

# Franklin University

## DOCTOR OF NURSING PRACTICE HANDBOOK



*2021-2022*  
*2022-2023*





**FRANKLIN  
UNIVERSITY**  
FOUNDED 1902

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# PART ONE

## GENERAL INFORMATION

The [Franklin University Academic Bulletin](#) is published annually and is the formal source for all policies at Franklin University. It also contains general information about the University, including the admission requirements, academic calendar, location information, tuition and fee information, and student support services. This DNP Student Handbook is intended to provide a convenient, quickly accessible guide for DNP students for information related specifically to the DNP program and processes.

The provisions of this handbook are not to be regarded as an irrevocable contract between the student and Franklin University. Failure to read this handbook does not excuse students from the requirements and regulations described herein. Although every effort is made to provide accurate and current information, the University reserves the right to make and designate the effective date of changes in policies, procedures, programs or people at any time such changes are considered to be desirable or necessary.

## DNP PROGRAM OUTCOMES

By completion of the program, graduates will:

1. Apply evidence-based findings to improve clinical practice and healthcare delivery systems.
2. Analyze and evaluate the local and global aspects of a healthcare organization's structure, functions, and resources.
3. Strategically lead improvements in health outcomes, quality, safety, and policy.
4. Develop interprofessional teams that promote quality care, reduce risk, and improve complex healthcare delivery systems.
5. Integrate data from information systems and technology to support clinical decision-making for clinical prevention and population health.

The [Academic Bulletin](#) contains program degree requirements, learning outcomes, curriculum, course listings, and descriptions.

## **COLLEGE OF HEALTH AND PUBLIC ADMINISTRATION**

The mission of the College of Health and Public Administration (COHPA) is to provide a relevant, high quality, lifelong education that will enable our students to:

*Enhance* the quality of healthcare and public service

*Advance* healthcare and public service careers

*Succeed* in providing leadership that improves the quality of life in communities

## **PURPOSE OF THE SCHOOL OF NURSING**

The faculty of the School of Nursing developed this Purpose Statement: We transform the future of healthcare through innovation, collaboration, opportunity, enthusiasm, and excellence in nursing education to benefit our students, our partners, and the communities we serve. By embracing diversity, change, and educational excellence based on the values of integrity and compassion, we nurture our students and provide them with robust learning opportunities.

# DOCTORAL STUDENT SUPPORT

## GRADUATE ACADEMIC ADVISOR (staff positions)

### Graduate Academic Advisor Responsibilities

All new DNP students will be assigned a Graduate Academic Advisor (GRAA) by the Admissions team as the student is registered for the first course at Franklin University. Doctoral students will remain on GRAA active rosters until the student graduates and/or is not enrolled for 3 consecutive trimesters. Academic Advisors (staff) provide administrative support and resources for our doctoral learners in addition to the support provided by the Faculty Advisor. Graduate academic advisors will:

- Assist with course registration.
- Understand and convey degree requirements.
- Set expectations relating to Franklin University policies, such as attendance, grading, New Student Orientation.
- Understand and facilitate administrative processes.
- Understand & explain the Franklin calendar, including important dates and deadlines.
- Provide access (and referrals) to University resources or offices when appropriate.
- Liaison with Faculty Advisors and DNP Faculty as needed.
- Provide support, advocacy, and encouragement throughout student's academic career, including career advising.

## SCHOLARLY PROJECT ADVISOR (faculty positions)

### Scholarly Project Advisor Responsibilities

The DNP Scholarly Project Advisor (SPA) will work with students from their first official DNP Course (NURS 810) to identify an appropriate problem or gap in practice, support proposal development, evaluation methods and plan, and final write-up. The SPA will meet with students at least one time only when registered in DNP courses. Advisors have experience in evidence-based practice quality/performance improvement in organization and educational settings.

## **DOCTORAL FACULTY ADVISOR (faculty positions)**

### **Faculty Advisor Roles and Responsibilities**

Upon admission to the doctoral program, the student will work with their assigned Faculty Advisor, who will serve in an advising role and will advise students in academic areas such as DNP Scholarly Project interests and appropriate coursework selection. Duties of a Faculty Advisor shall include but not limited to:

- Meet regularly with students.
- Responding to student questions.
- Serve as the point of contact or referring to appropriate resource.
- Discuss and refine DNP Scholarly Project interests.
- Help students to develop analytical, interpretive, writing, verbal, quality improvement and evaluation skills.
- Encourage students to participate in professional meetings or perform or display their work in public settings.

## **DOCTORAL WRITING**

Writing lies at the heart of any student's doctoral work. While coursework and the DNP Scholarly Project will lend students considerable new knowledge in their practice area, the progress a student makes across these stages will also develop and demand sound academic writing and research skills. Franklin University uses the American Psychological Association (APA) 7<sup>th</sup> Edition.

To help students develop these skills, the doctoral writing program positions students to:

- Discover what distinguishes "good" writing in their field.
- Uncover and practice the habits that make writers successful.
- Draw on a range of resources to develop writing skills and habits throughout the degree process.

The writing program philosophy is introduced in NURS 800, NURS 805, and NURS 810 and will guide discussions of writing at many stages in their program. Students may work with a writing tutor on a course paper, discuss the strengths and weaknesses of their writing with their project Team, faculty member or Faculty Advisor. A central goal of the writing program is to provide students a cohesive way of conceptualizing writing that moves across these contexts.

Just as a student's understanding of "good" writing is continually shaped by the authors they read and the professors who mentor them, the writing program's philosophy of good writing is informed by a range of stakeholders: students, writing faculty, faculty in other disciplines, partners at other institutions, and writing studies researchers.

In the doctoral program, good writing is characterized by four features:

- 1. Sound Reasoning:** Good writing advances a coherent, well-evidenced line of reasoning that makes a novel contribution to the student's field. Just what makes a line of reasoning "well-evidenced" or what distinguishes a "contribution" may vary across fields.
- 2. Reader Engagement:** Good writing anticipates what expectations and values readers bring to the text in order to inform or to persuade this audience.
- 3. Genre Awareness:** Good writing realizes the conventions of the given type of text. The literature review, for example, has features that distinguish it from the research paper or article abstract.
- 4. Stylistic Savvy:** Good writing generates from language that is clear, cogent, and concise. It also conforms to the seventh edition of the American Psychological Association style manual.

Developing these qualities takes significant time, and this work will extend over the course of an academic's career. Five habits characterize writers who are committed to developing their craft:

- 1. Good writers are good readers.** The best writers read regularly and have a developed sense of what material they should be reading in their field. In addition to this commitment to reading, good writers also know how to read strategically. Their knowledge of the conventions of scholarly writing allows them to pinpoint the parts of research that are most relevant to them (e.g., methods, implications, key findings).

2. **Good writers are good notetakers.** The best writers recognize that sources are only useful if they can be incorporated into one's own work. Diligent readers, these writers also have developed note-taking strategies that allow them to: (a) summarize, evaluate, and reflect on the relevancy of individual sources; and (b) detect and articulate themes and trends in their field.
3. **Good writers are good planners.** The best writers recognize that large writing projects should be broken down into smaller more manageable tasks. While their plans may include large blocks of writing time, they also include smaller chunks of writing time that allow the writer to make regular, sustained progress.
4. **Good writers are good colleagues.** The best writers look for constructive, critical feedback from their peers and mentors. They recognize that substantial feedback is the sign of a reader's interest and support, and in their own feedback to peers, they aim to demonstrate similar enthusiasm. These writers do not view writing as an isolated task. Rather they write in dialogue with a range of readers: peers, faculty, and scholarly/professional networks.
5. **Good writers are good self-evaluators.** The best writers realize that there is no one process that fits all writers or all writing projects. Acknowledging this challenge, they constantly work to reflect on and improve their writing process and work habits.

Writing is an exciting, complex activity that will intrigue, surprise, challenge, and reward students throughout their doctoral journeys. Students are encouraged to stay up to date on the University's writing programming and to visit our library's [DNP Resources page](#)



# PART TWO

## COURSES, SCHOLARLY PROJECT, AND PRACTICUM EXPERIENCES

### Courses

The DNP program consists of four major area courses and three DNP Scholarly Project seminar courses. Students with a BSN degree complete two bridge courses prior to being fully accepted into the BSN-DNP. All students continue their learning with three elective courses or select a nurse practitioner (NP) specialization. Elective courses vary and are available in areas such as: Health Information Management, Public Administration, Healthcare Administration, Instructional Design, Higher Education Administration, and Criminal Justice (or other courses as approved by the program chair).

The Franklin University DNP Program prepares graduates to attain the highest level of nursing practice and to demonstrate synthesis and application of all DNP Essentials. Practicum hours should contribute to the preparation of the DNP student to attain the outcomes delineated in the American Association of Colleges of Nursing document, *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006). These hours should include indirect care practice in the health care setting or related environments that broaden the experience of the student. A detailed description of potential activities related to each Essential is available in Appendix A.

The DNP student is required to complete a **minimum** of 1000 practicum hours with up to 500 approved transfer hours from an MS in Nursing or MSN program.

- DNP students with the leadership focus: Students will complete 500 DNP practicum hours as part of the DNP and seminar courses. Additional hours needed to meet the 1000 hours total may be earned through NURS 860 Residency.
- DNP students in an advanced registered nurse practitioner specialization (ex. FNP): Students will complete 500 DNP practicum hours (as described above) and 600 advanced practice clinical hours.

## Core Courses

DNP Core courses include practicum hours that are tied to specific course essential assignments and may be done at the student's place of work, not requiring university approval or a preceptor. These hours are completed under the supervision of a Franklin University faculty member teaching the course. The purpose of these experiential practicum hours is to allow students the opportunity to practice skills learned in the classroom in real-world experiences.

## DNP Seminar Courses

The DNP Seminar courses offer DNP students an opportunity to apply newly developed skills and relate theoretical content to nursing practice. Practicum hours are to be devoted to achievement of course outcomes and assessment, planning, implementation and evaluation of a systems change project in a practice setting. This professional experiential learning helps further prepare students for the highest level of practice. On a larger scale, the practicum experience allows students to enhance skills in communication, teamwork, critical thinking and professionalism.

In the three Seminar courses, students will focus on the DNP Scholarly Project using a Team approach while earning practicum hours. Learning requires collaboration between the student, faculty, and the practicum preceptor; we call this the DNP Scholarly Project Team. It is critical that students identify and formalize arrangements in advance of the practicum experience.

- In DNP Seminar I, the student will develop a proposal and seek approval from faculty member and SON readers.
- Once approved, implementation and data collection begins in DNP Seminar II.
- For the final course, DNP Seminar III, students will analyze data and prepare a final project report and presentation.

## NURS 860 Residency Course

The NURS 860 Residency course is for non nurse practitioner students. This is a one-credit course with up to 125 practicum hours available per credit. The course may be repeated up to 4 times to achieve the 1000 practicum hours, as needed. All BSN-DNP students will complete three (3) credits. MSN-DNP students requirements will be determined with a gap analysis by the Doctoral Faculty Advisor after any prior clinical hours are verified with their previous institution.

## Practicum Precepted and Non-Precepted Hours and Activities

The table below illustrates the courses, hours, and types of activities.

Course / Practicum Hours	Precepted / Non-precepted	Practicum Activities
NURS 800 Principles of Advanced Nursing Practice	N/A	
NURS 805 Transition to the DNP (125 hours)	Non-precepted	Course assignments and faculty approved activities
NURS 810 Foundations of the DNP (50 hours)	Non-precepted	Course assignments and faculty approved activities
		Start approval process for project site (document submission required in this course)
NURS 820 Nursing Inquiry for EBP and QI (50 hours)	Non-precepted	Course assignments and faculty approved activities
NURS 830 Clinical Prevention and Health Care Outcomes (50 hours)	Non-precepted	Course assignments and faculty approved activities
NURS 840 Leadership, Policy and Interprofessional Collaboration (50 hours)	Non-precepted	Course assignments and faculty approved activities
		Complete approval process semester 30 days prior to DNP Seminar 1 course start
NURS 850 DNP Seminar I (125 hours)	Precepted	DNP Scholarly Project development and approved activities
NURS 851 DNP Seminar II (125 hours)	Precepted	DNP Scholarly Project implementation, data collection, begin analysis and approved activities
NURS 900 DNP Seminar III (50 hours)	Precepted	DNP Scholarly Project complete data analysis, final document and dissemination and approved activities
NURS 860 DNP Residency (125 hours) *Leadership focus students only	Non-precepted	Faculty approved activities
*Nurse Practitioner students only (600 hours)	Precepted	Franklin University approved clinical sites and preceptors

# Practicum Experiences

## Calculating Hours

All practicum hours must be supervised by faculty and obtained through NURS 805, a DNP core course, focus area or nurse practitioner clinical course, DNP Seminar course or Residency course. No credit will be given for practicum **hours obtained outside of an approved course**. See Figure 1.

- NURS 805 = 125 non-precepted experiential hours
- NURS 810 = 50 non-precepted experiential hours
- NURS 830 = 50 non-precepted experiential hours
- NURS 840 = 50 non-precepted experiential hours
- NURS 850 = 125 precepted hours
- NURS 851 = 125 precepted hours
- NURS 900 = 50 precepted hours
- NURS 860 = 125 non-precepted hours per one credit \*

\*Students taking the nurse practitioner concentration earn 600 additional hours and do not take NURS 860.

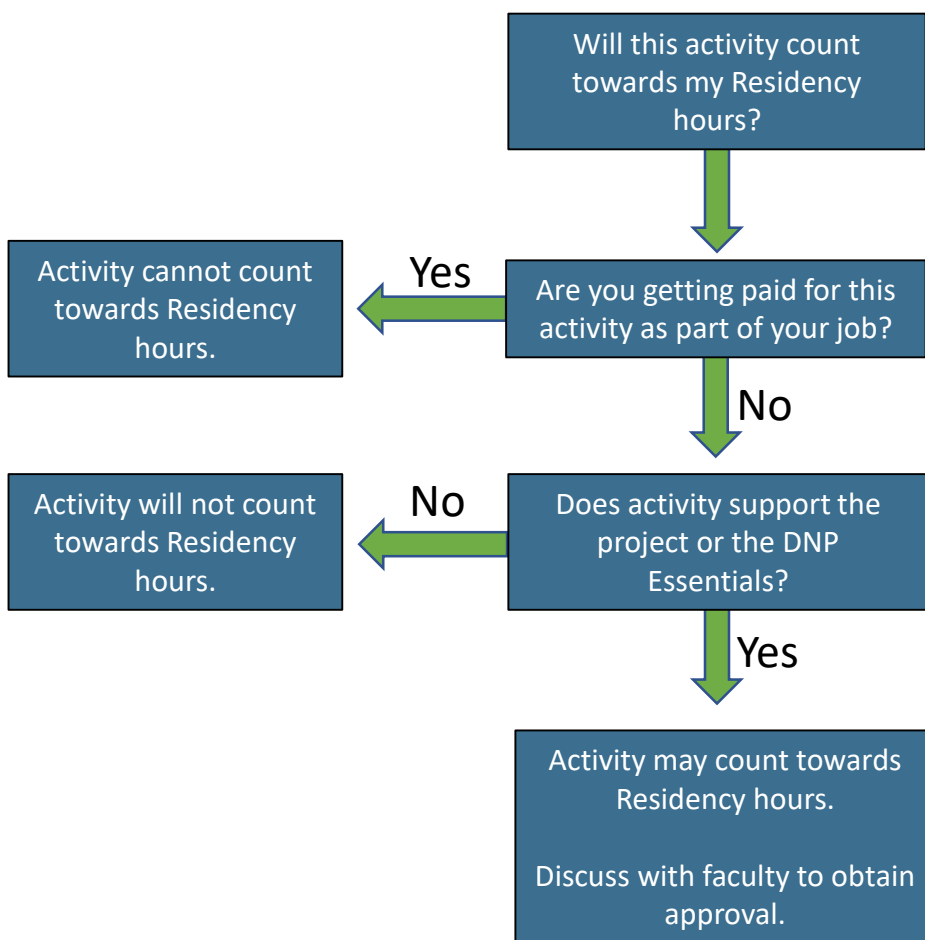
## Student activities in Residency and DNP Seminar courses may consist of:

- Activities related to the DNP Essentials and course outcomes (see Appendix A)
- Preparation for and attendance at professional meetings that support the achievement of project and practicum course outcomes
- At a practice site looking at data, assessing workflow, or meeting with stakeholders to identify problems
- Participating in a work group
- At a conference presenting an abstract or data findings
- At a conference in a workshop (approved by course faculty)
- Meeting with a politician on Capitol Hill or State legislature

- Working with a lobbyist to draft a bill.
- In a leadership stretch experience such as earning a certification in nursing, leadership, or LEAN (**with DNP faculty approval**).
- Planning, preparation, implementation, evaluation, and dissemination for the DNP Scholarly Project (**DNP Seminar Courses only**).

Travel time to and from the practicum site cannot be claimed as practicum hours.

Figure 1: Practicum/Residency Activity Decision Algorithm



## PART THREE

### PRECEPTED PRACTICUM SITE AND PRECEPTOR

While core courses and the DNP residency include non-precepted hours, the DNP Seminar Courses utilize a preceptor and require a memorandum of understanding (MOU). Students are responsible for identifying an appropriate practicum site and preceptor for the project and precepted practicum experiences. Students are assisted in this effort by the DNP Lead Faculty.

We require a practicum log to be submitted in each course and to the school Sharepoint site. Documentation must demonstrate activities related to course outcomes. The log is a tool to document the student's DNP practice hours and cross map those with the DNP Essentials and student goals. Project and practicum faculty are responsible for evaluating student performance and all associated assignments completed during the project and practicum courses. Detailed instructions are in each course.

We expect that the student will identify a site that will permit them to complete their DNP Scholarly Project. Planning ahead enhances the ability to identify a practice issue and complete the steps of assessment, planning, implementation and evaluation for an evidence-based practice-change project. Students are responsible for making any travel arrangements and paying for all related practicum expenses.

In order to be compliant with federal and state regulations related to distance education and professional licensure programs, not all professional licensure programs are open for enrollment or completion of required clinical experiences in every state or U.S. territory. To see which locations are open for Franklin's nursing programs, please check the "Program available in" list at the top of this page, or visit our [State Authorization Map](#).

#### DNP Practicum Site Details

Students will submit a Practicum Application to the DNP Lead Faculty in **NURS 810** as a required assignment. Once submitted, the DNP Lead Faculty will provide instructions on how to secure a memorandum of understanding and approval of a preceptor. Site placement and preceptor details must be finalized a **minimum of 30 days prior** to the beginning of the first DNP Scholarly Project Seminar course.

The process for securing a practicum site and preceptor is illustrated below:

**01**

Student submits practicum application in NURS 810.

**02**

DNP Lead Faculty secures a Memorandum of Understanding (MOU) with organization.

**03**

Student finalizes choice of preceptor 60-days prior to NURS 850.

**04**

Preceptor and MOU finalized 30-days prior to NURS 850.

**05**

Student begins precepted practicum hours in NURS 850.

#### **A. Location for Practicum Experience**

- Students may use networks and working relationships in the field to determine a location for completing the practicum.
- Students may be able to conduct practicum hours at their work setting during normal work hours as long as the work setting is a practice or related setting (i.e. non-profit, health department, insurance company, etc.) and those hours relate to course outcomes or project planning implementation and evaluation. Hours cannot be “business as usual” for the position.
- The site must be an organization consistent with the focus of the project and practicum (e.g., a hospital, outpatient clinic, long-term care facility, home care services, public health agency, parish, insurance company, not-for-profit, or a student health clinic). If a student identifies a learning goal that is outside of the work setting, they may need assistance in finding a practicum site. The Faculty Advisor will help with the exploration of opportunities in that area.
- Students must have an active, unrestricted registered nursing license in the state where they will conduct their practicum.

## B. Practicum Site Documentation and Compliance Requirements

The practicum site may have various requirements for students. It is the responsibility of the student to ensure all site requirements are understood and completed prior to registering for the first DNP Seminar course. This may include, but is not limited to: proof of professional liability insurance, HIPAA training, proof of licensure, proof of CPR certification or other requirements, background screening, physical examination, drug screening, proof of health insurance and current immunizations.

Because a student must be fully compliant with all site requirements before beginning the practicum course, self-registration for any of the practicum courses is not allowed.

## C. Site Requirements

A Memorandum of Understanding (MOU) is required for all practicum sites. The DNP Lead Faculty will work with the site to secure the necessary contracts. The MOA must be signed by a duly authorized officer from the facility being used for the practicum experience and returned to Franklin University. In the event we are unable to reach the contact indicated on the practicum application, the DNP Lead Faculty may seek assistance in communicating with the site.

## D. Practicum Hours and Logs

Practicum hours will be arranged in conjunction with the site and the preceptor. Franklin University allows flexibility in scheduling these hours. The requirement may be met with full days, partial days or consecutive days **as agreed upon with the preceptor**.

Achievement of the essentials may occur in the context of the direct care setting, but may also occur in other settings (e.g. work on a policy issue at the institutional, regional or state level; leadership roles in professional organizations, etc.). **No direct patient care is permitted as part of the DNP Scholarly Project or Practicum hours.**

Contact information for the practicum coordinator is [dnppracticum@franklin.edu](mailto:dnppracticum@franklin.edu)



## PRECEPTOR REQUIREMENTS

The DNP preceptor is an important member of the Doctoral Scholarly Project Team who provides guidance throughout the project and practicum experience. Students should carefully select a preceptor who has knowledge and expertise in the area of interest.

DNP preceptors must have a graduate degree; preferably doctorally prepared nurses or other doctorally prepared healthcare professionals with expertise in the student's area of interest. Individuals with graduate degrees and relevant expertise in health policy, ethics, leadership, informatics or other appropriate foci will be considered.

The preceptor does not necessarily need to be employed by the practicum site. However, if the preceptor is not employed at the practicum site, the student will need to have a contact on-site who supports the project and can aid regarding knowledge of the organization and key stakeholders.

Depending on student learning needs, more than one preceptor may be used for a practicum site. The use of multiple preceptors must be communicated to the practicum coordinator and approved by the DNP Seminar instructor. Students must provide a Resume or Curriculum Vitae (CV) for each preceptor. Ensure the CV for the preceptor(s) are provided to the instructor within each of the project and practicum courses.

### DNP Scholarly Project

The DNP Seminar courses are where the student works on the DNP Scholarly Project under the guidance of the faculty member and preceptor at the organization. Each course has a minimum number of hours allocated for activities related to the project and other related experiences. The table below illustrates this relationship.

NURS 850 DNP Seminar I (125 hours)	DNP Scholarly Project development and approved activities
NURS 851 DNP Seminar II (125 hours)	DNP Scholarly Project implementation, data collection, begin analysis and approved activities
NURS 900 DNP Seminar III (50 hours)	DNP Scholarly Project complete data analysis, final document and dissemination and approved activities

The DNP Scholarly Project is an opportunity to apply skills obtained in the DNP coursework. This evidence-based practice project is intended to make an impact, directly or indirectly, on patient and/or healthcare outcomes. The DNP project must be evidence based, focused on practice/quality improvement, implement a change process and include evaluation of the change process with generation and analysis of data. The project must be conducted in a practice setting; **academic settings, educational process, curriculum, or educating nursing students are not appropriate and not permitted.**

The DNP student identifies a clinical problem, evaluates the context of the problem, conducts a thorough review of the literature, and translates evidence to formulate a potential solution or intervention. The intervention is then implemented and evaluated to determine what impact it had on the given clinical problem. The School of Nursing has adopted the OhioHealth Change Management Model (see Appendix B). Final findings are shared with stakeholders and others.

The American Association of Colleges of Nursing (AACN, 2004), in its AACN Position Statement on the Practice Doctorate in Nursing, defined advanced nursing practice as: “any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and healthcare organizations, and the development and implementation of health policy” (p. 2). **Hands-on patient-care hours are not included in these projects, but the impact on practice outcomes should be clear in the design of the project.**

According to the AACN (August 2015) White Paper, Current Issues and Clarification

Recommendations, at minimum, all DNP Projects should:

- Focus on a change, which impacts a healthcare outcome(s) either through direct or indirect care.
- Have a system (micro, meso-, or macro level) or population/aggregate focus.
- Incorporate OhioHealth Change Management Model
- Demonstrate implementation in the appropriate arena or area of practice.
- Include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstraction).
- Include an evaluation of processes and/or outcomes (formative and 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.

## Types of DNP Projects

DNP Projects can take one of the following forms:

- **Quality Improvement Project:** efforts to improve services to impact a health outcome. According to the IOM, this means improving safety, effectiveness, and delivering care that is patient-centered, timely, efficient, and equitable (Moran, et al., 2020).
- **Healthcare Delivery Innovation:** examining, developing, implementing, evaluating, new methods for the approach to screening, referral, or disease management (Moran, et al., 2020).
- **Healthcare Policy Analysis:** working to evaluate the historical context of policies to ensure that they are congruent with needs. Student may also examine adherence to policies (Moran, et al., 2020).
- **Program Development and Evaluation:** planning, implementing, and evaluating programs that improve health and impact health outcomes (Moran, et al., 2020).

*Moran, K., Burson, R., & Conrad, D. (2020). The doctor of nursing practice: A framework for success (3<sup>rd</sup> ed.). Jones & Bartlett Learning.*

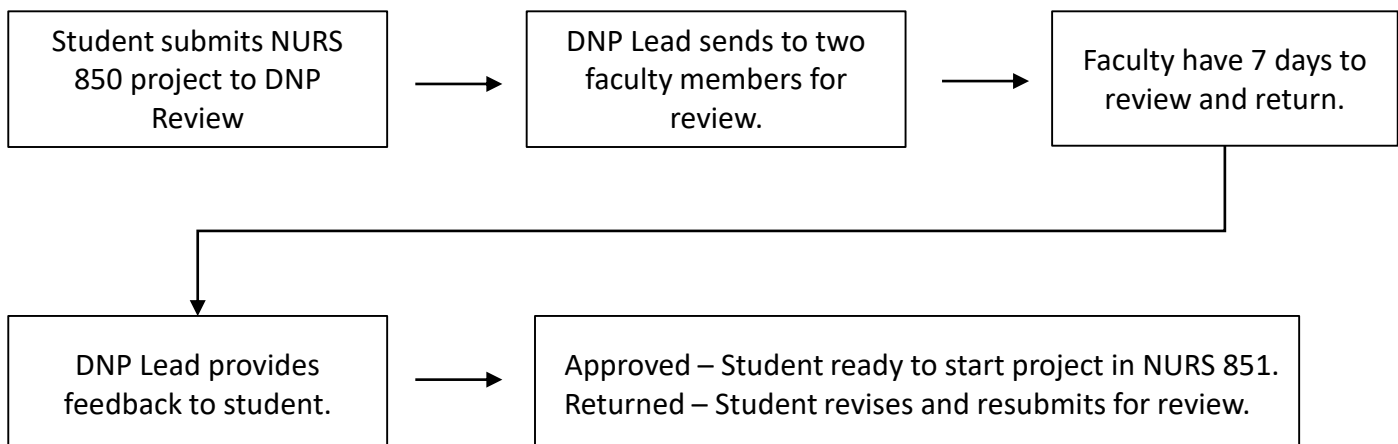
Depending on the skill sets of the DNP student, projects may also have strong technology or information-technology components.

PHASES OF THE DNP Scholarly Project	
Phase 1	Brainstorming with Scholarly Project, Faculty Advisor; Networking; Courses (starts with NURS 810)
Phase 2	Planning and Development NURS 850
Phase 3	Implementation and Evaluation NURS 851
Phase 4	Dissemination and Final Steps NURS 900

## Project Proposal Approval

Students develop a project proposal in NURS 850 DNP Seminar 1 as part of the course (see Appendix C). The faculty member will provide feedback on the document based on the course rubric. Once completed, the DNP Lead faculty will send the proposal to two faculty members for review and approval. This review ensures that the proposal meets the expectations of the DNP Scholarly Project and is not considered research. Faculty provide feedback and either approve or send back for revision. Projects must be approved by the second submission in order to earn a “B” or better for the course. Faculty follow a rubric and feedback is returned to the student within seven (7) days of submission.

DNP projects do not meet the Federal definition of research or involved Human Subjects Protection and as such are not submitted to the Franklin University Institutional Review Board (IRB). The DNP Project Review team carefully reviews the proposal to ensure this expectation is met. However, the host organization may require a review by their IRB. If so, the student must submit to their IRB and provide approval before being allowed to begin the project. If IRB approval is required by the organization, **either a letter of approval from the project host site IRB or from an administrator on company letterhead is required prior to enrollment in NURS 851 DNP Seminar II**



## **Final DNP Project Report**

Students develop a project final document in NURS 900 DNP Seminar III (see Appendix D) as part of the course. The faculty member will provide feedback on the document based on the course rubric. Once completed, the DNP Lead faculty will send the final document to two faculty members for review and approval. This review ensures that the final document meets the expectations of the DNP Scholarly Project and followed what was approved in the project proposal. Faculty provide feedback and either approve or send back for revision. Projects must be approved by the second submission in order to earn a “B” or better for the course. Faculty follow a rubric and feedback is returned to the student with seven (7) days of submission.

## **Presentation**

Students develop a poster presentation for presentation to stakeholders. The presentation can be presented live and recorded or the student can create a voice-over video depending on the setting. This presentation is part of the portfolio expectation. Students will receive more information on this process in the NURS 900 course.

## **Portfolio**

DNP students save their graded assignments from each course. Across the DNP program, assignments will be collected and compiled as artifacts within a professional portfolio to demonstrate professional growth and expertise. The comprehensive portfolio, which will be submitted in NURS 900, will be assessed against the program outcomes. Students will receive more information on this process in the course.

## Appendix A

### DNP Essential and Examples of Experiences to apply to DNP Practice Hours

Adapted from the American Association of Colleges of Nursing document, The Essentials of Doctoral Education for Advanced Nursing Practice (2006).

#### DNP Essential I: Scientific Underpinning of Practice

- Participate in research or quality improvement projects being conducted at the organization.
- Become a member of a committee that is trying to solve a practice problem in a health care setting.
- DNP Scholarly Project work that relates to integrating nursing science and theory to improve health.

#### DNP Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

- Shadow/participate in QI meetings (skilled nursing homes have these monthly).
- Shadow/participate in organizational meetings related to patient safety.
- Shadow the Patient Safety Officer in the organization.
- Attend a lecture/seminar on patient safety.
- Shadow organization leadership responsible for budgets.
- Review an organizational or grant budget with a nurse leader (i.e. a Director of nursing with a budget for his/her unit).
- Attend/participate in ethics rounds.
- Attend/participate in Schwartz Rounds.
- DNP Scholarly Project work that requires interacting with budgetary leaders for host site, IRB approval, any work with patient safety/HIPPA as it relates to the DNP Scholarly Project.

## DNP Essential III: Clinical Scholarship and Analytical Methods for Evidenced-Based Practice

- Shadow nursing leadership and have him/her review the benchmarks used to measure staff performance.
- Present a poster at a conference.
- Speak at a local, regional or national conference.
- Write an evidenced base article for publication.
- DNP Scholarly Project work around taking the current literature and developing and implement evidenced based practice interventions.
- The design, development and implementation of the DNP Scholarly Project.
- DNP Scholarly Project work related to data collection, analysis, developing a database.

## DNP Essential IV: Information Systems/Technology and Patient Care Technology or the Improvement and Transformation of Health Care

- Spend time shadowing the health IT department leadership.
- Participate in the testing/develop of EHR programs.
- Shadow the legal department as it relates to HIPAA/protection of patient information.
- Explore social media use and cybersecurity within the organization, how it is managed and safe guards for patient confidentiality.
- DNP Scholarly Project work related to telehealth or EHR use, development, and changes (as they relate to the students Project).

## DNP Essential V: Health Care Policy for Advocacy in Health Care

- Spend the day at the State House and observe a hearing where testimony is being given by a variety of stakeholders.
- Attending a public health department meeting (town, city or state level).
- Attend a local hearing that relates to public health (i.e. City Council, School Committee).
- Participate in or Observe a protest/rally.
- Attend a board of nursing's hearing (disciplinary, one seeking public comment, etc.).

- Visit elected official to discuss health related legislation.
- Attend a town hall meeting for an elected official.
- DNP Scholarly Project work related to evaluation of organizational policy and changes to organizational policy.
- DNP Scholarly Project work that takes into account the various stakeholders involved in the project.

## DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

- Take on a leadership role within an organization to complete a small project or clinical Initiative (including *Healthcare Effectiveness Data and Information Set [HEDIS]* and aggregate bench marks).
- Bring together a multidisciplinary team to analyze organizational issues and create change.
- Lead a workgroup supported by a professional organization.
- DNP Scholarly Project work related to establishing an interdisciplinary team and meeting with those team members to further the project.
- DNP Scholarly Project work related to communicating the implementation of the project.

## DNP Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

- Participate in a health promotion booth/fair.
- Volunteer to administer flu shots for the department of public health (DPH) in the community.
- Attend a local hearing on a public health concern (DPH).
- Explore cultural sensitivity, health disparity and diversity considerations.
- DNP Scholarly Project work related to health promotion efforts.
- DNP Scholarly Project work related to conducting a needs assessment to determine the individual or aggregate's health.



## DNP Essential VIII: Advanced Nursing Practice (This essential applies to nurse practitioner students only)

- Direct patient care.
- Conference/CME related to the direct care/medical management of patients.
- Shadow a provider at an underserved clinic.
- Shadow a provider in a specialty outside of your expertise (hospice, OB, cardiology, dermatology, etc.).
- Mentor a nurse, nurse practitioner or other nursing professional.

## Appendix B

### OHIOHEALTH CHANGE MANAGEMENT MODEL

The School of Nursing has adopted the OhioHealth Change Management Model for use in our programs.

The OhioHealth Change Management Center of Excellence, a stewardship group for managing people during change, developed the model and tools to guide the development and implementation of a change. Using a goals-focused approach, the model includes a process, tools, and techniques to manage the people side of change to achieve the desired results (OhioHealth, 2021).

At OhioHealth, managing change follows an organized, structured approach that increases the likelihood of adoption and benefits. The model is based on *The Standard™* for change management, developed by the Association of Change Management Professionals. The model includes three phases, *Planning*, *Connecting*, and *Adopting*, and five goals.

- Create awareness by communicating a message about a change
- Build Understanding to establish a strong base for lasting transformation.
- Generate Excitement by promoting tangible benefits
- Share Skills which requires the ability to teach and a willingness to learn
- Embrace Change. Change is sustained when goals are fulfilled and the behavior change occurs again, and then again.

The *OhioHealth Change Management Pulse Framework* is based on the premise that there is a pulse, or rhythm, to the planning and execution of change management.

When this Pulse view is used as a suggested overlay on the traditional lifecycle of a project, it serves as a roadmap to the types of change management tasks and tactics that can be executed at any given point in the project. This framework supports and encourages collaboration between the disciplines of project management and change management.

The Change Management Pulse Framework content and components will be provided in NURS 850. The framework graphic is included in Figure 1 below. A toolkit with six workstreams will be included and provides a step-by-step guide to lead change within an organization. Specific tools for each workstream are included, for example, a Leadership Action Plan template.



# **Appendix C**

## **Project Proposal Template**

**Title of Project**

Student Full Name (No Credentials)

Franklin University

Instructor Name

Month, Day, Year

### **Title of Project**

In this first paragraph, you will write an introduction (generally one and no more than two paragraphs) for your proposal. Start with a general overview of your topic and describe to the reader what they will find in this document. There are many ways to foreshadow what the reader will find: The purpose of this paper is to..... or This paper will describe .....

Remember to write using paragraphs (look up MEAL plan), exemplary grammar and sentence structure (use Grammarly.com), and APA 7<sup>th</sup> edition. We use *impersonal voice*, meaning no first or third person should be used. This document aims to outline what is expected in your DNP Project Proposal.

### **Problem Statement (1 page)**

A concise statement identifying the problem/issue, why it is important to address, alignment with strategic priorities of the organization, including:

- Key indicators (build a case) that are missing, lacking, or inadequate
- Key Data (magnitude of the problem, dynamics leading to the problem, population characteristics, attitudes, and behaviors that are causing or exacerbating the problem. Support this with findings from the literature; include relevant statistics (national, regional, and/or local), and cite them. Are these data reported by and/or connected to CMS, NDNQI, and/or AHRQ national benchmarks? What organizational data are available to demonstrate the extent of the problem, for example, MIDAS, name of EMR, or PowerBI/BI reports? Include reference for data source and date of the report. Are there anecdotal reports related to the issue (use personal communication citation)?
- Description of gap analysis to identify why the project is appropriate for the site where it will be implemented. Who has been affected? What is the impact? What are the safety and quality issues? Are there any financial impacts on the organization, patients, or others?

### **Organizational Assessment of the Problem/Readiness for Change (1 page)**

The current impact of the issue.

Briefly describe the OhioHealth Model (OhioHealth, 2021) for managing change (See Appendix B of the DNP handbook for a complete description of the model, tools, and survey links). Include results of the *OhioHealth Readiness for Change Survey*.

### **Background and Significance of Problem/Issue (½ page)**

Briefly describe the background and significance of the identified problem. Citations required in this section.

### **Overarching Aim of the Project (½ page)**

Briefly describe the primary aim of the project.

### **PICO(t) and Search Strategy (½-1 page)**

Provide a searchable question in PICO(t) format. Highlight the keywords within the sentence. Use appropriate template from Melnyk & Fineout-Overholt, 4<sup>th</sup> edition.

Provide a scholarly description of the source of literature (electronic databases, sources where clinical practice guidelines are listed, point-of-care resources such as Up-to-Date and gray literature). Search strategies such as keywords, MeSH, and subject heading. Describe search history (numbers found, inclusion and exclusion criteria, final number retained).

### **Review of the Evidence (1 – 1 ½ pages)**

Extensive [not exhaustive], the current state of knowledge about the topic and QI approach to solving the problem). Enough evidence to support your project intervention and outcomes.

**Evidence to Support Project** (includes a brief summary of the evidence-based practice/s (EBP) [specific practice or relevant intervention, program intervention or evaluation, presentation, and toolkit, or policy change] and QI framework based on the review of the evidence).

#### **Critical Appraisal**

Identify the level of evidence hierarchy used to evaluate the literature. Include tools used to critically appraise evidence (i.e., Johns Hopkins, Joanna Briggs Institute, GRADE, SORT, etc.) Describe the characteristics of the body of evidence (e.g., number of articles at various levels and their ratings) along with a synthesis of findings with references to the evidence and main idea tables (in the appendices).

### **Project Description (2-3 pages)**

Concise descriptions of who, what, where, how long, budget; describes how the problem was identified, how the solution aligns to the system and strategic priorities, resources such as staff time, administrative, activity sites, etc.

- Project purpose (one-two sentences)
- Population/setting/participants (description of setting and necessary resources, characteristics of the participants, inclusion, and exclusion criteria)
- Project site (how the site or practice is organized, services offered, current procedures, staffing patterns, etc., how will project manager interact with personnel and patients/clients/others)

- Key Stakeholders Identify agencies, departments, committees, units, and/or individuals needed to complete the project and/or those who will be affected by the project and strategies to gain buy-in, support, and sustainability. Describe key stakeholders' involvement
- Patient /Family Engagement (as applicable) plan for integrating preferences/values and how diversity is addressed
- SWOT and risk ranking/mitigation
- SMART (Specific, Measurable, Attainable, Relevant, Time-Bound) Objectives
- Scope (what project will and will not address, resources, constraints, facilitators, and barriers that influence implementation and plan to overcome barriers or roadblocks)
- Ethical considerations (PHI, HIPAA, human subjects, equitable care, diversity/equity/inclusion, compassionate care, determinants of health, data security access, and safeguards)
- Include in appendices budget (as applicable), timeline, and dated letter of support on letterhead required and signed by authorized signatory.

### **Project Design (½ - 1 page)**

Identify a model for improvement (PDSA, LEAN/DMAIC, Re-AIM) and project design (quality improvement, formative program evaluation, quality collaborative, value analysis). Research designs are not permitted. Best to use models/strategies already being utilized by the organization (as applicable). Graphics may be included with permission (appendix). Tie to OhioHealth change management process.

### **Implementation Plan (1-1 ½ pages)**

The implementation plan includes a detailed description of the intervention, and applicable components of the OhioHealth Change Management Model (OhioHealth 2021) (review *Putting it all together...Change Management Pulse Framework* in Appendix B of the DNP Handbook), implementation strategies, deliverables, and milestones). Include education/training, communication, leadership/engagement/identify champions, information systems (if applicable), policies/processes/procedures/protocols/SOPs needing revision or standardizations, possible anticipated barriers, and barriers management plan.

### **Data Collection Procedures (1 – 1 ½ pages)**

A detailed description of data to be collected and analyzed (who, how, and when – relate to project milestones and include who will collect analyze, such as team members or staff, storage of data)

- Measurement Instruments (include the integrity of data sources such as EHR, online survey, internally created tools, established tools with reliability/validity). Include the tool in the appendix. Note student-created tools are only for data collection purposes and cannot be reported in data analysis
- Plan to describe and/or analyze data (QI measures, run and statistical process control charts, statistics)
- Cost-benefit analysis/budget table

Organize by PDCA framework or key parts of EBP model, or by stages or phases (pre-intervention, intervention, post-intervention).

### **Proposed Outcomes and Data Analysis Plan (1 ½ pages)**

Summarize the plan for evaluating the effectiveness of the practice change. Identify metrics being measured [outcome, process, balancing, financial, countermeasures as appropriate], owners of data and how to access, plans for accessing PHI and de-identifying data, tools/instruments selected to collect data valid/reliable and permission to use (in appendix), methods for analyzing/interpreting data (e.g., statistical data control charts, Run Charts or Pareto Charts). When possible, data that are already being collected and tools/instruments and methods for analyzing/interpreting data by the organization should be used.

### **References**

List references on a separate page. Include peer-reviewed references within the last 5 years, government or other organization resources used to provide data.

### **Appendices**

V2 April 2022



**Appendix C**  
**Final DNP Project Report Template**

**Full Title of Paper**

Student Full Name (no credentials)  
Franklin University  
Instructor Name  
Month, Day, Year

### **Title of Project**

After the title of the paper comes the introductory content. This will need to be updated from your proposal document. Remember, anything in this document needs to be changed from future to past tense. If any major changes were made during the course of the intervention be certain to highlight and notify your faculty member. If your project required IRB approval at your organization, be sure to include it in the narrative under project implementation description.

### **Problem Statement (1 page)**

A concise statement identifying the problem/issue, why it is important to address, alignment with strategic priorities of the organization, including:

- Key indicators (build a case) that are missing, lacking, or inadequate
- Key Data (magnitude of the problem, dynamics leading to the problem, population characteristics, attitudes, and behaviors that are causing or exacerbating the problem. Support this with findings from the literature; include relevant statistics (national, regional, and/or local), and cite them. Are these data reported by and/or connected to CMS, NDNQI, and/or AHRQ national benchmarks? What organizational data are available to demonstrate the extent of the problem, for example, MIDAS, name of EMR, or PowerBI/BI reports? Include reference for data source and date of the report. Are there anecdotal reports related to the issue (use personal communication citation)?
- Description of gap analysis to identify why the project is appropriate for the site where it will be implemented. Who has been affected? What is the impact? What are the safety and quality issues? Are there any financial impacts on the organization, patients, or others?

### **Organizational Assessment of the Problem/Readiness for Change (1 page)**

The current impact of the issue.

Briefly describe the OhioHealth Model (OhioHealth, 2021) for managing change (See Appendix B of the DNP handbook for a complete description of the model, tools, and survey links). Include results of the *OhioHealth Readiness for Change Survey*.

### **Background and Significance of Problem/Issue (½ page)**

Briefly describe the background and significance of the identified problem. Citations required in this section.

### **Overarching Aim of the Project (½ page)**

Briefly describe the primary aim of the project.

### **PICO(t) and Search Strategy (½-1 page)**

Provide a searchable question in PICO(t) format. Highlight the keywords within the sentence. Use appropriate template from Melnyk & Fineout-Overholt, 4<sup>th</sup> edition.

Provide a scholarly description of the source of literature (electronic databases, sources where clinical practice guidelines are listed, point-of-care resources such as Up-to-Date and gray literature). Search strategies such as keywords, MeSH, and subject heading. Describe search history (numbers found, inclusion and exclusion criteria, final number retained).

### **Review of the Evidence (1 – 1 ½ pages)**

Extensive [not exhaustive], the current state of knowledge about the topic and QI approach to solving the problem). Enough evidence to support your project intervention and outcomes.

**Evidence to Support Project** (includes a brief summary of the evidence-based practice/s (EBP) [specific practice or relevant intervention, program intervention or evaluation, presentation, and toolkit, or policy change] and QI framework based on the review of the evidence).

#### **Critical Appraisal**

Identify the level of evidence hierarchy used to evaluate the literature. Include tools used to critically appraise evidence (i.e., Johns Hopkins, Joanna Briggs Institute, GRADE, SORT, etc.) Describe the characteristics of the body of evidence (e.g., number of articles at various levels and their ratings) along with a synthesis of findings with references to the evidence and main idea tables (in the appendices).

### **Project Description (2-3 pages)**

Concise descriptions of who, what, where, how long, budget; describes how the problem was identified, how the solution aligns to the system and strategic priorities, resources such as staff time, administrative, activity sites, etc.

- Project purpose (one-two sentences)
- Population/setting/participants (description of setting and necessary resources, characteristics of the participants, inclusion, and exclusion criteria)
- Project site (how the site or practice is organized, services offered, current procedures, staffing patterns, etc., how will project manager interact with personnel and patients/clients/others)

- Key Stakeholders Identify agencies, departments, committees, units, and/or individuals needed to complete the project and/or those who will be affected by the project and strategies to gain buy-in, support, and sustainability. Describe key stakeholders' involvement
- Patient /Family Engagement (as applicable) plan for integrating preferences/values and how diversity is addressed
- SWOT and risk ranking/mitigation
- SMART (Specific, Measurable, Attainable, Relevant, Time-Bound) Objectives
- Scope (what project will and will not address, resources, constraints, facilitators, and barriers that influence implementation and plan to overcome barriers or roadblocks)
- Ethical considerations (PHI, HIPAA, human subjects, equitable care, diversity/equity/inclusion, compassionate care, determinants of health, data security access, and safeguards)
- Include in appendices budget (as applicable), timeline, and dated letter of support on letterhead required and signed by authorized signatory.

#### **Project Design (½ - 1 page)**

Identify a model for improvement (PDSA, LEAN/DMAIC, Re-AIM) and project design (quality improvement, formative program evaluation, quality collaborative, value analysis). Research designs are not permitted. Best to use models/strategies already being utilized by the organization (as applicable). Graphics may be included with permission (appendix). Tie to OhioHealth change management process.

#### **Implementation Plan (1-1 ½ pages)**

The implementation plan includes a detailed description of the intervention, and applicable components of the OhioHealth Change Management Model (OhioHealth 2021) (review *Putting it all together...Change Management Pulse Framework* in Appendix B of the DNP Handbook), implementation strategies, deliverables, and milestones). Include education/training, communication, leadership/engagement/identify champions, information systems (if applicable), policies/processes/procedures/protocols/SOPs needing revision or standardizations, possible anticipated barriers, and barriers management plan.

### **Project Implementation Description (1 – 1 ½ pages)**

Provide a brief summary of what was done/completed. Include any deviations from the project plan. Include key elements from the data collection plan you wrote in the project proposal. Describe all data collected at pre-implementation (baseline) and post-intervention to evaluate the effectiveness of practice change. Describe unexpected barriers encountered and how they were managed.

### **Outcomes and Data Analysis ( ½ pages)**

Summarize the methods used to evaluate the effectiveness of the practice change. Identify metrics that were measured [outcome, process, balancing, financial, countermeasures as appropriate], owners of data and process for data access, plan used for accessing PHI and de-identifying data, valid/reliable tools/instruments used to collect data, and permission to use (in appendix).

Include methods used for analyzing/interpreting data (e.g., statistical data control charts, Run Charts or Pareto Charts). Indicate if the organization was already collecting data and whether the organization's tools/instruments and methods for analyzing/interpreting data were used.

### **Results/Findings (1 page)**

Report data for project outcomes utilizing methods/terms familiar to the organization (provide a glossary in the appendix if not typical to nursing/healthcare). Report evaluation of the effectiveness of the practice change and the extent to which desired outcome(s) were achieved. Report return on investment and/or value of investment as applicable.

### **Discussion (1 – 1 ½ pages)**

Discuss the findings and implications for the organization. Include healthcare and nursing in general, as applicable.

### **Sustainability (½ page)**

Report on organization plans to sustain the project now that it is completed. What key personnel, finances, and/or processes are necessary to hardwire into the system (e.g., policy/procedure changes, resource allocations, electronic health record modifications). What key indicators need ongoing monitoring?

### **Summary (½ page)**

Describe how results were disseminated to the organization. Reflect on the AACN DNP Essentials, Triple Aim, or Six for Healthcare Improvement addressed in your project.

### **References (separate page)**

Add any additional references and verify citations in the text

At least 20 peer-reviewed references within the last 5 years are required in addition to any government or other organization resources used to provide data.

### **Appendices**

Appendices are numbered and referred to in the body of the text. Note: If there are figures or tables they do not go in to the appendix, consult with APA 7th edition as to placement and appropriateness.