

# Franklin University

## DOCTOR OF NURSING PRACTICE HANDBOOK



*March 2021*



A circular inset image showing a brick building and a stone wall with the Franklin University logo. The logo reads "FRANKLIN UNIVERSITY" in blue serif font, with "FOUNDED 1902" in a smaller blue serif font below it. The background of the page is white with yellow curved lines in the top right corner.

**FRANKLIN  
UNIVERSITY**  
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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.

# 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 & DNP faculty as needed.
- Provide support, advocacy, and encouragement throughout student's academic career, including career advising.

## **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 they are introduced to in NURS 800, NURS 805, and NURS 810 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, 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 sixth 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 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 new doctoral program writing guide for further guidance.

## 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. In addition, students select either a nurse practitioner (NP) specialization or leadership focus (i.e. Health Informatics, Public Administration, Healthcare Administration, or other focus 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 non-precepted 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.

## 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 DNP leadership focus students needing more hours to meet the required 1000 hours for the degree. This course is a one-credit course with up to 125 practicum hours each credit. May repeat up to 4 times to achieve the 1000 practicum hours, if needed. With faculty approval, hours may be available concurrently with focus area courses. The residency is not required for nurse practitioner students (see nurse practitioner handbook for more details).

## 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 below.

- 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.

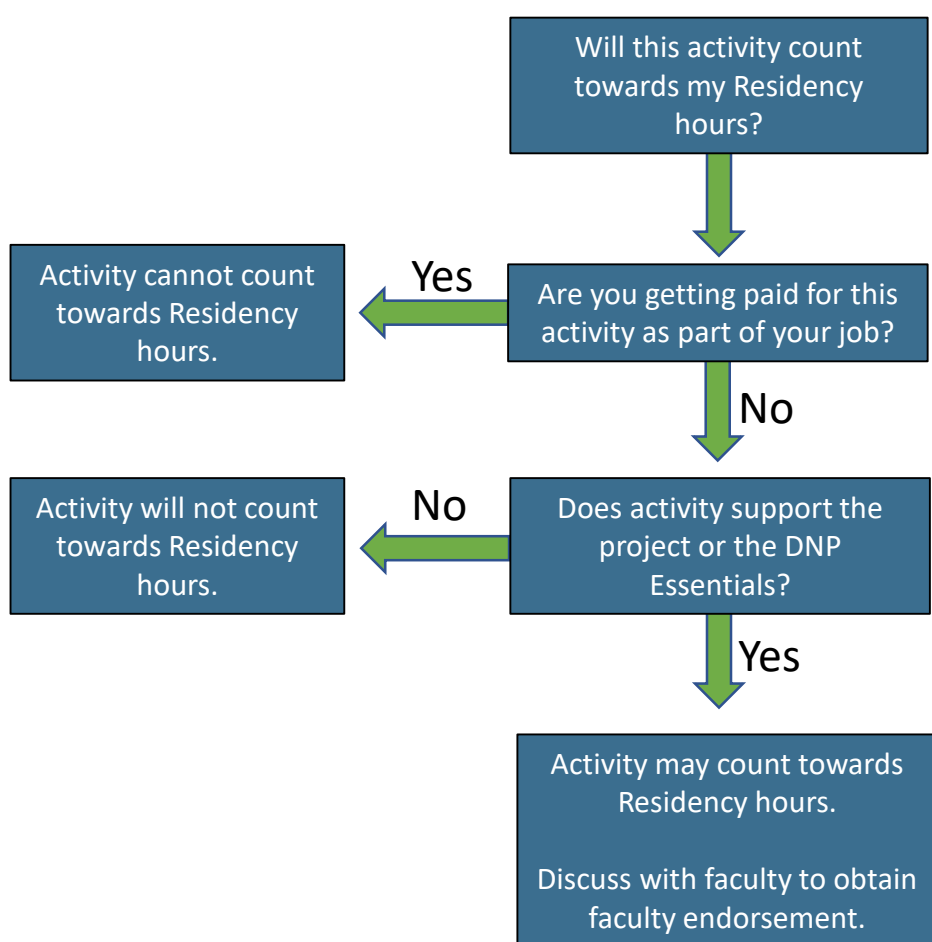
## Student activities in residency and DNP Seminar courses may consist of:

- Preparation for and attendance at professional meetings that support the achievement of project and practicum course outcomes.
- Activities related to the DNP Essentials and course outcomes (see Appendix A).
- On 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.
- 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 Program Chair 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. 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 a DNP coordinator.

We require a practicum log to be submitted in each course and included in the Portfolio. 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.

**Students must complete their practicum and DNP Scholarly Project in a location in which we are open for enrollment.**

#### DNP Practicum Site Details

Students will submit a Practicum Application to the DNP coordinator in **NURS 810** as a required assignment. Once submitted, the DNP coordinator 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 Coordinator 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.
- Practicum and DNP Scholarly projects can only be completed in a state where Franklin University has approval to offer the DNP.



## 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 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 Agreement (MOA) is required for all practicum sites. The DNP coordinator 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 practicum coordinator 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 doctoral prepared nurses or other doctoral prepared healthcare professionals with expertise in the student's area of interest. Individuals with doctorates 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 are 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. 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.
- 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 or summative).
- DNP Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important.
- 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 of improving safety, effectiveness, and delivering care that is patient-centered, timely, efficient, and equitable (Moran, et al., 2016).
- **Healthcare Delivery Innovation:** examining, developing, implementing, evaluating, new methods for the approach to screening, referral, or disease management (Moran, et al., 2016).
- **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., 2016).
- **Program Development and Evaluation:** planning, implementing, and evaluating programs that improve health and impact health outcomes (Moran, et al., 2016).

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

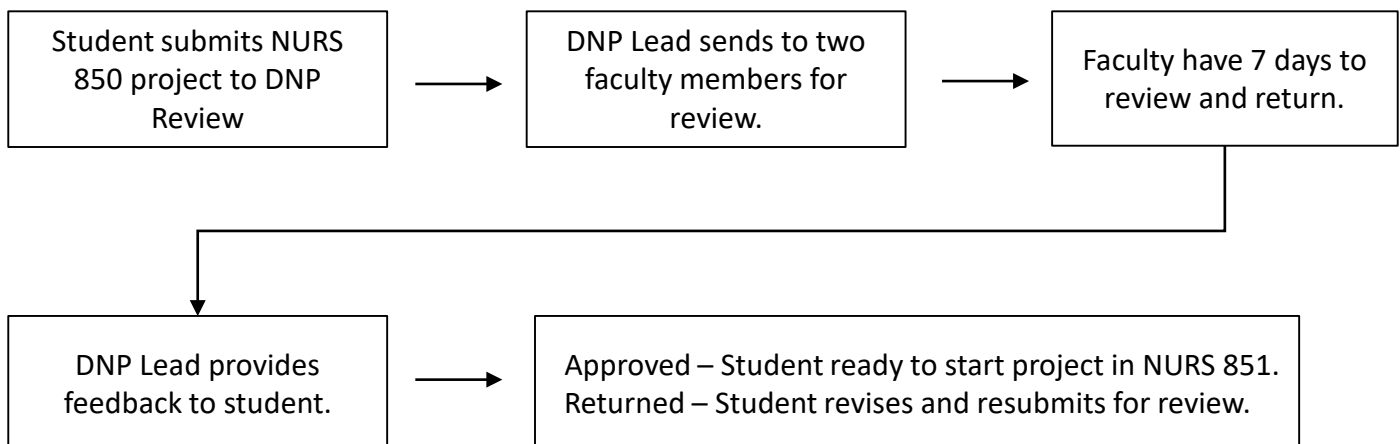
Depending on the skill sets of the DNP student, projects may also have strong technology or information-technology components.

PHASES OF THE DNP SCHOLARLY PROJECT	
Phase 1	Brainstorming with 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 / Charter Approval

Students develop a project proposal/charter in NURS 850 DNP Seminar 1 (see Appendix B) 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 proposal to two faculty members for review and approval. This review ensures that the proposal/charter meets the expectations of the DNP Scholarly Project. 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/charter 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 C) 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. 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 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 Template**

**Project Proposal/Charter (Use a creative project name/acronym)**  
**Title of Project**

Student Full Name (No Credentials)  
Franklin University  
Instructor Name  
Month, Day, Year

# **Part 1**

## **Background of Gap or Problem**

Description of problem with detailed evidence including:

- Key indicators (build a case) that are missing, lacking or inadequate.
- Key Data (magnitude of problem, dynamics leading to 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.
- Description of gap analysis to identify why project is appropriate for the site where it will be implemented.

## **Problem Statement**

- 3-5 sentences that succinctly summarize problem.
- PICO question.



### **Sponsors, Team, and Stakeholders**

- **Executive sponsors** (using initials describe why they were chosen and what they offer the project).
- **Department sponsors** (using initials identify their department roles and why there were chosen).
- **Project team** (student is manager, team members primary role in the organization as well as skills or qualifications).
- **Stakeholders** (includes who will be affected by outcomes, impact of individual or group, includes patients and consumers in relationship to customer satisfaction, safety, and quality outcomes).

## **Part 2**

### **Project Purpose/Business Case**

(describes business or clinical need or aim of the project, includes goals and impact on systems, and specific strategies / interventions that will be used to achieve the aim).

### **Review of the Evidence**

(description of search, extensive [not exhaustive], current state of knowledge about topic and QI approach to solving the problem) Evidence and main idea tables in appendices.

### **Evidence to Support Project**

(includes brief summary about 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).

**Evidence Based Practice Model and Change Theory** (name and define the EBP model and change theory) *Implementation strategies such as PDCA/PDSA go in part 3.*

## Part 3

### Project Description

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

- Population (description of setting and necessary resources, characteristics of the participants, inclusion and exclusion criteria).
- Project site (how site or practice is organized, services offered, current procedures, staffing patterns, etc., how will project manager interact with personnel and patients/clients/others).
- SWOT and risk ranking/mitigation.
- SMART Specific, Measurable, Attainable, Relevant, Time-Bound) Objectives.
- Implementation plan (includes detailed description of intervention, quality improvement framework, implementation strategies, deliverables, and milestones).
- 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).
- Includes in appendices budget (as applicable) and timeline. Letter of support on letterhead required.

### Proposed Outcomes

(metrics being measured [outcome, process, balancing, financial, countermeasure as appropriate]).

### Data Collection Procedures

- 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 (integrity of data sources such as EHR, online survey, internally created tools, established tools with reliability/validity). Example or tool in appendix.
- 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).

## **References**

## **Appendices**

## **Appendix C**

### **Final DNP Project Report Template**

#### **Full Title of Paper**

Student Full Name (no credentials)

Franklin University

Instructor Name

Month, Day, Year

## **Project Summary Report**

In this introductory section, begin by writing a concise, one-paragraph overview of the problem, explaining why the problem within your chosen population is important. Include a general overview of the project summary report. This section provides the reader with the purpose of the paper with a thesis statement. We are using APA 7<sup>th</sup> edition for this paper. You'll also want to consider using Grammarly to help prepare this document for review by an editor.

No more than one-half page.

### **Background and Organization Gap Analysis**

The Background section includes detailed evidence of the problem from the project charter. It discusses the organization's practice for the practice problem before implementation of the project. Remember to convert your writing to past tense throughout this document.

Up to one page, excluding tables and figures, which belong in the appendix.

### **Significance of the Practice Problem**

This section contains the PICO question and supporting narrative, also from the proposal/charter. The Significance of the Practice Problem section includes incidence and/or prevalence; national data and quality/regulatory expectations; impact on patient, family, and health care system; financial implications; and pertinent cultural, health care policy, quality, safety, legal, and ethical implications.

No more than one page, excluding tables and figures, which belong in the appendix.

## **Summary of the Evidence**

This should be an abbreviated, well-written synthesis of the evidence that you created in class to support the project. Students are expected to revisit the literature post project implementation to see if there is anything new that has been published since the initial lit review that they used to develop the project.

No more than one page long. Must be directly related to the problem and the intervention.

## **Evidence Based Practice Model and Change Theory**

This contains the evidence-based practice model and change theory also from your proposal/charter. Remember that implementation strategies will be discussed in your project description.

No more than one page long.

## **Project Description**

This should be an abbreviated, well-written synthesis of your project description (part 3) from your project proposal/charter. Be certain to include the description of the quality improvement framework in relationship to the other pieces from this section.

No more than three pages.



## **Project Evaluation Results**

Introductory content before any Level 2 headings.

### **Design and Instrumentation**

Explain the project design and the methods you used for collecting data. The methods you describe must have been deemed reliable and approved DNP Scholarly Project Review Team. If you used any tools or instruments, explain their validity and reliability, citing relevant literature as support. If an external tool was used, note the permission to use the tool and make sure to cite the tool appropriately. Any internal tools proven valid and reliable should be submitted in an appendix.

No more than two pages.

### **Formative Evaluation (if applicable)**

### **Confounding Variables (if applicable)**

### **Analysis**

Explain which statistical tests were used for the statistical analysis (as applicable) and measures (outcomes, process, balancing, and financial, as appropriate) to determine if the

selected intervention produced the outcome desired. Provide outcomes, findings, and recommendations related to the problem statement. You may wish to use Level 2 headings to separate your analysis for each outcome, the problem statement, and so on. Use charts, data tables, and figures as relevant to illustrate your data.

No more than four pages with figures, charts, and graphs within this section, not as an appendix.

### **Discussion and Implication for Nursing and Health Care**

Discuss how the practice change will be sustained after completion of the doctoral project. Provide recommendations for future practice and practice inquiry activities. Discuss financial implications. Include final budget, as applicable in the appendices.

No more than one page.

### **Summary and Conclusion**

This section should be a summary of the results section, discussing the key findings and their relevance to the rationale and specific aims. Provide suggested next steps to continue and spread the new practice change across all contexts.

No more than one-half page.

Overall approximately 14 pages of content plus the cover page, references, and appendices.

## References

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. All references are required to have a citation and visa versa.

[List references here.]

## **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 7<sup>th</sup> edition as to placement.