



Holy Family
UNIVERSITY

THE HOLY FAMILY UNIVERSITY
SCHOOL OF NURSING & ALLIED HEALTH PROFESSIONS
DOCTOR OF NURSE PRACTICE PROGRAM HANDBOOK

2019-2020

DOCTOR OF NURSE PRACTICE PROGRAM HANDBOOK

The Holy Family University of Nursing and Health Professions Doctor of Nursing Practice Program Handbook presents an overview of the program, the policies and procedures that guide the student, clinical faculty and preceptors. This handbook should be used in conjunction with the *Holy Family University Graduate Catalog*, which provides detailed information regarding programs of study, course descriptions, and University Graduate Program policies and procedures.

GENERAL INFORMATION

HOLY FAMILY UNIVERSITY AND SCHOOL OF NURSING AND ALLIED HEALTH PROFESSIONAL MISSION AND VALUES STATEMENT

The mission statement of Holy Family University and the School of School of Nursing and Allied Health Professions (SONAHP) is a declaration of our purpose, the vision of excellence and what we hope as a community to achieve. It articulates the organization's essential nature, its values and its work. It provides a central understanding of our purpose. The Mission and Values of Holy Family University are readily accessible on the www.holyfamily.edu.

HOLY FAMILY UNIVERSITY NURSING PHILOSOPHY

The Philosophy of Nursing at Holy Family University embodies and enlarges upon the institutional mission by including statements of values and beliefs about humankind, the environment, health, nursing and education. These statements provide the foundation for the conceptual and theoretical bases for the Nursing programs.

In the setting of a small Catholic liberal arts university, the nursing curricula are committed to the development of the whole person. Through close personal interaction between students and faculty, an atmosphere of mutual respect, and an environment that facilitates dialogue, trust is developed. In the context of the Judeo-Christian tradition, nursing fosters a reverence for the dignity of the human family, and a respect for the uniqueness of the individual. Furthermore, an appreciation for education as a liberating force is highly valued.

HUMANKIND

A diverse and complex creation of God, humankind is a unique combination of body, mind, and spirit. Humans exist within the contexts of the individual, family, group, community, nation, and world. Humans have the capacity for selfknowledge, the ability to choose, think critically, and assume responsibility for themselves and others.

ENVIRONMENT

The environment is complex in nature and is a continuous dynamic interchange of physical, psychosocial, cultural, spiritual, economic, and political contexts within a global world. The effects of the environment on the health of individuals, families and communities are addressed by nursing.

HEALTH

Health is a dynamic multidimensional state fluctuating along a wellness-illness continuum. The responsibility for health lies ultimately with the person and society, not with any one segment of that society. Individuals can take deliberate action to promote, maintain, enhance, and/or restore health for themselves and society.

NURSING

Nursing encompasses the arts and sciences and requires the integration of specialized knowledge and skills in providing comprehensive care for individuals, families, and communities. The art of nursing primarily consists of the use of self in caring for others and requires an appreciation of the whole person. The development of a sense of service and social consciousness is important to the role of the professional nurse. Nursing as a science builds upon extant theories from nursing and other disciplines. Nursing science generates and tests hypotheses to develop comprehensive nursing knowledge for the delivery of nursing care.

Professional nursing involves accountability for the diagnosis and treatment of actual and potential human responses throughout the lifespan. Nursing as a profession assists human beings in the management of these responses on a continuous basis to sustain life and health, recover from disease or injury, and/or die with dignity.

Nursing actively participates in developing a quality, accessible health care delivery system. Nursing practice focuses on health promotion, disease prevention, early detection of illness and health restoration. Essentially, nursing provides a human service that encourages self-reliance in the management of health care. Nursing in partnership with consumers and health team members, assists in the development of healthy communities. Working collaboratively with other members of the health care team, nursing ensures clients' rights to actively participate in planning their health care.

EDUCATION

Nursing education is engaged in developing critical thinking and critical reasoning skills. The application of knowledge based on scientific principles, which incorporates research into practice, is essential in the development of the professional nursing role. The partnership between faculty, student, and consumer is a key component for learning in all Nursing programs. Faculty and students are critical thinkers and active learners. Faculty facilitates learning and provides guidance for students through expanded learning experiences. Students are assisted to assume responsibility for seeking and using resources, actively participating in learning, and evaluating personal progress. Nursing recognizes its responsibility to prepare graduates for the changing needs of society. The nursing faculty believes the advancement of the nursing profession is accomplished through the educational process, which includes scholarship, practice, technological competence, and leadership. The expectation for graduates is that they will accept responsibility for continued professional growth, advancement of the profession, and the provision of competent and safe nursing care that is evidence-based, collaborative, culturally appropriate, and guided by moral, ethical and legal principles.

STATEMENT OF COMMITMENT TO HUMAN DIGNITY AND DIVERSITY AT HOLY FAMILY UNIVERSITY

The mission of Holy Family University emphasizes and affirms the dignity of the person and the oneness of the human family. This mission encourages commitment to fostering a university community that is rich in its diversity of people and ideas.

To these ends, as a university community, we dedicate our efforts to respecting individuality, valuing personal dignity, fostering civility and mutual respect, and modeling the core values. We are an academic environment that provides a place for the sharing of ideas and values from many different traditions so to foster the awareness of one's serious responsibility toward all humanity.

We, at Holy Family University, are dedicated to empowering our students with knowledge and sensitivity to "assume life-long responsibilities towards God, society and self." We embrace the challenge of seeking peace and harmony in a diverse global community. The faculty of the Department of Nursing provides a caring and supportive environment while respecting the diversity of the student body and communities which it serves.

UNIVERSITY GENERAL POLICIES

All Holy Family University general policies are located in the Family University Graduate Handbook. STUDENTS AND FACULTY ARE RESPONSIBLE FOR READING THE HOLY FAMILY UNIVERSITY ACADEMIC AND NON-ACADEMIC POLICES. THESE ARE EASILY ACCESSIBLE ON THE HOLY FAMILY WEBSITE WWW.HOLYFAMILY.EDU. IF YOU WISH TO HAVE A PRINTED COPY, THE STUDENT CAN OBTAIN IT FROM THE OFFICE OF ACADEMIC AFFAIRS.

STUDENT ACADEMIC HONESTY AND INTEGRITY STATEMENT

1. Holy Family University expects of its students the highest standards of integrity in their academic performance.
2. Dishonesty in university work, whether it be in quizzes, laboratory work, term papers, examinations, etc., is regarded as a serious offense and may result in failure in the course and dismissal from the University. Anyone who willfully assists another in the breach of integrity is held equally responsible and subject to the same penalty. The University assumes the academic integrity of its students.
3. The University's policy on academic honesty is available for review in the current *Holy Family University Graduate Catalog*. This document is available in print (School Office) and on the University's website: <http://www.holyfamily.edu>. Violations of the University's standards in any form (including but not limited to plagiarism) as described therein or otherwise identified will not be tolerated. Proven incidents of academic dishonesty are subject to progressive sanctions. Responsibility for knowing and understanding the University's position and policies on academic integrity rests with each student.

DISABILITY ACCOMMODATIONS

Any student who has a need for an accommodation based on the impact of a physical, psychiatric/psychological, and/or learning disability must contact the Disability Services Office at 267-341-3231, located at the Philadelphia Campus, Campus Center Room 213. Please contact this office as soon as possible, as eligibility determination requires submission of documentation by the student and review by the Disability Eligibility Committee prior to any accommodation authorization. Classroom and testing accommodations cannot be provided by the instructor without letters of authorization from the Disability Services Office.

SUPPORT SERVICES

The University has a wide range of support services to assist students to be successful in their college endeavor. Please refer to the *Holy Family University Graduate Catalog* for available student resources.

Nursing students have additional resources to facilitate student success. Open Practice sessions are available in the Nursing Laboratory for students who need additional practice with skills.

Speak to your mentors to determine what resources you can access to best meet your needs.

CENTER FOR ACADEMIC ENHANCEMENT

This Center is an academic support service available to students who are interested in improving their learning skills. Tutorial services are offered, and self-study materials are provided across selected educational content. The Center is located on the second floor of the Library on the Philadelphia Campus. Assistance is also available at the Newtown location in the Learning Resource Center (LRC).

STUDENT ADVISING

Meeting routinely with one's advisor is critical to successful completion of the program. Students are encouraged to meet with their advisor whenever they have questions or concerns.

Upon admission to the program all students are assigned an advisor who is a member of the graduate faculty. Students are required to communicate via Holy Family email or voice mail with their advisors. Prior to the first semester students are required to make an appointment to discuss the program and make plans for the sequencing of courses. Thereafter, the advisor is available for guidance for academic and professional issues.

COUNSELING CENTER

The Counseling Center and Disability Services is committed to providing professional services to our University Community for growth, development, health, and empowerment in life and academics. We also serve as a resource to students seeking help for a friend, and for faculty and staff seeking information on how to refer a student for assistance.

The Counseling Center is located on the second floor of the Campus Center in Room 213. To schedule an appointment, call the Counseling Center office at: 267-341-3232, or stop in to make an appointment. Office hours vary each semester.

Please do not e-mail emergency contacts, as e-mail communications may not be reviewed daily.

Information about the Center and the resources available to you can be found on www.holyfamily.edu.

PURPOSE AND OBJECTIVES OF THE DNP PROGRAM

The purpose of the DNP degree program in nursing is to prepare nursing leaders for the highest level of clinical nursing practice. The core DNP essentials include translation of research into practice, transformational leadership, and advanced expert nursing practice as Family Nurse Practitioner or Nursing Leader. Students in the program are prepared either to practice at the highest level to address the health care continuum needs of individuals/ families throughout the lifespan in the primary care setting or expert leader to bring evidence-based knowledge into the practice arena, improve health care outcomes and strengthen the executive nurse leadership role in guiding complex care delivery.

Students who complete the required program of study are eligible for the American Nurse Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP) examination for certification as an FNP or the Nurse Executive Certification.

DNP PROGRAM OBJECTIVES

The DNP program curriculum is consistent with the standards identified in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations* (2015); *Nurse Executive Competencies* (AONE, 2015); and *National Task Force Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). Concepts from the American Nurses Association's series: *Nursing: Scope and Standards of Nursing Practice* (2015), the *Code of Ethics for Nurses with Interpretive Statements* (2015), and *Nursing's Social Policy Statement* (2015) are incorporated into selected courses across the DNP curriculum. The DNP & MSN Essentials' documents are found on AACN's website: <http://www.aacn.nche.edu/>. These documents describe in detail the following:

1. Graduate core curriculum content
2. Advanced practice nursing core curriculum content
3. Practice doctorate core curriculum content
4. Clinical experiences

Program Outcome At the completion of the program, the Holy Family University Certified Nurse Practitioner/Doctor of Nursing Practice graduate will be able to:	MSN Essentials (AACN, 2011)	DNP Essentials (AACN, 2006)	NONPF Competencies (NONPF, 2017)	AONE (AONE,2015)	Healthy People 2020	Graduate Level QSEN Competencies: Knowledge, Skills, and Attitudes (2012)
Synthesize nursing and multidisciplinary theories of practice to develop new practice approaches	I. Background for practice from sciences and humanities	I. Scientific underpinnings for practice	Scientific foundation (1-4) Ethics (1-3)	Communication and Relationship Building Knowledge of Health Care Environment Leadership	Create social and physical environments that promote good health for all	Evidence-based practice
Demonstrate organizational and systems leadership skills and behaviors that emphasize practice, ongoing improvement of health outcomes, and ensure patient safety	II. Organizational and Systems Leadership	II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking	Leadership (1-7) Health Delivery System (1-7) Quality (1-5)	Communication and Relationship Building Knowledge of Health Care Environment Leadership Professionalism Business Skills	Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	Quality Improvement Safety
Disseminate new knowledge to improve healthcare outcomes	IV. Translating and Integrating Scholarship into Practice	III. Clinical Scholarship and Analytical Methods for Evidence-based Practice	Practice Inquiry (1-6) Quality (1-5) Health Delivery System (1-7)	Knowledge of Health Care Environment Professionalism	Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	Evidence-based Practice Quality Improvement
Implement programs using information technology for quality improvement and evaluation of healthcare outcomes	III. Quality Improvement and Safety V. Informatics and Healthcare Technologies	IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	Technology and Information Literacy (1-5) Health Delivery System (1-7)	Knowledge of Health Care Environment Leadership Professionalism	Promote quality of life, healthy development and healthy behaviors across all life stages	Quality Improvement Safety Informatics

Design, influence, and implement healthcare policies that frame healthcare, financing, practice regulation, access, safety, quality, and efficacy.	III. Quality Improvement and Safety VI. Health Policy and Advocacy	V. Health Care Policy for Advocacy in Health Care	Policy (1-7) Quality (1-5) Leadership (1-7)	Communication and Relationship Building Knowledge of Health Care Environment Leadership Professionalism Business Skills	Achieve health equity, eliminate disparities, and improve the health of all groups	Quality Improvement Safety
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CURRICULUM REQUIREMENTS

The Holy Family University Doctor of Nursing Practice Program is designed to meet the academic needs of the professional nurse with either a bachelor's degree with a major in nursing or a master's degree with a major in nursing who plan to continue in a clinical practice role as a Family Nurse Practitioner or in Leadership.

Students with a bachelor's degree with a major in nursing will complete 74 credits to meet the DNP requirements. All students are required to complete the 30 credit hour course requirement for the HFU MSN degree plus one (1) additional credit (NURS 708) prior to continuation into the Family Nurse Practitioner/Doctor of Nursing Practice Program. A Master's degree will be conferred after completing the MSN core courses. Students take an additional one credit course that focuses on advanced assessment skills (Appendix P). Holy Family University will assess a clinical fee for NURS 708 to cover the cost of standardized patients. Please see the *HFU DNP Program Handbook* for fee associated with clinical/lab course work.

All students will then complete 43 credits to meet the requirements of the Family Nurse Practitioner/Doctor of Nursing Practice curriculum and a minimum of 1046 clinical hours. A minimum of 674 Family Nurse Practitioner specialty practicum hours must be completed. A minimum of 374 Doctor of Nursing Practice residency hours must be completed. Progression in the curriculum is dependent upon the student remaining in good standing. (Appendix Q) (Table 3)

Students with a master's degree in nursing who plan to pursue a clinical practice role as a Family Nurse Practitioner will complete 43 credits to meet the requirements of the Family Nurse Practitioner/ Doctor of Nursing Practice curriculum and a minimum of 1046 clinical hours.

Students with a master's degree in nursing who plan to pursue the Leadership track will complete 38 credits hours and a minimum of 1046 clinical hours. Up to 500 clinical hours may be transferred from Masters of Science dependent upon each individual student.

Students applying to the DNP program with a Master's of Science in Nursing from another institution must demonstrate course equivalencies to Holy Family University's program of study. Any course that has not been completed or is deemed not appropriate for transfer must be completed prior to beginning the program. (Appendix P) A minimum of 674 Family Nurse Practitioner specialty practicum hours must be completed. A minimum of 374 Doctor of Nursing Practice residency hours must be completed. Progression in the curriculum is dependent upon the student remaining in good standing.

After successful completion of the DNP Program and fulfillment of exit requirements, the student's transcript will reflect completion of a Primary Care Family Nurse Practitioner/Doctor of Nursing Practice Program or Doctor of Nursing Practice/Leadership.

THE DNP PLANS OF STUDY

The center of the nursing curriculum is the patient. The patient is defined as the individual, the family and the community. These concepts unify the curriculum and are the focus of each clinical course. The patient is framed within a prevention-centered curriculum as the foundation for achieving the *Healthy People 2020* objectives. The roles of the nurse, specifically the nurse as a member of the profession, provider of care and leader/manager of care are focused on within each nursing course. The plan of study is designed to educate students in logical developmental stages from early learner to competent advanced practice nurse.

Nursing courses focus on elevating the nursing students' critical thought process beyond nurse generalist. Safe, high-quality, evidence-based nursing practice is emphasized throughout the curriculum. Graduates demonstrate advanced-level competency in the transition from theory to practice; organizational and systems leadership; evidence-based practice; information technology; healthcare policy; interprofessional collaboration; health promotion; and advanced nursing practice.

Course Sequence Sheets

BSN-FNP/DNP					
		Course Name	Course Sequence	Credit	Clinical Hours
Year 1 A	Session 1	601	Theoretical Basis for Nursing	3	
	Session 2	606	Professional Ethics	3	
Year 1 B	Session 1	607	Health Promotion and Disease Prevention	3	
	Session 2	614	Health Policy Organization and Financing	3	
Year 1 C	Session 1	615	Quality Improvement and Safety in Health Care	3	
	Session 2	610	Advanced Patho	3	
Year 2 A	Session 1	609	Research for Evidence Based Practice	3	
	Session 2	608	Advanced Statistics for Health Care Professionals	3	
Year 2 B	Session 1	611	Advanced Pharmacology	3	
	Session 2	612	Advanced Physical and Health Assessment	3	
		705	Advanced Physical and Health Assessment Lab	1	
<i>Master's conferment after completing 31 credits above</i>					
Year 2 C	Session 1	801	Advanced Practice Role for the DNP	3	
	Session 2	617	Informatics	3	
Year 3A	Session I	704	Advanced Pharmacology for Prescribers I	3	
	Session 2	804	Advanced Nursing Practice: Common/Acute I	3	
		805	Advanced Nursing Practice: Common/Acute Practicum I	1.5	112
Year 3B	Session 1	806	Advanced Nursing Practice: Common/Acute Practicum II	1.5	112

		830	Population Focused System Evaluation and Implementation	3	
	Session 2	807	Advanced Nursing Practice: Acute/Chronic II	3	
		808	Advanced Nursing Practice: Advanced Nursing Practice: Acute/Chronic Practicum I	1.5	112
Year 3 C	Session 1	809	Advanced Nursing Practice: Advanced Nursing Practice: Acute/Chronic Practicum II	1.5	112
	Session 2	810	Advanced Nursing Practice: Advanced Nursing Practice: Complex Chronic III	3	
		811	Advanced Nursing Practice: Advanced Nursing Practice: Complex Chronic Practicum I	1.5	112
Year 4A	Session 1	707	Biostats and EBP	4	
	Session 2	802	DNP Scholarly Project I	1	
		812	Advanced Nursing Practice: Advanced Nursing Practice: Complex Chronic Practicum II	1.5	112
Year 4B	Session 1	803	DNP Scholarly Project II	1	
		901	DNP Residency I	2	150
	Session 2	903	DNP Scholarly Project III	1	
		901	DNP Residency II	1.5	112
Year 4C	Session 1	904	DNP Scholarly Project IV	1	
		905	DNP Residency III	1.5	112
			Total Hours	74	1046

MSN-FNP/DNP TRACK

		Course Sequence	Course Name	Min Credit	Max Credit
Year 1 A	Session 1	801	Advanced Practice Role for the DNP	3	
	Session 2	617	Informatics	3	
Year 1 B	Session I	704	Advanced Pharmacology for Prescribers I	3	
	Session 2	804	Advanced Nursing Practice: Common/Acute I	3	
		805	Advanced Nursing Practice: Common/Acute Practicum I	1.5	112
Year 1 C	Session 1	806	Advanced Nursing Practice: Common/Acute Practicum II	1.5	112
		830	Population Focused System Evaluation and Implementation	3	
	Session 2	807	Advanced Nursing Practice: Acute/Chronic II	3	
		808	Advanced Nursing Practice: Advanced Nursing Practice: Acute/Chronic Practicum I	1.5	112
		809	Advanced Nursing Practice: Advanced Nursing Practice: Acute/Chronic Practicum II	1.5	112
Year 2 A	Session 2	810	Advanced Nursing Practice: Advanced Nursing Practice: Complex Chronic III	3	
		811	Advanced Nursing Practice: Advanced Nursing Practice: Complex Chronic Practicum I	1.5	112
	Session 1	707	Biostats and EBP	4	
Year 2 B	Session 2	802	DNP Scholarly Project I	1	
		812	Advanced Nursing Practice: Advanced Nursing Practice: Complex Chronic Practicum II	1.5	112
Year 2C	Session 1	803	DNP Scholarly Project II	1	
		901	DNP Residency I	2	150
	Session 2	903	DNP Scholarly Project III	1	
		901	DNP Residency II	1.5	112
Year 3A	Session 1	904	DNP Scholarly Project IV	1	
		905	DNP Residency III	1.5	112
			Total credit hours	43	1046

MSN-DNP LEADERSHIP TRACK					
	Semester	Course Sequence	Course Name	Credit Hours	Clinical Hours
Year 1 A	Session 1	820	Leadership: Setting the Example	3	
		802	DNP Scholarly DNP Project I	1	
	Session 2	707	Biostats and EBP for the DNP	4	
Year 1 B	Session 1	720	Nursing Leadership in Health Care Organizations I	3	
		725 A	Nursing Leadership in Health Care Organizations Practicum I A*	1.5	112
	Session 2	617	Informatics	3	
		725 B	Nursing Leadership in Health Care Organizations Practicum I B *	1.5	112
Year 1C	Session 1	730	Nursing Leadership in Health Care Organizations II	3	
		735 A	Nursing Leadership in Health Care Organizations Practicum II A*	2	150
	Session 2	830	Population Focused System Evaluation and Implementation	3	
		735 B	Nursing Leadership in Health Care Organizations Practicum II B*	2	150
Year 2A	Session 1	803	DNP Scholarly Project II	1	
		901	DNP Residency I	2	150
	Session 2	903	DNP Scholarly Project III	1	
		901	DNP Residency I	2	150
Year 2 B	Session 1	903	DNP Scholarly Project III	1	
		902	DNP Residency II	1.5	112
Year 2 C	Session	904	DNP scholarly Project IV	1	
		905	DNP Residency III	1.5	112
			Credit Hours	38	1046

USE OF DNP CREDENTIALS

Degree credentials (e.g., BS, BSN, MS, MSN, DNP, PhD, EdD) are used to indicate completion of a particular educational program. The highest degree attained is usually placed immediately after the last name. All or some of the degrees can be used.

Terms used to indicate partial completion of a degree or certification, or of a student status, such as “DNPc” (DNP candidate) or PhDc (PhD candidate) are terms not recognized in DNP and PhD programs and are not to be used (adapted from NYU, 2013).

The accepted practice for the DNP signature line:

- Mary Jones, DNP, RN, CRNP, FNP-BC, FAANP (preferred)
- Dr. Mary Jones (acceptable use)

- Dr. Mary Jones, DNP, RN, CRNP, FNP-BC, (redundant - do not use both Dr. and DNP on the same line).

Using which credentials on a poster is dependent on WHEN the poster will be presented. If you are presenting your DNP project poster (or podium) findings before you have completed ALL requirements of the program and before ALL grades have been submitted to the university, you would not use the DNP after your name. If you have completed the all requirements of the program, you should use the DNP after your name.

ADMISSIONS CRITERIA FOR APPLICANTS

Admission policies are designed to encourage students to apply who possess a high level of critical thinking; clinical competence and curiosity; a record of academic success; high moral character; and strong leadership potential. Applicants must possess the following qualifications for admission to the Family Nurse Practitioner/Doctor of Nursing Practice program. All entry points have the same criteria.

1. Completion of the Holy Family University Graduate Application form along with the Application Fee (fee is waived for alumni).
2. Current unencumbered license as a registered professional nurse in the State of Pennsylvania.
3. If student has license from another state, must provide documentation of application for Endorsement.
4. Bachelor of Science in Nursing must be obtained from an institution's whose accreditation is recognized in the directory of Accredited Institutions of Postsecondary Education published by the American Council on Education and by CCNE or ACEN.
5. A competitive candidate would have an undergraduate GPA of 3.5 and one-year experience providing direct nursing care.
6. No nursing course grade less than a C.
7. Current resume or CV.
8. Personal interview.
9. Statement of Goals: the candidate is to write on a topic of professional goals and a health care issue that could possibly serve as the inspiration for a future scholarly project.

10. English language proficiency: If English is not your first language, or if English is not the primary language spoken in your home, submission of results from the Test of English as a Foreign Language is required.
11. All Post MSN students who are applying must have evidence of the core requirements of the HFU MSN in their transcripts.
 - a) NURS 601 – Theoretical Basis for Nursing
 - b) NURS 606 – Professional Ethics: Theory & Practice for Advanced Nursing Practice
 - c) NURS 607 – Health Promotion and Disease Prevention
 - d) NURS 608 – Advanced Statistics for Health Care Professionals
 - e) NURS 609 – Research for Evidence-Based Nursing Practice
 - f) NURS 610 – Advanced Pathophysiology
 - g) NURS 611 – Advanced Pharmacology
 - h) NURS 612 – Advanced Physical and Health Assessment
 - i) NURS 708- Advanced Physical and Health Assessment Lab
 - j) NURS 614 – Health Policy, Organization, and Financing
 - k) NURS 615 – Quality and Safety in Health Care
12. All students who have received a Master of Science degree at another institution must have evidence of the HFU MSN core requirements plus one additional credit (NURS 708) on their official transcripts. At the time of application prior courses obtained at another organization will be reviewed through a gap analysis. This will be performed to ensure that the academic preparation for all graduates from the HFU DNP Program have equivalent outcomes.

GAP ANALYSIS OF TRANSFER CREDIT

All students who have received a Master of Science degree at another institution must have evidence of the HFU MSN core requirements plus one additional credit (NURS 708) on their official transcripts. At the time of application prior courses obtained at another organization will be reviewed through a gap analysis. This will be performed to ensure that the academic preparation for all graduates from the HFU DNP Program have equivalent outcomes.

In accordance with the *Holy Family University Graduate Catalog*, a student may request transfer of credit at the time of application. A gap analysis will be performed. HFU considers awarding transfer credits from other regionally-accredited institutions. Students complete the programmatic transfer document that is provided to the student at the time of application. The plan represents all the required course work at another origination. HFU considers awarding transfer credits from other regionally-accredited institutions on following conditions:

1. The official transcript is from an institution whose accredited is recognized in the Directory Accredited Institutions of Postsecondary Education published by the American Council on Education T
2. The official transcript is from an institution whose accredited is recognized by the CCNE or ACEN
3. The course has comparable academic quality this is defined as:
 - a. Comparable transferring course descriptions
 - b. Comparable transferring course learning objectives
 - c. Comparable transferring academic/quality hours.

Acceptance of courses and credits deemed suitable for transfer are reviewed by the DNP Director in consultation with the Dean of the SONAHP. The Dean makes a recommendation to the Vice President of Academic Affairs who issues the final determination or equivalency. Prior to registration, an individualized plan of study is created. This plan may not be altered throughout the curriculum.

Holy Family University		Outside Organization			
Course Number	Course Name	Credit Hours	Course Number	Course Name	Credit Hours
601	Theoretical Basis for Nursing	3			
606	Professional Ethics	3			
607	Health Promotion and Disease Prevention	3			
614	Health Policy Organization and Financing	3			
615	Quality Improvement and Safety in Health Care	3			
610	Advanced Patho	3			
609	Research for Evidence Based Practice	3			
608	Advanced Statistics for Health Care Professionals	3			
611	Advanced Pharmacology	3			
612	Advanced Physical and Health Assessment	3			
708	Advanced Physical and Health Assessment Lab	1			

REGISTRATION STATUS

Students register for courses on published dates (See the University's website, www.holyfamily.edu).

Those who register early will be billed and will pay tuition according to the billing dates specified each semester by the Business Office. Students who register near the starting date for classes will be expected to pay tuition at the time of registration. Classes are closed when maximum enrollment is reached.

Additional sections of courses may/may not be made available during a given semester at the discretion of the School Dean. (Please see *Holy Family University Graduate Catalog*).

CONTINUOUS ENROLLMENT

Students admitted to the program are expected to enroll continuously until the program is complete.

Continuous enrollment is defined as completing the defined credits per year, including Summer sessions, at Holy Family University. Failure to maintain continuous enrollment may affect progress toward degree completion. (Please see *Holy Family University Graduate Catalog*).

DEFINITION OF ACADEMIC STATUS

FULL-TIME

Full-time status is defined as being registered for 9 or more credits during the fall or spring semester. Students carrying 5 credits in summer session also are considered full-time.

PART-TIME

A student who in any semester or summer session is registered for study but who does not meet the criteria for full-time status is considered to be engaged in part-time academic work for that semester.

ACADEMIC PROGRESSION

Progression in the Doctor of Nursing Practice Program is based on satisfactory scholarship in required courses and adequate progress in the project. The policy related to academic progression in the FNP/DNP in nursing is based on the *Holy Family University Graduate Catalog* stating that one or more failing grades or a cumulative grade point average below 3.0 for any semester or combination of semesters may be considered as evidence of failure to maintain satisfactory scholarship and may result in the student being dropped from HFU.

All courses grading matrix in the DNP Program at HFU are aligned with the Graduate Grading Policy. This is located in the Holy Family University Graduate Handbook.

Grading Policy

- A (4 points) Superior performance
- B+ (3.5 points)
- B (3 points) Satisfactory performance
- C+ (2.5 points) Marginal competence. Limited application to degree completion.
- C (2 points) Unacceptable toward completion of degree or certification requirements.
Course must be repeated.
- F (0 points) Failure to demonstrate competence in the course
(*credit can be earned only by repeating the course*)
- I Work not completed within semester, with approval to complete later
(*see related policy under Incomplete Grades*)
- W Authorized withdrawal from course
- M Missing grade not submitted by instructor
- AU Audit; carries no grade
- P Pass

Grades represent student achievement as evaluated by the instructor. All students are expected to maintain a GPA of B (3.0) to remain in good academic standing. A student may graduate from a program with one grade of C+. (**Exception:** a grade of B or higher is required in student teaching, internships, practica, and clinicals in order to complete graduation requirements.) A second grade of less than B earned in any course must be repeated the next time the course is offered. If a third grade less than a B is earned in any course, the student will be dismissed from the program.

Any courses in which a grade below a B is earned may be repeated only once. When a course is repeated, both grades will appear on the transcript, but only the most recent grade will be used in calculating the student's GPA.

COURSE FAILURE

In addition to the HFU Graduate academic requirements, HFU DNP Program also requires that students complete FNP Practicums and DNP Residency with in good standing. Good standing is defined as completed FNP Practicums and DNP Residency; progression in development is evidenced in serial evaluations. Failure to achieve a completed practicum or residency and/or lack of progression will result in student failure.

A student may be removed from the clinical setting up to dismissal from the program for the following:

- a. Fails to demonstrate safe clinical practice.
- b. Fails to meet policies for clinical compliance and health regulation.
- c. Violation of Alcohol/Drug Policy
- d. Failure to notify Director of DNP Programs of dismal or revocation of practice privileges (within < 72 hours) at healthcare organization.
- e. State Board of Nursing suspending or revoking nursing license.
- f. Failure of the student to notify the Director of the DNP Program is nursing license status changes.
- g. Unprofessional behaviors that the clinical faculty and/or preceptor in violation with professional standards.
- h. Unexcused absences without notification to the clinical faculty and the preceptor.

INCOMPLETE GRADES

Failure to complete course requirements at the end of a given semester may result in the assignment of a grade of I (Incomplete) at the discretion of the instructor. Grades of Incomplete must be removed; that is, all work must be completed and the final grade submitted to the Registrar within 90 days of the end of the final examination period. If the student does not complete the course requirements or the final grade is not submitted by the instructor by the specified deadline date, an automatic failure will be recorded in the Registrar's Office. In unusual circumstances, extensions to the deadline dates may be granted at the discretion of the faculty member, who will convey that determination in writing to the School Dean and the Registrar.

ACADEMIC STANDING AND RETENTION

Academic standing for each student will be reviewed by the Vice President for Academic Affairs and the respective schools after each grading period. Students whose grade point average falls below 3.0 will be placed on academic probation. If a student is placed on academic probation, he or she must meet the Program Director or Academic Advisor in the school of study to develop an academic plan. Failure to develop such a plan will jeopardize continuance in the program. Students who continue on probation after two successive semesters will be dismissed from the University.

Required courses include prescribed courses as defined by the FNP/DNP Program Curriculum. The academic standards and grading scale are based upon Holy Family University. Students must complete all courses with a grade of B or higher. A grade of C+ or less may be grounds for dismissal. If a DNP student receives a grade of C+, the student must repeat the course and receive a grade of B or higher.

ACADEMIC DISPUTE AND CHALLENGES

Any academic dispute or grade challenge must be sought by the conclusion of the next semester and resolved within one year of receiving the grade. Any dispute or challenge older than one academic year will not be considered. The policy in the *Holy Family University Graduate Catalog* will be followed.

1. In accordance:
 - a. Students admitted to a degree program are expected to enroll continuously until the program is complete.
 - b. Continuous enrollment is defined as completing a minimum of six credits per academic year, including Summer sessions, at Holy Family University.
 - c. Failure to maintain continuous enrollment may affect progress toward degree completion.
 - d. Coursework that falls outside the seven-year limit for degree completion is subject to program review and possible repetition.
 - e. Students who fail to enroll in courses for a period of two years or longer will be required to apply for readmission to graduate studies.
2. In accordance with the mission and values of Holy Family University that include both rigorous intellectual inquiry and academic excellence a policy of academic honesty and integrity will be strictly followed in all graduate courses. Please see the *Holy Family University Graduate Catalog* for Academic Policies and Code of Conduct.

3. In accordance with HFU, to support the mission of the University and the academic goals of all students, the SONAHP community upholds the following standards of conduct:
 - a. Respect and equitable treatment for all individuals
 - b. Social responsibility and Christian moral behavior
 - c. Respect for lawful authority. Detailed information on the judicial process is printed in the *Holy Family University Graduate Catalog*.
 - d. Examples of misconduct for which students are subject to disciplinary action by the University are:
 - i. Violations of State or Federal law classified as felonies or misdemeanors
 - ii. Deliberate destruction of, or damage to, misuse of, or abuse of public or private property
 - iii. Assault and/or battery upon another person or the threat thereof, including harassment
 - iv. Discriminatory acts committed against anyone in the University community on the grounds of race, religion, national origin, gender or disability
 - v. Violations of the Sexual harassment policy
 - vi. Alteration of University identification card or academic records; misrepresentation of one's identification when requested by a member of the University faculty, administration or staff
 - vii. Violation of campus safety regulations, including motor vehicle and fire safety regulations
 - viii. Loud, obnoxious or menacing behavior which infringes upon the rights of others
 - ix. Theft of public or private property including receipt of stolen property
 - x. Lewd or indecent speech or conduct
 - xi. Possession, use or sale of illegal drugs or drug paraphernalia

DEGREE COMPLETION AND COMMENCEMENT

The degree completion date is determined by the filing deadline for the *Application for Graduation*. Once the petition has been filed, an exit audit will be conducted by the Graduate Academic Services Advisor. The student and the School Dean in the school of study will be notified of the results of this audit and the student's eligibility to graduate.

The responsibility for meeting the requirements for the degree rests with the student. The basic requirements for graduation are:

- The completion of all requirements specified in the particular program
- A cumulative GPA of 3.0 or better and no more than one course with a grade of C+ (see specific course exceptions requiring a grade of B or higher)
- Fulfillment of all University responsibilities: payment of bills, including graduation fees, return of equipment and/or library materials, and so forth
- Completion of the *Application for Graduation* via WebAdvisor no later than October 1 for a December graduation date, February 1 for a May graduation date, May 1 for a July graduation date, July 1 for an August graduation date.

Graduate students are expected to submit graduation applications on time. Graduation applications received after deadline dates will not be considered for the filing graduation date. Therefore, students who submit applications late will not complete degree requirements until the next regularly posted completion date.

To participate in the Commencement ceremony and receive a diploma, students must have filed the required *Application for Graduation* by the appropriate deadline and fulfilled all academic and financial obligations. Students who have successfully completed all academic requirements are encouraged to participate in Commencement. Students who have not filed graduation applications and/or completed all degree requirements successfully will not be permitted to participate in Commencement.

The student's transcript will reflect completion of a Family Nurse Practitioner/Doctor of Nursing Practice Program.

COURSE/CLINICAL CANCELLATION POLICY

Holy Family University will make every effort to meet the academic needs of each graduate student by offering courses outlined in the catalog in a timely manner. However, the University reserves the right to change or cancel, without notice or obligation, any course offering and/or location published in the academic schedule because of insufficient enrollment or for any other reason. Cancellation can occur up to and including the first week of class.

Course/Clinical Cancellation due to Inclement Weather

- Emergency & Snow Closing Codes
 - I. Broadcast on KYW-1060 AM Radio
 - II. KYW web site: School Closings & Delays
 - III. Newtown: 784 - Day; 2784 - Evenings

If impending inclement weather causes the Newtown the opening message on the University telephone system (215-637-7700) will be changed to indicate the closures. For emergencies only, dial 267-341-3333 or ext. 3333.

1. How Delays and Closings Work

- a. Announcements of cancellations, closures, and delays are made through the emergency text message system, the website, the automated telephone attendant, and KYW Storm Center. School closing codes are above. Please remember that closures and delays may not be in effect for all campuses so listen to announcements carefully.
- b. Class cancellations do not automatically mean that the University is closed (all classes cancelled, activities cancelled, offices closed). Please listen to all announcements of closures and cancellations carefully. Essential personnel are expected to report as designated by their supervisors despite other announcements re: cancellations and closures.
- c. Delays for Offices: If we announce a one-hour delay in opening, offices open at 9 am; with a two-hour delay office open at 10 am.
- d. One-Hour Delays for Classes: If we announce a one-hour delay, the 8 am classes are cancelled (M-F), and the regular daily schedule begins with the second-class period; Saturday classes will begin at 9 am.
- e. Two-Hour Delays for Classes: If we announce a two-hour delay, the first two class periods will be cancelled (M-F), and the regular daily schedule begins with the third-class period; Saturday classes begin at 10 am. class Cancellations for Evening Classes:

If we announce cancellation of evening classes, the cancellations begin with 4:30 pm classes and thereafter.

- g. Students in scheduled for clinical hours must communicate with their preceptor and document in Typhon.

HFU SCHOOL OF NURSING GENERAL POLICIES

All students must complete the following clinical requirements before starting their clinical experiences. Documentation that these requirements have been met must be current and on file in the office of the Director of the NP Program before students can register for clinical courses

EVIDENCE OF CURRENT NURSING LICENSE

All students are required to present a valid nursing license. Copy with be kept in the office of the Director of the DNP Program.

CPR CERTIFICATION

Students must maintain current Basic Life Support (BLS) certification throughout the clinical practicum courses. Current ACLS and/or PALS if required by clinical agencies. Students must have copy of BOTH sides of the card uploaded in Typhon.

IMMUNIZATION AND HEALTH SCREENING REQUIREMENTS

1. Physical Examination (Documentation to be obtained from the Student Health Services Department at Holy Family University)
2. Provide documentation of immunization status to the Director of the NP Program. Requirements are as follows:
 - a. Measles/Mumps. For students born on or after 1/1/57, provide adequate documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination (2 vaccinations).
 - b. Varicella (Chickenpox). Adequate vaccination, diagnosed disease or, for those with a negative or uncertain history of varicella, serologic screening. Rubella. For students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination (2 vaccinations). All women, regardless of birth date, should have proof of rubella immunity or prior vaccination.
 - c. Incoming students who are due for a TD booster must have TDAP which includes acellosis pertussis. TDAP will be required for students at the time of their next TD booster. Tuberculin Testing. A two-step tuberculin (TB) test is required prior to

enrollment in a clinical practicum course, followed by an annual tuberculin skin test each year the student is enrolled in clinical practicum courses. completed, a Tuberculosis Risk Assessment must be completed annually and further diagnostic testing may be required.

- d. Hepatitis B immunization. The series of three immunizations or a signed waiver declining the immunizations is required.
 - e. Seasonal flu is required for fall and spring clinical
3. Urine drug screen — a 10 panel Urine drug screen must be completed
 4. Fingerprints — some clinical sites will require fingerprinting.

EVIDENCE OF CLEARANCE

1. All students must have a criminal background check completed prior to enrollment in any nursing course with a practicum component. Depending on the results of the criminal background check, a student may not be able to participate in nursing courses. Please go to the Pennsylvania State website at: <https://epatch.state.pa.us>. Click on new record check. You will need a credit card to pay for the record check \$10.00. Fill out the required information and within 3-4 weeks you will receive your criminal record check. A second option is to fill out the form attached to this document and mail to the state.
2. All students must have a child abuse clearance check completed prior to registration for NURS 804
 - a. Depending on the results of the child abuse clearance check, a student may not be able to participate in clinical courses. Before you can apply for the child abuse clearance check you will need to complete and have the criminal record check completed and attach a copy to the child abuse clearance check request. Please go to the State website at: <https://www.compass.state.pa.us/cwis/Public/Home>.

HEALTH INSURANCE

3. Contracts with clinical agencies require that all students provide evidence of health insurance coverage. If illness or injury occurs during a clinical experience, students are responsible for the cost of any required testing or treatment.
 - b. Evidence of health insurance must be documented annually.
 - c. Students who do not provide evidence of health insurance must sign a waiver stating that they assume personal responsibility for costs of any medical care required due to illness or injury.

MALPRACTICE INSURANCE

1. All student must have student malpractice insurance as an NP, available from Nursing Service Organization, Liberty Insurance, CM&F Group Insurance. This may be added as a rider to your current RN policy. Written proof of insurance that demonstrates "Student NP insurance" is required before any clinical rotation is permitted. The malpractice policy will be kept in the office of the Director of the DNP Program

UNSUCCESSFUL CLEARANCE PROCEDURES

A meeting between the student and Program Director will be arranged. It is at the discretion of the Director to include any additional attendees. Meeting will include discussion of policy and development of a plan, which may include obtaining clinical agency permission for the student to practice in their facility. 3. Documentation of the meeting will be placed in the student's

DOCUMENTS

1. All documents must be kept updated to continue your clinical rotation throughout the academic year – this is the students' responsibility. If any item expires, the student may not complete any clinical time until it is updated.
2. Students should keep copies of these documents in a personal file, so they are available, if requested by their clinical agency. When sharing documents at clinical sites, write "copy" on any forms dispersed; this is a safety measure for the protection of your professional identification.
2. The Preceptor Program files shall be kept housed in the Director of the DNP office.
3. All documents will be uploaded into Typhon.

COMPLIANCE DUE DATES

Compliances are due on August 1st each calendar year. This ensures that the student is compliant throughout the entire academic year with no interruption in their clinical rotation time.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. Standards have been set for health care providers (who transmit health care transactions electronically. While in Clinical Practice, most of the health care providers you will come in contact with will be under the HIPAA guidelines and requirements. In your studies, and during your clinical practice, you need to be aware of these requirements, and additionally, the health care provider will often train you on their HIPAA policies and practices.

Some of the pertinent requirements of HIPAA are:

1. Notifying patients about their privacy rights and how their information is used
2. Adopting and implementing privacy procedures for the practice or hospital
3. Training employees so that they understand the policies
4. Designating an individual as a Privacy Officer, who is responsible for seeing that the privacy procedures are followed
5. Securing patient records containing individually identifiable health information so that they are not readily available to those that do not need them.

While participating in clinical practice, you will be expected to comply with HIPAA requirements, and you need to conduct yourself in the following manner during your clinical practicum:

1. Use safeguards to prevent the use or disclosure of Protected Health Information (PHI) other than for your direct performance of services
2. Notify your supervisor or faculty member of any use or disclosure of PHI that is contrary to your service and its purposes
3. Ensure that fellow students do the same
4. Cooperate and abide by with the training, policies and procedures of the health care provider.
5. The graduate programs utilize only those clinical training sites which comply with HIPAA standards and reserves the right to limit or curtail a student's clinical opportunities in the event that proof of program annual mandatory training is not provided.

REPRESENTING HFU SONAHP

Holy Family University FNP/DNP students should present themselves in a professional manner in all clinical learning sites. While in the institution, and always when in a patient care area or setting, a student should be dressed professionally in appropriate attire. "Appropriate" attire is determined by societal convention and the expectations society has of the nursing & medical professional. Those students who are engaged in patient contact must keep in mind that members of the professional community are obligated to maintain an acceptable professional standard. Good grooming and personal cleanliness are essential in a health care setting.

1. The following dress code is expected for students:
2. Picture identification name badge with educational credentials (Ex. RN, BSN) and Nurse Practitioner Student. Some clinical facilities require both student and facility badges or may allow either student or facility. Picture identification must be worn at all times in the clinical setting or

whenever the student is representing Holy Family University. The student must be clearly and continuously identified as a graduate student at all times.

3. Lab coat with a name pin may be worn depending on the culture of the clinical setting. If you do not have a name pin one may be purchased at the or any uniform store. The name tag should have the following lines: Name and educational credentials (Mary Smith, RN, BSN/Mary Smith, RN, MSN Holy Family University, Nurse Practitioner student). Lab coats should be worn at all clinical sites as appropriate. Lab coats should be 3/4 length, white, and are the student's responsibility to purchase and maintain.
4. Business casual dress. No jeans, denim, shorts, capris, mini-skirts, leggings or midriff revealing tops. Undergarments must be worn and not be visible through outer clothing. Clothing must cover and prevent exposure of the décolleté midriff or abdomen.
5. Footwear selection must be determined by safety, comfort, and business appearance concerns. Clean, low-heeled, leather shoes, with closed toes and closed heels. Clogs must have a closed back. Athletic, all white, leather shoes may be worn. No sandals or flip-flops are acceptable. Sandals, thongs, or any other open-toed shoes, as well as high heels are not acceptable. Hose or socks must be worn.
6. Jewelry: Jewelry should be professional in appearance. Only engagement, wedding or simple rings are permitted and limited to one per hand. One small stud earring per earlobe is permitted. Visible earrings worn other than in the ears will not be permitted. No other piercings or jewelry/hardware may be evident.
7. Watches are mandatory to assist the student with vital signs. No bracelets are permitted. Jewelry should not come in contact with patients, the work area, or be such that it may cause a safety issue with equipment. Jewelry may not be worn in any other parts of the body that is observable to coworkers and patients.
8. Clean and well-groomed hair is expected. Hair color must fall within natural occurring shades, be neat, and if long enough to rest on shoulders it must be secured back and away from the face. Beards, mustaches, and sideburns must be neat, trimmed, and well groomed. Extreme hairstyles and unnatural/exotic colors are not acceptable.
9. Tattoos must be covered at all times in the clinical, lab & community setting.
10. Fingernails must be trimmed short and clean. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.
11. Make up is to be worn in moderation. Heavy use of makeup is not acceptable. Heavy odors of tobacco, food, etc., are not acceptable.
12. To maintain fragrance-free environment and minimize sensitivity and allergic reactions, no perfume, cologne, aftershave, or scented lotions should be worn.

13. Dress code violations:
14. The first incidence of dress code violation will result in the student being removed from the clinical setting and a written warning. The second violation of dress code violation will be suspension from the clinical practicum resulting in an unsatisfactory performance evaluation. The third dress code violation will result in a failure for the course. Students may be dismissed from clinical for non-adherence to dress code at the discretion of the Director of the NP program or the Graduate program faculty. A pattern of non-compliance will result in a course failure.

THE DNP PROGRAM AND NEWTOWN CAMPUS

All courses are offered at the Newtown Campus

- a. Located 18 miles from Philadelphia
- b. Newtown, Bucks County, Facilities
 - i. Computer Laboratories are located in Rooms 131, 132, and 133 and offer a variety of software and hardware programs for computer instruction and student self-study. Open laboratory hours are available.
 - ii. Wireless access is available throughout the 44,000 square foot building
 - iii. Learning Resource Center (LRC), Room 122, is an extension of the Philadelphia Campus Library.
 1. The LRC serves the research and information needs of students and faculty through online research databases, periodicals, books and audio-visual materials, a children's literature collection and curriculum materials. The LRC's resources are supplemented by intercampus and interlibrary loan services. Staff members offer individualized research instruction as well as formal, in-class information literacy sessions at the start of each semester.
- c. Model Classroom, Room 234, is a classroom with enhanced technology
- d. The Multimedia Room, Room 138, provides large-screen video-projection; a multimedia personal computer; a document workstation; TV and multimedia hardware; and recording and amplification equipment.
- e. Room 138 is also equipped with videoconferencing equipment to provide for interactive conferences or classes between the Philadelphia
- f. Multi-Purpose Room, Room 136, has the capacity for large-group instruction, and it supports a local-area network.
- g. Science Laboratory, Room 237, is equipped to serve both as a lecture room and as a science laboratory.
- h. Nursing Simulation Lab, Room 242, is equipped with nursing simulation equipment and practice laboratories.

TECHNOLOGY REQUIREMENTS FOR THE FNP/DNP STUDENT

1. Please bring your Laptop with you to each class.
2. A Pentium 4 or later Windows computer with Vista or Windows 8
3. An Apple PowerPC G4 or later Apple computer with Mac OS X 10.5 — Leopard or later
4. Minimum 2 GB of memory (RAM)
5. The latest version of Java available from: <http://www.java.com/en>
6. The latest version of QuickTime available from: <http://www.apple.com/quicktime>
7. Microsoft Office
8. A headset with microphone
9. Internet Browser - Mozilla Firefox Browser 3.6, or Safari 5.0, or Chrome.
10. Broadband Internet connection is required.
11. Use of HFU e-mail is required.
12. For technology assistance you may contact the Holy Family University IT department by either email.
13. Please see the Graduate Student Handbook for other policies that will be strictly enforced during the semester. Please note that the policy on student use of personal email addresses will be strictly enforced. Weekly attendance is mandatory for this course. Unexcused absences may cause the student to be unable to attain the required competencies and therefore result in failure in the course.

FNP/DNP CLINICAL EXPERIENCE

The clinical portion of Doctor of Nursing Practice Program is a critical component to the student learning new skills and knowledge while developing in a new advanced practice role. It is intense and demanding. However, is also the most rewarding. The Family Nurse Practitioner Practicums involve integration of the skills of gathering health history data, performing an appropriate physical examination, using critical thinking skills to arrive at differential diagnoses regarding the clients' diagnosis, health risks and problems, and developing and implementing a comprehensive health promotion and illness management plan. The Doctor of Nursing Practice Residency Students are to advance clinical practice, explore potential areas of project interest and/or gain practicum experience that supports coursework required in the FNP/DNP curriculum. (Please see DNP Scholarly Project and Residency section)

Students spend approximately two to three days a week over nine eight-week sessions in health care settings integrating their newly acquired advanced practice knowledge with practice as they participate in the primary care delivery process of Family/Individuals Across the Lifespan and develop the competencies articulated in the Essentials.

During these clinical experiences, FNP/DNP students become increasingly able to blend their nursing knowledge and expertise with formalized medical therapeutics to bring about a more complete management schema for the patient. Learning to merge both caring and curing for the benefit of the health care recipient enables FNP/DNP students to become effective providers of primary health care. During each clinical practicum, students develop and nurture advanced practice clinical skills under the guidance and supervision of a graduate clinical faculty, as well as experienced on-site FNP or physician preceptors (Please see Requirements for Clinical Faculty and Practicum Preceptors). For this reason, the selection of clinical sites and preceptors is a very important part of the student's plan of study that requires careful preplanning. Preceptors are volunteer and this means assuming a responsibility in addition to the rigorous demands of their health care provider role. Students will complete a clinical scholarly practice experience that further refines their clinical knowledge and skills (please see DNP Scholarly Project Section).

Therefore, both students and faculty need to demonstrate unfailing courtesy and consideration in their interactions with actual or potential preceptors. Both faculty and students are important ambassadors of HFU and the nursing profession in all their contacts with preceptors.

Each of these courses has an associated fee in addition to the tuition per credit. The fee is to cover the additional costs associated with each course.

STUDENT PLACEMENT AND ACADEMIC AFFILIATION AGREEMENTS

The responsibility to identify preceptors and initiate the request to work with a preceptor is a shared responsibility between the student and the FNP/DNP Clinical Coordinator. The DNP Director and the FNP/DNP Clinical Coordinator will be assisting you in choosing clinical sites. Students may identify preceptors by networking via the work environment, professional organizations or community contacts. All preceptors must possess the qualifications described above. Students must receive permission for all preceptor placements. All preceptors and mentors will complete an orientation program. Any clinical hours accumulated under non-approved circumstances will not be counted toward clinical hours required for the clinical hour completion

Students are permitted to using their place of employment however, the following must be completed and an approval for the Director of the DNP Program must be obtained:

1. The student may not perform clinical hours while being compensated.
2. They may not be performed during a scheduled work day.
3. The student may not perform clinical hours on the unit that they are employed.
4. The student may not have a preceptor who is in direct line of report (ie. Manager, Clinical Director)
5. The student is responsible for providing documentation to the DNP Program Director stating the above criteria.
6. The document must be signed by the student, manager and preceptor.
7. The student must provide contact information for verification.

FAMILY NURSE PRACTITIONER CLINICAL EXPERIENCE

Each practicum of the 6 practicum courses (NURS 805, 806, 808, 809, 811, 812, 901, 902, 903) is eight weeks in length and contains 112 practicum hours. During the first week of each practicum/residency course the student writes a practicum hours' completion plan and discusses the plan with clinical course faculty. The plan includes practicum hours' goals, practicum objectives linking to the overall goal/s, the DNP Essentials, and proposed activities linking to the objectives. Form A (Please see Forms Section) provides an example of a structured format for the development of the plan. An electronic document format will be part of the course is available each time the student enrolls in the course.

COURSE SPECIFIC INFORMATION

1. Each Practicum requires completion and verification of (112 clinical hours).
2. Each student must complete a minimum of *672 hours of clinical practice are required in the Doctor Nursing Practice Program.*
 - a. 112 hours in a primary care setting, emphasizing health history and assessment skill development
 - b. 112 hours of pediatric care in a primary care setting, focusing on developmental assessment, acute and chronic disease recognition, and management and health maintenance of the pediatric patient is best achieved in a primary care Pediatric Practice site or a busy Family Practice that sees children.
 - c. 112 hours in a primary care setting, concentration on acute, episodic problems and health maintenance of the adult client.
 - d. 112 hours in a primary care setting, concentration on chronic disease states, treatment and management of the adult population.
 - e. 112 hours in a geriatric setting, applying gero-pharmacology content to clinical decision-making for pharmacologic treatments, integrating facets of comprehensive geriatric assessment into routine office visits and utilizing current clinical guidelines for health promotion with older adults and management of common acute and chronic health conditions utilizing current guidelines for management. Also addressing elder maltreatment and implementing processes in support of advanced care directives.
 - f. 112 hours in a primary care setting, concentrating on refining skills, developing clinical decision making, gaining experience working with patients and in the NP, role caring for Family/Individual Across the Lifespan.
3. These clinical hours are obtained in the 6 sequential courses.
 1. 805 Advanced Nursing Practice: Common/Acute Practicum I

2. 806 Advanced Nursing Practice: Common/Acute Practicum II
3. 808 Advanced Nursing Practice: Acute/Chronic Practicum I
4. 809 Advanced Nursing Practice: Acute/Chronic Practicum II
5. 811 Advanced Nursing Practice: Complex Chronic Practicum I
6. 812 Advanced Nursing Practice: Complex Chronic Practicum II

During the first week of each practicum/residency course (NURS 805, 806, 808, 809, 811, 812, 901, 902, 903) the student writes a practicum hours' completion plan and discusses the plan with clinical course faculty. The plan includes practicum hours' goals, practicum objectives linking to the overall goal/s, the DNP Essentials, and proposed activities linking to the objectives. Form A (Please see Forms Section) provides an example of a structured format for the development of the plan. An electronic document format will be part of the course is available each time the student enrolls in the course.

The student is expected to collaborate with clinical course faculty on the types of experiences acceptable for the plan. These practicum hours are conducted in collaboration with a mentor. Identifying a mentor will be helpful in obtaining a meaningful practicum experience. Moreover, developing a potentially long term, collaborative relationship may lead to the identification of a mentor who may meet the needs of the student in other FNP/DNP courses for which supervised practicum hours are required. The student develops a practicum plan that includes goals, objectives and proposed practicum activities. Throughout the course, the student maintains an electronic log (Typhon) which demonstrates the relationship between goals and objectives set by the student and completed activities. An electronic journal log is inclusive of the proposed practicum goals and objectives, and a description of all practicum activities with an evaluation of how the activity met the goals and objectives set by the student, and the number of completed hours are located in Typhon. The student must complete the Typhon weekly. Each time the journal is submitted, hours are totaled cumulatively in the system that is accessible to the Clinical Course Faculty, Clinical Coordinator and the Director of the DNP program.

At course completion, the student submits the completed final journal and includes a self-evaluation that contains a summary of the lessons learned from the overall practicum experience, identified areas of strength, areas for improvement and a plan of action into Canvas (Please see Forms Section). In addition, the mentor evaluates the student; the student evaluates the mentor/site (Please see Forms Section). Course faculty and mentor verify the number of hours completed by the student. The completed practicum plan, journal, student self-evaluation, mentor evaluation of student and student evaluation of the mentor/site are submitted electronically in Typhon and Canvas.

DOCUMENTATION IN TYPHON

HFU utilizes The Typhon NPST™ - Nurse Practitioner Student Tracking System. This functions as a complete electronic student tracking system, including comprehensive collection of each student's patient encounter logs to include age, type of patient and a comprehensive overview of clinical hours that need to be tracked during their clinical rotations. This will serve as the repository for evaluations and compliances. Students are required to upload into Canvas the documented total clinical hours, complete name and address of practice sites, site specialty, and preceptor's name and credentials for each clinical course.

The system is web based, HIPAA compliant, and allows students to quickly and easily enter patient encounter information such as demographics, clinical information, diagnosis and procedure codes, medications and brief clinical notes.

As a student enrolled in the FNP/DNP program, you are required to purchase and install this product on their desktop/laptop computer for use by graduate students in all clinical courses. Students may not enroll in NURS 805 without verification of Typhon membership.

Typhon NPST™ Instructions:

1. To facilitate your comfort with navigating within Typhon, students *are required* to watch all tutorial sessions.
2. At the completion, you should e-mail the DNP Clinical Coordinator.
3. Once your FULL NAME, PROGRAM, and HFU e-mail address is forwarded to the Typhon Administrator, you will be entered into the Typhon database system. You will then receive an e-mail to your HFU account with your specific login and password, along with a direct link to the login page.
4. You will then purchase access to Typhon. When you initially log-in, you are automatically directed to a credit card payment page where you pay the \$90 fee. Once payment is approved, the system automatically activates your account and you can begin using the system.
5. Students can access the website on their handheld devices at no additional charge.
6. Students requiring additional technical support can access the Student Frequently Asked Questions(FAQ) found at: <http://www.typhongroup.net/help/> or may complete an online support ticket through Typhon with a response time of approximately one (1) business day.
7. The "Support Tickets" page is available on your main menu when you log in to your online account. Press "Create New Ticket" and fill out the form completely, outlining your issue and any troubleshooting you have already tried.

Student Responsibility

1. It is your responsibility to keep and maintain an up-to-date clinical data base.
2. Expectations vary from course-to-course. Find out what your course faculty requires in terms of documentation in Typhon.
3. There is a learning curve—this is a lot of information to collect. Most students from other schools say that the first few days it may take 5-10 minutes to enter each encounter, but that drastically drops by the end of the first week.
4. You should always try to enter each day's encounters on the actual day—if you get in the habit of doing today's cases today, you won't have to worry about a deadline, and it will help you get past the learning curve more quickly.
5. Don't forget about printing and using the "blank case log worksheet" to help remind you of the data for each patient.
6. Don't forget to monitor your "missing information" screen. Clear it each day while the data is still fresh in your mind.
7. If you have a clinical question related to content entry requirements contact your clinical course faculty
8. You are expected to provide a printout of your patient encounters each week and you must provide a hard copy printout of your encounters (to date) at the time of your mid-term and final clinical evaluations each semester.

PRACTICUM EVALUATIONS (PLEASE SEE EVALUATIONS)

Evaluation of the student in clinical practicum is completed by the student, preceptor and clinical faculty. The Clinical Performance Evaluation Tool is used throughout the program to document the progress of the nurse practitioner student. During the three semesters the focus is on Assessment, Diagnosis and management of acute and chronic as well as health promotion and well visits in the primary care setting. Meeting the expectations listed on the Clinical Performance Evaluation Tool occurs over the course of three semesters. The faculty and preceptors expect to see continuing progress of clinical skills through the three clinical semesters. The expectations for a satisfactory level of performance change over time.

During each semester the student and clinical practicum preceptor complete a midterm (when 66 of the clinical hours for that semester are completed) and a final evaluation using the Clinical Performance Evaluation Tool. This is available on the Typhon site and Canvas. In addition to the evaluations a hard copy print out of all clinical hours will be verified by the preceptor and reviewed by the Clinical Faculty member.

Clinical Performance Evaluation Tool (Please see appendix).

Tools contains elements of the following:

1. Assessment
 - a. Subjective Assessment
 - b. Objective Assessment
2. Diagnosis (Clinical Decision Making)
3. Management
 - a. Development and Implementation of Management Plan
 - b. Treatment
 - c. Demonstration of Ability to Manage Care
4. Evaluation
5. Communication
6. Interpersonal Skills

One evaluation tool is used throughout the program to document the progress of the nurse practitioner student. Throughout six eight-week sessions the focus is on Assessment, Diagnosis and Management of acute and chronic illness in the family/individual patient population across the lifespan in the primary care setting. Throughout the curriculum we expect to see continuing progress. Meeting the expectations listed on the evaluation occurs over the course of six sessions.

The expectations for a satisfactory level of performance change over time. This is a guide to help define expectations.

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Assessment	40%	50%	60%	70%	80%	90%
Diagnosis	5%	10%	15%	25%	50%	75%
Management	5%	10%	15%	25%	50%	75%
Treatment	5%	10%	15%	25%	50%	75%
Evaluation	5%	10%	15%	25%	50%	75%
Communication	20%	25%	50%	60%	75%	90%

At the end of each semester, the student evaluates the course, the faculty and the preceptor. The evaluation instruments are located in the Canvas course and titled “Evaluation: Course, Faculty and Agency”. The Faculty and the Assessment Committee of the University utilize the end of course, faculty and agency evaluations to evaluate the quality of the course.

RESPONSIBILITIES WITHIN FNP CLINICAL PRACTICUM

The following information is intended to serve as a guide for the student, Clinical Faculty and Practicum Preceptor throughout the FNP/DNP curriculum

Responsibility of the School of Nursing

The CRNP/DNP Clinical Coordinator acts on behalf of the SONAHP

1. The SONAHP is responsible for completed a Preceptor Agreement and an Agency Contract with HFU University.
2. The SONAHP will provide Clinical Faculty site visits to preceptorship sites to evaluate the student and to assist the student and preceptor, as needed, in accomplishing the clinical learning objectives.
3. The SONAHP will provide the materials required for evaluation of the student's performance in the preceptor's clinical setting.

Responsibility of the Faculty

CRNP/DNP Clinical Coordinator

1. The Clinical Coordinator will partner with each student to identify clinical placement.
2. They will facilitate the completion of the Preceptor Agreement Form and obtainment of current curriculum vitae, copy of license, board certification and malpractice insurance
3. The Clinical Coordinator will facilitate an agency contract upon approval of the Preceptor Agreement by the DNP Director
4. The Clinical Coordinator is responsible for providing permission to each student and notifying agency that the student is approved to start clinical practice hours.

Clinical Faculty

Requirements for Clinical Faculty and Clinical Faculty Practice Documentation

To serve in the role of Clinical Faculty for the FNP/DNP Program, each faculty member must have the following qualifications:

1. Must hold a current license to practice in the state where the practicum site is located.
2. Must be currently practicing as a Nurse Practitioner in family practice, women's health, & pediatric primary care.
3. A letter of Clinical Faculty Practice Documentation is required providing verification of ongoing clinical practice. This must be validated by the DNP Program Director prior to the semester that they will serve in this role. Failure to comply will result in the termination of the Clinical Faculty member. A letter from collaborating physician or supervising practitioner is acceptable.
4. FNP/DNP Clinical Faculty must a terminal degree in nursing either academic or clinical NLNAC or CCNE accredited institution. If clinical faculty member does not have PhD/DNP they must be actively pursuing. A letter from the school that they are enrolled must be presented.
5. Must have a current board certified by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP) as a Family Nurse Practitioner.

The clinical faculty, in collaboration with the preceptor, will arrange clinical experiences to optimize the student's personal and professional development. Specifically, the faculty will:

1. Identify clinical educational requirements and objectives with the preceptor and student.
2. Orient students and preceptors to the respective roles and responsibilities.
3. Assess the adequacy of space and appropriateness of clients within the preceptor environment to insure adequate student learning experiences and meeting learning objectives.
4. Ensure that appropriate agreements are signed with agencies and preceptors.
5. Respond to problems and concerns of preceptors and students.
6. Communicate periodically with preceptor and student about progress in meeting goals and devise new strategies for attaining goals if needed.
7. Evaluate the student's clinical competency and meeting of clinical learning objectives through scheduled communication with preceptor and in consideration of the written preceptor evaluation.
8. Schedule site visit as needed.
9. Evaluate the student's clinical competency via communication with student, preceptor, faculty, and through site visits as indicated.
10. Facilitate the student-preceptor-faculty relationship through continual constructive feedback.

Practicum Preceptor

Requirements for Clinical Faculty and Clinical Faculty Practice Documentation

To serve in the role of Practicum Preceptor for the FNP/DNP Program must have the following qualifications:

1. Must hold a current license to practice in the state where the practicum site is located as nurse practitioner or MD/DO
2. Must be currently practicing as a Nurse Practitioner or a Physician in a family practice, women's health, & pediatric primary care

4. Must a master's degree in nursing either academic or clinical NLNAC or CCNE accredited institution or have graduated from an accredited medical school
5. Must have a current board certified by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP) as a Family Nurse Practitioner.
6. Completion of HFU Preceptor/Mentor Orientation.

The preceptor serves as a mentor to the students. The preceptor will support students by:

1. Assist the student by arranging opportunities and resources to obtain learning experiences appropriate to the course and individual learning objectives.
2. Assign patients as appropriate to the daily or course objectives.
3. Assign patients consistent with the education and experience level of the student.
4. Enable The student to perform comprehensive and focused history and physical exams, rechecking any history or physical assessment as necessary.
5. Guide the student in developing appropriate patient management plans including pharmacologic and non--pharmacologic management
6. Guide the student to develop differential diagnosis for patients
7. Encourage the student to investigate and participate in clinical inquiry or research.
8. Be present at those times or arrange a substitute experience for the student.
9. Discuss the plan of management with the student.
10. Delegate gradually increasing levels of responsibility for patient's in the identification of problems and in-patient management as student's clinical competence develops.
11. Assist the student in learning the consultation and referral process.
12. Provide ongoing verbal feedback on progress, and written midterm and end of semester evaluation. Participate in two clinical site visits to confer with faculty advisor to discuss student progress. Provide appropriate charts and student materials for review.
13. Expect students to perform only those functions consistent with their role and skills.
14. Remain on site when the student is on site seeing patients and be available for consultation.

15. Under no circumstances may a student attend clinical without a supervising preceptor on site.
16. These guidelines must be strictly adhered to for the student's protection and the protection of the patients seen by students.
17. Notify the Director of the NP program should any problem arise that would prevent the preceptor from fulfilling the goals of the education experience for the student. It is the program's intention to have a completely open faculty-colleague relationship with the preceptor faculty. Should problems arise in student performance, prompt notification of the Director of the NP Program faculty will result in early problem solving without diminishing the education experience for the student and without putting the burden of responsibility on the preceptor.
18. Students are expected to comply with all applicable rules, regulations, policies and procedures of the clinical site. Failure to do so, may result in the student's removal from the clinical site that may cause the student to be unable to attain the required competencies and therefore result in failure of the clinical practicum which will result in a clinical failure for the course.

Responsibility of The Student

The Students are responsible for being self-directed in identifying initial and ongoing learning needs, for seeking learning opportunities to meet identified needs, and for being accountable for their performance in advanced practice nursing. The Student responsibilities include:

1. Understand and practice within the scope of advanced nursing practice as regulated by the Pennsylvania Nurse Practice Act.
2. Provide and complete any required agency documentation. It is the student's responsibility to discuss with Clinical Faculty and Mentor to assure validation prior to arrival.
3. Come to clinical prepared to assess clients, present information to preceptors and participate in clinical decision making regarding client management.
4. Utilize resources on site to further your knowledge base as needed.
5. Negotiate goals & objectives for fulfilling the clinical requirements with the preceptor.

6. Provide written documentation of educational and clinical experiences that meet goals and objectives in Typhon
7. Maintain weekly clinical logs.
8. Maintain a collegial and professional relationship with preceptor and faculty.
9. Provide evidence of self-evaluation of clinical performance and the attainment of learning objectives.
10. Assume responsibility for individual learning needs through assessment of own strengths and limitations.
11. Report to preceptor and clinical faculty immediately if unable to meet clinical experience commitment.
12. Communicate to the preceptor and faculty immediately about any problems that may arise during the clinical experience.
13. Supply preceptor(s) with copies of course objectives and clinical evaluation tools at the outset of the experience. Establish a clinical schedule with preceptor and notify him / her of any changes in a timely fashion.
14. Follow clinical agency policies and procedures.
15. Report all significant information regarding the patient and /or family to the preceptor.
16. Have treatment plan approved by the preceptor prior to implementation.
17. Have preceptor approve all written information prior to writing in the medical record, entering in the computer, or performing dictation.
18. Initiate and arrange for midterm and final evaluation conference with preceptor. Explain the site visit to the preceptor including time for chart review, patient encounter, and conference with student, faculty and the preceptor.
19. Provide a clear understanding of your role to all staff members. Remember you are a guest in the facility, so please try to be helpful when possible.
20. Clinical site visits by Clinical Faculty: One or more visits per semester will be made. Students

will supply faculty with a copy of their complete semester clinical schedule by the first week of class. Faculty will schedule site visit and notify student of date and time by email, or phone. If the visit date is not satisfactory to the preceptor, students are responsible for setting up a mutually convenient date with preceptor and faculty as soon as possible.

21. Patient Records Preceptor Review and Countersignature: On each clinical rotation, it is the student's responsibility to ensure that ALL patients seen by the student are also seen by the preceptor. The preceptor should also review all student notes written in medical records and countersign these documents. This will be located in the Typhon system for tracking.
22. Countersignature by a licensed preceptor is required before any student order may be executed. Under no circumstances should a student initiate orders for any patient on any rotation without immediate consultation and countersignature of the clinical preceptor.
23. UNDER NO CIRCUMSTANCES SHOULD A STUDENT SIGN PRESCRIPTIONS. The only signature which should appear on a prescription is that of the clinical preceptor.

THE DOCTOR OF NURSING PRACTICE SCHOLARLY PROJECT AND RESIDENCY

The goal of the FNP/DNP program is to prepare nurses for advanced practice roles and as clinical scholars skilled in the application of theory and research, evidence-based practice, advanced clinical practice, measurement of patient outcomes and transformation of health care systems to ensure quality and safety. The FNP/DNP graduate of Holy Family University will develop competencies and are responsive to with ever changing needs of diverse health care continuum needs of individuals/ families throughout the lifespan in the primary care setting. The purpose of this section of the Program Handbook is to provide an overview and guidelines for the Doctor of Nursing Practice Scholarly Project and Residency.

The emphasis on high level nursing practice in the FNP/DNP curriculum culminates with a final project and clinical final immersion experience. The FNP /DNP Scholarly Project and Residencies represent the results of independent scholarly inquiry and contribute to the student's personal growth in nursing leadership, health policy, or evidence-based practice. Together with the final project, the immersion provides evidence of the student's advanced understanding of relevant literature and policy/practice issues, documents the outcomes of the student's educational experiences, provides measurable media for evaluating the immersion experience, and summarizes the student's growth in knowledge and expertise.

DOCTOR OF NURSING PRACTICE RESIDENCY

The DNP residency is designed to provide the FNP/DNP student with a comprehensive clinical experience individually designed to meet the professional and clinical goals of each FNP/DNP student. Residency provides an opportunity for further synthesis and expansion of the learning developed to that point. In addition to clinical practice the HFU FNP/DNP students are expected to reflect on clinical practice and pursue independent study, such as participation in presentations, rounds and seminars. Students integrate scholarly reading, educational offerings and clinical experience to develop case studies that demonstrate increasingly complex and proficient practice.

Graduates of the FNP/DNP program are expected to demonstrate highly refined clinical and professional skills. Proficiency may be acquired through a variety of methods, such as attending case conferences, practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements.

Graduates of the program will acquire and are expected to demonstrate, a fund of knowledge, skills and abilities that enhance advanced clinical practice including:

- Refined communication, reflection and scholarly skills
- Advanced scientific foundation
- Patient care expertise with emphasis on independent and inter-professional
- clinical practice
- Analytic skills for appraising, implementing, and evaluating evidence-based,
- direct and indirect patient care across populations and settings
- Advanced knowledge of health policy and health care delivery systems.

The essential components of residency are scholarly activities, reflective journaling combined with documented achievement of competencies and submission of a scholarly paper based upon their Scholarly Project. The FNP/DNP student assumes an expanded scope of practice for patients; provides leadership to foster intra-professional and inter-professional collaboration, demonstrate skills in peer review that promote a culture of evidence, and apply clinical investigative skills to evaluate health outcomes.

Students must demonstrate ability to write professionally and influence health policy. The clinical experiences can include a wide variety of sites where the FNP/DNP student demonstrates autonomous practice, leadership, practice inquiry, and policy as part of the fabric of professional preparation for the NP with a practice doctorate (NONPF, 2010). Gaps in clinical experience and professional growth to meet FNP/DNP competencies are identified at regularly scheduled conferences with their clinical faculty/Residency Coordinator and clinical preceptor and individual arrangements are made to enhance and expand the practicum. Experience may include ambulatory, inpatient, outpatient and long-term

rehabilitative and subspecialty care. All encounters in direct care are logged into an online tracking system.

DNP RESIDENCY COURSES

The completion of the required clinical residency hours and the DNP Scholarly Project is achieved through the DNP Scholarly Project and the DNP Residency. Each DNP Scholarly/Residency course (NURS 802, 803, 901, 902, 903, 904, 905) are eight weeks in length. Four courses (NURS 802, 803, 903, 904) are focused on the progressive development of practice inquiry knowledge and skills and her/his ability to apply research, clinical practice and leadership principles through proposal development. Three courses (NURS 901, 902, 905) are designed as practicum hours with outcomes intended to demonstrate achievement of the DNP Scholarly Project and DNP Essentials on contains 112 practicum hours. Each student completes a minimum 372 total residencies. Student may repeat residency course to assure that the objectives are achieved.

NURS 802	Scholarly DNP Project I	This seminar is the first of a series of four focused on the progressive development of practice inquiry knowledge and skills and her/his ability to apply research, clinical practice and leadership principles through problem identification.
NURS 803	Scholarly Project II	This seminar is the second in a series of four focused on the progressive development of practice inquiry knowledge and skills and her/his ability to apply research, clinical practice and leadership principles through proposal development
NURS 901	DNP Residency I	This course is the first of a series of three focused on clinical immersion progression designed with outcomes intended to demonstrate achievement of at least one measurable goal of DNP Essentials. In addition, the student is expected to plan/implement the DNP Scholarly Project. There is a 150 hour clinical requirement.

NURS 903	Scholarly Project III	This seminar is the third in a series of four focused on the progressive development of practice inquiry knowledge and skills and her/his ability to apply research, clinical practice and leadership principles through the practical application of design techniques, data analysis, and interpretation to guide clinical practice.
NURS 902	DNP Residency II	This course is the second of a series of three focused on clinical immersion progression designed with outcomes intended to demonstrate achievement of at least two measurable outcomes demonstrating achievement of the DNP Essentials. In addition, implementation/evaluation of the DNP Scholarly Project. There is a 112 clinical hour requirement.
NURS 904	Scholarly Project IV	This seminar is the final in a series of four focused on the completion of practice inquiry knowledge project that is innovative and evidence-based, reflects the application of credible research findings, financially sound, feasible, sustainable and demonstrates value to the organization and population(s) served. In addition, the significance of findings in relationship to Implications for Practice/Health Policy/Education Future Projects, Research and/or Policy.
NURS 905	DNP Residency III	This course is the final of a series of three focused on clinical immersion progression designed with outcomes intended to demonstrate student accomplishment of the DNP Essentials and dissemination of the DNP Scholarly Project. There is a 112 clinical hour requirement.

COURSE SPECIFIC REQUIREMENTS (Please see Canvas and Syllabi)

1. There are 3 DNP Residency course which require completion and verification of clinical hours:
 - a. NURS 901 DNP Residency I- 150 hours
 - b. NURS 902 DNP Residency II- 112 hours
 - c. NURS 903 DNP Residency III 112 hours
2. Each student must complete a minimum of *374 hours of Residency Hours in the FNP/DNP program.*
3. In consistency with the Family Nurse Practitioner practicum, HFU utilizes the Typhon NPST™ - Nurse Practitioner Student Tracking System for the DNP Residency Hours.
4. Each student must map to the Essentials

MAPPING TO THE DNP ESSENTIALS (Please see Canvas)

The following is required in each FNP/DNP Residency course (NURS 901, 902, and 905)

1. Develop residency goals related to the DNP Essentials
2. Maintain a log of clinical practicum hours and activities
3. Maintain a reflective journal related to development and implementation of the DNP Scholarly Project and the DNP Essentials
4. On-going self-evaluation relative to accomplishing the DNP Essentials
5. Examples of FNP/DNP residency hours Integrating the DNP Essentials

Clinical Hour Type	Description of Hours	AACN DNP Essentials
A	Collaborating with expert in practice or observational time with experts in the healthcare or a related field (example: consult with expert)	VI, VIII
B	Learning new advanced practice skills appropriate to the Doctoral Inquiry or clinical practice field of expertise	VI, VII, VIII
C	Development of the PICO question and completion of the Doctoral Inquiry (60 hours)	I - VIII
D	Serving as a consultant or mentor (Not to include precepting a nursing student or the education of nursing students or hours teaching a class for nursing students*)	VI, VII, VIII
E	Engaging in professional committee work such as serving on a committee, as a chairperson, engaging	II, V, VI, VIII

	in community activities related to the profession committee (example: serving on the Ethics Committee)	
F	Advocating for vulnerable populations through presentations or practice (example: Mission work)	V, VI, VII, VIII
G	Engaging in policy development, legal bill preparation, and presentation of information (example: visiting a representative to discuss Bills related to NP FNP/DNP practice)	II, V, VIII
H	Attending selected approved conferences with CME documentation as approved by Director and related to Project/area of expertise	VII, VIII
I	Producing educational materials related to the Doctoral Inquiry topic and/or relevant FNP/DNP competencies which are shared with professionals and/or communities (example: presentation at a health	VI, VII, VIII
J	Development of critical thinking skills through complex case studies, research review, presentation and writing as assigned through FNP/DNP courses/program or Scholarly research	I – VIII
K	Provide leadership to foster intra-professional and inter- professional collaboration, demonstrate skills in peer review that promote a culture of evidence, apply clinical investigative skills to evaluate health	II, VI, VII, VIII

	outcomes (examples: interactive tutorials)	
L	Utilizing evidence-based practice to improve patient outcomes through change and/or intervention (example: improving patient processes through policy development and/or process improvement)	I, II, III, VI, VII, VIII
M	Integrates evidence based practice standards into information management systems	IV, VII, VIII

DOCTOR OF NURSING PRACTICE RESIDENCY AND ACADEMIC AFFILIATION

AGREEMENTS

Appropriate preceptors for the FNP/DNP residency immersion experiences include a wide variety of potential experts from which the student may choose. These include, but are not limited to: nurse executives, senior clinicians, skilled informaticists, leaders in health policy development, and leaders from other disciplines with expertise relevant to the FNP/DNP student's area of scholarly focus and objectives. All residency mentors must a professional doctorate or a research doctorate.

The responsibility to identify residency mentors and initiate the request to work is a shared responsibility between the student and the DNP Director. Students may identify mentors however; all mentors must possess the qualifications described above. Students must receive permission for all residency placements. Any residency hours accumulated under non-approved circumstances will not be counted toward residency hours required for completion.

The requirements for the Scholarly Residency placement and responsibilities are consistent with the Family Nurse Practitioner Practicum Placement. (Please see the Family Nurse Practitioner Practicum Requirements). FNP/DNP students may complete their residency experiences within their place of employment, as long as the experiences differ from their standard assignment.

1. No student may begin residency hours until approved and notified by CRNP/DNP Clinical Coordinator
2. Formal contracts are necessary for placements in clinical agencies (Please see the Clinical Practicum Requirements).
3. The Director of the DNP program and the Clinical Placement Coordinator work in conjunction with the agencies to assure that valid affiliation agreements are in place.
4. Students have met all compliance and documentation requirements prior to placement.
5. Completion of HFU Preceptor/Mentor Orientation.

RESIDENCY DOCUMENTATION AND TIME LOG

In keeping with the Family Nurse Practitioner clinical time, all DNP Residency hours are documented in the Typhon system. Typhon is a clinical data management system that will aide in the student clinical experience and job search after graduation. Students pay a one-time fee to register for Typhon and can use the system through the clinical courses and after graduation. Typhon will be used to log clinical experiences, create an electronic student portfolio, manage external documents (resume, clinical schedule), generate reports of clinical experiences, administer evaluations, and store site and preceptor information. This electronic logging system becomes part of the student's permanent file and substantiates the Director's recommendation of the student in applying for certification upon graduation. Each patient seen will be recorded on the Typhon Patient Log Record.

Practice immersion experiences afford the opportunity to apply, integrate, and synthesize the DNP Essentials necessary to demonstrate achievement of desired outcomes in an area of advanced nursing practice. Students must have a preceptor in the clinical area and must keep a log of clinical hours.

Clinical hours may consist of mentored learning that provides a broad range of activities; in addition to autonomous clinical hours such as leadership, practice inquiry, and policy. All clinical residency hours must be at the doctoral level, and directly related to the scholarly project or achievement of the DNP

Essentials Competencies (AACN, 2006).

The following activities are some examples of time that can be applied toward residency hours:

Time in the healthcare arena/ organization working on some aspect of the scholarly project.

1. Time spent with mentor in an area of specialization (hours dedicated to FNP/DNP level experience and beyond the student's current role).
2. Special projects related to advanced nursing practice specialization.
3. Time spent in a clinical agency's committees.
4. Time spent in formal skill building to develop, implement, or evaluate scholarly project (such as tutorials, meetings, consultation with experts, professional, or community conference attendance)
5. Time spent in formal skill building to develop advanced skills in the nursing practice specialty.
6. Time spent participating in a health initiative in the agency, healthcare system, state or national agency.
7. Clinical hours do not include:
 - a. Time spent in activities required for another FNP/DNP course.
 - b. Time spent in conferences that are counted toward a course in which you receive credit.
 - c. Time spent traveling to and from conferences.
 - d. Time spent during hours of work in current position.
 - e. Time spent in CE programs will be applied to FNP/DNP clinical hours on a case-by- case basis.

Students are responsible and required to document all residency hours, the alignment to the DNP Essential and reflective journaling. Hours that are not documented do not count! These are to be submitted weekly.

- Achievement of the DNP Essentials
 - AACN DNP Essentials
 - I – Scientific Underpinnings for Practice
 - II- Organizations and systems Leadership for Quality Improvement and Systems Thinking
 - III- Clinical Scholarship and Analytical Methods for Evidence-Based Practice
 - IV- Information systems/Technology and Patient Care Technology for the

improvement and

- Transformation of Health Care
- V- Health Care Policy for Advocacy in Health Care
- VI- Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII – Clinical Prevention and Population Health for Improving the Nation’s Health
- VIII – Advanced Nursing Practice

Examples of DNP Clinical Activities Integrating the DNP Essentials

Clinical Hour Type	Description of Hours	AACN DNP Essentials
A	Collaborating with expert in practice or observational time with experts in the healthcare or a related field (example: consult with expert)	VI, VIII
B	Learning new advanced practice skills appropriate to the Doctoral Inquiry or clinical practice field of expertise	VI, VII, VIII
C	Development of the PICO question and completion of the Doctoral Inquiry (60 hours)	I - VIII
D	Serving as a consultant or mentor (Not to include precepting a nursing student or the education of nursing students or hours teaching a class for nursing students*)	VI, VII, VIII
E	Engaging in professional committee work such as serving on a committee, as a chairperson, engaging in community activities related to the profession committee (example: serving on the Ethics Committee)	II, V, VI, VIII
F	Advocating for vulnerable populations through presentations or practice (example: Mission work)	V, VI, VII, VIII

G	Engaging in policy development, legal bill preparation, and presentation of information (example: visiting a representative to discuss Bills related to Family Nurse Practitioner /DNP practice)	II, V, VIII
H	Attending selected approved conferences with CME documentation as approved by Director and related to Project/area of expertise	VII, VIII
I	Producing educational materials related to the Doctoral Inquiry topic and/or relevant FNP /DNP	VI, VII, VIII

	competency which are shared with professionals and/or communities (example: presentation at a health	
J	Development of critical thinking skills through complex case studies, research review, presentation and writing as assigned through DNP courses/program or Scholarly research	I – VIII
K	Provide leadership to foster intra-professional and inter- professional collaboration, demonstrate skills in peer review that promote a culture of evidence, apply clinical investigative skills to evaluate health outcomes (examples: interactive tutorials)	II, VI, VII, VIII
L	Utilizing evidence-based practice to improve patient outcomes through change and/or intervention (example: improving patient processes through policy development and/or process improvement)	I, II, III, VI, VII, VIII
M	Integrates evidence based practice standards into information management systems	IV, VII, VIII

DNP SCHOLARLY PROJECT

The essential components of the DNP program are scholarly activities, reflective journaling combined with documented achievement of competencies and submission of a scholarly paper based upon their Scholarly Project. The DNP student assumes an expanded scope of practice for patients; provides leadership to foster intra-professional and inter-professional collaboration, demonstrate skills in peer review that promote a culture of evidence, and apply clinical investigative skills to evaluate health outcomes.

PROJECT OVERVIEW

Description

The final scholarly project in the Doctor of Nursing Practice (DNP) program is called the DNP Scholarly Project (not capstone or dissertation). The DNP project integrates the practice and scholarship elements of the FNP/DNP degree. It is a practice-based project and aligns with the DNP Residency. It is designed to address a practice issue affecting groups of patients, health care organizations, or health care systems. Students will work with clinics, inpatient units, hospitals, urgent care and long-term facilities, governmental agencies, community organizations, advocacy groups, or health care systems to assess, plan, implement, and evaluate a practice problem or policy issue of local, national, or global significance.

Each FNP/DNP student will develop and execute the DNP Project to include the purpose, plan, implementation, evaluation and/or outcomes, and dissemination of findings beyond the academic setting. The project will allow the student to utilize and apply the concepts and skills attained throughout the program. The student will identify a problem or need within their practice area. They will develop an in-depth understanding of the issue through a review of the research literature and examination of the aspects significant to the problem. The project will be developed in partnership with the targeted system or community. Students must also take into consideration and involve the system and stakeholders.

All DNP Projects should (American Association of Colleges of Nursing, 2015):

- Focus on a change that impacts healthcare outcomes either through direct or indirect care.

- Have a systems (micro-, meso-, or macro-level) or population/aggregate focus.
- Demonstrate implementation in the appropriate arena or area of practice.
- Include a plan for sustainability (e.g. financial, systems or political realities)
- Include an evaluation of processes and/or outcomes (formative or summative).DNP

Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy.

- Provide a foundation for future practice scholarship.

A variety of types of Scholarly Projects exist and may be considered for the DNP project and final manuscript. All topics must be approved. The following chart highlights types of DNP final product examples.

Type of Scholarly Project	Key Concepts	Exemplar
Action Research	<p>Directly impacts practice</p> <p>Cycle of data collection, reflection and problem redefinition</p> <p>Variety of qualitative and quantitative methods to collect data; words more important than numbers</p>	Addressing the Use of Shared Medical Equipment in a Large Urban Hospital
Case Study Research	<p>Greater depth of understanding to complex issues through conceptual analysis</p> <p>Can be of an individual, group, institution or entire community</p> <p>Appropriate for describing, exploring, and understanding a phenomenon in its real-life context</p> <p>Variety of data collection methods necessary</p>	A Case Study of the Implementation of an Electronic Health Record in Preadmission Units and Day Surgery Centers

	<p>Postpositive philosophy: thinking and reflection on what has happened after it happened</p>	
<p>Qualitative Descriptive Research</p>	<p>Preferred method for direct descriptions</p> <p>Based on naturalistic inquiry</p> <p>Focus groups typically used to collect data</p> <p>Moderators must be skilled communicators</p>	<p>Nurses' Perceptions of Nursing Handoffs at the Bedside</p>
<p>Clinical Intervention Studies</p>	<p>3 basic designs: Pre-experimental, Quasi-Experimental, True Experimental</p> <p>Consent form is necessary</p> <p>Involve manipulation of the independent variable</p> <p>Builds knowledge about what works and what doesn't work</p> <p>Any deliberate physical, educational, or verbal action directed toward goal accomplishment</p> <p>Must be able to demonstrate fidelity</p>	<p>Health Promotion in School-Aged Hispanic Children Through a Culturally Appropriate Nutrition and Exercise Family-School Program</p>
<p>Quality Improvement</p>	<p>Implies a continuous monitoring process</p> <p>Focus on the structure, process, and outcomes of healthcare</p> <p>Has its own validated methods and tools for analysis</p>	
<p>Program Evaluation</p>	<p>Evaluations fall into one of five categories:</p> <p>Formative evaluation structure to provide input for immediate project improvement</p> <p>Summative evaluation for the purpose of providing accountability</p> <p>Outcome evaluation to measure whether or not a project achieved intended outcome</p>	<p>Summative Evaluation of Patient Safety Strategies in an Urban Emergency Department</p>

	<p>Goal-based evaluation to determine the extent to which programs are meeting predetermined goals</p> <p>Process-based evaluation focused on a complete understanding of how a program work</p>	
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*Adapted from: American Association of Colleges of Nursing. The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations (report from the Task Force on the Implementation of the DNP), August 2015

RESPONSIBILITIES WITHIN THE DNP SCHOLARLY PROJECT

Primary Advisor

The primary advisor serves as leader of the student’s DNP Project Team, mentors the student, assists in narrowing and focusing the study topic, and guides the student in the project’s development, implementation, evaluation, and timely completion. Specifically, the primary advisor responsibilities are to:

1. Review and critique the student’s DNP Project proposal and provide feedback to them regarding any further revisions that you recommend. It is important to identify if the student has consulted with a statistician for recommendations for the Data Analysis Plan and to verify who will be guiding the study data analysis
2. Assume the role as the Principal Investigator (PI) for the student’s study when submitting to IRB. Sign the IRB application as the Principal Investigator. The student, however, is responsible for filling out all the IRB forms
3. Assume the role of primary advisor for student. Review and grade all assignments.
4. Meet with the student on a regular basis for study oversight. Student should schedule monthly meetings (or as necessary) with the primary advisory (and second advisor as needed) to ensure that the study and data collection are following IRB approved guidelines, discuss updates, and

identify and solve problems encountered

5. Oversee the student's study progress to ensure they are complying with project deadlines necessary for study completion according to the *timeline*.

Student

1. Communicating regularly with his/her Advising Team regarding programs, goals and plans.
2. Communicating with Doctoral Committee members on a regular basis regarding progress, scheduling meetings, including comprehensives/ proposal hearing, and final oral presentation.
3. Becoming familiar with and complying with all relevant policies and procedures as set forth by the Graduate School and Graduate Program of the College of Nursing.
4. Reporting problems that delay progress in completing the degree requirements to the Director of the DNP Program.

Doctoral Team

The Doctoral Team will consist of the student's academic adviser and the DNP Director, all from the graduate program in Nursing. The Academic Adviser will be the chair of the committee. The committee serves in an advisory capacity to the student and assures that the project is feasible in scope and of sufficiently high quality to demonstrate the student's competence as a leader in the health care system. The FNP/DNP faculty will work with the student in developing the initial plan for the project, which will be approved by the full committee.

1. To advise and ultimately approve the written proposal (comprehensives).
2. To be available to the student for consultation regarding the project.
3. To serve on the student's comprehensive committee/proposal hearing, (written and oral component).
4. To read the written component of the project and, when appropriate, to designate the written
5. component as complete and acceptable must be based on two-thirds positive vote.
6. To communicate all committee decisions in writing to the student and the Associate Dean for

7. Graduate Education
8. Conduct the final oral presentation of the project and determine acceptability of written component for graduation.

HUMAN SUBJECTS PROTECTION

Any use of human subjects, animals, biohazardous materials, or radioisotopes for research purposes must be reviewed and approved by the IRB before the research is conducted. This approval cannot be obtained retroactively and cannot be granted by the advisers or doctoral committees. The mission of the Institutional Review Board at Holy Family University is to encourage the formation of persons of integrity by upholding high ethical and professional standards in the use of human subjects in scientific research. Mindful of service to human needs, the IRB will instill in our campus community a passion for truth, which is rooted in a Judeo-Christian world view. Grounded in this Judeo-Christian tradition, research on human subjects will support the contemporary development of knowledge and a vision for the future.

This review is part of the HFU policy on ethics in research. It provides legal assurance for the commitment that the HFU has made to the federal government regarding the protection of human and animal subjects. Violations of the policies on these matters are a serious breach of the trust placed in researchers by the scholarly community and society. All IRB forms and instructions are located on the Holy Family Website. <https://www.holyfamily.edu/about-holy-family-u/our-campuses-in-philadelphia/research-irb>

ELEMENTS OF THE EVIDENCE-BASED DNP PRACTICE PROJECT

I. Section I. Title and Abstract

- a. Title
- b. Acknowledgments
- c. Dedication (optional)
- d. Abstract. . . .

II. Section II. Introduction

- a. Problem Description
 - i. Problem Statement
 - ii. Purpose of the Project (or clinical question[s])
 - iii. Significance to Nursing or Healthcare
- b. Available Knowledge
 - i. Literature Review Methods
 - ii. PICOT Question
 - iii. Literature Review of the Evidence
 1. Analysis of Central Concepts of Project
 - iv. Evidence Summary and Practice Implication
 - v. Conceptual and Theoretical Framework
 - vi. Aim of Change and Intended Improvement

III. Section III. Methods

- a. Gap Analysis
- b. Context.
 - i. Key definitions
 - ii. Key Stakeholders
- c. Study of Intervention
 - i. Project Design

1. Setting
2. Population
3. Inclusion/Exclusion Criteria
4. Analysis of organization readiness for change

d. Study of Implementation

1. Measures
2. Description of Intervention
3. Data Collection Process
4. Data Collection Logistics
 - a. Implementation Timeline
 - b. Proposed Budget, Time, and Resources Plan
 - c. Responsibility and communication plan
 - d. Cost benefit analysis
 - e. Ethical Considerations

IV. Section IV. Results

- a. Program Evaluation/Outcomes
- b. Summative

V. Section V. Discussion

- a. Summary
- b. Relation to Other Evidence
- c. Barriers to Implementation
- d. Interpretation
- e. Conclusion

VI. Significance or Implications

- a. Impact of Results on Practice

b. Recommendations for practice

c. Mapping to Essentials

VII. Section VII. References

VIII. Section VIII. Appendices

i. Appendix A

ii. Appendix B

iii. Appendix

HOLY FAMILY UNIVERSITY

FNP/DNP PROGRAM FORMS AND EVALUATION TOOLS

FAMILY NURSE PRACTITIONER

Forms/Evaluations

DNP RESIDENCY

Forms/Evaluations

DNP SCHOLARY PROJECT

DNP Template Forms/Evaluations

SECTION I:

FAMILY NURSE PRACTITINER PRACTICUM FORMS AND EVAULATION TOOL

Dear Preceptor:

Thank you for participating in the educational process of a Holy Family University Family Nurse Practitioner student. We are grateful for your time and commitment to mentoring.

Please review the evaluation form. This form is used throughout the program to chart the progress of the nurse practitioner student. Throughout six eight-week sessions the focus is on Assessment, Diagnosis and Management of acute and chronic illness in the family/individual patient population across the lifespan in the primary care setting. Throughout the curriculum we expect to see continuing progress. Meeting the expectations listed on the evaluation occurs over the course of six sessions.

The expectations for a satisfactory level of performance change over time. To help guide you during your midterm and final evaluation, the following percentages for meeting each objective during patient encounters are offered. Please include your email in the evaluation so that I may contact you if needed.

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Assessment	40%	50%	60%	70%	80%	90%
Diagnosis	5%	10%	15%	25%	50%	75%
Management	5%	10%	15%	25%	50%	75%
Treatment	5%	10%	15%	25%	50%	75%
Evaluation	5%	10%	15%	25%	50%	75%
Communication	20%	25%	50%	60%	75%	90%

Please feel free to contact me with any questions or concerns. I check email several times throughout the day, so that is usually the best way to contact me for any concerns mharkins2@holyfamily.edu. For any urgent concern, you may contact the assigned faculty member or me directly 267.644.9863.

Respectfully,

Margaret Harkins, DNP, MBE, GNP-BC, RN-BC
Associate Dean/Director Doctor of Nursing Practice Program

Student Nurse Practitioner Performance Evaluation Tool

The preceptor is asked to evaluate the student’s clinical performance through chart review, direct observation, case discussion, and performance characteristics.

The students’ clinical practicum will be evaluated by preceptors 12 times, twice during each of the 6 sessions. The midterm evaluation is due by week 4 and the final evaluation is due by week 8. It is the student’s responsibility to make the preceptor aware of the due dates.

The faculty expect the student to be progressively more independent in performing the clinical expectations, requiring less guidance and validation from the preceptor toward the completion of the semester. Please add any additional comments of the evaluation form that may add to the student’s progression and goals. Your thoughts and comments are invaluable in providing the student insight and are appreciated.

Please rate each of the following using the following scale:

Code	Performance Level	Definitions
5	Exceeds Expectations	Performance is independent and exceeds what is normally expected of a student. Proficient, coordinated care with little, if any preceptor assistance required.
4	Above Average	Performance requires minimal assistance from the preceptor
3	Average / Satisfactory	Performance is acceptable and reflects what is normally expected of a student.
2	Marginal	Significant preceptor review and intervention are required for performance to meet expectations.
1	Unsatisfactory	Performance does not meet expectations. The student’s care may be unsafe. Constant assistance and supervision required from preceptor.
N/A	Not Applicable	Not applicable to this practice setting.
N/O	Not Observed	Not observed during this time period.

*Modified from: The Johns Hopkins Hospital Nurse Practitioner Performance Appraisal Tool. Published in *Nurse Practitioner*, 1985, 0(8), 29, 32-33. *Adapted from Gwynedd Mercy University, Frances M. Maguire School of Nursing and Health Professions Nurse Practitioner Program

**NURSE PRACTITIONER PROGRAM STUDENT NURSE PRACTITIONER PERFORMANCE
EVALUATION TOOL**

Student: _____ Date _____

Preceptor: _____

Email: _____

Site: _____ Total Number of Clinical Hours _____

Session: 1 2 3 4 5 6

Faculty Preceptor: _____

Scale 5-1

Not Met 1	Slightly Met 2	Moderately Met 3	Substantially Met 4	Fully Met 5	N/A Not Applicable	N/O Not Observed
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A. Assessment	1	2	3	4	5	N/A	N/O
1. Subjective Assessment							
a. Elicits a comprehensive health history (relevant chief complaint, history of present illness, pertinent past medical history, and health status).							
b. Elicits pertinent history for chief complaints, presenting illnesses, and specific problems.							
c. Elicits an eminent interval, follow-up history.							
d. Includes applicable health screening and maintenance questions at all visits.							
e. Enables patient / family to tell history of illness while controlling interview and placing patient at ease.							
f. Records pertinent positive & negative findings in the history.							
g. Records history in a legible, organized, and non-repetitive fashion.							
2. Objective Assessment							
a. Performs a comprehensive physical exam in a systematic and effective manner.							
b. Performs a relevantly focused physical exam for chief complaints, presenting illnesses, and specific problems.							
c. Demonstrates skills in auscultation, inspection percussion and palpation.							
d. Selects, orders, and /or obtains relevant and cost-effective laboratory and other diagnostic studies.							
e. Selects, orders, and /or obtains health screening and maintenance tests when indicated.							
f. Records physical examination in an organized, logical format, including pertinent positive and negative findings.							

3. Diagnosis (Clinical Decision Making)	1	2	3	4	5	N/A	N/O
a. Formulates diagnosis(es) by synthesizing data from the health history and physical examination in a logical manner.							
b. States accurate differential diagnosis & rationale for inclusion and scientific methods to rule out a diagnosis.							
c. Uses clinical reasoning when generating diagnostic hypotheses.							

B. Management	1	2	3	4	5	N/A	N/O
1. Development and Implementation of Management Plan							
a. Considers all available data.							
b. Utilizes sound judgment establishing priorities.							
c. Incorporates the physical needs of the patient.							
d. Incorporates the psychosocial needs of the patient.							
e. Incorporates the counseling/teaching & economic needs of the patient.							
f. Incorporates the patient's health beliefs.							
g. Includes patient as an active participant in the process.							
h. Integrates age and developmental changes.							
i. Uses family, community, and professional resources.							
j. Incorporates health promotion / maintenance.							
k. Considers cost.							
l. Considers alternative management plans / strategies.							
m. Able to substantiate rationale for the management plan formulated.							
n. Demonstrates problem solving ability in developing the treatment plan							
2. Treatment							
a. Possesses knowledge of recommended treatment regimens.							
b. Evaluates effectiveness of previously implemented treatment.							
3. Demonstration of Ability to Manage Care							
a. Common minor acute health problems.							
b. Common chronic health problems.							
c. Common chronic health/complex problems.							
d. Health screening / health maintenance care.							
e. Demonstrates critical thinking in managing the plan of care							
C. Evaluation	1	2	3	4	5	N/A	N/O
a. Evaluates need and / or time for follow-up.							
b. Refers patients when appropriate.							
c. Follows up results of laboratory and other studies, referrals and consultations.							

D. Communication	1	2	3	4	5	N/A	N/O
a. Establishes rapport with patient / family.							
b. Respects confidentiality							
c. Records visit (encounter) data accurately in an organized and concise format							
d. Presents case verbally in a suitable succinct manner.							
e. Recognizes need for consultation.							
f. Demonstrates a collaborative role as a provider of primary care.							
g. Demonstrates oral case presentation skill in an organized and accurate format.							
g. Appropriately utilizes technology in the clinical site (PDA, electronic health records, Up-to-date, and on-line databases)							
h. Clearly and effectively communicates with patients, staff, Preceptor and faculty.							
E. Interpersonal Skills	1	2	3	4	5	N/A	N/O
a. Prepares adequately for clinical experience.							
b. Demonstrates responsible dependable behavior.							
c. Possesses initiative to meet identified personal learning needs.							
d. Manages time wisely.							
e. Cooperates with preceptor and staff.							
f. Coordinates patient's care with preceptor.							
g. Recognizes own strengths and weaknesses.							
h. Performs clinically safe patient care.							

Overall experience and progression comments for student's growth and insight:

Preceptors Comments and / or recommendations:

Practicum Advisors Comments and / or recommendations:

Student Comments and / or recommendations:

Signatures: I attest that this information is true and accurate.

Student/Date: _____

Preceptor/Date: _____

Practicum Advisor/Date:

STUDENT FAMILY NURSE PRACTITIONER EVALUATION TOOL

Student: _____ Date _____

Preceptor: _____

Email: _____

Site: _____

Total Number of Clinical Hours _____

Session: 1 2 3 4 5 6

Faculty Preceptor: _____

A. Assessment	1	2	3	4	5	N/A	N/O
1. Subjective Assessment							
a. Elicits a comprehensive health history (relevant chief complaint, history of present illness, pertinent past medical history, and health status).							
b. Elicits pertinent history for chief complaints, presenting illnesses, and specific problems.							
c. Elicits an eminent interval, follow-up history.							
d. Includes applicable health screening and maintenance questions at all visits.							
e. Enables patient / family to tell history of illness while controlling interview and placing patient at ease.							
f. Records pertinent positive & negative findings in the history.							
g. Records history in a legible, organized, and non-repetitive fashion.							
2. Objective Assessment							
a. Performs a comprehensive physical exam in a systematic and							

effective manner.							
b. Performs a relevantly focused physical exam for chief complaints, presenting illnesses, and specific problems.							
c. Demonstrates skills in auscultation, inspection percussion and palpation.							
d. Selects, orders, and /or obtains relevant and cost-effective laboratory and other diagnostic studies.							
e. Selects, orders, and /or obtains health screening and maintenance tests when indicated.							
f. Records physical examination in an organized, logical format, including pertinent positive and negative findings.							
3. Diagnosis (Clinical Decision Making)	1	2	3	4	5	N/A	N/O
a. Formulates diagnosis(es) by synthesizing data from the health history and physical examination in a logical manner.							
b. States accurate differential diagnosis & rationale for inclusion and scientific methods to rule out a diagnosis.							
c. Uses clinical reasoning when generating diagnostic hypotheses.							

Preceptors Comments and / or recommendations:

Practicum Advisors Comments and / or recommendations:

Student Comments and / or recommendations:

B. Management	1	2	3	4	5	N/A	N/O
1. Development and Implementation of Management Plan							
a. Considers all available data.							
b. Utilizes sound judgment establishing priorities.							
c. Incorporates the physical needs of the patient.							
d. Incorporates the psychosocial needs of the patient.							
e. Incorporates the counseling/teaching & economic needs of the patient.							
f. Incorporates the patient's health beliefs.							
g. Includes patient as an active participant in the process.							
h. Integrates age and developmental changes.							
I. Uses family, community, and professional resources.							
j. Incorporates health promotion / maintenance.							
k. Considers cost.							
l. Considers alternative management plans / strategies.							
m. Able to substantiate rationale for the management plan formulated.							
n. Demonstrates problem solving ability in developing the treatment plan							
2. Treatment							
a. Possesses knowledge of recommended treatment regimens.							
b. Evaluates effectiveness of previously implemented treatment.							
3. Demonstration of Ability to Manage Care							
a. Common minor acute health problems.							
b. Common chronic health problems.							
c. Common chronic health/complex problems.							
d. Health screening / health maintenance care.							
e. Demonstrates critical thinking in managing the plan of care							

C. Evaluation	1	2	3	4	5	N/A	N/O
a. Evaluates need and / or time for follow-up.							
b. Refers patients when appropriate.							
c. Follows up results of laboratory and other studies, referrals and consultations.							
D. Communication	1	2	3	4	5	N/A	N/O
a. Establishes rapport with patient / family.							
b. Respects confidentiality							
c. Records visit (encounter) data accurately in an organized and concise format							
d. Presents case verbally in a suitable succinct manner.							
e. Recognizes need for consultation.							
f. Demonstrates a collaborative role as a provider of primary care.							
g. Demonstrates oral case presentation skill in an organized and accurate format.							
g. Appropriately utilizes technology in the clinical site (PDA, electronic health records, Up-to-date, and on-line databases)							
h. Clearly and effectively communicates with patients, staff, Rreceptor and faculty.							
E. Interpersonal Skills	1	2	3	4	5	N/A	N/O
a. Prepares adequately for clinical experience.							
b. Demonstrates responsible dependable behavior.							
c. Possesses initiative to meet identified personal learning							

needs.							
d. Manages time wisely.							
e. Cooperates with preceptor and staff.							
f. Coordinates patient's care with preceptor.							
g. Recognizes own strengths and weaknesses.							
h. Performs clinically safe patient care .							

Overall experience and progression comments for student's growth and insight:

Preceptor's Comments and / or recommendations:

Practicum Advisors Comments and / or recommendations:

Student Comments and / or recommendations:

Signatures: I attest that this information is true and accurate.

Student/Date: _____

Preceptor/Date: _____

Practicum Advisor/Date:

Write prescription	0	1	2
Other	0	1	2

Are there areas that you would like specific instruction? Please describe.

CLINICAL SKILLS INVENTORY

0 = No previous experience, skill or competence

1 = Some experience, but still require supervision

2 = Much experience, require little or no supervision

Interview

Basic interview	0	1	2
Cross-cultural communication	0	1	2
Developmental assessment	0	1	2
Family assessment	0	1	2
Occupational history	0	1	2
Risk assessment	0	1	2
Sexual history	0	1	2
STD/HIV screening	0	1	2
Other	0	1	2

Examination (Lifecycle stage)

Prenatal	0	1	2
Newborn	0	1	2
Postpartum	0	1	2
Infant	0	1	2
Child	0	1	2
Adolescent	0	1	2
Adult	0	1	2
Geriatric	0	1	2

Procedures

Abscess incision/drain	0	1	2
CPR	0	1	2
Foreign body removal	0	1	2
Gram stain, interpretation	0	1	2
Growth chart	0	1	2
Hematocrit	0	1	2
Injection	0	1	2
KOH, skin/vaginal	0	1	2
Laryngoscopy	0	1	2
Pap smear	0	1	2
Rapid strep	0	1	2
Stool test, blood	0	1	2
Suturing	0	1	2
Suture/staples removal	0	1	2
Telephone referral	0	1	2
Throat culture	0	1	2
Urinalysis	0	1	2
Venipuncture	0	1	2
X-ray interpretation, chest	0	1	2
X-ray interpretation, extremities	0	1	2
Wet mount, vaginal	0	1	2
Write referral	0	1	2
Write prescription			
Other			

Examination (Components)

HEENT	0	1	2
Heart	0	1	2
Lung	0	1	2
Chest	0	1	2
Breast	0	1	2
Abdomen	0	1	2
Back	0	1	2
Genitourinary	0	1	2
Extremities	0	1	2
Neurologic	0	1	2
Developmental			
1			
Pediatric	0	1	2
Functional			
Adult	0	1	2
Mental Status	0	1	2

Are there areas that you would like specific instruction? Please describe.

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SECTION III

DNP RESIDENCY FORMS AND EVALUATION TOOLS

PRECEPTOR AGREEMENT FORM

I, _____ (**Printed name of Preceptor**) have met with the graduate student regarding a preceptorship at this agency. I have reviewed the preceptorship agreement, and we have discussed the course objectives, clinical requirements, and the FNP Student Evaluation document for _____ (**course number**) and agree to act as Clinical Preceptor to _____ RN (**Printed name of Graduate Student**) as part of his/her enrollment in the HFU Graduate Nursing Program clinical course. I am aware that I will need to confer with the Clinical Instructor during and at the end of the Semester to provide any information I believe is necessary regarding the student's progress in the clinical practicum. A written evaluation of the student, on the provided form should be submitted at the end of the Semester.

I meet the following minimum qualifications to precept this student:

Possession of a current Pennsylvania license to practice as a physician or nurse practitioner.

A copy of my Pennsylvania License to Practice is available at my facility.

At least one year of clinical experience either as a physician or nurse practitioner providing primary care.

In a group practice, any other provider participating in supervision of the student must also meet the same qualifications with regard to education and clinical experience.

I am willing to serve and be available as a preceptor for this student enrolled in the abovenamed course during the period of _____ (Semester), in _____ (year).

I am also aware that I must complete the FNP Student Evaluation document prior to the end of the Semester in which this student is enrolled.

Preceptor (Print): _____

Telephone: _____

Email: _____

Agency: _____

Address: _____

City/State: _____

Zip: _____

Preceptor's Signature

Date

DOCTOR OF NURSING PRACTICE RESIDENCY EVALUATION TOOLS

DOCTOR OF NURSING PRACTICE RESIDENCY FORMS AND EVALUATIONS

Dear Preceptor:

Thank you for participating in the educational process of a Holy Family University Family Doctor of Nursing Practice student. We are grateful for your time and commitment to mentoring.

Please review the evaluation form. This form is used throughout the program to chart the progress of the DNP student. Throughout 3 eight-week sessions the focus is on the student demonstrating clinical scholarship by designing and completing an evidence-based project to improve practice and healthcare outcomes.

This experience affords an opportunity to apply, integrate, and synthesize the *DNP Essentials* necessary to demonstrate achievement of desired outcomes in an area of advanced nursing practice. Clinical hours may consist of mentored learning that provides a broad range of activities; in addition to autonomous clinical hours such as leadership, practice inquiry, and policy. All clinical residency hours must be at the doctoral level, and directly related to the scholarly project or achievement of the DNP Essentials Competencies (AACN, 2006).

The expectations for a satisfactory level of performance change overtime.

Please feel free to contact me with any questions or concerns. I check email several times throughout the day, so that is usually the best way to contact me for any concerns mharkins2@holyfamily.edu. For any urgent concern, you may contact the assigned faculty member or me directly 267.644.9863.

Respectfully,

Margaret Harkins, DNP, MBE, GNP-BC, RN-BC
Associate Dean/Director Doctor of Nursing Practice Program

In keeping with the Family Nurse Practitioner clinical time, all DNP Residency hours are documented in the Typhon system this is a sample template.

DNP Clinical Daily Residency Log

Student Name: _____ **Preceptor Name:** _____ **Semester/Year:** _____

Course Number: _____

Date	Description of Activity	*DNP Essential	Evidence of outcome achievement	Activity Hours
Total hours				

*See <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>

Student signature (typed or written): _____ **Date:** _____

Submit to Course Faculty

STUDENT TO COMPLETE DNP RESIDENCY AND ESSENTIALS MAP SUBMITTED

ELECTRONICALLY WITH CLINICAL LOG

<i>The Essentials of Doctoral Education for Advanced Nursing Practice</i> (AACN, 2006)	Evidence of outcome achievement
Essential I: Scientific Underpinnings for Practice <ul style="list-style-type: none">• Critically analyzes data for practice by integrating knowledge from arts and sciences within the context of nursing’s philosophical framework and scientific foundation• Translates research and data to anticipate, predict and explain variations in practice	
Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking <ul style="list-style-type: none">• Assumes increasingly complex leadership roles• Provides leadership to foster interprofessional collaboration• Demonstrates a leadership style that uses critical and reflective thinking• Uses best available evidence to enhance quality in clinical practice• Evaluates how organizational, structural, financial, marketing, and policy decisions impact cost, quality, and accessibility of health care• Demonstrates skills in peer review that promote a culture of excellence	

<p>Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice</p> <ul style="list-style-type: none"> • Applies clinical investigative skills for evaluation of health outcomes at the patient, family, population, clinical unit, systems, and/or community levels • Provides leadership in the translation of new knowledge into practice • Disseminates evidence from inquiry to diverse audiences using multiple methods 	
<p>Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</p> <ul style="list-style-type: none"> • Demonstrates information literacy in complex decision making • Translates technical and scientific health information appropriate for user need • Participates in the development of clinical information systems 	
<p>Essential V: Health Care Policy for Advocacy in Health Care</p> <ul style="list-style-type: none"> • Analyzes ethical, legal, and social factors in policy development • Influences health policy • Evaluates the impact of globalization on health care policy development 	

<p>Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <ul style="list-style-type: none"> • Applies knowledge of organizational behavior and systems. • Demonstrates skills in negotiating, consensus-building, and partnering. • Manages risks to individuals, families, populations, and health care systems. • Facilitates development of culturally relevant health care systems 	
<p>Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health</p> <ul style="list-style-type: none"> • Analyze scientific data related to individual, aggregate, and population health. • Develops, implements, and evaluates interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care. • Evaluates care delivery models to community, environmental and occupational health, and cultural and socioeconomic dimensions of health 	
<p>Essential VIII: Advanced Nursing Practice</p> <ul style="list-style-type: none"> • Applies ethically sound solutions to complex issues • Demonstrates preparation for national, advanced specialty certification (if applicable) 	

<ul style="list-style-type: none"> • Conducts a comprehensive and systematic assessment of health and illness in complex situations, incorporating diverse and culturally sensitive approaches. • Designs, implements, and evaluates therapeutic interventions • Develops and sustains relationships to facilitate optimal care and patient outcomes. • Demonstrates advanced levels of clinical judgment, systems thinking, and • accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes. • Guides, mentors, and supports other nurses to achieve excellence in nursing practice. • Educates and guides individuals and groups through complex health and situational transitions. • Uses conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues. 	
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STUDENT SIGNATURE: _____ DATE: _____

MENTOR SIGNATURE: _____ DATE: _____

**PRECEPTOR, CLINICAL FACULTY AND STUDENT SELF EVALUATION OF DNP
RESIDENCY**

Student name: _____

Semester/Year: _____

Course number: _____

Preceptor name, position title, organization: _____

Preceptor, Clinical Faculty and Student Self Evaluation of Clinical Residency

Learning Objectives & Competencies	Met Comments	Did not meet Comments
i. Essential I: Recognizes scientific and philosophical underpinnings, and utilizes these in advanced clinical practice and leadership	ii.	iii.
iv. Essential II: Demonstrates systems thinking and advanced leadership skills with a focus on quality, safety, and ethical patient care.	v.	vi.
vii. Essential III: Appraises internal and external information (evidence- based) to design, implement, and evaluate health care practices.	viii.	ix.
x. Essential IV: Evaluates and manages health information systems to improve quality of care, and consumer use of health information.	xi.	xii.
xiii. Essential V: Shows leadership in advocating, developing, and implementing health policy focused on improving patient outcomes.	xiv.	xv.
xvi. Essential VI: Employs effective communication and collaborative skills in leading intra- and inter-professional teams.	xvii.	xviii.
xix. Essential VII: Applies a prevention and population health focus in the design, implementation, and evaluation of health care delivery systems.	xx.	xxi.

xxii. Essential VIII: Demonstrates in-depth knowledge and skills supportive of the practice of nursing and/or nursing leadership at the highest level.	xxiii.	xxiv.
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Comments by preceptor (include student strengths and areas for growth):

Preceptor (signature-typed or written): _____ Date: _____

EVALUATION OF DNP RESIDENCY MENTOR

Student name: _____

Semester/Year: _____ Course number: _____

Preceptor name, position title, and organization _____

Preceptor Rating Factors	N/A	Poor	Fair	Good	Excellent
Availability for consultation					
Facilitates access to information and resources in the organization					
Provides timely and constructive feedback					
Recommends additional learning experiences					
Demonstrates use of evidence in health care delivery planning					
Employs systems thinking and quality improvement principles					
Uses data (internal and/or external) to improve patient health outcomes					
Employs effective communication and collaborative skills with stakeholders (intra- and inter-professional team, patient, family, community)					
Uses student's strengths and knowledge in advanced nursing practice specialty					
Demonstrates an understanding of the doctoral prepared advanced nursing role					
I would recommend this clinical preceptor for another DNP student. Y/N					
Comments by student regarding preceptor:					
Site Rating Factor					
Site supported student learning (patient population, facility resources, and staff)					
I would recommend this clinical site for another DNP student. Y/N					

Comments by student regarding site:					

Completed by Student (signature-typed or written): _____ Date

SECTION III

DNP SCHOLARY PROJECT

TEMPLATE

FORMS/EVUALTIONS

DNP SCHOLARY PROJECT TEMPLATE

Section I: Title Page and Abstract

a) Title Page

1. This includes the name of the project, student name and academic credentials, Name of Academic Institution, and the words, “in partial fulfillment of the requirements for the Doctor of Nursing Practice Degree” and Committee Members

b) Acknowledgements (optional)

c) Dedication (optional)

d) Table of Contents

1. See below for format

e) Abstract – 250 words

1. This is no more than 1 page long and inserted as the first page behind the title page. The abstract should contain summary elements from the bulleted items listed below. The abstract provides an overview of the project. Bullet point format with headings is acceptable and may be used to conserve space in the abstract.

II. Section II: Introduction

a) Problem Description

1. Concise overview of the practice problem and why it is important and worth exploring

b) Purpose of the Project

1. Describes the goal(s) of the DNP Project and the outcomes the project is designed to achieve.

c) Significance to Nursing or Healthcare

1. Describe the potential significance of the project outcomes to advanced nursing practice or the quality of healthcare in the problem area.

d) Available Knowledge

Example for Available Knowledge Section

An integrative review and literature review was conducted to identify previous use and effectiveness of disability training and effective strategies for supporting postsecondary students with learning disabilities. The integrative review explored the definition and meaning of learning disabilities in education, psychology, and nursing. The themes identified were related to the definition of a learning disability, the impact of perceptions and self-concept on student success, and the impact of institutional and faculty support on student success. A summary of the integrative review findings are located in Appendix X (create chart). The literature review examined best practices related to supporting students with learning disabilities and the use of disability training in the postsecondary setting. The databases used were CINHAL, ERIC, PsycINFO, PUBMED and Education Full Text.

e) Literature review methods

1. The ROL provides the evidence base for your DNP Project and relates directly to your purpose or question(s). The review must be comprehensive and provide a logical argument to support the Project. This section may begin with background information and epidemiologic data that support the focus of the DNP Project. The student should summarize and synthesize key concepts and relevant research in the literature to answer the clinical question(s).
2. The literature reviewed should be no older than 5 years from the date of writing the proposal, except for landmark studies that have impacted nursing or health care in the problem area.

Example of literature Review Methods.

The databases CINHAL, ERIC, PUBMED, and PsycINFO were searched for the literature review. The initial search conducted in June 2016, the search was updated in June 2017. All articles considered for inclusion were peer reviewed and in English. The keywords used in the search were: learning disability/disabilities, faculty perceptions, faculty awareness, nursing students, college student, and teaching strategies. The search did not yield many results related to nursing students or nursing faculty. Most of the results which met the inclusion criteria were related to college students and college/university faculty. Five articles were selected for review in this paper based upon their relevance to and support of the PICOT question. An evidence synthesis table is included in Appendix D.

f) PICOT Question

Example of PICOT Question.

In nursing faculty teaching students with learning disabilities such as, Attention Deficit Hyperactive Disorder or Dyslexia, how does participation in a workshop and simulation experience about effective teaching strategies and modalities compared with non-participation in the workshop and simulation affect faculty knowledge and empathy of the needs of students with learning disabilities in nursing programs upon completion of the workshop and simulation experience?

g) Literature Review of the Evidence.

1. Articles should be clustered into “Evidence to Support”
2. Review each article for Critical Appraisal of the Evidence
 1. https://www.hopkinsmedicine.org/evidence-based-practice/ijhn_2017_ebp.html
 2. This is an essential step of the evidence-based practice project that moves the analysis beyond a mere review of evidence; you are

appraising the quality and the strength of the evidence to answer your clinical question.

3. Synthesize the evidence that supports the project utilizing Johns Hopkins

Tool

- a. You can write summary paragraph or create chart for Appendix supporting this statement. (See below)

Example of Literature Review of the Evidence.

The following articles had a JHNEBP rating of Level 5, Expert Opinion – High Quality (A): (Clapper, 2010; Conlan et al.; 2015; Deronva, 2015; Devers, 2018; Doyle et al., 2016; Doyle & Vockley, 2018; ECRI, n.d.; Gewurtz et al., 2016; Groom, et al., 2014; Hallmark et al., 2014; Jeffries, 2015; Keller, 2010; Knowles, 1984; Kolb 2013; Kolb, 1984; Merrian, 2001; Poore, 2014; TJC, 2013).

The following articles had a JHNEBP rating of Level 5 Expert Opinion – Good Quality (B): (AAMI Foundation, 2016; Gewurtz et al., 2016; AAMI, 2016; McLeod, 2013; ECRI, n.d.). The following articles had a JHNEBP rating of Level 4- Systematic Review- High Quality (A): (Adamson, 2015)

Using the JHNEBP tool resulted in the remaining four articles being categorized as research. The articles were characterized as follows; (Darragh, et al., 2016) was appraised as a Level 3 Qualitative Study with a Quality Rating (B) or Good Quality; (Eisert, & Geers, 2016) categorized as a Level 3 Non-experimental Explorative Study with a Quality Rating of (B) or Good Quality. Pelczarski (1998), yielded an evidence Level 3 Non-Experimental Study with a Quality Rating of (B) or Good; and review of (Zullosky et al., 2016) resulted in an Evidence Level 2 Quasi -Experimental Study with a Quality Rating of (B) or Good. Review and appraisal of the evidence was conducted through the use of the Johns Hopkins Evidence Based Practice Research (Dearholt & Dang, 2012). All five articles selected for the review were appraised as Level III A or B (see appendix D). Three are quantitative studies. One of the studies is qualitative with a phenomenological approach. The final study is a meta-analysis coupled with quantitative study based on the effect size results of the metaanalysis.

h) Evidence Summary

i. In summary,

Example of Evidence Summary

The literature did reveal themes across the disciplines. The three disciplines accepted that a student diagnosed with a learning disability possesses certain characteristics. Difficulty with processing, reading, organization and/or mathematical skills are the accepted characteristics for the diagnosis of a learning disability (Sparks & Lovett, 2009). Education and psychology emphasize the fact that the students often have normal or above average IQ scores and the discrepancy exists between intelligence and ability. Nursing does not acknowledge the discrepancy between intelligence and ability. There appears to be consensus regarding the need for an updated definition of learning disabilities and specific diagnostic criteria. The vagueness of the current definition and criteria contributes to the lack of knowledge and inconsistencies in supporting students with learning disabilities (Sparks & Lovett, 2013).

i) AIM Statement and Objectives

Example of AIM

AIM statement for this project is: By March 5, 2018, there will be a 10% increase in ease of accessing resources, quality of work-life balance, and access to regional support as reported by CNEs and regional leaders through a pre- and post- implementation surveys comparison.

Objectives

- 1. By December 2017 75% of the school of nursing faculty at the selected branch campus will have participated in a Disability Training module and simulation experience.*
- 2. Increase faculty knowledge, improve attitudes, and empathy related to students with learning disabilities as evidenced by increased scores in the post Disability training administration of the Inclusive Teaching Strategies Inventory (Lombardi, Vukovic, & Sala-Bars, 2014).*

3. Increase faculty intent to use knowledge and strategies learned from the Disability training workshop/module as evidenced by increased scores in the post Disability training administration of the Inclusive Teaching Strategies Inventory (Lombardi, Vukovic, & Sala-Bars, 2014) and faculty participant feedback.

j) Conceptual Model and/or Theoretical Framework

- ii. Describe the conceptual or theoretical framework that will guide the design of the DNP Project and interpretation of the outcomes.
- iii. A diagram of the model may be placed in an appendix. Remember, if the student is using a pre-existing framework or one that is already published, you will need to seek copyright permission to reprint the framework in your DNP Project manuscript.

III. Section III: Methods

a) Context

- a. This is where you will lay out - in detail - your implementation strategy. What do you propose as effective strategies to promote behavior change and implementation of evidence? How will it be carried out in the allotted time? What is the role of your clinical agency?

Example Context

The primary stakeholders for the project were the school of nursing faculty, SDS, the university, and the students. Students are considered stakeholders because they will benefit from the knowledge faculty will acquire from the disability training. Students were not directly included in the planning or implantation process as they are considered a vulnerable population. Faculty included those preparing the module and those involved in the development of the modules. Faculty from the Department of Education as well as staff from Student Disability Services (SDS) contributed to the development of the modules. Additional stakeholders were identified as the delivery format of the module become solidified. Additional

stakeholders included CTE and Professional Development. The inclusion of these stakeholders supports the sustainability of the project and the implementation on a university-wide level.

b) Gap Analysis

a. Recommendations for Implementation of Practice Change

- i. In narrative form, state the practice change plan developed from the evidence- based recommendations.
- ii. The evidence reviewed has a number of practice implications...

Example Gap Analysis.

The analysis indicated that while the university Student Disability Services (SDS) was aware of many of the best practices as indicated by the literature, there was a lack of implementation of those best practices. One of the major barriers identified by SDS was the level of faculty commitment to this student population. SDS reported that outreach efforts have been met with minimal interest and participation by faculty (C. B., personal communication, October 28, 2016). A lack in faculty commitment presents a distinct challenge as the literature clearly identifies faculty attitudes as significant factors which influence student success. SDS also reports that faculty tend to be more reactive rather than proactive in supporting students with learning disabilities. Faculty tend to seek out advice after a student identifies themselves rather than incorporating teaching strategies that facilitate learning for all types of learners (C. B., personal communication, October 28, 2016). A gap analysis is provided in Appendix E.

c) Intervention

a. Subjects/Setting

- i. Identify and describe the sample and setting. Approximately what size is the patient population you will be using? (Type of facility, number of beds, setting where the project will be implemented, type of patients seen in this setting, rationale for selecting this setting).

- ii. How does this patient population and unit/department/setting compare with those described in the literature?
 - iii. Describe the process in the selection of a particular unit/department/setting (as needed). Include a copy of your educational/information process or procedure and/or materials i.e. flyers, educational materials, new EBP protocols in the appendix (also needed for IRB approval, if applicable).
 - iv. Identify the patient population including preferences and overall values.
- b. Identify the organization's readiness for change.
- i. Include a summary of the organization's readiness for change and for EBP (SWOT)
 - ii. Construct a summary of the plan for implementation of the EBP practice change including:
 - 1. Potential barriers.
 - 2. Plan/strategy to address.
 - 3. Potential facilitators.
 - 4. Plan/strategy to engage

SWOT Analysis

A SWOT analysis was conducted to identify best practices and current practices at the university related to students with learning disabilities. The SWOT analysis is provided in Appendix I. The project was a disability training online module and simulation experience for nursing faculty. Disability training workshops increase faculty knowledge related to ADA laws, accommodations, inclusive teaching strategies, and improve faculty attitudes and perceptions (Murray, Lombardi, Wren, & Key, 2009;

Sowers & Smith, 2004). The SWOT analysis identified current implementation of best practices, opportunities for improvement, and potential barriers. See below for graph.

d) Study of Intervention

a. Measurement Methods/Tools

i. Outcome measurement

1. What indicators will you use to measure the success of implementing the innovation/change?
2. Consider outcome measures such as: “patient outcomes, patient satisfaction, provider satisfaction, access to care, resource allocation, and organization performance indicators” (Melnyk & Fineout-Overholt, 2011, p. 226 – 237). Goode (2000) includes other outcomes: “...benchmarking data; cost effective analysis; quality improvement and risk data; international, national, and local standards; infection control data” (p. 223).

ii. Describe the instrument/measurements to be used to measure your variables/outcome measures (directly or as a proxy measure; how scored; limitations) and describe why this instrument/measure is appropriate.

iii. If using an established tool, identify the reliability and validity properties. Describe what populations this tool has been used in and how that is different/similar to the population you plan to use it on. Provide an electronic copy of the instrument and permission for use (if not public domain) in your appendix.

b. Data Collection Process and Logistics

- i. Identify who will collect data and how they will be trained. If more than one person is collecting data, discuss how you will determine inter-rater reliability.
- ii. Describe the process of data collection (e.g. access to data, privacy provision, administration of the tool, and any anticipated barriers to data collection).
- iii. Implementation Timeline
- iv. Proposed Budget, Time, and Resources Plan
- v. Responsibility and communication plan

Example of Study of the Intervention

The project was evaluated for an increase in faculty knowledge related to ADA laws, Universal Design strategies, and improved attitudes and perceptions. Knowledge, attitudes and perceptions were measured through the use of the Inclusive Teaching Strategies Inventory (ITSI). The survey was administered pre and post the module to measure any improvements related to knowledge and attitudes gained from participation in the disability training. Empathy for students with learning disabilities was measured pre and post the simulation experience. The Kiersma-Chen Empathy Scale (KCES) was administered to faculty via Qualtrics and used to measure cognitive empathy pre and post the simulation experience.

Measures

The ITSI is a tool that was developed by Lombardi and Murray (2011) for the measurement of faculty knowledge, attitudes, and perceptions related to disability training in the postsecondary setting. The tool has been validated and used in multiple studies related to disability training workshops for faculty. Cronbach's alpha scores for the ITSI tool range from .70-.87 for the seven subsets with four of the subsets achieving scores greater than .80 (Lombardi, Murray, & Dallas, 2013). The ITSI tool measures attitudes and actions for the subsets with the stems, "I believe it is important to" and "I do". Responses

for the “I believe it is important to” are scaled from 1 (strongly disagree) to 6 (strongly agree). The action or “I do” responses are scaled from 1 (never) to 4 (always) (Lombardi et al., 2013). The ITSI tool is located in Appendix M.

Methods

Data collected from the surveys was entered into SPSS for statistical analysis. The Likert scale format of the ITSI tool collects data in a quantitative form. The quantitative data collected pre and post-disability training was analyzed using a t-test for two paired samples approach. The sample mean difference scores were calculated for each of the seven subsets on the pre and post surveys. A t-test for two population means was calculated to answer the following question. When faculty are measured twice, once before participation in the disability training module and once after participation in the disability module, does the population mean difference score show increased knowledge and improved perceptions and attitudes related to students with learning disabilities?

Example Time, Cost, and Performance Constraints.

The majority of the research, curriculum development, and implementation was conducted by the faculty DNP student which minimized time and cost constraints. There were no performance and time constraint challenges posed to the project implementation related to the conversion of the curriculum into an online module format for Canvas. The online formatting of the curriculum required collaboration with other departments to ensure use of Universal Design strategies in the delivery modalities of the content. Progress and implementation was not affected by the availability of collaborative partners.

Resource Requirements.

The physical resources required for the project were minimal and incur little to no cost. Canvas was used as the online delivery format for the module. Qualtrics was used to conduct and collect survey information from the Inclusive Teaching Survey Instrument (ITSI) and modified Kiersma-Chen Empathy Scale (KCES). Permission to use the ITSI for the project was granted by the authors of the tool (Lombardi & Murray, 2011). Permission to modify and use the KCES tool was granted from the authors of the tool (Chen, Kiersma, Yehle, & Plake, 2015). The university has subscriptions to Qualtrics and Canvas, therefore, no cost was incurred for using the systems for the project implementation and evaluation. DocuCare was used for the simulation experience with existing faculty access. The pre and post-simulation surveys were also collected through Qualtrics.

Budget.

The majority of the expenses were incurred during the development phase of the project. The development phase of the project includes research of best practices, meetings with stakeholders, curriculum development, and module/simulation design. The cost of this portion of the project was \$16,700. The breakdown is 325 hours at \$50 an hour for the research, meetings with stakeholders, curriculum development and design of the module/simulation for a total of \$16, 250. Stakeholder time for meetings was calculated also using the \$50 an hour rate. At a rate of \$50 an hour for six meetings the total comes to \$450. Minimal cost is incurred during the implementation phase of the project. There is no cost incurred to upload the module and house it on Canvas for faculty access

Cost Benefit/ ROI.

The cost benefit of the project is related to cost avoidance associated with lost tuition revenue. The average cost of tuition for a four year BSN student is approximately \$176, 160. This breaks down to approximately \$44,040 a year or \$22,020 a semester. When a nursing student fails to matriculate in the school of nursing, the student is not replaced. The practice of not replacing non-matriculating students results in lost tuition and revenue for the university and school of nursing. The amount of lost tuition and revenue depends on when the student falls out of the nursing program. If a nursing student does not matriculate past the end of their sophomore year that equates to \$88,080 in lost tuition revenue.

Communication Plan.

During the research and development stage of the project meetings occurred with stakeholders and content experts. Meetings and follow-up communication with SDS facilitated the gap analysis and SWOT analysis process. Meetings and follow-up with content experts facilitated the design and incorporation of information into the module. Meetings provided information related to curriculum development and currently available resources. Communication with Instructional Design and Canvas support were implemented and continued as needed through the launch of the module.

Communication with Canvas support facilitated the creation of the Canvas shell for the online content of the disability training. The design of the simulation portion of the training was decided upon after communication with staff and faculty associated with DocuCare and VSim resources at the main and branch campuses. Communication with IT staff and simulation center staff at the branch campus ensured availability of required equipment and resources. Regularly scheduled meetings with the committee chair have also occurred on a bi-monthly to weekly basis since summer of 2016. The detailed communication plan is included in the Appendix H.

c. Analysis

- i. If using quantitative data, describe how statistical procedures or other procedures will be utilized and why they are appropriate (what level of data will the tool yield)?
- ii. If using qualitative approach, describe the qualitative process that will be used to analyze the data.
- iii. Describe the how you will prepare the data for analysis (i.e., who will enter data? Into what computer? Will there be double entry of data to insure no mistakes? who will transcribe narrative? How have these individuals been trained? who is the statistical consultant for the project?

d. Practice Model Use Analysis

- i. Describe how you followed the steps/model for using an evidence-based practice model for implementation/dissemination of the project

e. Ethical Considerations

IV. Section IV: Results/Outcomes

- a. This section describes the results/findings of the project in terms of the objective data generated through or reviewed in conducting the project.
- b. Relationship of Results to framework/aims/objectives
- c. Summative

V. Section V: Discussion/Conclusions

a) Summary

- a. These should be written against each project objective and expected outcome.
- b. To what extent was the objective/expected outcome achieved?

c. For each objective/expected outcome, discuss the key facilitators that made the objective achievable and the key barriers.

b) Interpretation

c) Limitations: Strengths and weaknesses of the Project

VI. Section VI: Significance or Implications

a) Impact of Results on Practice

1. Significance of findings in relationship to Implications for Practice/Health for Future Projects and/or Research and/or

2. Significance of the findings in relationship to Implications for Practice/Health Policy/Education

VII. Section VII. Recommendations

a) In this section discuss recommendations that emerge from the DNP Project.

b) Recommendations should be specific.

1. They may be directed toward the site at which the project was conducted, health policy, practice guidelines, or further project development.

2. Should the project be continued, reduced, phased out, or expanded?

3. Are any ongoing evaluations needed for phases outside the scope of the DNP project?

4. What are the next steps?

5. Place your recommendation within the framework of applicable strategic planning needs, including who needs to be involved in or responsible for future phases.

6. Then consider recommendations/implications regarding possible application of this project in other settings.

VIII. Section VI: Mapping Scholarly Project to DNP Essentials

a) Map

b) Plan for dissemination

1. Describe one or two methods of dissemination of the results of your project

including:

2. A statement on why these venues were selected and are the best/most impactful.

3. A description of who you would want to reach as your audience and why.

IX. References

X. A reference list includes only citations to sources used in the paper.

XI. Appendices

DOCTOR OF NURSING PRACTICE

PROJECT FINAL EVALUATION FRAMEWORK

	1 = Very poorly	2 = Poorly	3 = Good	4 = Very Good	5 = Excellent
	1	2	3	4	5
I. DNP Components					
The candidate addresses each DNP					
Background and Significance					
Background information/literature demonstrates the focused need or					
Literature review supports significance/relevance of problem/proposed project					
Need, feasibility and significance are					
Problem Statement or Purpose					
Problem/purpose clearly described.					
Scope of project realistic and					
Theoretical Framework					
Framework (theoretical/conceptual/practice) is					
Project Description					
Literature, benchmarks and supporting data provided and organized into					
Objectives stated in feasible and					
Congruence of organizations' strategic					
Project Design					
Appropriate for objectives.					
Clear rationale for actions/method.					
Setting and group clearly described.					
Implementation methods/tools/measures clearly described.					
Resources/supports and risks/threats and					

Time frame outlined.						
Evaluation Plan						
Analysis/Evaluation plan coherent /						
Evaluation measures linked to						
Outcomes/evidence-based measures						
Tools/instruments described and linked to						
Method of analysis clearly described for						
Findings						
Findings organized in appropriate						
Findings linked to problem statement,						
Described the extent to which the						
Addressed key facilitators and barriers						
Described unintended consequences						
Recommendations/Implications						
Recommendations/Implications addressed for problem statement, supporting						
Included recommendations related to identified facilitators / barriers and						
Addressed any ongoing activities or evaluations outside the scope of the						
Writing and Organization						
APA format followed appropriately; writing is scholarly and clear; appropriate						
II. Project Synthesis						
Extent to which candidate met goals/aims of						

explanation provided.						
Extent to which candidate integrated scientific curiosity and inquiry in						
Extent to which candidate analyzed issues and provided critique of						
Extend to which candidate demonstrated practice inquiry skills						
Evidence of candidate's ability to engage in collaborative partnership(s) in designing						
Ability of candidate to articulate state of current knowledge as it relates to advanced						

a. Approve the DNP Project

Once the DNP Project Proposal is approved, the student becomes eligible for graduation at which time the DNP candidate will be granted the degree along with the rights and privileges awarded by the degree.

b. Conditionally approve the DNP Project with minor revisions

The student will file a final/revised Project Proposal to Doctoral Committee Chair within two weeks of the proposal defense meeting.

c. Reject the DNP Project

The student must develop a significantly revised or new proposal. The Doctoral Committee Chair will work with the candidate on the revision. The Doctoral Committee will review the new proposal and all prior steps will be repeated.

Doctoral Committee Chair's Signature:

Doctoral Committee Member's Signature:

Doctoral Student's Signature: _____