about your population, problem, and what is lacking in practice and encapsulate it into one to three sentences

that succinctly summarize the problem. Then, lastly, explain your Quality Improvement (QI)

project approach and how your approach will address the problem.

<u>Additional Guidelines for Health Policy Projects:</u>

- A description of the underlying clinical/health/health professions problem

  that is the source of the policy problem/issue, with a clear description of how it is

  either a governmental or organizational policy problem.

- Need for policy analysis and proposed solution(s) to determine how problem

  should be addressed

Organizational "Gap" Analysis of Project Site

Include a description of the gap analysis of the project site to identify why this project is

appropriate for the site where it will be implemented. Use your Agency for Health Care Research

and Quality (AHRQ) Guide and other resources to outline this section.

<u>Additional Guidelines for Health Policy Projects:</u>

- Gap analysis of the project site for policy projects may be the practice gap (causes

  of the problem; current and future effects) at the federal, state, regional, or local

  level.

PICOT Question

The problem statement should smoothly transition into a clinical question. The question

is structured in PICOT format, which stands for (P) Population, (I) Intervention, (C) Comparison,

(O) Outcome(s), and (T) Timeframe. The clinical question influences the project design and

methods used to complete the project.

<u>Additional Guidelines for Health Policy Projects:</u>

Policy usually constitutes an intervention; therefore, an intervention-type PICOT template should be used.

- The Population of interest should be those persons who will be most affected by the policy option/intervention (e.g., if government then "citizens" or "persons with"; sometimes "licensees." If organizational then staff, or patients, etc.)

- The Intervention should reflect the new policy option/solution

- The Comparison should reflect the policy as it stands currently (policy may currently be silent).

- The Outcome should circle back to the Population and be a result of the Intervention.

- The Timeline should reflect expected achievement of short-term data collection.

Significance

This section should seek to answer the following questions: What is the magnitude of the problem? Why is it important for this work to be completed? What are the obstacles that have been identified, and what are the implications in terms of physical, psychological, or emotional health? This section should include relevant statistics (national, regional, and/or local), and cite them according to APA Style, 7th ed. Public Health Departments and the Centers for Disease Control (CDC) are great places to look for these statistics. As O'Leary (2010) states, the main job of this section is "to ... convince your readers that the problem you want to address is significant and worth exploring" (p. 64). Example of appropriate citation for quote, but remember, use quotes sparingly.

Additional Guidelines for Health Policy Projects:

- Address the magnitude of the social impacts and economic costs of the problem, including statistics.

o Social - population statistics; related demographics

o Economic – healthcare and other costs

• Use statistics to state the policy's potential impact

Review of the Literature

This section should always start with a paragraph describing your search terms, databases you searched, number of articles found and exclusion and inclusion criteria for choosing articles to review about **the intervention or solution options** for your population problem. The review of the literature should clearly describe your search strategy, the results from each database, the number of articles yielded, how you eliminated any articles and the final count – as well as types – of articles used. The search process should be precisely described such that if anyone wanted to replicate your search, they would get similar results.

The goal of a review of literature is to present an in-depth, current state of knowledge about your particular topic and QI approach to solving the population problem. **Rather than just summarizing and listing research studies, one after another, conducted on your topic, summarize, compare, and contrast the works, and then** *synthesize* **the key concepts of the literature you have read**. Identify any major trends, patterns, or gaps you may have found in the literature and identify any relationships among studies.

Synthesize the evidence that supports the project including the following items: strength of the body of evidence, quality of the body of evidence, generalizability of the body of evidence to answer your inquiry, feasibility of implementing the evidence in the proposed setting. Cite and briefly describe the rating scale you used to appraise the evidence. In general, there is a **five-year span from the present** for the date of literature you should use except for an older, landmark/hallmark study, which should be identified as such. The review of literature for your

proposal should provide the context your future capstone project through your narrative that fully explores the best evidence based practice options to address the problem.

Organize your main findings by key concepts or themes using subheadings called Level 2 headings, which are typed in bold face type, in upper- and lower-case letters (Title Case), and typed flush with the left side of the paper. Use Level 3 headings to further subdivide topics. Level 3 headings are indented, typed in lowercase letters, in boldface, and followed by a period. Examples of Level 2 and 3 headings can be found in this paper under **Project Design**. The APA Manual or the Purdue Owl Writing Center website provides more information about all five levels of headings in APA Style, 7th edition. Use quotes sparingly and only to emphasize or explain an important point. More than one quote per scholarly paper, may be one quote too many!

Do not make broad statements about the conclusiveness of research studies, either positive or negative. Be objective in your presentation of the facts. Each paragraph should begin with a significant statement, well cited! and describe only one key point.
The idea is the next paragraph should logically flow from the content of its predecessor.

Conclude the review of literature with a concise summary of your findings and provide a rationale for conducting your DNP project based on your findings.

Additional Guidelines for Health Policy Projects:

- Consider both global evidence (broad evidence from around the nation/globe that is applicable/transferable to this policy project) and local evidence (evidence that is narrower/more confined to the immediate and relevant political, demographic, or other climate that informs your particular policy project).

- During the course of your literature search, you may identify sources such as statute, regulation, government agencies, and/or certain organizational, professional, or accreditation association policy may be required to inform your policy project. (use caution

– some organizational/professional policy may qualify as Level VII Expert Opinion, therefore "evidence.") Although some of these may not be categorized as evidence on an evidence hierarchy, you may still need to include them. Categorize them, accordingly, as government documents – but include them in your document in some way if they are relevant.

•	Review of current guidelines on the clinical topic that informs the policy question may be appropriate. If so, helpful informational databases include National Guideline Clearinghouse or Joanna Briggs Institute.

•	If guidelines exist, rate the guidelines using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) Instrument.

•	Review statute or regulation for its relevance to the proposed policy change at large, describe whether it is current, whether there is indication it is based on evidence, and whether it constitutes global or local policy.

•	Review professional or accreditation association policy for its currency, rigor (i.e., is it based on a body of evidence), and relevance to your proposed policy change. However, if it constitutes evidence, use the appropriate Critical Appraisal Tool.

•	If applicable, evaluation summary of any internal (Organizational) evidence. Examples may include QI Data and Quality Metrics.

•	There must be adequate evidence to support the proposed problem and the subsequent proposed recommendation for a policy change.

•	After synthesizing the related legislation, evidence, literature, guidelines, etc., provide an overview of the goals and objectives of the policy that you propose to change.

•	Explain policy alternatives, using approaches as appropriate:
  o	Do nothing approach

- o   Rational approach

- o   Incremental change

- o   Major change

- o   Stepwise approach

- •   State the criteria of quality, equity, cost, access, and feasibility to be used to evaluate the policy alternatives

- •   Analyze each policy alternative, including pros and cons of each criterion

- •   Compare alternatives and results, and include a scorecard table

- •   Analyze evaluation results

- •   Summarize and recommend policy solution(s), using scores to plan strategies

Evidence Based Practice Chosen Option

This section includes a brief statement about the evidence based practice/s (EBP) [specific practice or educational intervention, program intervention or evaluation, presentation and toolkit, or policy change] QI option that you have chosen and that you will be implementing based on the review of the literature.

Conceptual/Theoretical Framework or Evidence Based Practice Model

In this section, name and define the conceptual or theoretical framework or evidence-based practice model that underpins your proposal and future DNP project. Place a diagram of the framework or model as appropriate at the end of the paper in an appendix, after the Reference pages and refer to the diagram in this section. **Demonstrate how this framework or model will be used to guide the DNP project.** Remember, your conceptual/theoretical framework or EBP model (such as Iowa Model, Stetler Model, JHEBP Model, PARIHS, etc.) is the foundation of the entire project, not just the steps of implementation, such as PDSA

(Plan/Do/Study/Act) or DMAIC (Define/Measure/Analyze/Improve/Control). You may discuss

an implementation strategy, such as PDSA, DMAIC, etc. in the methods section below.

<u>Additional Guidelines for Health Policy Projects:</u>

Theoretical base for investigation of the policy problem or implementation of the policy

option/solution should be provided. This may include a conceptual framework or policy

theoretical framework (e.g., Kingdon's Streams Model, Advocacy Coalition Framework, the

CDC Policy Process or Framework, etc.) that will guide the project.

Describe how the project:

- Fits the relevant government structure, process, and politics (government policy

    projects); or

- Fits the organizational department's theory of practice, or the organizational strategic

    plan or mission statement (organization policy projects).

Goals, Objectives, and Expected Outcomes

Describe your goals and objectives for the DNP project. Remember the acronym

SMART when writing your objectives and expected outcomes. They should be Specific,

Measurable, Achievable, Realistic, and Time-specific. You can include a table or a numbered list

in this section. Make sure your goals and Objectives match your Expected Outcomes. Make sure

that the Expected Outcomes are reasonable for your project design, plan, and timeframe and are

measurable. Avoid using vague terms such as "understand" for this section.

Example: Four (4) sixty-minute educational presentations to staff on the Toolkit Power Point format.

Project Design

In this section, clearly explain your Quality Improvement Project design (what type of

project you will be implementing: *Educational Intervention, Practice Intervention, Process*

Improvement, Program Evaluation, Integrative Review with Presentation of Toolkit, or Health

Policy Change) and the type of methods (quantitative and qualitative) you will use to obtain the

desired data for your project. Use the *future tense* to explain what you *will do* in your DNP

project. Convince the reader that your approach is practical and will lead to a credible solution to

your proposed problem.

Write a paragraph describing each of the following subheadings as they apply to your

project.

Project Site and Population

Describe the setting where the project will take place and the necessary resources for the

project. (Modify as needed for integrative review and health policy options). This includes the

description of the community, its makeup, current services, the participants and stakeholders, and

the role they will play in the project. Describe the characteristics of the participants (providers,

patients, community dwellers, administrators, staff, litigators, public health personnel, etc.), and

selection or recruitment strategies, if applicable. List the inclusion and exclusion criteria. Quality

improvement projects are designed to offer an intervention to all eligible participants in a

particular location or unit. Recruitment of these participants should be described. Project designs

with specific participant selection strategies for an intervention may be considered research by an

institutional review board (IRB). When an intervention is implemented for non-patients, review of

patient data to measure change may be selective, with a randomization strategy, to achieve a

desired/manageable number of medical record reviews.

Additional Guidelines for Health Policy Projects:

- If governmental:

- Feasibility: If legislative, what is the likelihood of passing this measure considering partisan politics, timing in the General Assembly/Congressional cycle, issue prioritization, possible necessary budget allocation, political environment, etc. If regulatory, does the regulation have statutory authority? Is the relevant executive branch department open to discussion/change? Is there an advisory committee structure through which this measure would flow? Who are the key stakeholders? Is there a cost involved, and if so, how would the measure be funded?

- Utility: how useful would the policy change be, and for whom? Which stakeholders, or which government agencies, or both?

- If organizational:

  - Feasibility: what is the likelihood of implementation in the organization? Who are the key stakeholders, and would they be in favor of the policy change? What committee structures would it need to pass through? What financial and/or human resources would be needed to carry it out if it is actualized? Are resources sufficient?

  - Utility: how useful would the policy change be, and for whom? Which stakeholders, or which departments, or both? Would the policy change serve patients? If so, which patient populations? Or staff? What might be the anticipated outcomes as a result?

Setting Facilitators and Barriers

Describe how the project site or practice is organized, the services offered, current procedures, staffing patterns, etc. and how you will interact with site personnel and patients (clients) to implement your project. Obtain a letter of support for your project on the agency

letterhead and include in the appendices. Describe the resources, constraints, facilitators, and

barriers that will influence the implementation of your DNP project. Additionally, describe how

you plan to overcome the barriers or roadblocks to actualization of project.

Additional Guidelines for Health Policy Projects:

• Identify the government or organization's readiness for change

o Government: from an assessment of the current political environment, and recent

changes in the current congressional session, general assembly, or regulatory

environment, depending on your project scope. Is the government ready for

evidence based/evidence informed policy change?

o Organization: from an assessment from your organization's change readiness

based on recent history r/t policy change. Is the organization ready for evidence

based/evidence-informed policy change?

Methods

The Plan is the 'HOW TO' part of your proposal. This section includes is a detailed

description about how you will actualize (from set-up to data collection) and complete your

project. This section should be precisely described such that if anyone wanted to replicate your

proposal / project, they could do so. Use the *future tense* to explain what you *will do* in your DNP

project.

Measurement Instruments

In order to evaluate the DNP Project, there will be data you need to measure. You will need

to identify when and how you will measure this data (pre-post intervention, post intervention, at

different intervals – a time series etc.) You may start this section:

In order measure the outcomes of this DNP Project the following instruments will be used: Select

either established tools or you may choose to create your own surveys. In either case you must

describe which surveys or tools you will be using to evaluate your DNP Project and include copies

in the appendix. You should describe the *strength* (reliability and validity) of any established tools

you choose to use based on the literature. For self-created tools, describe how content and/or

construct validity, and/or reliability, such as through the test-retest method, will be established.

Additional Guidelines for Health Policy Projects:

- If using outcome measurement: What indicators will you use to measure the success of

  implementing the policy change? Consider outcome measures such as patient outcomes,

  patient satisfaction, provider satisfaction, access to care, public protection, or resource

  allocation. You may also consider organization performance indicators such as

  benchmarking data, cost effective analysis, infection control data, or quality improvement or

  risk data.

Data Collection Procedure

Describe all the steps of your project in narrative form, including your plan for

implementation and evaluation, using an EBP implementation strategy, such as PDSA, DMAIC, or

other strategy. Use sub headers when describing the implementation strategy and key parts of your

conceptual or theoretical framework to tie together the parts of your plan. Include how you will

recruit participants and conduct data collection procedures. You can organize your data collection

procedures by stages or phases (pre-intervention, intervention, postintervention) of your project

implementation and/or according to a timeline.

Additional Guidelines for Health Policy Projects:

Describe how you followed the steps/model of a framework for implementation using an EBP,

Evidence based/evidence informed Policy making, or Health-policy related model for

implementation/dissemination of the project.

- Select an appropriate health policy related model for the methodology of the health policy project (use your policy course textbook as a resource).

    o Government: A suggested resource is Oxman et al.

    (2009), "SUPPORT tools for evidence-informed policymaking (STP) 16: Using

    research evidence in balancing pros and cons of policies."

    o Organizational: A suggested resource is Chapter 9, "Implementing evidence in clinical settings," by Rodgers, Brown, and Hockenberry (In Melnyk & Fineout- Overholt [Eds.], 2019).

Data Analysis

Fully address how you plan to describe and analyze the quantitative and/ or qualitative data that you will collect. Descriptive statistics alone may suffice for projects with less than 12-15 participants - consider using graphical representations of your data. Use inferential statistics when appropriate in consultation with your Project Chair or faculty. These data may be from the measurement instruments you listed and from focus groups, individual or group discussions, or observations.

<div align="center">

Cost-Benefit Analysis/Budget

</div>

Provide an account of costs – financial, time or otherwise and who will bear them. If you are using a clinical or community site, make sure to show how you offset costs with benefits to site, providers, and clients within the site. Do not include costs for such things as your personal computer use, or your personal transportation unless you are specifically traveling to multiple sites to conduct the project. Place a Budget Table with dollar figures and calculations in appendix and refer to it here.

- Provide a budget. This will help you think through the resources needed, and whether you should plan to apply for a grant. Think about who will finance each aspect of the project. If you are the only financial support, you will have to manage the project accordingly. If you plan on a grant application, include details. If the project proposes a governmental policy change, indicate the anticipated source of funding and how the revenue stream to the implementing agency will look.

Timeline

Outline in detail the timeline you propose for actualization of your project, starting with proposal approval and continuing through data collection through analysis of and interpretation of outcomes. Review the program curriculum for expected timing of approvals in your courses. Make a table for the Timeline and place in appendix-- See Appendix B for example.

Ethical Considerations/Protection of Human Subjects

Use these narrative sentences to launch this section: "The XXX University Institutional Review Board (IRB) approval will be obtained prior to initiating the DNP Project. The official IRB Determination Form will be submitted as soon as the proposal is approved". Consult your project Chair regarding the need for informed consent. Describe how HIPAA and *Standards of Care* assist you to protect your participants. Describe any ethical considerations, risks, and benefits, if applicable.

Example: *All participants were protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which, among other guarantees, protects the privacy of*

patients' health information (Modifications to the HIPAA Privacy, Security, Enforcement, and

Breach Notification Rules, 2013). Additionally, the DNP student and practice personnel who

carefully conducted this project followed the Standards of Care for practice in a primary care

office. All information collected as part of evaluating the impact of this project was aggregated

data from the project participants and did not include any potential patient identifiers.

The risk to patients participating in this project was no different from the risks of patients

receiving standard XXX care. Participant confidentiality was assured by coding the participants

using individual identification numbers. The list of participants and their identifying numbers were

kept in locked filing cabinets in each practice office, only accessible to the project coordinators. All

electronic files containing identifiable information were password protected to prevent access by

unauthorized users and only the project coordinators had access to the passwords.

Note: Once you submit your proposal to the IRB and receive a Determination Form including an

approval or a waiver of Human Subjects Research (HSR), include the form in final work and as an

appendix item.

Conclusion

Briefly summarize your clinical problem, the evidence you have presented and your plan

for addressing the problem in your specific practice setting. This summary should not include

introduction of new citations, but rather explaining how what you have found in your review fits

together.

Once you complete the entire proposal, go back to the Table of Contents to fill in the sub

headers you have chosen to use for your project proposal narrative and the page numbers that are

appropriate for each section and sub-section header. When you do revisions, you will have to go back to the TOC to make sure the sub headers and page numbers are still correct and correctly leveled.

As previously mentioned, all literature cited in the proposal must be referenced in APA Style, 7th edition, on a separate reference page(s). **Please do not list work(s) you have not cited in the text; all citations must have a corresponding reference and vice versa.** The following list shows the more commonly used references. For more information on how to reference, refer to the *Publication Manual of the American Psychological Association* (7th ed.), the APA Style tutorial web site found at https://www.scribbr.com/apa-style/apa-seventh-edition-changes/, and the Purdue Owl Writing Center website found at http://owl.english.purdue.edu/owl/resource/560/01/.

Note that appendices appear after the reference page(s). Begin each appendix on a new page. They are used to present detailed information that adds to the body of the paper, for example, sample questionnaires, tables (except results), or figures (except results). Tables usually show numerical values or textual information arranged in an orderly display of columns and rows. Any type of illustration other than a table is a figure. Figures present data in the forms of graphs, charts, maps, drawings, and photographs. Refer to APA 7th Edition, chapter 7, beginning on page 195, for examples for tables and figures. If your manuscript has only one appendix, label it *Appendix* in italics. If the manuscript has more than one, label each appendix with a capital letter, for example, *Appendix A, Appendix B,* according to the order in which you refer to it in your text. Label each appendix with a title but refer to it in the text by its label, for example: See Appendix D. Once you complete the entire proposal, go back through the text and refer to each appendix where appropriate in the text. Label the appendices (A, B, C, etc.) in the order they appear in the text.

References (Centered, **Bolded**, hanging indentation, begin on new page)

American Psychological Association. (2020). *Publication manual of the American

Psychological Association* (7th ed.). Author. [not included in proposal paper]

Author, A. A., & Author, B. B. (2021). Title of book chapter or entry (see APA 7th

Edition examples for reference to book chapters, p. 66 and section 10.3, pp. 326-328.) In

A. Editor, B. Editor, & C. Editor (Eds.), *Title of book* (2nd ed., pp. xxx-xxx). Mosby.

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Clay, R. (2008, June). Science vs. ideology: Psychologists fight back about the misuse of research.

Monitor on Psychology, *39*(6). http://doi: xxx

Graham, I. D., & Harrison, M. B., (2005). Evaluation and adaptation of clinical practice

guidelines. *Evidence-Based Nursing, 8*, 68-72.

Howard, J. & Cohen, E. (2021, February 12). *In new Covid-19 guidance, CDC recommends 5 key

strategies to reopen schools*. CNN.

https://www.cnn.com/2021/02/12/health/cdc-covid-19-reopening-

schoolsrecommendations-bn/index.html

(see APA 7th Edition, news website citation example, p. 351)

O'Leary, Z. (2010). *The essential guide to doing your research project*. Sage.

Ross, D.L. & Hvizdash, S. (2002). Integrating religious practices in home health care: A case

study of collaborative between the health care system and the Orthodox Jew.

Home Health Care Management & Practice, *14*(6), 457-460.

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Schiraldi, G. R. (2000). *The post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth*. Lowell House.

Smith, M. (2001). Writing a successful paper. *The Trey Research Monthly, 53*(1), 149-150.

Appendix

Align Appendices sequentially from first inclusion in

narrative through last inclusion.

Start each new Appendix item on separate page in your actual work.

Appendix A

Appendix B

Timeline

Simplified Project Timeline (yours will have more tasks and columns and will be more detailed)

	Course #		Course #			Course #		
	(Month)	(Month)	(Month)	(Month)	(Month)	(Month)	(Month)	(Month)
Task								
Recruitment of eligible participants								
Intervention; Evaluation; Toolkit								
Post-test and Analysis of outcomes								
Results presented to local providers								

BARNES JEWISH College Goldfarb School of Nursing BJC HealthCare

Name: _____

US=Unsatisfactory *S*=Satisfactory *HS*=Highly Satisfactory,	*US*	*S*	*HS*
1. My team member(s) worked together to complete assignments.			
Comments:			
2. My team member(s) allowed everyone to actively collaborate.			
Comments:			
3. I allowed others to contribute rather than taking over control and I avoided criticizing others' work product in a condescending manner.			
Comments:			
4. I did my part as a team member to contribute to the overall assignments.			
Comments:			
5. There were team member(s) who did not contribute to the group project. Please list their name(s):			
6. **Please list what changes/behaviors you feel you made in the competency of *Interacting* as a graduate student as a professional team member**:			

*Outcome Assessment Standard: Each of the following outcome criteria must be met at or above the satisfactory level in order to pass the interacting assessment.

	Unsatisfactory	Satisfactory	Highly Satisfactory
Style	Demonstrates difficulty engaging with other professionals at an advanced level in interactions that promote positive outcomes.	Demonstrates use of interacting style(s) at an advanced level that are appropriate to situation and without judgment or imposing of personal values for the promotion of positive outcomes.	Adapts consistently using multiple interacting style(s) at an advanced level to actively facilitate team interactions for the promotion of positive outcomes.
Involvement	Involves others in a manner that demonstrates lack of professional goals at an advanced level (Ex: judgmental attitude, distracting behaviors, absence of collaboration or focus on personal goals).	Works with team members in an advanced practice role to listen, build on ideas, and contribute to mutually agreed upon professional goals.	Initiates interactions consistently in a manner that reflects awareness of an advanced practice role with the team processes in order to meet mutually agreed upon professional goals.

Approved by GSoN [01/13/22]

BARNES JEWISH
College
Goldfarb School of Nursing
BJC HealthCare

Appendix P: Validation of Participation in the DNP Project

(Completed at the end of the project proposal and at the end of the final paper; obtain your Chair's initials and signature on form before submitting)

Name: _____

Names of other student group member(s): _____

DNP Group Project Title: _____

Order that names will be placed on the project paper: _____

Order that names will be placed on the poster presentation: _____

Order that names will be placed on an article for publication: _____

Reviewed periodically and subject to change

I actively participated in the following steps of the DNP Project

Steps of the DNP Project	Yes, No or N/A and Initials of Student	Date completed	Comments	Chair initials for validation of signature	Yes, No or N/A and Initials of Student	Date completed	Comments	Chair initials for validation of signature
	Project Proposal				**Final Paper**			
Title of project								
Abstract								
Introduction: a. Background (includes concepts, definitions) b. Problem Statement c. Purpose, Aims & Objectives d. PICOT Question e. Significance								

89

Review of Literature (includes search methods)
   a. Subheadings for the key concepts
   b. Patient population and/or system needs
   c. Evidence for the DNP project								

Conceptual/Theoretical Framework or EBP Model								

Methodology
   a. Project design
     *Health promotion/disease prevention
     *Stakeholders
     *Resources (+ cost effectiveness)
   b. Project site
   c. Population or sample
   d. Ethical considerations (includes IRB application approval if needed)
   e. Recruitment/sampling strategies
   f. Measurement instruments
   g. Data collection procedure
     *Data points
   h. Data analysis, including software
   i. Procedures for project implementation (includes cultural considerations)								

Evaluation and Outcomes
  a. Results
  b. Discussion of findings/outcomes
  c. Strengths and limitations of findings
  d. Evaluation of the process (includes outside influences)
	N/A	N/A	N/A	N/A				

System and Practice Impact
  a. Implications for organizational and systems change
  b. Recommendations for nursing practice
  c. Sustainability
	N/A	N/A	N/A	N/A				

Summary and Conclusion
  a. Project summary
  b. Plan for dissemination
	N/A	N/A	N/A	N/A				

References								
Appendices								

Name of Chair (Printed and Signature): _____