

Doctor of Nursing Practice

The Practice Improvement Project Guidelines: Requirements to Complete the DNP

Introduction

All Medical University of South Carolina (MUSC) School of Nursing Doctor of Nursing Practice (DNP) Degree Plans of Study must include a Practice Improvement Project. The MUSC program prepares graduates to use research knowledge and evidence-based methods to create, implement, and evaluate practice interventions, health delivery systems, and Policy change. This program produces graduates who will assume key roles in establishing national practice guidelines and translating clinical research trials into practice. The purpose of the Practice Improvement Project is to begin the student's professional commitment to translate research to practice to improve healthcare. Therefore, the project topic, which is chosen by the student, is developed from the student's clinical practice or area of interest. The Project is designed to solve practice problems or inform practice directions to improve outcomes. The definition of the term "practice" comes directly from the AACN (2004) position statement on the DNP that states "the term practice, specifically nursing practice.... refers to any form of nursing intervention that influences health care outcomes for individuals or populations, including direct care of individual patients, management of care for individuals or populations, administration of nursing and health care organizations, and the development and implementation of health policy" (www.aacn.nche.edu/DNP/DNPPositionStatement.htm). The Project implements innovations in clinical practice, applies evidence-based interventions, and proposes changes to care delivery models. The student must be able to implement this change and demonstrate the impact through measureable outcomes. This project is a faculty-guided scholarly experience that demonstrates evidence of critical thinking and ability to apply research principles through problem identification and proposal development, implementation and evaluation. The Practice Improvement Project may be an evidence-based quality improvement or policy change.

Research utilization and dissemination are integral parts of evidence-based nursing practice. Nurses prepared at the DNP level provide leadership for evidence-based practice in nursing and translate evidence-based research into their own practice. They are expected to disseminate and integrate new knowledge. Nurses who have earned a Doctor of Nursing Practice also participate as members of a research team, may assist in the conduct of research and lead research utilization projects. As an advanced practice nurse with a Doctor of Nursing Practice degree, the student will be able to:

1. Participate on research teams that focus on improving quality healthcare.
2. Carry out an evidence-based practice project through problem identification and proposal development, implementation, and evaluation of the project.
3. Use analytical methods to critically appraise existing literature relevant to healthcare practice.
4. Evaluate evidence to determine and implement the best evidence for practice.
5. Design processes to evaluate outcomes of practice and systems of care.
6. Inform the design of databases that generate meaningful evidence for practice.
7. Use information technology systems for the storage and retrieval of data.
8. Disseminate an evidence-based research report, in writing and orally.
9. Develop strategies to translate research into practice regimens.

The Practice Improvement Project is a scholarly process to address a theoretically and clinically relevant problem in healthcare. It is expected that a manuscript describing the process and outcomes of the Practice Improvement Project will be submitted for publication to a peer-reviewed journal. DNP students are required to provide evidence that their final paper, approved by faculty, has been submitted to a peer-reviewed journal. The submission is usually done after the completion of the project, often with additional help from the committee chair or members, who may then be co-authors. A Practice Improvement Project takes a minimum of two semesters to complete but will be developed during the course of study. Students who are unable to complete the project in two semesters may need to take additional residency hours.

General Guidelines

1. The project is related to advanced practice in the nursing specialty and benefits a group, population, or community rather than an individual patient. It arises from clinical practice and may be done in partnership with another entity: clinical agency, school, health department, church, government, voluntary organization or community group, etc. However, the student is responsible for assuming the leadership role.
2. Post MSN-DNP students should have a project idea at the beginning of the program and should plan to discuss this idea with fellow students and faculty during the first orientation. Post BSN-DNP students will develop their idea over the first and second year of the program. Students who know their area of interest should develop this within their course work. Students who do not have an area of interest or who change their minds on projects may have to rebuild project pieces within the program as they move in different directions. It is recommended that during the first semester of study, the students identify an area of important clinical interest to them and focus on this during their course work. To develop a project you must have data that demonstrates there is something that needs to be improved. This is key to quality improvement and should be the driving force.
3. The project leadership may be solo or collaborative depending on scope of the project. However, the lead role is the responsibility of the student.
4. The Practice Improvement Project addresses identified needs, utilizing evidence-based research that is translatable into practice.
5. The literature review/state of the science supports an evidence base for the project and may support the need for the project. Data from the clinical site indicates the site is in need of the quality improvement work and gives the student something to improve.
6. Description of the innovation is adequate for others to use (essential components for success, cost, etc.). Although education is often a part of quality improvement work it cannot be the full scope of the project. Projects must clearly demonstrate an outcome that will improve patient care or a system care that impacts patients. Change in knowledge is not enough if you cannot related it directly to patient or system outcomes that impact health care.
7. A systematic approach is used and data are collected using methods and tools that meet accepted scholarly standards.

8. Expected outcomes are defined and measured (quality improvement, cost savings, etc.).
9. The project is conducted according to ethical principles. MUSC Institutional Review Board (IRB) is utilized for project approval per guidelines.
10. Dissemination modes are professional. There are 4 elements of dissemination.
 - a. The student travels to MUSC for a presentation of the proposal for approval before it is implemented.
 - b. The student will also participate in a final poster presentation of the completed project at the end of the program. (Requires travel to MUSC)
 - c. The final completion presentation should be shared at the agency where the project was implemented, in whatever format is decided upon by the agency and the student.
 - d. A manuscript, based upon the project, is completed and submitted for publication to a peer-reviewed journal.
11. The project committee should consist of the Residency Coordinator, a clinical advisor/mentor with the local agency where the student will implement the project, or an external expert in the area of interest.
12. Within each non-clinical course, the student will complete learning activities (such as scientific review, understanding relevant biometrics, use of evaluation tools, etc.) that integrate the objectives of the course with their Practice Improvement Project. These learning activities will be completed and many of them will be included in the online portfolio (MyFolio). The Practice Improvement Project is built on-line within this portfolio and each section will be approved as it is developed. The development of the portfolio is a “thread” that runs through the courses. Each course is interconnected “to be continued” in the development of the Practice Improvement Project and portfolio. The courses are designed to walk the student through the process to promote successful completion of the sections of the Practice Improvement Project each semester. In all DNP courses, students will be taught key concepts and skills to learn process improvement. These components can be used to build the project proposal with the understanding that some students may change their project idea and may rebuild sections of their project. The project is written and approved in Practice Inquiry and IRB (NRDNP 862) and must be submitted to IRB by the end of this course. Students who are delayed in the IRB process may need additional residency hours to complete their project. The first draft of the paper is completed, reviewed and edited in NRDNP 862.

The Practice Improvement Project Committee: The committee for the Practice Improvement Project consists of at least two (2) members: the MUSC Residency Coordinator or faculty and one other member. The additional members should be a clinical advisor/mentor at the site where the project is being done or an external expert who has demonstrated expertise in the student’s area of interest. This member may be external to the College of Nursing. All MUSC faculty members on the committee must have Graduate Appointment status. Students must pick their project committee members in the Practice Inquiry and IRB Course (NRDNP 862). Students should have parts of the project developed within the prior courses and uploaded online in

MyFolio before entering the Practice Inquiry and IRB course. Post MSN-DNP students should enter the program with an identified area of interest and begin building their practice improvement project during the first semester. Post-BSN students who decide on a project late in the program must be prepared to complete all components in the Practice Inquiry and IRB Course (NRDNP 862).

Practice Inquiry and IRB Faculty and Residency Coordinator: Students are provided with intense faculty support during Practice Inquiry and IRB (NRDNP 862). Faculty will work with students to insure the proposal is appropriate and demonstrates a practice improvement plan that can be implemented, measured, and evaluated from existing data. Faculty will work with the student to decide on the clinical advisor/mentor or external expert which should be completed by the end of NRDNP 862. Prior to project defense the committee must approve the project as developed. Once the project is approved, faculty will work with the student to submit to IRB, or to complete the QI Checklist (please refer to the IRB Guidelines at <http://academicdepartments.musc.edu/nursing/administration/studentservices/handbook.htm> under *Student Guidelines*). This must be completed by the end of Practice Inquiry and IRB (NRDNP 862). Although the faculty member in program planning is not directly on the committee they will oversee the project until the Residency course begins. At this time the Residency coordinator and additional faculty will be on the student project and serve on the committee. Any issues with IRB that the student is unable to address should be discussed with the Practice Inquiry Coordinator. The first draft of the paper will be submitted, edited and uploaded in MyFolio.

Clinical Advisor/mentor: It is preferred that the clinical advisor/mentor hold a graduate degree and be an expert in the organization where the DNP project will be implemented who can assist the student with processes in the organization. Examples of assistance may be an understanding of organizational culture, processes within the organization, successful change initiatives, potential champions for project, etc.

External Expert: This person should be an expert in the content area of the student's DNP project who can assist the student with development of expertise in the area of the project focus. This member should possess expertise with the population of focus in the practice improvement project. They do not need to hold a doctoral degree. They can be an MUSC faculty member or from outside of the school of nursing.

After agreeing to participate on the Practice Improvement Project Committee, members will sign the Practice Improvement Project Topic and Committee Members Form found at <http://academicdepartments.musc.edu/nursing/administration/studentservices/handbook.htm> under DNP Forms. Students are encouraged to discuss with and/or interview clinical staff to serve as the Clinical advisor/mentor of their Practice Improvement Project Committee and community members to serve as the Expert member. Each member should be selected to provide maximal benefit to the student in the design and conduct of their Practice Improvement Project, and provide a perspective about the discipline of nursing or the population of focus. The Committee, serving as consultants, will guide and approve the acceptability of the Practice Improvement Project. This form is to be brought to the proposal defense signed.

Keeping in Touch with Committee Members: The most common way committees operate is for students to work primarily with their assigned faculty member during the Practice Inquiry and IRB course. Usually, the student and the faculty member will set up regular meetings so that the student can continue to make progress. As the student develops their project they must have their clinical expert or mentor review the drafts. The student must make revisions based on the comments. Then the student must have the other committee members review it. Occasionally it might be good to work directly with the clinical advisor/mentor at the student’s location to set up face to face meetings to ensure that continued progress on the project is made after the project is approved. After the Practice Inquiry and IRB course, the student will work directly with the residency coordinator assigned to them as well as their mentor and expert.

Changes to the makeup of the Committee are acceptable. However, a change to the makeup of the Committee may result in a delay in the completion of the practice improvement project. If a change to the makeup of the committee is desirable, the student will consult with the Residency Coordinator to make the change.

Termination of Practice Improvement member Relationship: When either the candidate or the Residency Coordinator feels that they can no longer continue with the Practice Improvement Project mentor or expert relationship they both should consult with the DNP Program Director. Beyond the first semester of the Practice Improvement Project, the relationship with the clinical/mentor or expert should be considered a trial period, the investment of effort and resources by both parties indicates that termination is a step that should not be taken lightly. If after consultation with the DNP Program Director, the candidate or Residency Coordinator still feels the relationship must be terminated, it is his/her right to do so. The candidate is responsible for selecting another clinical/mentor or expert. A change of clinical/mentor or expert may result in a delay in the completion of the Practice Improvement Project. A change of a clinical/mentor or expert requires approval by the Residency Coordinator and the DNP Program Director

DNP Practice Improvement Project: Suggested Framework for the Project Proposal

The Project proposal needs to be concise and yet provide a full and clear description of the problem, process or health issue being addressed, the specific purpose of the project, project implementation and evaluation, and what the agency will receive at the conclusion of the project (e.g. presentation, poster, the final report and any additional “deliverables” specified in the purpose). When relevant, the proposal must also contain information about the protection of human subjects.

Quality process and quality tools will assist students to obtain measurable improvements in a practice or a process. Quality tools have been found to be most useful when applied systematically and in a formatted sequence. The FOCUS-PDCA approach provides a structure and framework for process or practice improvement. FOCUS is based on the original PDSA cycle developed by Edward Deming as a continuous model of quality improvement. The Deming cycle originated from Walter Shewart (1939) as a systematic approach to problem solving. FOCUS-PDCA has 9 steps:

F	Find a process to improve	What do you plan to change (pre-data that demonstrates the problem)
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O	Organize an effort to work on improvement	Who will be involved and what support do you need
C	Clarify current knowledge of the process	What is the current state of the science is related to this process or practice
U	Understand process variation and performance capability	Outline specifically how the current process works
S	Select changes aimed at performance or process improvement	Choose the intervention or interventions
P	Plan the change. Analyze and predict the results.	How do you plan to measure the effect of the change?
D	Do it.	Execute the plan taking small steps in controlled circumstances.
S	Study	Check study the results
A	Act. Take action	How do you sustain the gains

Completed Project Components on the Portfolio:

Link between the curriculum and the Scholarly Project (See Appendix A)

Proposal Phases and Completion

Phase I: Proposal Development and Defense

The goal is for the Practice Improvement Project development to be completed throughout the doctoral program. Students learn key concepts and skills throughout the DNP program that are utilized for the Practice Improvement Project. Students who know their project idea can build it throughout the program. Students who are unsure will learn the skills and write it during the Practice Inquiry and IRB course. The project proposal will be housed in an electronic portfolio called MyFolio at <http://evaluate.musc.edu/>. The development of the Practice Improvement Project is designed in steps that are completed during each semester. Students will download the required elements into the electronic portfolio during some of their courses as instructed by the course faculty. The Course faculty will approve the work required as it relates to the course objectives for the building of the practice improvement project. Once the Project Committee is identified, they will have access to the portfolio to review each section and make recommendations. The Practice Inquiry and IRB faculty and project committee sign off on each section at this point and will need to sign off on the final proposal during NRDNP 862. The final proposal and first draft of the paper must be uploaded in MyFolio. Once the project committee is identified it is essential that the student share with them the work that has been done so they can obtain assistance and insure they are prepared for the Practice Improvement Proposal Defense prior to beginning the project.

Appendix A contains a detailed outline of the project improvement proposal. This outline will guide the development of each section of your proposal. During Practice Inquiry and IRB (NRDNP 862), students will write up their projects, finalize any changes and complete the first seven sections of the project. To prepare the project improvement proposal for defense the student will build on all of the pre-work developed during previous semesters or utilize the skills learned. The project proposal defense is the final outcome in Practice Inquiry and IRB (NRDNP

862). The project proposal defense will be reviewed by the Practice Inquiry and IRB faculty and the Graduate Program Director along with the identified clinical/expert or mentor, if available. Students will be provided suggestions for change or improvements and will obtain approval to move forward with the project. Once approved, it must be submitted to IRB. Projects cannot be started until IRB approval is obtained.

The Practice Improvement Project will be no longer than 15 pages built within the portfolio. For MSN to DNP students it is essential that the project be developed in courses from the start of the program. For BSN to DNP students the process for building the portfolio will be taught in core courses and uploaded when appropriate. It is understandable that the student may change the questions and project plan once they begin working in their APN clinical courses. The BSN to DNP students may need to rework sections as their proposal develops over time, working closely with their committee. It is the student responsibility to rework these sections and obtain approval for changes in the project. Once the student defends the project for final approval changes should not be made with discussion with the faculty and the Director of the Graduate Program. It is essential that the student use Appendix A to make sure they are developing all the needed sections of the proposal. It will also guide the student in what is needed for final results and writing for publication. This is a resource for faculty and will assist the student as each of the sections is uploaded into MyFolio.

The student will come to MUSC to present the proposal to their Project Committee, Practice Inquiry and IRB Coordinator, the Graduate Program Director and other faculty and students. This is scheduled toward the end of the Practice Inquiry and IRB (NRDNP 862) and prior to starting residency. The Practice Inquiry and IRB Course Coordinator set up the students' formal proposal. The Practice Improvement Proposal form will be used and evaluated as: Approved as Presented, Approved with Recommendations, or Not Approved. This will be maintained in the student record. The clinical mentor or external expert and Practice Inquiry and IRB Coordinator must sign off on the final proposal. If the clinical mentor or external expert cannot be at the final defense it is the student's responsibility to insure they have signed the proposal form and agreed to the project as proposed. The Project Committee is actively involved in the process of project development, regularly consulted for feedback with a goal that any potential problem that might lead to unsatisfactory defense be identified and rectified before the student reaches this juncture.

Evidence of completed Collaborative IRB Training Initiative (CITI) Course in The Protection of Human Research Subjects and draft of pertinent IRB application materials. The (CITI) can be found at <https://www.citiprogram.org/default.asp> or on-line at MUSC <http://research.musc.edu/ori/irb/home.htm> . The IRB training must be completed in NRDNP 858: Evidence-Based Practice, Quality and Safety. CITI certificates expire after three years, so students who enter the program with a current certificate may need to update while in the program. It is the student's responsibility to maintain CITI currency from that point forward. The IRB application to begin project work must be completed in NRDNP 862: Practice Inquiry and IRB.

Phase II: Proposal refinement and Institutional Review Board (IRB) approval

Following a successful proposal defense the student becomes a candidate for the degree of Doctor of Nursing Practice. The candidate will now revise the written proposal based on feedback received from the MUSC DNP Committee and update the portfolio. The student will then submit either the QI Checklist as approved by faculty, or the IRB application that was developed during NRDNP 862: Practice Inquiry and IRB. The IRB application can be found at <http://research.musc.edu/ori/irb/home.htm>. The amount of time from admission to approval from the MUSC IRB is usually one to three months depending upon the level of review required (exempt, expedited, or full review), scheduled meeting dates of the IRB, and number of revisions requested to obtain approval. All correspondence from the IRB must be sent to the Practice Inquiry and IRB Coordinator. In some situations the DNP candidate will be required to submit additional IRB applications to a local IRB where the project is taking place. It is essential that the MUSC IRB process be completed as the primary IRB process since the University may have additional academic related concerns. The student is not permitted to start recruitment or data collection until written IRB approval has been received and a copy is sent to the Residency coordinator and uploaded into MyFolio. The first IRB submission must occur prior to completion of Practice Inquiry and IRB (NRDNP 862.)

Phase III: Residency

Once written approval from IRB has been obtained, the DNP candidate may begin data collection and implement their project during Residency (NRDNP 890). The candidate must update the Residency Coordinator or faculty monthly during this phase. BSN to DNP students have up to 3 years to advance to this level, referred to as candidacy, and an additional 3 years to complete their Clinical Residency. Post-MSN students have up to 2 years to advance to candidacy and an additional 2 years to complete their clinical residency.

After advancement to candidacy a student may refer to themselves as a DNP or doctoral candidate, however, it is important for the student to note that the title DNPc does not currently exist and should not be used. Students must have an accepted proposal for their Clinical Residency by their committee before advancement to candidacy. As part of advancement to candidacy faculty will systematically evaluate the student's ability to analyze, synthesize, and evaluate practice and substantive knowledge in nursing based on the work in the student's MyFolio. The successful advancement to candidacy permits the student to proceed to conduct and complete their Practice Improvement Project.

Phase IV: Formal Project Report

The completion of a Practice Improvement Project is required of every doctoral student before graduation as a demonstration of doctoral level practice and scholarship. The final Practice Improvement Project is comprised of an original investigation. It is a demonstration of mature scholarship and critical judgment in the theoretical and methodological approaches to implementation of evidence-based practice impacting the care of vulnerable populations. The Practice Improvement Project is expected to be the first step in the development of a program of scholarly activity. Although the final two semesters of the program are designated for the completion of the Practice Improvement Project, it is possible that the student's topic and time management may extend the work of the project beyond this time frame. The final poster presentation of the Practice Improvement Project serves as the comprehensive examination for

the DNP Program. This examination serves to determine that the student has met all requirements of the DNP project and has completed a project reflective of doctoral level academic and clinical work. The project should:

- a. Reveal the student's ability to analyze, interpret, and synthesize information;
- b. Demonstrate the student's knowledge of the literature relating to the project or acknowledgement of prior scholarship on which the project is built;
- c. Describe the methods and procedures used;
- d. Present results in a sequential and logical manner;
- e. Display the student's ability to discuss fully and coherently the meaning of the results.

Two weeks prior to the presentation of the DNP project, the DNP candidate is required to have all sections of the portfolio completed. The paper for publication is to be submitted in electronic format to the DNP Project Improvement Committee for approval and to their Final Residency faculty for a grade. Once all revisions are complete, the DNP candidate is scheduled for the final poster presentation.

At your poster you should be prepared to give a 10-minute oral summary of your project and its significance or implications for theory, future research, clinical practice, and/or health policy. Handouts of the poster may be appropriate. When the presentation is completed the committee members will give comments. The student will need to discuss publication and dissemination of their findings at this time. The final approved DNP manuscript is approved and sent for publication. The paper should have appropriate tables and figures. The student is required to upload to MyFolio documentation that the paper was submitted for publication. This occurs in the final residency course. The student should also upload a PDF of the final poster.

Phase V: Final Project, Approval and Dissemination

The DNP Project Final Poster Presentation is the concluding activity of the DNP degree. Approval of the final poster presentation of the project by the DNP Project committee serves as documentation that the student has met all project expectations, once all academic and clinical requirements have been met, and is eligible for graduation. Before the student comes to their final poster presentation they must make sure the final defense form is typed and ready to be signed by their DNP project committee. The final presentation is scheduled at the end of the last residency course once the electronic DNP project has been accepted. The DNP candidate must complete the final presentation while enrolled in residency.

The final poster presentation provides the DNP Candidate the opportunity to demonstrate their expertise in the area of study. The process serves as an excellent preparation for future professional presentations since podium and poster presentations are valued aspects of professional association and lifelong learning. The following criteria apply to the final poster presentation:

1. The DNP candidate is responsible for coordinating their attendance and expenses in returning to MUSC for the final poster presentation. Attendance by the clinical Mentor and expert is highly encouraged, but may not be possible. DNP candidates are expected to attend all of the onsite DNP Research Day sessions for all candidates who are scheduled for final poster presentation.

2. The DNP Project Committee will review the Practice Inquiry Project folder of the portfolio, the final paper submitted for publication and the final poster. The residency coordinator will also review the final publication and poster. After a consensus vote has been taken, the DNP Project committee has three options: Approved as Presented, Approved with Recommendations, or Not Approved. If a student does not pass the poster presentation, the student must correct any deficiencies and meet again with the DNP committee. If the student fails to make suggested corrections, the student is dismissed from the DNP program. Students who do not complete the project or do not pass the final poster presentation of the project before completion of DNP program coursework are required to maintain registration in residency until the final project is completed and approved by the DNP Project Committee. The evaluation form is maintained in the student's permanent record.
3. The student should share their results with the clinical site and/or subjects who are interested, if this is relevant to your project. For some studies, it is appropriate to share results with participants, and if the student has offered to do this, it is important to do so promptly.

To graduate the student's proposal must be revised into a paper and sent to a peer-reviewed journal and reviewed for publication. There are several strategies that can help in writing the project. What has already been written in the proposal portfolio forms the basis for the final project. The student will need to review what has already been written, incorporate recommendations from the Residency Coordinator and project committee, and update and edit their work. The final manuscript describes what was done, the findings and the conclusions. The verb tense found in the proposal should be changed from the future (what is the plan) to past (what was done).

The student may want to examine articles of similar format in journals in which they hope to publish. As the manuscript is written, look at the requirements for length and format in specific journals where this work may be published. Chances for publication will be improved by having the manuscript reviewed by the writing center and clinical experts. The process of peer review is an important part of scholarship and one that students will want to use whether preparing reports at work or writing for publication.

It is a good idea to divide writing tasks into smaller parts and focus on only one part at a time. Sitting down to "write up the project" is an overwhelming task. However, describing the demographic characteristic of the sample and making a summary table is a task that could be completed in a day. Perhaps the hardest part for most students is writing the discussion section. Students may wish to discuss this with their peers. A simple way to approach discussion is to write what was found, why it is important, what it means in terms of existing research, and the implications of the findings for future research and for clinical practice. The limitations of the findings are also addressed. Consultation with the project committee is especially helpful during this phase of the project. A significant portion of the paper should be written in Practice Inquiry and IRB (NRDNP 862) and Residency (NRDNP 890). The student should work on the paper throughout both Residency courses.

The student should consider submitting the project to be presented as a poster or paper at a regional or national meeting. This is a good way to disseminate findings that have clinical relevance. It is also a good way to meet people with similar research interests and begin to become established as a doctorally prepared nurse with research as well as clinical skills and interests.

Remember the timely completion of the project is the student's responsibility. This includes identifying a project and clinical/mentor or expert person to work with, persisting in working on the project through completion, and staying in touch with the DNP project committee along the way.

Appendix A

Sections	Task/Product	Related Course	Timetable	Responsible Party
Practice Improvement Project Folder				
Theoretical or Philosophical Framework	<p><i>Task:</i> Utilize knowledge of ethics and organizational, leadership, and communication theories to integrate nursing science as a framework for organizational assessment, diagnosis of systems issues and facilitation of system-wide practice initiatives.</p> <p><i>Product:</i> Define the project using a theoretical or philosophical framework and place this section in the portfolio</p>	NRDNP 854: Scientific Underpinnings	By completion of NRDNP 854	Student and NRDNP 854 Faculty
EBP, Quality & Safety	<p><u>CITI</u> Certificate of Completion of CITI Course in The Protection of Human Research Subjects</p>	NRDNP 858: Evidence Based Practice, Quality and Safety	By completion of NRDNP 858	Student and NRDNP 858 Faculty
	<p><u>State of the Science</u> <i>Task:</i> Synthesize findings from existing literature and other evidence into a knowledge base for practice inquiry project; translate research findings to anticipate, predict, and explain variations in practice; develop questions from the literature for practice inquiry project <i>Product:</i> State of the Science paper that selects/justifies practice innovation to be implemented in Practice Improvement Project;</p>	NRDNP 858: Evidence Based Practice, Quality and Safety	By completion of NRDNP 858	Student and NRDNP 858 faculty
	<p><u>Evaluation and Synthesis Table</u> Task: Find and appraise research studies relevant to student's Practice Improvement Project Product: Table of research studies formatted according to</p>	NRDNP 858: Evidence Based Practice, Quality and	By completion of NRDNP 858	Student and NRDNP 858 faculty

Sections	Task/Product	Related Course	Timetable	Responsible Party
	specific formula that can be further developed as student progresses through program	Safety		
Budget	Cost Benefit/Cost Effective Analysis <i>Task:</i> Prepare a cost benefit/cost effective analysis <i>Product:</i> Analysis to include narrative and spreadsheet	NRDNP 830: Applied Health Care Economics and Finance	By completion of NRDNP 830	Student and NRDNP 830 faculty
Project Implementation	<p>Project Proposal <i>Task:</i> Develop a practice inquiry project proposal in own advanced practice specialization that will be conducted and evaluated in partnership with a selected agency or organization to address identified needs of a panel of patients, target population, or community. <i>Product:</i> A fully developed, successfully defended practice inquiry project proposal.</p> <p>IRB Submission <i>Task:</i> Learn to use the eIRB system for submitting a practice inquiry project application for IRB approval. <i>Product:</i> A screen shot or copy of the eIRB notification of submission</p> <p>IRB Approval IRB notification/approval. Could be in the form of an email from IRB</p> <p>First Draft of Paper <i>Task:</i> Write up manuscript to include Introduction, Background and Methods. Turn into faculty and complete</p>	<p>NRDNP 862: Practice Inquiry and IRB</p> <p>NRDNP 862: Practice Inquiry and IRB</p> <p>NRDNP 862: Practice Inquiry and IRB and NRDNP 890: Residency</p> <p>NRDNP 862: Practice Inquiry and IRB</p>	<p>By time of project proposal presentation during NRDNP 862</p> <p>Before completion of NRDNP 862</p> <p>Before implementing project</p> <p>Before completion of NRDNP 862</p>	<p>Student and NRDNP 862 Faculty</p> <p>Student and NRDNP 862 Faculty</p> <p>Student</p> <p>Student and NRDNP 862 Faculty</p>

Sections	Task/Product	Related Course	Timetable	Responsible Party
	any revisions based on their edits and comments. Identify target journal. Submit journal's author guidelines to residency faculty. Product: Revised draft based on first edits of proposed manuscript, including Introduction, Background, and Methods written according to guidelines recommended by target journal.			
Residency Folder				
Residency Contracts	Task: Develop clinical contract Product: Well written clinical contract to include achievable and measurable objectives approved by faculty, student and preceptor; uploaded into MyFolio early in semester	NRDNP 890: Residency	For each experience counted toward Residency clinical hours during NRDNP 890	Student, preceptors and NRDNP 890 faculty
Scholarly Activities	Task: Attendance at, participation or presentation in at least 10 scholarly activities throughout doctoral program Product: Evidence of at least 10 activities uploaded into MyFolio by completion of first residency	NRDNP 890: Residency	Throughout NRDNP 890 but can be completed during the entire program	Students and NRDNP 890 faculty
Reflective Journaling	Task: Evaluate one's practice, population, ethics, growth and development of professional maturity Product: Completion of 11 topics in Reflective Journals in MyFolio	NRDNP 890: Residency	Throughout NRDNP 890	Students and NRDNP 890 faculty
Competencies	Task: Achieve professional growth and development through completion of NONPF Domains and Core Competencies Product: Descriptions of how these competencies have been achieved as evidenced by completion in MyFolio by	NRDNP 890: Residency	Throughout NRDNP 890	Students and NRDNP 890 faculty

Sections	Task/Product	Related Course	Timetable	Responsible Party
	the end of the second semester of Residency			
Typhon (different software from MyFolio)	<p>Task: Enter clinical visits according to contract requirements or other documentation of hours as pre-agreed upon with residency faculty</p> <p>Product: Completed and approved Typhon log, spreadsheet or other documentation</p>	NRDNP 890: Residency	Throughout NRDNP 890	Students and NRDNP 890 faculty
Draft of paper for publication	<p>Task: Revise manuscript from the program-planning course to include Introduction, Background and Methods. Identify target journal. Submit journal's author guidelines to residency faculty. Make all necessary changes to this part of the publication and have it approved by the end of first residency.</p> <p>Product: Revised draft based on first edits of proposed manuscript, including Introduction, Background, and Methods written according to guidelines recommended by target journal. Approved by faculty with all changes and ready for publication just needing results, conclusion and abstract.</p>	NRDNP 890: Residency	First Residency	Students and NRDNP 890 faculty
Final Presentation				
Final Presentation	<p>Task: Successful implementation, analysis and evaluation of Practice Improvement Project. Formally close out project with IRB</p> <p>Product: Approved poster to be presented in final residency to faculty committee and students; uploaded into MyFolio. Notification to residency faculty that IRB has been closed out</p>	NRDNP 890: Residency	Final semester of Residency: NRDNP 890	Students and NRDNP 890 faculty; DNP committee
Final Paper and Submission				
Final Paper and Submission	<p>Task: Dissemination of Practice Improvement Project findings to audience of professional peers through publication</p>	NRDNP 890: Residency	Final Semester of Residency: NRDNP 890	Students, NRDNP residency 890

Sections	Task/Product	Related Course	Timetable	Responsible Party
	Product: Final manuscript, approved by faculty, describing Practice Improvement Project and submitted to peer-reviewed journal prior to graduation			faculty and DNP committee
Policy Folder				
Policy	Policy Project Task: Write a paper that analyzes a policy issue, influences policy, analyzes legislative issues relevant to clinical practice, or evaluates impact of health policies on health care providers and consumers. Product: Final paper on change or implementation of policy.	NRDNP 708: Health Care Policy and Advocacy	Completion of NRPHD 708	Student and NRPHD 708 faculty

Appendix B

Project Proposal

The Practice Improvement Project Faculty and Course Coordinator will evaluate the DNP Proposal.

Title _____

Student _____ Evaluators _____ Date _____

	Approved as presented	Approved with Recommendations	Not Approved
Student provides a concise and accurate project overview			
Problem			
Background information/literature and evidence supports the problem and is used to generate the question			
Purpose of project is clearly identified (PICO)			
Problem appropriate for DNP project and clearly outlined			
Framework is related to project			
Scope of proposed change realistic and appropriate for time frame			
Market/Risk Analysis			
Benchmarks and supporting data provided for the change that drives the change			
Methods			
Short and long-term objectives/outcomes stated in feasible and measurable terms			

Setting is described			
Detailed outline of the procedure, tools/instruments or guidelines are presented that are going to be used			
Clear rationale for actions			
Data collection and analysis is appropriate as presented			
The outcome that will be affected is discussed and measurable			
Measurement clearly demonstrate the outcome was achieved by end of project			
Evaluation			
Evaluation measures are clearly identified, appropriate and linked to objectives/outcome			
Resources/supports and risks/threats noted			
Timeframe for Completion			
Reasonable and complete			
IRB is ready for submission			
Budget			
Appropriate to meet objectives			
Provides rationale for expenditures			

Evaluation of Proposal Approved as Presented Approved with Recommendations Not Approved

Additional Comments:

Signature: _____ Date: _____