

DNP Residency Guidelines

The DNP Residency is considered a key component of the Doctor of Nursing Practice educational program that combines clinical practicum experiences with scholarly activities to provide in-depth learning for students. It provides an opportunity for meaningful engagement with experts from nursing, as well as other disciplines. During residency the students integrate and synthesize knowledge by demonstrating competency in an area of nursing practice, completing a scholarly project and writing a publishable paper based on their project. The DNP residency is designed to provide the DNP student with a comprehensive clinical experience individually designed to meet the professional and clinical goals of each DNP student. Residency provides an opportunity for further synthesis and expansion of the learning developed to that point.

In addition to clinical practice, MUSC DNP students are expected to reflect on clinical practice and pursue independent study, such as participation in presentations, rounds and seminars. Students integrate scholarly reading, educational offerings and clinical experience to develop case studies that demonstrate increasingly complex and proficient practice. Graduates of the DNP program are expected to demonstrate highly refined clinical and professional skills. Proficiency may be acquired through a variety of methods, such as attending case conferences, practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements. Graduates of the program will acquire and are expected to demonstrate, a fund of knowledge, skills and abilities that enhance advanced clinical practice in their role and population foci including:

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

The designated clinical faculty/Residency Coordinator works with the students on the adequacy of the clinical placements and maintains the student evaluations in partnership with the clinical site preceptor. The clinical and residency faculty, along with their clinical expert or mentor, works with students to coordinate the Practice Improvement Project. The residency experience broadens the student's exposure within his or her APN role and population foci and deepens and enriches the student's clinical ability in that specialty. Post-MSN DNP students do not acquire a new specialty. All students are required to fulfill the competencies and demonstrate the same performance objectives regardless of their population foci based upon the following criteria:

- Guided by the DNP competencies (NONPF, 2012)
- Demonstrated competency in an area of APN primary care practice (HRSA, 2002; NONPF, 2011)
- Established synergy of clinical experience, scholarly activity and educational offerings.

- Applied model of comprehensive and continuous care and quality improvement

Residency

There are key components of the residency completed in the final year of the program include:

- Integrative clinical practice for DNP students with documentation of required clinical hours and evaluations
- Implementation and completion of a quality improvement project
- Project paper sent for publication and final poster presentation of outcomes
- Completion of MyFolio: Reflective Journaling; Competencies and Scholarly Activities

The DNP student assumes an expanded scope of practice for patients; provides leadership to foster intra-professional and inter-professional collaboration, demonstrates skills in peer review that promote a culture of evidence, and applies clinical investigative skills to evaluate health outcomes. Students must demonstrate ability to write professionally and influence health policy. The clinical experiences can include a wide variety of sites where the DNP student provides patient care or achieves additional nurse practitioner competencies for the practice doctorate (NONPF, 2010). Residency provides additional hours in autonomous practice, leadership, practice inquiry, and policy as part of the fabric of professional preparation for the NP with a practice doctorate (NONPF, 2010). Gaps in clinical experience and professional growth to meet DNP competencies are identified at regularly scheduled conferences with their clinical faculty/Residency Coordinator and clinical preceptor and individual arrangements are made to enhance and expand the practicum. Experience may include ambulatory, inpatient, outpatient and long-term rehabilitative and subspecialty care. All encounters in direct care are logged into an online tracking system.

Residency Hours

Prior to Fall 2012 admission, a minimum of 500 hours is required for Post-BSN DNP students during DNP residency (400 clinical hours and 100 project hours). Post-BSN DNP students admitted in Fall 2012 and after are required to complete a minimum of 400 hours during Residency (300 clinical hours and 100 project hours). Post-MSN DNP students who have entered the DNP program with 640 precepted hours or more from their MSN will be required to obtain 300 clinical practice hours in direct patient care and 100 project hours. If less than 640 precepted hours were obtained from the MSN program, additional hours will be required during residency to meet the 1,000 practicum hours required to earn a DNP degree.

The 100 project hours are related to the student's unique area of interest that supports the practice improvement project. These hours are used for IRB approval and project work and demonstrated by the final paper sent for publication and the poster presentation of final outcomes. The clinical practice hours must be with a preceptor in which direct patient care is provided to individuals, families and populations in population-focused areas of NP practice related to the population role and foci. Clinical hours may also

consist of mentored learning that provides a broad range of activities to assist the student in meeting the DNP competencies as outlined by NONPF, in addition to autonomous clinical hours such as leadership, practice inquiry, and policy. Clinical hours can include Practice Improvement Project hours if this requires provision of patient care. Hours for preceptorship consist of time spent working in an area of specialization. DNP students should be integral to the provider team and assume an expanded scope of practice for a group of patients. The following activities are some examples of time that can be applied toward residency hours:

1. Time spent with a preceptor/agency in an area of specialization doing patient care (Hours dedicated to DNP level experience, and not the student's current role in an organization).
2. Special projects related to specialization and work in regards to practice protocol, guidelines and process improvement.
3. Time spent in a clinical agency's committee to evaluate a practice protocol, guidelines and process improvement project and implement it into practice.
4. Time spent participating in a health initiative in the state's health department.
5. At least half of the clinical hours must be in a primary care site for Post-BSN students.
6. Global initiatives such as mission trips that are affiliated with MUSC may be included but must be reviewed individually

Clinical hours do not include:

1. Time spent in seminars/conferences or on CE activities
2. Any requirement that is counted toward a course in which you receive credit.
3. Time spent traveling

It is important to note that in order for students to obtain the core, population-focused and DNP competencies as outlined by NONPF and AACN DNP Essentials, a combination of direct care to individuals and families in a specific area of NP practice and other mentored learning experiences are required. Post-MSN DNP students who are nationally certified must have sufficient clinical experience to demonstrate achievement of DNP competencies (NONPF, 2010). 1000 hours is the minimal requirement. Students must meet competencies to graduate.

Residency Contract

The purpose of the clinical experience for residency is to increase the student's exposure to and involvement in doctoral level clinical practice under the direction of a clinical preceptor and work toward independent practice. The student is responsible for identifying and initiating a contract with a clinical preceptor/mentor involved in or with expertise in practice. Input from the clinical faculty/Residency Coordinator is important as the contract is developed. The student and clinical preceptor must establish mutually agreed upon objectives and evaluation criteria. The specific objectives, requirements and evaluation criteria will depend on the practice focus in which the student is participating, the student's level of education and the student's educational needs. Objectives and requirements must address active involvement by the student in the clinical experience

and how it impacts patient outcomes. The agreed upon objectives and evaluation criteria are to be recorded in the DNP Clinical Residency Contract. The Primary Care and Specialty Residency contract templates can be found at <http://academicdepartments.musc.edu/nursing/administration/student-services/handbook.htm> under *DNP Forms*. Once students are enrolled in the residency course, the residency course coordinator will review and approve the contract. After approval, the preceptor will sign it. This is to ensure that written objectives are achievable and measurable. After students complete their hours for a particular clinical experience, the contract must be uploaded into MyFolio. The clinical preceptor and residency course coordinator, along with clinical faculty/residency course coordinator will decide if the objectives were met as agreed upon. For clinical practice the clinical log of patient encounters can be used as the measurable outcome. The residency course coordinator has the ultimate responsibility for the final decision for successful completion of the DNP residency contract. Clinical hours must be verified by the preceptor and completion of all clinical hours must be documented.

Clinical Preceptor

DNP students will select, with the input and approval from the DNP clinical faculty/ and Residency Coordinator, a clinical preceptor for the clinical experience. If the student has more than one clinical experience for their residency experience, additional clinical preceptors and residency contracts may be needed. The clinical preceptor must be an expert in the clinical, educational, or administrative area in which the DNP student wishes to develop expertise. There are currently very few nurses prepared at the DNP level who can serve as the clinical preceptor to DNP students. Therefore, the clinical preceptor will not necessarily be a DNP-prepared advanced practice nurse. A preceptor may be a professional with a doctoral degree; an advanced practice nurse with considerable experience and recognition as an expert certified in a particular clinical field; an MD with specialized training and experience, a nurse with an administrative position as the Director, Vice President, President or CEO within a health care organization; a doctoral prepared nurse educator; etc. The clinical preceptor must hold a position in the organization where he/she can facilitate the DNP student's access to organizational information, decision makers, and other personnel in order to complete the development and implementation of the DNP student's clinical project over a two semester to one-year residency within the organization.

The clinical preceptor must be nationally certified in their specialty. They must have worked at their site for at least one year and be willing to complete a preceptor evaluation and student evaluations as required.

When possible and practical, the DNP student is encouraged to select a clinical preceptor outside of their current work setting. In large organizations, for example the DNP student would be placed for the clinical scholarship courses with a clinical preceptor outside the department or unit where they are employed. The line between current employment and clinical scholarship hours and project must remain clear to the organization, the clinical preceptor, the DNP Project committee, the clinical faculty/Residency Coordinator and the DNP student. The DNP student must be able to demonstrate the achievement of the DNP

competencies, regardless of whether they are in their current place of employment or a different clinical setting (NONPF Board of Directors, 2010).

Prior to the beginning the clinical experience the MUSC College of Nursing must receive required information from the approved clinical preceptor. A Graduate Clinical Preceptor Information Form/Abbreviated CV found at <https://sp.musc.edu/nursing/graduates/Graduate/Home.aspx> under *Required Clinical Forms* must be completed and returned to the Graduate Program Coordinator. A copy of the preceptor's license and certification must also be on file at MUSC. These documents must be obtained and completed **prior** to starting any clinical work.

Preceptor Orientation:

An online Graduate Preceptor Toolbox provides clinical preceptors with an orientation to the College of Nursing MUSC student policies and resources, and College of Nursing clinical policies. The role of the clinical preceptor is defined and specific responsibilities of the clinical preceptor and student are outlined. Teaching tips are provided. Finally, the evaluation tools that will be used by the preceptor and student may be downloaded from the web site (<http://academicdepartments.musc.edu/nursing/academics/preceptor/>). Library resources are available to the preceptor as well as the course syllabi. Different evaluation tools or criteria may be set and utilized based on the agreed upon contract for that clinical experience.

The clinical faculty/residency coordinator will communicate with the clinical preceptor during the semester. The clinical practice contract for the DNP program will be reviewed and evaluated by the clinical faculty/residency coordinator and student during the semester. Lines of communication with the clinical preceptor and clinical faculty/Residency Coordinator will be established at this time. Expected student outcomes and the evaluation process will be reviewed. Telephone conferences will be held at least once during the defined clinical hours and again at the end of the clinical experience to monitor and evaluate the student's progress. If there is any concern regarding individual student progress, more frequent contacts with the clinical preceptor may occur initiated by either the clinical preceptor or supervising clinical faculty or residency course coordinator.

Clinical Site:

Students secure their own clinical residency site and are encouraged to identify potential residency sites and clinical preceptor soon after admission to the program. The residency site may include a paid position. When considering paid positions, students are advised to consider the position responsibilities as well as their learning needs and negotiate unpaid time for academic experiences, clinical learning opportunities, and clinical scholarship, which are all part of the residency.

The clinical site for the residency is important to the development and implementation of the Practice Improvement Project. DNP students are encouraged to select a clinical site that can provide the required facilities and clinical experts for their growth. The clinical site may be a hospital, a health care system, an insurance company, a public health

agency, a school/college of nursing, a research institute, a nonprofit agency, or other organization.

MUSC College of Nursing must have an affiliation agreement with the clinical site prior to the student beginning clinical residency. The clinical affiliation agreement must be in place for each clinical site the student plans to practice at. The DNP student should begin discussing possible clinical sites in the first semester of the DNP program. Two semesters prior to the student beginning Residency, the student and the clinical preceptor must complete the Clinical Site Approval Form found at <https://sp.musc.edu/nursing/graduates/Graduate/Home.aspx> under *Required Clinical Forms* and return it to the Graduate Program Coordinator. The Graduate Program Coordinator will forward it to the Residency Coordinator for approval. Once the site has been approved, the Affiliation Agreement Request Form found at <https://sp.musc.edu/nursing/graduates/Graduate/Home.aspx> under *Required Clinical Forms* should be completed and returned to the Graduate Program Coordinator. Please remember this is not the same document as your clinical residency contract. This is a planning form so that an affiliation agreement can be processed between the agencies involved. The affiliation agreement will go to the preceptor's agency directly from the MUSC College of Nursing, if a current agreement is not already in place. Failure to complete the form accurately and entirely can slow the affiliation agreement process and may prevent the student from beginning the clinical experience. Completing new facility agreements are extremely time consuming. The student must start well before the Residency or clinical course or they may not be able to complete the clinical requirements. The Graduate Program Coordinator along with the Residency Coordinator will assist the student with the process, but it is the responsibility of the student to complete the Affiliation Agreement Request Form so that the College of Nursing can work directly with leadership at the facility to get the necessary legal agreement signed.

Student evaluation

Evaluating role performance requires direct observation of the student by the clinical preceptor/mentor. Clinical preceptors will evaluate the students each semester at final semester. For hours done at the student's primary care anchor site, the evaluation is emailed to preceptors who then complete it online. For hours other than primary care, it is done using an evaluation tool posted in the Residency course. Once completed, students must scan and upload it to MyFolio. If a student does less than 50 hours with the preceptor/site, the preceptor must sign off on the Residency contract indicating the student reached the outlined goals and objectives of the contract. This must then be uploaded to MyFolio. At any time if a student is having difficulty in clinical the clinical preceptor and clinical faculty/residency coordinator will discuss the issues by phone conference and develop a plan for the student. Online clinical logs will also be reviewed and approved by clinical faculty each semester. The residency faculty will touch base with the preceptors at the beginning of the semester and at least once mid-way through the semester to insure the student is tracking successfully and to implement any intervention if needed.

Clinical Site and Preceptor Evaluation:

Students will evaluate their clinical site and clinical preceptors each semester. This will be completed online in Typhon. Clinical faculty or the Residency Coordinator will be required to evaluate the adequacy of the clinical site each semester by reviewing the clinical site evaluations as well as the achievement of the DNP clinical contract goals.

Student Licensure:

Each student is responsible for obtaining and maintaining a current or unencumbered registered nurse licensure or advanced practice licensure as applicable in the state(s) in which the student is participating in clinical experiences. Failure to do so will result in loss of credit for those clinical hours, and administrative withdrawal from the courses involved. The students must have a copy of the nursing license (RN and/or APRN) and state of licensure on file with the MUSC College of Nursing.

Professional Portfolio:

Students are expected to develop a professional portfolio. The development and maintenance of a professional portfolio reflects students' self-responsibility in their own learning, actively constructing how competencies are met, while faculty provide guidance, teaching and mentoring. The DNP academic professional portfolio will include:

- Individualized DNP residency contracts (*signed and uploaded to MyFolio*)
- Comprehensive clinical and procedural log (*Typhon online tracking system*)
- Clinical evaluations (*uploaded to MyFolio or done online if primary care anchor site*)
- Site and preceptor evaluations (*Online in Typhon*)
- Current and updated CV (*uploaded to MyFolio*)
- Scholarly activities (abstracts of grand rounds presentation, CE certificates for educational offerings, publications, participation in community events, letters of participation as guest lecturers, in-service outlines, etc.)- *Uploaded in MyFolio*
- Competency assessment (*uploaded to MyFolio*)
- Reflective journal (*uploaded to MyFolio*)
- Final poster and publishable paper (*uploaded MyFolio*)

Students will maintain an online residency log of all clinical activities. The hours spent in the physical setting with the clinical preceptor must be signed by both the student and the clinical preceptor. These hours can be printed from the online tracking system in Typhon. Hours with the clinical preceptor consist of time spent working in an area of specialization. Students will document all patient encounters in the Typhon clinical log. Information will include diagnoses, coding, medications, and treatments. Students will also produce notes as required. Clinical faculty reviews all online clinical logs and feedback is provided for student learning experiences. Scholarly activities, reflective journals, and competencies will be documented in the online MyFolio system. The student does not need to document the indirect hours spent on the Practice Improvement Project (a minimum of 100 hours). DNP students assume responsibility for obtaining the total required number of residency hours and attainment of all competencies. Students with deficits in expected learning experiences at mid term or finals periods arrange to acquire those experiences prior to the end of the semester or program. This may include

additional residency. Students who are delayed in obtaining IRB approval may need additional residency to complete their projects. This is an expectation of doctoral education.

Scholarly Activities: Although the clinical experience is central, students participate in multiple academic and scholarly activities outside of clinical practice. They are expected to attend conferences, seminars, journal club, grand rounds, morbidity and mortality meetings, patient conferences, practice based lectures, interdisciplinary committees, quality improvement committees and any other opportunities available at their site, in their community or nationally. Each student will post a minimum of at least ten scholarly activities while they are in the DNP program. These can be documented any time during the course of your program and you can have more than ten (ten is a minimum). At least ten activities will be documented by the end of the first residency. In addition to this, students are required to be involved and contribute to interdisciplinary initiatives. These academic scholarships and competencies are logged into the online MyFolio tracking system. Students have access to Myfolio throughout the program.

Competencies: All students are required to fulfill all the competencies and demonstrate the same performance objectives regardless of their specialty. Many of the DNP competencies are met within the DNP program core courses. The DNP competencies are outlined for the student in the MyFolio system. There are independent tasks that students will complete during clinical and residency to demonstrate several of the competencies. Students must review the competencies and verify in MyFolio that they understand and have applied the DNP competencies throughout the program.

Reflective Journal: All students will maintain a reflective journal integrating clinical leadership and inquiry into previous or current practice. Students will use the online clinical log of all patient encounters from their clinical courses or internship and reflect back on these to demonstrate higher levels of knowledge and skills in their APN role. Post-masters students will reflect back using clinical cases from their own practice. Formal, professional reflection allows the student to integrate ethics, health policy, collaboration and health information technology. This allows students to synthesize what has been learned. Students will reflect back on clinical cases, common diagnoses, and population concerns and discuss how ethics were considered, how informatics was used with team members, patients and families, how health policy and politics were considered, and how health disparities were impacted in those situations. Students will outline how they used their leadership skills in those situations, describing what was learned about their work, what their strengths were and what more they could bring to the situation. Nurse administrative students will provide reflective journaling based on populations at an administrative level and issues related to the topic. These reflective narratives will be completed in the online MyFolio. The reflective journal produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by the residency faculty. The reflective journal with the competency tool, documents the outcomes of the student's educational experiences, and summarizes the student's growth in knowledge and expertise.

Practice Improvement Project Completion: The project is started in the first residency after IRB approval is obtained and uploaded to MyFolio. Students having difficulty with IRB must be able to demonstrate meeting their requests and should contact the IRB

coordinator for assistance if needed. During the first residency the students are expected to write the first part of the paper for publication up to the results section and submit to faculty for grading and approval. Students are expected to update the residency faculty frequently about the progress of the project. Projects are approved in NRDNP 862: Practice Inquiry & IRB and cannot be altered without approval of the residency coordinator. During the first residency students must select the journal in which they plan to publish and send the journal name and author guidelines to their course faculty. In the second residency the project is completed and the students complete the paper for publication and send it to residency faculty for grading and approval. Once approved it should be submitted to the journal and the submission receipt should be uploaded in MyFolio. It is expected that students will notify us of all manuscripts accepted for publication. In the final residency students submit their poster to the statistician and assigned Residency faculty for approval. Once approved, the poster is presented to demonstrate project completion and knowledge of the DNP competencies for graduation. A copy of the poster PDF will be uploaded in MyFolio once approved for presentation. Please note that this is a doctoral program. Not all projects can be completed in two semesters. Although rare, some students may have to take additional residency hours to complete their doctoral project.

References

NONPF (2012). *“Practice Doctorate Nurse Practitioner Entry-level Competencies”*. National Panel For NP Practice Doctorate Competencies. Washington, DC. National Organization of Nurse Practitioner Faculties.

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