

HANDBOOK FOR DOCTOR OF NURSING PRACTICE STUDENTS



Academic Year 2019-2020

Rhode Island College

Rhode Island Nursing Education Center (RINEC)

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Doctoral Student in Nursing:

Welcome to the Rhode Island College Doctor of Nursing Practice (DNP) program! We are excited to work with you as you progress through this doctoral journey. This handbook provides key information specific to the DNP program and is meant to be used together with college wide handbooks including the Rhode Island College Student Handbook, the Bulletin of Rhode Island College and the Graduate Studies Manual, all of which are available on the Rhode Island College website (www.ric.edu). Please note that these handbooks are updated periodically. It is your responsibility to update your Handbook with changes as this information becomes available.

The School of Nursing makes every effort to assure that students, faculty, staff, and visitors with special needs are accommodated. It is the responsibility of the person with special needs to identify his/her needs so that accommodations can be made in a reasonable and timely fashion.

The faculty and staff of the School of Nursing are committed to working with you to help you achieve your professional goals. On behalf of the faculty and staff, we welcome you to the Doctor of Nursing Practice program and wish you every success.

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THE SCHOOL OF NURSING GRADUATE NURSING PROGRAM

Introduction

The Department of Nursing was established in 1970 and reorganized as a School of Nursing in 2006. The Nursing Program at Rhode Island College is the largest baccalaureate nursing program in the State of Rhode Island. Over 3000 nursing alumni, the majority of whom live and work in Rhode Island, serve the health care needs of residents of Rhode Island and beyond. In 2007, the Master of Science nursing program was established and admitted its first class. In 2016, the Doctor of Nursing Practice program was established and admitted its first class.

Accreditation

Rhode Island College is accredited by the North Eastern Association of Colleges and Schools. The baccalaureate program in Nursing is accredited by the Collegiate Commission on Nursing Education (CCNE) and approved by the Rhode Island State Board of Nursing Registration and Nursing education. The Master's program was awarded full, 10 year accreditation status by CCNE in the spring of 2014. The Doctor of Nursing Practice Program was awarded full accreditation through 2023. The nurse anesthesia program is accredited by the Council on Accreditation and is fully accredited through 2026.

Mission

Educating and empowering nurses to enrich the health and well-being of all people (*Approved May 6, 2015*).

Vision Statement

The RIC School of Nursing will be increasingly recognized for its excellent, highly competitive programs, leadership in inter-professional education, and valuable contribution to making a difference in people's lives. The SON will expand faculty scholarship and practice and strengthen professional and community partnerships to promote significant changes in healthcare. The SON will offer a wide array of educational opportunities to emerging student populations and communities. It will be known for embracing diversity and educating empowered nursing professionals who lead the dynamic healthcare delivery system local, nationally and globally. (*Approved August 26, 2011*)

THE SCHOOL OF NURSING DOCTOR OF NURSING PRACTICE PROGRAM

Welcome to the Rhode Island College DNP Program

Welcome to the Rhode Island College Doctor of Nursing Practice (DNP) program! We are excited to work with you as you progress through this doctoral journey. This handbook provides key information specific to the DNP program and is meant to be used together with the college-wide handbooks including the Rhode Island College Student Handbook, the Bulletin of Rhode Island College and the Graduate Studies Manual, all of which are available on the Rhode Island College website (www.ric.edu). Please note that these handbooks are updated periodically. It is your responsibility to update your Handbook with changes as this information becomes available.

Doctor of Nursing Practice Program Description

The Doctor of Nursing Practice degree is the terminal degree in nursing for practice. Doctor of Nursing Practice graduates are prepared at the highest level of practice and are prepared to serve in advanced clinical and leadership positions. The DNP is specifically prepared to function as a systems level change leader and practice scholar who is able to effectively and efficiently translate research evidence into practice to drive meaningful, sustainable and transferrable change, and to develop new practice knowledge necessary bridge the gap between available knowledge and current practice, contribute to the scientific knowledge base for practice, and advance the profession.

The DNP program at Rhode Island College is aligned with the Doctor of Nursing Practice essentials (AACN, 2006) and include the following program goals and expected outcomes.

Program Goals and Expected Outcomes

Program Goals	Program Expected Outcomes
Integrate scientific knowledge from nursing and related disciplines as the basis for clinical practice and practice scholarship.	Competency in scientific underpinnings for practice
Demonstrate leadership and systems thinking to design, implement, and evaluate innovative strategies to ensure quality, cost-effective health care for individuals and populations	Competency in organizational and systems leadership for quality improvement and systems thinking
Develop, analyze, implement, evaluate and disseminate evidence based best practice and clinical scholarship	Competency in clinical scholarship and analytic methods for evidence-based practice

Impact the selection of and evaluate system, patient care, and population-focused technologies to improve health outcomes	Competency in systems/technology and patient care technology for the improvement and transformation of health care
Influence health care policy and advocate for ethical policies, equity and social justice, access to quality, culturally relevant health care, and elimination of health disparities	Competency in health care policy for advocacy in health care
Lead interprofessional collaborative teams to improve individual, system, and population- focused health outcomes	Competency in interprofessional collaboration and improving patient and population health outcomes
Implement and evaluate health promotion and disease prevention approaches and initiatives to improve individual and population health outcomes	Competency in clinical prevention and population health for improving the nation's health
Demonstrate advanced clinical judgment and systems thinking to impact health care at the individual, system, and population level	Competency in advanced nursing practice

By attaining doctoral level competencies in these areas, students are prepared to participate as full scholars in the effective translation of evidence into practice and achievement of optimal outcomes at the patient, population and system levels.

Admission Requirements

Admission to the Doctor of Nursing Practice program is competitive. Ideal candidates demonstrate a history of academic success, strong leadership, and potential for future success in leadership and practice scholarship. Applications are submitted on-line through CollegeNET and are available at: <https://www.applyweb.com/ricg/>

Specific requirements for admission include:

A completed application accompanied by a fifty-dollar nonrefundable application fee.

1. Current unrestricted Registered Nurse licensure in the state of intended practice
2. Masters of Science in Nursing (MSN) **or**
 - a. Bachelor of Science in Nursing (BSN) **and** master's degree in nursing or a related field
3. Attainment of a cumulative masters GPA of 3.0 or higher
4. Transcripts from all post-secondary schools attended
5. Completion of a graduate level inferential statistics course within the past five years with a minimum grade of C is required prior to matriculation
6. Verification of the number of clinical/experience hours completed at the masters/graduate level. Verification should be provided by the program director or chairperson on school letterhead.

7. A statement of intent which should demonstrate the candidates leadership and practice experience, reason for pursuing doctoral study, and the students potential area of focus for the DNP Scholarly Project. This statement should be representative of the applicants writing ability. Statement should be 2-4 pages, double-spaced and written in 12-point font.
8. Current resume or curriculum Vitae
9. Three letters of recommendation

International Applicants

10. Applicants with international degrees must have their transcripts evaluated for degree and grade equivalency to that of a regionally accredited institution in the United States
11. An official report of scores on the Test of English as a Foreign Language (TOEFL) from international applicants who are from countries where English is not the first language.

Further information for international graduate students can be found at:

<http://www.ric.edu/graduatestudies/Pages/Guide-for-International-Graduate-Students.aspx>

Applicants may be asked to participate in an interview prior to admission

* Applicants may apply no more than three times to a program option of the Graduate Nursing Program

Admission Deadline

ROLLING ADMISSIONS FOR FALL AND SPRING SEMESTERS.

Accepted Status

1. To be accepted as a DNP degree candidate, applicants are expected to have attained an average of B (3.00 on a 4.00 scale) in their undergraduate and graduate work. However, provisional acceptance may be granted and determined on an individual basis to students with a cumulative grade point average of less than 3.0. Applicants with graduate averages below this level may be admitted to degree candidacy upon the submission of other evidence of academic potential, i.e., satisfactory performance in post-baccalaureate work, professional experience as evidenced by publications and/or letters of recommendation.
2. Students who are considering admission must also meet program pre-requirements before they are considered matriculated.

Non-Matriculated Status

1. Persons holding a Master's degree who are pending DNP application may take courses in a non-matriculating status on a space available basis.
2. Non-matriculating students must contact the graduate office in order to register for classes. If non-matriculating students later wish to be admitted to a degree program, they must complete the regular admission procedure.
3. Credits earned at Rhode Island College by a student in non-matriculating status before admission to a degree program may be used toward degree requirements only upon the recommendation of the student's advisor or SON Graduate Committee, and with the approval of the Academic Dean. No more than a total of

six credits of work taken at Rhode Island College by a non-matriculating student may be applied towards degree requirements for the DNP program (Rhode Island College Graduate Studies Manual).

DNP Program Advisor

Upon admission to the program the DNP program director will become your program advisor. Your program advisor will guide you in the development of your program of study, coursework progression, and fostering your development as a practice scholar in your chosen area of interest. You are required to meet with your program advisor at least once per semester. Students are also expected and encouraged to develop strong professional relationships with other faculty, students, and non-faculty mentors in the practice setting. Scholarly endeavors requires the support of a strong and diverse network.

DNP Program Faculty

Faculty within the DNP program bring a wide range of experience and expertise to the program. The majority of program faculty are full-time and all faculty are experts in their areas.

Blackboard

Blackboard is Rhode Island College's Learning Management System, and will be used to organize course material and deliver online content. Students should familiarize themselves with the blackboard platform by reviewing the content at: <https://help.blackboard.com/Learn/Student>

Course Progression

The DNP courses are delivered in hybrid format allowing for the networking and social interaction that foster strong professional relationships, while affording the flexibility required of adult learners with competing demands and priorities. The hybrid format optimizes the use of both online and face-to-face formats, with a focus on delivering world-class education that is accessible to students within Rhode Island, across the region, and across the country.

A total of 36 credit hours is required for completion of the program. The program requires completion of all coursework within 7 years; however, a maximum of 4 years is recommended. The typical plan of study allows completion of coursework in 3 years (7 semesters including 1 summer semester), although full-time students may complete the program in 2 years.

Students begin the program with NURS 702 Leadership/Quality Improvement as this course is designed to introduce foundational concepts related to the role of the DNP as a systems level change leader and practice scholar. Students will build upon these concepts as they progress through program courses. The DNP program culminates in 4 DNP scholarly project courses through which students will develop and refine a proposal for their DNP Scholarly Project, Implement their project within a practice setting, and evaluate and disseminate project outcomes. The DNP scholarly project represents the culmination of learning within the program and achievement of all of the competencies required for the practice doctorate. The final project includes the development of a DNP scholarly project final paper of publishable quality, delivery of a public presentation on the students DNP Scholarly Project, and development of a poster for professional presentation in a regional, national, or international conference. Recommended plans of study for 2 years/5 semester and 3 years/7 semesters are provided below.

Recommended Plans of Study

Course Requirements – Full Time Students (Two Years; 5 Semesters)

<i>First Semester – Fall</i>		
<u>NURS 702</u>	Leadership/Quality Improvement	3
<u>NURS 701</u>	Scientific Underpinnings for Clinical Scholarship	3
<u>NURS 703</u>	Advanced Epidemiology and Biostatistics	3
<i>Second Semester – Spring</i>		
<u>NURS 704</u>	Clinical Research/Analytic Methods	3
<u>NURS 791</u>	Directed Readings I	1
<u>NURS 708</u>	Interprofessional Collaborative Practice	3
<u>NURS 720</u>	DNP Project Planning Seminar	1
<i>Third Semester – Summer</i>		
<u>NURS 730</u>	DNP Proposal Development	3
<i>Fourth Semester – Fall</i>		
<u>NURS 707</u>	Information Technology/ Decision Support	3
<u>NURS 709</u>	Population Health	3
<u>NURS 792</u>	Directed Readings II	1
<u>NURS 740</u>	DNP Project Implementation	2
<i>Fifth Semester – Spring</i>		
<u>NURS 706</u>	Economics, Finance and Business Management	3
<u>NURS 705</u>	Health Policy and Advocacy	3
<u>NURS 750</u>	DNP Project Evaluation and Dissemination	1
Total Credit Hours		36

Course Requirements – Part Time Students (Three Years; 7 Semesters)

First Semester – Fall		
<u>NURS 702</u>	Leadership/Quality Improvement	3
<u>NURS 701</u>	Scientific Underpinnings for Clinical Scholarship	3
Second Semester – Spring		
<u>NURS 704</u>	Clinical Research/Analytic Methods	3
<u>NURS 791</u>	Directed Readings I	1
<u>NURS 708</u>	Interprofessional Collaborative Practice	3
Third Semester – Fall		
<u>NURS 703</u>	Advanced Epidemiology and Biostatistics	3
<u>NURS 709</u>	Population Health	3
<u>NURS 792</u>	Directed Readings II	1
Fourth Semester – Spring		
<u>NURS 706</u>	Economics, Finance and Business Management	3
<u>NURS 720</u>	DNP Project Planning Seminar	1
Fifth Semester – Summer		
<u>NURS 730</u>	DNP Proposal Development	3
Sixth Semester – Fall		
<u>NURS 707</u>	Information Technology/ Decision Support	3
<u>NURS 740</u>	DNP Project Implementation	2
Seventh Semester – Spring		
<u>NURS 705</u>	Health Policy and Advocacy	3
<u>NURS 750</u>	DNP Project Evaluation and Dissemination	1
Total Credit Hours		36

Immersion Hours

Students are required to complete a total of 1,000 post baccalaureate practice hours to meet requirements for completion of the Doctor of Nursing Practice Program. Students completing the post-master's DNP program build upon their previous learning at the master's level. These students already have a strong clinical foundation for advanced nursing practice in APRN roles such as nurse practitioners, clinical nurse specialist, nurse midwives or nurse anesthetists, or non-APRN roles such as nurse managers, directors, executives, and other non-direct care advanced nursing roles. Students build upon this foundation by developing the doctoral level competencies as outlined in the DNP essentials.

Students must provide proof of clinical hours completed in their master's program by submitting a letter from the school where they earned their master's degree. Up to 500 clinical hours at the masters level may be applied towards the total 1,000 post baccalaureate practice hour requirement. Students should have at least 300 clinical hours at the master's level. Students with less than 300 clinical hours at the master's level may be accepted into the program after interview, review and development of a plan to complete the necessary practice hours for graduation.

Unlike clinical hours completed in a Master's degree program, DNP students complete scholarly practice hours designed to facilitate achievement of the DNP essentials and tailored to meet the needs individual students based on their current experience, competencies and gaps.

According to the American Association of Colleges of Nursing, "The DNP program prepares graduates for the highest level of nursing practice and demonstrates synthesis of all DNP essentials... Practice experiences are designed to help students achieve specific learning objectives related to all DNP essentials, role outcomes, and application of theory and evidence into practice." (AACN, 2015).

Students complete practice immersion hours throughout program courses as well the completion of immersion hours directly related to the students DNP Scholarly Project. Throughout the DNP courses students will identify appropriate learning objectives for their practice immersion experience. Some of these objectives may be attributed to work directly related to the specific course. In addition, students will identify at least 1 objective for each course to be achieved outside of course requirements.

Students may engage in a variety of activities related to each course and aligned with achievement of the DNP essentials in order to meet practice immersion hour requirements. Practice immersion activities must be above and beyond the student's job requirements. Examples of appropriate activities include:

- Meeting with stakeholders at the practice setting to garner support for the DNP scholarly project
- Attending meetings/participating in committees
- Attending an educational conference to foster professional development related to achievement of the DNP essentials, advance knowledge related to project area, and/or network with colleagues/foster collaborative relationships
- Develop an abstract for presentation

- Develop and/or deliver a poster and/or podium presentation at a local, regional, or national conference
- Develop a grant proposal
- Develop an IRB proposal
- Develop tools, resources, infrastructure and/or engage planning activities related to the DNP Scholarly project

Process for completing immersion hours

Students will complete the DNP Practice Immersion Hours form with individualized objectives and submit this form to the DNP program director within the 1st 2 weeks of the semester for approval. Students will track the number of hours completed and collect any evidence demonstrating achievement of the identified outcome. At the end of the semester students will present evidence of hour completion and achievement of learning outcomes to the DNP director to receive the immersion hours allotted for each course.

Immersion hours are completed for the following courses:

Course	Required or Optional	# Hours
NURS 704 Clinical Research/Analytic Methods	Required	65
NURS 709 Population Health	Required	65
NURS 702 Leadership/Quality Improvement	Optional	65
NURS 703 Advanced Epidemiology and Biostatistics	Optional	65
NURS 705 Health Care Policy and Advocacy	Optional	65
NURS 707 Information Technology/Decision Support	Optional	65
NURS 708 Interprofessional Collaborative Practice	Optional	65
NURS 720 DNP Project Design	Required/Project	50
NURS 730 DNP Proposal Development	Required/Project	75
NURS 740 DNP Project Implementation	Required/Project	75
NURS 750 DNP Project Evaluation and Dissemination	Required/Project	50
NURS 701 Scientific Underpinnings	NO Hours Available	0
NURS 706 Economics, Finance, Business Management	NO Hours Available	0

In this way students receive 250 hours of practice immersion hours attributed directly to their DNP project coursework, 130 immersion hours as required for NURS 704 and NURS 709, and additional immersion hours in the optional courses in order to meet the total post-baccalaureate practice immersion hours as outlined below:

Approved Pre admission hours from Master's program	500 hours Maximum	
DNP Project Coursework	250 Hours	
NURS 704 and 709	130 Hours	(65 hours for each course)
Optional immersion hours (from NURS 702,703,704,705,708). Minimum of 2 must be selected for students with 500 pre admission hours from master's program. Students with less than 500 pre admission hours must complete additional hours to meet the 1,000 post baccalaureate practice immersion hour requirement	130 Minimum	(65 hours for each course)

The DNP Scholarly Project

The Doctor of Nursing Practice Scholarly Project reflects the culmination of knowledge and competencies related to the DNP Essentials necessary for doctoral level practice inquiry, systems level change leadership and practice scholarship. During the DNP Scholarly Project Courses (NURS 720, 730, 740, and 750) students will refine their specific topic of interest for their DNP scholarly project and will work through the development and successful approval of a project proposal, lead the implementation of the project design, complete a scholarly evaluation of the project and project results and disseminate findings in appropriate forums at the local, regional and/or national levels. Students typically move through this course sequence from proposal development through implementation and evaluation within the period of four semesters as follows:

NURS 720 DNP Project Planning – Spring Semester

NURS 730 DNP Proposal Development – Summer Semester (IRB application should be ready for submission by the end of the summer semester or sooner).

NURS 740 DNP Project Implementation – Fall Semester

NURS 750 DNP Project Evaluation and Dissemination – Spring Semester

Progression of the DNP scholarly project over this sequence of courses is expected to vary somewhat from student to student. This depends on factors such as the nature of the individual DNP project, organizational processes at the practice setting, the state of the proposal and degree of refinement and other factors. The course sequence is designed to allow flexibility while keeping students on track with meeting requirements for graduation in the expected time frame. Below is the expected timeline for progression through the DNP Scholarly Project Assignments.

Timeline for Progression through DNP Scholarly Project Assignments

NURS 791

- Develop working problem statement and purpose statement
- Develop working literature review matrix (students will continue to expand upon this matrix such that it should represent an appropriate comprehensive review of the literature by the end of NURS 720)
- Organizational Mentor Agreement completed and CV on file (if not completed sooner)

NURS 792

- Develop working theoretical framework
- Develop working methods

NURS 720

- Proposal paper 1st draft written
- Proposal presentation completed
- *Above required for completion of NURS 720.*
- *Students may move on to below assignments once above are completed and they have received approval from their DNP Scholarly Project Advisor and DNP Program Director.*

NURS 730

- Statement of practice setting project approval/IRB process submitted
- CITI training completed and certificate submitted (if not completed sooner)
- RIC IRB account established
- DNP Scholarly Project IRB Attestation form submitted
- Proposal final draft completed
- DNP Scholarly Project Proposal Executive Summary Completed
- DNP Scholarly Project Approval Forms signed by DNP Project Advisor and DNP Program Director received
 - *Above required prior to IRB submission*
- DNP IRB application submitted to outside IRB after completion of DNP Project IRB Attestation form and receipt of DNP Project Approval form
- Submission to RIC IRB after outside organization IRB approval (may occur in NURS 740)
- *Students may move on to below assignments once above are completed and they have received approval from their DNP Scholarly Project Advisor and DNP Program Director.*

NURS 740

- Confirmation of IRB approval submitted prior to any activities related to project implementation/data collection
- Project Implementation and Data Collection at Practice Setting
- Mid-point report and presentation developed

- Develop abstract and poster for presentation in peer-reviewed regional or national forum
- Participate in project implementation seminar
- *Students may move on to below assignments once above are completed and they have received approval from their DNP Scholarly Project Advisor and DNP Program Director.*

NURS 750

- Data collection and Data Analysis Completed
- DNP Scholarly Project Final Paper/Manuscript Completed
- DNP Poster Abstract Completed/Submitted to Organization
- DNP Poster for Developed for Presentation
- DNP Scholarly Project Final Presentation Completed
- DNP Scholarly Project Completion Form received (signed by project team and DNP director)

Additional information about the Doctor of Nursing Practice Scholarly Focus / Project Requirements

The Doctor of Nursing Practice is a practice focused versus a research focused doctoral degree. As practice scholars, Doctor of Nursing Practice students are prepared to generate new *practice* knowledge. Key areas of difference in practice versus research scholarship are outlined below as taken from the American Association of Colleges of Nursing (2015) Report from the Task Force on the Implementation of the DNP:

1. Graduates of both research- and practice-focused doctoral programs are prepared to generate new knowledge. However, research-focused graduates are prepared to generate knowledge through rigorous research and statistical methodologies that may be broadly applicable or generalizable; practice-focused graduates are prepared to generate new knowledge through innovation of practice change, the translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes. New knowledge generated through practice innovation, for example, could be of value to other practice settings. This new knowledge is considered transferrable but is not considered generalizable.
2. Organizational and systems leadership knowledge and skills are critical for DNP graduates to develop and evaluate new models of care delivery and to create and sustain change at the organization and systems levels. Practice includes leadership, advancing the quality of nursing care and the profession of nursing through policy evaluation, development, and advocacy, and the creation and maintenance of healthy work environments. The development and trial of new models of care delivery may be partially based in generalizable evidence, based in transferrable evidence from another practice site, or when no evidence exists, based on experience and new/innovative thinking. The ability to develop and adapt care delivery and evaluate outcomes is essential for DNP graduates to mold practice and improve the health and well-being of

populations. For example, evaluation of outcomes may include rapid cycle testing or rapid cycle prototyping used in quality improvement processes...

3. These delineations in knowledge generation are not to be construed as a hierarchical structure of the importance of these two types of knowledge generating methods. The application and translation of evidence into practice is a vital and necessary skill that is currently lacking in the healthcare environment and the nursing profession. The DNP graduate will help to fulfill this need. As a result DNP and PhD graduates will have the opportunity to collaborate and work synergistically to improve health outcomes.

The DNP Scholarly Project should:

- a. Focus on a change that impacts healthcare outcomes either through direct or indirect care
- b. Have a systems (micro-, meso-, or macro- level) or population/aggregate focus
- c. Demonstrate implementation in the appropriate arena or area of practice
- d. Include a plan for sustainability (eg. Financial, systems or political realities, not only theoretical abstractions)
- e. Include an evaluation of processes and/or outcomes (formative or summative). DNP project should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research
- f. Providing a foundation for future practice scholarship

(American Association of Colleges of Nursing, 2015).

Program Evaluation

Student feedback about every aspect of the program courses and infrastructure will be sought through formal and informal processes including course and program evaluations. Student representation is requested for the DNP Advisory Board which will meet at least twice per year, as well as the Graduate Faculty Committee Meeting which meets monthly. In addition, alumni will receive an end-of program survey to gather feedback from program graduates.

Financial Aid and Scholarship

The Office of Student Financial Aid (Craig Lee 050) at the College administers a program of grants, loans and part-time employment opportunities for students who require financial assistance. They may be reached by phone at 456-8033. For further information visit:

<http://www.ric.edu/financialaid/Pages/Graduate-Students.aspx>

Information about scholarships is available on the School of Nursing website and upon request through the nursing office. The Program Directors regularly sends notification related to scholarship opportunities via the graduate student listserv.

Leadership Opportunities

Doctor of Nursing Practice Students at Rhode Island College Serve as leaders within the community and profession. A number of leadership opportunities are available for current students including the opportunity to serve as a representative to the DNP Advisory Committee or Graduate Faculty Committee. In addition, we encourage a student to serve as the representative to the American Association of Colleges of Nursing (AACN) Graduate Nursing Student Academy (GNSA). Student have the opportunity to meet with DNP Program and SON leadership at networking events such as the Graduate Welcome Back Event held each year. Students will be informed of additional leadership opportunities as they become available and are encourage to participate depending on availability of time and interest.

Library


Students are encourage to become familiar with the library resources located at: <http://library.ric.edu/>

Students may also link google scholar to our RIC library as a quick way to look up articles. See below:



Google Scholar is a special web search engine that finds you scholarly / academic journal articles. Sometimes you can download the journal articles Google Scholar finds right away. But sometimes the articles Google Scholar finds are not free to download. However, the RIC Library may have them. You can connect Google Scholar to the RIC library website to see if we have the scholarly academic journal articles.

Go to <http://scholar.google.com/>

Then Click  **Settings** at the top of the page

Then Click: **Library links** on the left side

Search For **Rhode Island College** and **ONLY** check these boxes below

Search results

Show library access links for (choose up to five libraries):

Languages

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e.g., Harvard

RHODE ISLAND COLLEGE - ProQuest Fulltext

Rhode Island College - Full Text at RIC

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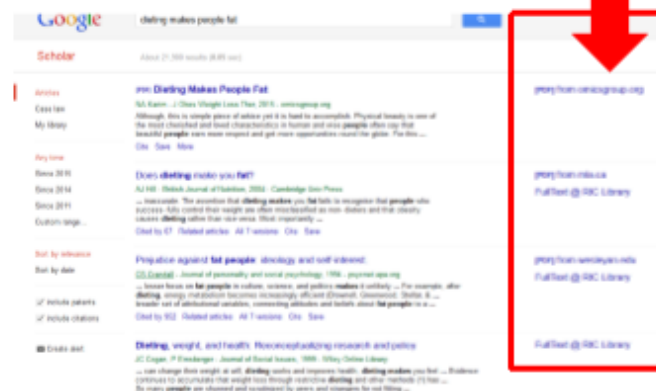
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Articles include patents Case law

Any articles with links on the right-side you can download



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Full Text @ RIC Library

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Full Text @ RIC Library

Full Text @ RIC Library

Lib Guides

Helpful lib guides are also posted at the RIC library and may be found which you may link to at the main library page, or at the following link: <http://library.ric.edu/dnp>

Guiding Documents

The development of and refinement to the Doctor of Nursing Practice Program is supported by numerous professional standards and guidelines. The major documents used to this program include:

American Association of Colleges of Nursing. (2006). The essentials of Doctoral Education for Advanced Nursing Practice. Washington, DC: AACN. Retrieved from:

<https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf>

American Association of Colleges of Nursing. (2015). The doctor of nursing practice: Current issues and clarifying recommendations: Report from the task force on the implementation of the DNP. Washington, DC: AACN. Retrieved from:

<https://www.aacnnursing.org/Portals/42/DNP/DNP-Implementation.pdf>

National Organization of Nurse Practitioner Faculty. (2013). DNP Toolkit: Process and approach to DNP competency based evaluation. Retrieved from:

file:///C:/Users/jdilibero_4537/OneDrive%20-%20Rhode%20Island%20College/RIC/DNP%20Program/Resources/dnp_toolkit_2013.pdf

American Association of Critical Care Nurses. (2016). Standards for Evaluating and Sustaining Healthy Work Environments: A Journey to Excellence (2nd ed). Retrieved from:

<https://www.aacn.org/nursing-excellence/healthy-work-environments>

Interprofessional Education Collaborative: 2016 Update. (2016). Core Competencies for Interprofessional Collaboration.

<https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

Interprofessional Education Collaborative. (2011). Team Based Competencies: Building a Shared Foundation for Education and Practice. Conference Proceedings.

<https://nebula.wsimg.com/191adb6df3208c643f339a83d47a3f28?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

Association for Prevention Teaching and Research. (2013). Advancing Interprofessional Clinical Prevention and Population Health Education: Curriculum Development Guide for Health Professions Faculty.

<https://nebula.wsimg.com/cc40b1a82d8b79b4ac9413234ca9f84c?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

Institute of Medicine. (2000). To Err is Human. Washington (Executive Summary), DC: National Academy Press. Available at: <https://www.nap.edu/read/9728/>

Institute of Medicine. (2001). Crossing the Quality Chasm (Executive Summary). Washington, DC: National Academy Press. Available at: <https://www.nap.edu/download/10027>

Institute of Medicine. (2011). The Future of Nursing: Leading Change, Advancing Health (Executive Summary). Washington DC: National Academy Press. Available at:

<https://www.nap.edu/download/12956>

Auerbach, D., Martsof, G., Pearson, M., Taylor, E., Zaydman, M., Muchow, A., Spetz, J., Dower, C. (2015). The DNP by 2015: A study of the institutional, political, and professional issues that facilitate or impede establishing a post-baccalaureate Doctor of Nursing Practice Program. Rand. Retrieved from:

https://www.rand.org/content/dam/rand/pubs/research_reports/RR700/RR730/RAND_RR730.pdf

Resources and Technical Assistance

For help with understanding blackboard visit: <https://help.blackboard.com/Learn/Student>

For technical issues contact the helpdesk at 401-277-8803

Administrative issues Contact Ellen Morais at emorais@ric.edu or 401-456-9612

Registration visit: <http://www.ric.edu/registration/Pages/default.aspx>

Academic Calendar visit: <http://www.ric.edu/academics/Pages/Academic-Calendar.aspx>

Additional Resources include:

- **School of Nursing Writing Tutor:** There is a writing tutor available at the school of nursing. You can contact the writing tutor at rinesc-writing@ric.edu
- **The Writing Center** in the Adams Library Lower Level on the RIC campus
- **The Counseling Center** in Brown Hall; phone number 456-8094
- **The Office of Academic Support** in Adams Library Lower Level Mall Area; phone number 456-8083
- **Disability Services** in Fogarty Life Science Room 137; phone number 456-2776
- **The Technology Help Center** in Gaige Hall basement; phone number 456-8803
- **The Whipple Computer Lab** in Whipple Hall Room 102; phone 456-9113
- **Adams Library** contact Rachel Carpenter, School of Nursing Liaison; phone number 456-2812/8125 or rcarpenter@ric.edu .

Academic Policies

Course Warning Notices

If a student is not progressing satisfactorily in a didactic course, the student will be issued a course warning letter. Copies will be distributed to the student, the faculty member and the DNP Program Director.

Liability Insurance

Graduate students should maintain their own malpractice insurance. In addition, students who are actively enrolled as majors in nursing at Rhode Island College are covered by a Medical Malpractice Policy by the Board of Governors for Higher Education.

Leave of Absence from Nursing Courses

A DNP student who interrupts their nursing program of study or who withdraws from the program must submit a letter to the DNP program director and will need to complete a formal leave request form. The request should be endorsed by the student's advisor and should sufficiently specify the circumstance in order to determine whether the leave is warranted. The decision to grant the leave of absence will be made by the DNP program director in consultation with the dean. A leave of absence has the effect of suspending time limitations such as those for completion of the degree or for the removal of incomplete grades. Accordingly, a leave will be granted only for sufficient reason and only if it is to be for one year or less.

A student who interrupts their program for two semesters without notifying the Graduate Nursing office may be eligible to register for course(s) needed to complete the program on a space available basis. If the student interrupts their nursing program for three semesters or longer, the student must apply for re-admission to the DNP program and must meet current admission requirements.

Grading System:

Cum Index Grade Ranges

4.0	A	93-100
3.67	A-	90-92
3.33	B+	87-89
3.00	B	84-86
2.67	B-	80-83
2.33	C+	77-79
2.00	C	74-76
1.67	C-	70-73
1.33	D+	67-69
1.00	D	63-66
.67	D-	60-62
.00	F	0-60

Retention

All DNP students are expected to maintain a cumulative average of B (3.00) or better in their graduate program. Students who do not maintain a cumulative B (3.00) average will have their status reviewed by DNP program director. **Students who achieve less than a B, including a grade of 'U', in any course will be**

placed on probationary status. Students on probationary status must achieve a B or better in each required course over the next 9 credits. Two grades below B are sufficient cause for consideration of dismissal; the decision regarding students' status will be made by the DNP program director in consult with the dean. Students may be required to repeat a course at the discretion of the DNP program director.

Petitions

Students seeking appeal of Master's or DNP program policies related to academic progression can petition in writing to the Graduate Committee. The form for describing the petition process and the petition forms are included in this Handbook. Petitions are due to the Graduate Department Student and Graduate Outcomes Committee by the Monday of the full week prior to the start of classes in the fall and spring semesters.

RHODE ISLAND COLLEGE – SCHOOL OF NURSING

Process of Submission of Petitions

The following steps outline the process a student will follow to petition a waiver of a School of Nursing Policy* that is affecting the individual student.

1. The student brings the concern to the attention of his/her advisor within 10 working days of becoming aware of the situation.
2. The student completes the Petition Form (see p. 25-26). The form must be signed by the Advisor, or in the absence of the Advisor, the Program Director.
3. The completed form along with supporting documents is submitted to the Chair of the Graduate Student and Graduate Outcomes Committee within five (5) working days of having met with the Advisor.
4. The Graduate Student and Graduate Outcomes Committee will consider the petition at its next scheduled meeting. The student should contact the graduate chair or appropriate program director to determine the date of the next meeting. (.
5. Within five (5) working days following the Graduate Student and Graduate Outcomes Committee meeting, the Committee's decision is forwarded to the student and his/her advisor.
6. If the decision is unsatisfactory the student has the option to appeal the decision. The Academic Grievance Procedure that outlines this process is available in the college handbook section 3.11.

*The above process is to be utilized only when the student is appealing a *policy* of the School of Nursing. If appealing a decision made by an individual faculty member (grade dispute) or a College Policy (i.e. disagreement regarding dismissal/probation) the student should follow the Academic Grievance Procedure (see p. 27-28 of this *Handbook*).

RHODE ISLAND COLLEGE - SCHOOL OF NURSING
Petition

The *Handbook for Graduate Students in Nursing* includes the policies governing students who are enrolled in the School of Nursing Graduate Program. The policies concern issues such as retention, progression and dismissal. You may wish to refer to these policies when submitting a petition to the Graduate Student and Graduate Outcomes Committee. Please follow the process outlined below:

1. Confer with Faculty Advisor or Program Director.
2. Complete identification and request sections.
3. Obtain faculty Advisor's/ Program Director's signature.
4. Submit completed form to the Chair of the Graduate Student and Graduate Outcomes Committee.
5. Chair of Graduate Student and Graduate Outcomes Committee will notify student and student's advisor of the decision.

IDENTIFICATION SECTION

Date: _____ Student ID# _____

Name (print): _____ Phone #: _____

Address: _____ City/State/Zip: _____

RIC email address: _____

Student Signature: _____

I have discussed this petition with the student:

_____ Date: _____

(Signature* of Faculty Advisor &/or Program Director)

*Signature does not imply approval or disapproval, although the advisor may provide additional information in support or opposition to the petition.

Complaints and Grievances

The *College Handbook of Policies, Practices and Regulations* clearly distinguishes between a complaint and a grievance in Section 3.11.2:

- (a) A *complaint* may be any point at issue between a faculty member and a student in which a student feels that an abridgement of personal rights or benefits has occurred. A complaint may, but need not, constitute a grievance.
- (b) A *grievance* means a difference, presented in writing that may arise between a faculty member and a student with respect to, but not necessarily limited to:
 - i. violation of established academic policies and regulations (e.g., examination policies, advisement policies, registration procedures);
 - ii. arbitrary and capricious grading practices;
 - iii. violation of the student's academic freedom, defined in the *Student Handbook* as... "the freedom to inquire, to discuss, to seek evidence, to speak, and to exchange ideas";
 - iv. failure to meet obligations to students (adherence to regular class hours, taking timely action, or correcting errors."

As noted in the *College Handbook of Policies, Practices and Regulations* (3.11.1), the primary purpose of the grievance procedure is to secure, at the lowest level possible, an equitable solution to the problems of students who have disputes with either an academic unit or classroom or grading conduct of faculty.

According to MSN and DNP program policy, student complaints are first discussed with the faculty member involved. If a resolution is not reached, the student may then institute a formal grievance as outlined below.

Grade Grievances. Consistent with the *College Handbook of Policies, Practices, and Regulations* (3.11.14), students who believe that they have received a grade in an arbitrary or capricious manner, meaning that the grading was not properly applied, may request that the grade be reconsidered. Students must first discuss the issue with the faculty member. If resolution is not reached, the student must submit, within 10 working days of the initial discussion (except in the case of final grades and then no later than the 10th working day of next full semester), a written grievance to the faculty member. The grievance must include a maximum one-page summary stating the specific complaint, the specific action upon which it is based, and the remedy being sought. Within 10 days of receipt of the grievance, the faculty member will meet with the student to discuss the grievance. The grievant and faculty may each choose to bring to the meeting one person from the RIC community who is not a family member of either participant. Within 10 working days of the meeting, the faculty member will issue a decision in writing to the student.

Academic Dismissal Grievance. Following the procedure as outlined above, if the issue is not resolved at the Chair level, the student may submit the grievance in writing to the Dean within 10 working days, and the Dean will meet the student within 10 working days of receipt. The Dean shall meet either jointly or separately with participants and each may choose to bring one person to the meeting from the RIC community who is not a family member of either participant. Within 10 days the Dean will issue a decision

in writing. If not resolved at the Dean's level, the grievant may appeal to the Vice President of Academic Affairs (VPAA), following the same procedure. If not resolved at the VPAA level, the student may appeal to the President by submitting the grievance to the President within 10 working days of receipt of the VPAA decision. Within 10 working days of receipt of the grievance, the President will meet with the student and faculty member (either jointly or separately) to discuss the grievance. Each may again choose to bring to the meeting one person from the RIC community who is not a family member of either participant. Within 10 working days of the meeting, the President shall issue a decision, setting forth the reasons therefore in writing to the grievant, the faculty member involved, the Department Chair, the appropriate Dean, and the VPAA.

Registration

General registration procedures are described in the *Bulletin of Rhode Island College*. Nursing majors may register online for required nursing courses during the regular registration period. For additional information visit <http://www.ric.edu/registration/Pages/default.aspx>

Code of Academic Honesty

The School of Nursing at Rhode Island College recognizes that the nursing profession is based on a standard of honesty and personal and professional integrity. In order to achieve the mission of the College and the School of Nursing, and develop the high ethical standards required for nursing practice, academic honesty is an integral part of the nursing program. Students and faculty are jointly responsible for maintaining an honest environment and all must work together to ensure the success of the academic honesty policy. All students within the School of Nursing are expected to maintain the code of academic honesty. This means that all academic work is presented without plagiarism, cheating or unauthorized assistance.

The Goals of the Academic Honesty Policy in the School of Nursing are to:

- Promote a culture of academic honesty within the School of Nursing.
- Increase understanding of acts that are designated as academically dishonest behaviors.
- Maintain the academic reputation of the School of Nursing.
- Clearly define the process related to matters of academic dishonesty.

Violation of the Code of Academic Honesty

Incidents of academic dishonesty will be adjudicated through the College's usual disciplinary process. Specifically, when a faculty member suspects a student has committed academic dishonesty, the faculty member will confront the student and may determine the appropriate action to be taken. Penalties could include repercussions on the assignment/test, up through failure for the course. A student who disagrees with the faculty member's decision may appeal to the Board of College Discipline; or a faculty member may elect to send the case immediately to the Board without passing judgment. The Board has a full range of sanctions available to it, from a warning up through suspension or expulsion from the College.

Behaviors that constitute Academic Dishonesty are prohibited. Examples of academic dishonesty include but are not limited to the following:

(Adopted from Academic Honesty policies from West Hills Community College, University of Maryland Baltimore, School of Nursing; University of Rochester, University of Arkansas/Fayetteville, University of Houston/Clear Lake, University of Michigan, and Rhode Island College Handbook of Policies, Practices and Regulations).

- Plagiarism – Any attempt to present someone else’s work as one’s own, on quizzes, examinations, reports, or term papers, etc., constitutes plagiarism, an act closely analogous to the theft of money or goods to any form of swindling or fraud, and in the academic world, just as deplorable. There are various forms of plagiarism of which the following are most common:
 - **Word-for-word plagiarism.** This includes (a) the submission of another person’s work as one’s own; (b) the submission of work from any source whatever (book, magazine, or newspaper article, unpublished paper, or thesis) without proper acknowledgement by footnote or reference within the text of the paper; (c) the submission of any part of another’s work without proper use of the quotation marks.
 - **Patchwork plagiarism.** This consists of piecing together of unacknowledged phrases and sentences quoted verbatim (or nearly verbatim) from a variety of sources. The mere reshuffling of other people’s words does not constitute “original” work.
 - **Unacknowledged paraphrase.** It is perfectly legitimate to set forth another author’s facts or ideas in one’s own words, but if one is genuinely indebted to the other author for these facts or ideas, the debt must be acknowledged by footnote or reference within the text of the paper.
- Unauthorized assistance:
 - Using books, notes, calculators and technological devices in an unauthorized manner to assist with quizzes, exams or lab work.
 - Copying answers to an exam.
 - Giving or receiving answers to a scheduled exam.
 - Submitting work done by another individual and portraying it as one’s own.
- Providing false information:
 - Giving false reasons (in advance or after the fact) for failure to complete academic work. This includes, for example, giving false excuses for failure to attend an exam or attend the clinical practicum.
 - Falsifying the results of any laboratory or clinical work or fabricating any data or information, including patient related information.
 - Giving false information or testimony in connection with any investigation or hearing under this policy.
 - Presenting previously submitted academic work and portraying it as new material.
 - Multiple Submissions: Submitting for credit, when a student has not been given permission to do so, any work that is the same or substantially the same as work that has been submitted for credit in another course. Many professors allow reworking or building on prior work; however, multiple submissions are permitted only with the prior

permission of the instructor(s), and only when the student acknowledges the multiple submission in the work itself.

- Theft:
 - Procuring unauthorized materials related to academic work such as exams, grade books, and class files.

Faculty and students share the responsibility for upholding the Academic Honesty Policy. Students are expected to report instances of academic dishonesty to the faculty. A faculty member is responsible for confronting a student who violates the code and determining the appropriate action to be taken with respect to the class. As noted in the *Rhode Island College Handbook of Policies, Practices, and Regulations* (3.9.1[b]), a faculty member may take action up to and including failing a student accused of academic dishonesty. In all cases, a report describing the nature of the dishonesty and subsequent action taken by the faculty member shall be filled with the Vice President for Academic Affairs. Additionally, the faculty member may recommend that the Academic Integrity Board recommend further action. In the case of graduate students, the faculty member will also inform the Director of the Master's or DNP program of the nature of the dishonesty and the subsequent action taken by the faculty member and may recommend that further action be taken.

As per section 3.9.1(c), in the case of graduate students, the director of the Master's or DNP program may convey the recommendations of a penalty of probation or dismissal from the program to the academic dean of the school in which the student is enrolled (revised by vote of the Council (May 3, 2013), and approved by the President (May 24, 2013).

The School of Nursing reserves the right to impose additional penalties when students have been found in violation of the code of Academic Honesty, including dismissal from the School of Nursing. Such penalties will be imposed by the Dean in consultation with the faculty member. Students have the right to appeal to the academic Integrity Board. The appeals procedure is outlined in the *Rhode Island College Handbook of Policies, Practices, and Regulations*, section 3.9.1.d.ii (p. 35).

All graduate students will be asked to sign an attestation stating they have read the Academic Honesty statement and attest to maintaining academic honesty in all academic assignments, clinical documentation and to maintain professional integrity

Rhode Island College

School of Nursing

Graduate Department

Academic Honesty Attestation

The School of Nursing at Rhode Island College recognizes that the nursing profession is based on a standard of honesty and personal and professional integrity. In order to achieve the mission of the College and the School of Nursing and develop the high ethical standards required for nursing practice, academic honesty is an integral part of the nursing program. Students and faculty are jointly responsible for maintaining an honest environment and all must work together to ensure the success of the academic honesty policy. All students within the School of Nursing are expected to maintain the code of academic honesty. This means that all academic work is presented without plagiarism, cheating, unauthorized assistance or falsifying records.

The Goals of the Academic Honesty Policy in the School of Nursing are to:

- Promote a culture of academic honesty within the School of Nursing.
- Increase understanding of acts that are designated as academically dishonest behaviors.
- Maintain the academic reputation of the School of Nursing.
- Clearly define the process related to matters of academic dishonesty.

As cited in the Graduate Studies Manual, Section VI Academic Integrity:

In pursuing graduate study, all students are expected to adhere to the accepted standards of scholarly integrity in all presentations, examinations, research and writing of papers and theses/projects. Academic integrity is the foundation of the academic community. Students who violate college rules on academic dishonesty are subject to disciplinary penalties, including the possibility of failure or removal from a course, disciplinary probation, and/or dismissal from the college. Individual schools may have additional standards and policies related to academic honesty. See section 3.9.1 Academic Honesty in Chapter III of the College Handbook. http://www.ric.edu/academics/pdf/College_handbook_Chapter_3.pdf

According to Chapter 3 of the College Handbook, Adjudicating Alleged Violations of Academic Integrity

In the case of graduate students, the faculty member will also inform the director of the graduate program of the nature of the violation and the subsequent action taken by the faculty member, and may recommend that the director of the graduate program take further action.

Graduate Programs Role. In the case of graduate students, the director of the graduate program may convey the recommendation of a penalty of probation or dismissal from the program to the academic dean

of the school in which the student is enrolled. *(Revised by vote of the Council (May 3, 2013, and approval of the President (May 24, 2013))*

Academic Integrity Board Role. The Council of Rhode Island College created the Academic Integrity Board (AIB), composed of students, faculty and administration. The AIB has authority to establish, publish and implement procedures for adjudicating alleged violations of academic integrity by students. It is authorized to hear and adjudicate charges against individual students in cases of violations of academic integrity. Details regarding the AIB can be found at <http://www.ric.edu/aib/>.

The Academic Integrity Board shall consider cases referred to it by a faculty member or the Vice President for Academic Affairs, and has the option to recommend any penalties ranging from those available to the faculty member to placing the student on academic probation or expelling the student from the College.

Appeal. Any student accused of a violation of academic integrity may appeal action taken by the instructor in a case to the Academic Integrity Board.

Appeals Procedure:

- Appeals or referrals to the Board will follow the standard procedure of the Board.
- The Board shall inform the student, the faculty member, and Vice President for Academic Affairs of its decision

I have read this document and attest to maintaining academic honesty in all academic assignments, clinical documentation and to maintain professional integrity.

Student signature: _____

Student printed name: _____

Date: _____

Faculty signature: _____

Date: _____

Social Media Policy

HIPPA – Compliant use of Mobile Devices, Social Media and the Internet

The purpose of this policy is to maintain the protection of sensitive and confidential information related to the School of Nursing and uphold the professional reputation of the School of Nursing and Rhode Island College. This policy applies to the use of mobile devices, social media and internet communications related to confidential information about the School of Nursing (including the faculty, staff, students, classroom and clinical activities), patients, and (SON) clinical affiliates.

SON students, faculty and staff must always protect individuals' rights to privacy and confidentiality, and communicate sensitive and confidential information in accordance with the **Health Insurance Portability and Accountability Act (HIPAA)** and the **Family Educational Rights and Privacy Act (FERPA)**. Social media are web-based or mobile technologies used for interactive communication. RICSON encourages responsible use of Mobile Devices to access electronic information that can be helpful in forming plans of care for patients and for professional communication. Examples of social media include but are not limited to, collaborative projects (e.g. Wikipedia), blogs and microblogs (e.g. Twitter), content communities (e.g. YouTube), social networking sites (Facebook), virtual game worlds, and virtual social worlds (e.g. Second Life).

Members of the SON community are expected to observe the American Nurses Association's (ANA) Principles for Social Networking (American Nurses Association, 2011. Navigating the World of Social Media).

ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient – nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

The policy requires that all:

- Be aware of the necessity of maintaining professional boundaries while using electronic media.
- Follow HIPAA guidelines at all times. Identifiable information concerning patients/clinical activities must not be posted in any online forum.
- Protect confidential, sensitive and proprietary information. Do not share or post any information related to nurse-patient contact or about the SON.
- Do not post comments on social media sites about patients, clinical facilities, employees of facilities, faculty or other students as these posts violate the individual's right to privacy and may incur liability – even if the posts do not specifically identify individuals.
- Do not use mobile devices to take photos of patients or patient information.
- Use PDAs and other devices only as authorized by faculty and clinical affiliates.
- Have a responsibility to report any breach of confidentiality or privacy to a School of Nursing administrator or faculty member.

Consequences:

- Violations of patient privacy will be subject to HIPAA and FERPA procedures/guidelines and consequences.
- Students who share confidential or unprofessional communication may be subject to disciplinary action, up to and including dismissal from the program.

Classroom Etiquette

Class participation and attendance are expected. Students who are unable to attend class should notify the faculty member in advance. Students should come to class prepared, having completed all assignments so that constructive class participation is likely. Students will be engaged and respectful of others in the classroom; as reflected by not talking while others are speaking, using electronic devices only for class activities, being on time and staying until the class ends. Students who do not conform to expected classroom etiquette may be asked to leave the classroom.

Cancellation of Classes

Students are informed about cancellation of classes or clinical practice, e.g., snow days, by announcements on local radio stations, communications from individual instructors, or by calling the General College Number 456-9500—calling the School of Nursing office is NOT APPROPRIATE. The current *Rhode Island College Student Handbook* contains complete information about policies and rules and can be accessed at <http://www.ric.edu/studentlife/handbook.php>. Students in the nurse anesthesia option follow the SJHNSA Student Handbook during the clinical internship.

HEALTH AND WELLNESS POLICIES

Nursing Health & Immunization Requirements

All DNP students must have the following information on file in RIC HEALTH SERVICES, located in Brown Hall on the RIC campus. Tel (401) 456-8055; FAX: (401) 456-8890.

1. An *Admission PE*
2. **One** dose of ***Tetanus-Diphtheria-Pertussis (Tdap)*** if it has been 2 or more years since the last dose of Td.
3. **Two** doses of live ***Measles*** vaccine* (preferably MMR) **or** a blood **titer** confirming immunity.
4. **Two** doses of ***Mumps*** vaccine* (preferably MMR) **or** blood **titer** confirming immunity.
5. **One** dose of ***Rubella*** vaccine **or** blood **titer** confirming immunity.
6. **Three** doses of Hepatitis ***B*** vaccine. A **Hepatitis B Surface Antibody titer** to confirm sero-conversion is recommended 1-2 months after the final dose.
7. Provider documented proof of ***Chicken Pox*** disease or **Varicella titer** confirming immunity **or** **Varicella vaccine** (2 doses).
8. An initial **2-Step PPD** tuberculin skin test **and yearly** PPD updates (**or** *Chest X-Ray* if PPD positive **and yearly** TB Assessment).
9. Flu vaccine during fall semester.

*Health care workers born on or before December 31, 1956 are only required to have documentation of **one** dose of measles, mumps and rubella **or titers** confirming immunity.

HEALTH REQUIREMENTS

All nursing students must provide RIC Health Services (located in Browne Hall) with documentation of an admission physical exam and immunizations as listed above, and will need to submit their printed report from student health services to the DNP Program Director on admission and at the start of each academic year. Information may be submitted in person, by fax or on-line through the **Medicat Patient Portal** which may be accessed through “My RIC”.

Call RIC Health Services at (401) 456-8055 to review your record.

Physical exams, most vaccines and TB testing (PPD’s) are available **free of charge** with an appointment in Health Services. If you are unable to find your vaccine record, blood titers to prove immunity can be ordered by Health Services staff.

INSTRUCTIONS FOR PATIENT PORTAL

RIC Student Health Services has a new, secure “Patient Portal” through our Electronic Health Record (EHR) called Medicat.

This Portal will allow you to update and print out your immunization record, complete medical history forms, upload personal and insurance information, submit copies of physical exams from your primary care provider and update emergency contact information. You will also be able to receive secure messages from Student Health Services staff.

The Portal can be accessed by a link found on the bottom, right side of **My RIC** Homepage. First time users will need to register with a username (**no** e-mail addresses) and password. **You must be registered for classes to access the Portal.**

After Registering for the Portal:

1. **Step 1: Enter your immunization dates and click “Submit” at the bottom of the page** (if you are a current student and supplied us with an immunization record in the past, the dates will already be entered).
2. **Step 2:** Upload a **verified** immunization record (must be an official vaccine document or signed by a health care professional). Take a picture of your record with your smartphone or scan to your computer to upload. You may also fax or mail the document to Health Services. *The staff of Health Services will verify your record within the next 1-2 business days.*
3. **Step 3:** Complete personal information with emergency contact numbers and health insurance information. Upload a copy of your physical exam from your PCP or schedule an appointment in Health

Services if your exam was done more than a year ago. Sample forms can be found on the portal but your provider may use their own forms. If you have any difficulty using the Portal, **please call our office during business hours so we can assist you.**

RIC Student Health Services

Browne Hall

Tel: (401) 456-8055

Fax: (401) 456-8890

Substance Abuse Policy

Philosophy: Nursing students at Rhode Island College are expected to conduct themselves as professionals at all times. This professionalism includes dress, in-class attendance, academic integrity and the successful completion of course responsibilities as well as behavior in nursing courses on campus and at practicum locations. Adherence to student policies of the College and the Nursing School fosters professionalism. Non-adherence to the professional standards of behavior requires corrective action. Failure by the student to comply with expectations will result in discipline ranging from written warning to dismissal from the Nursing major. Rhode Island College School of Nursing is committed to health promotion and maintenance of a healthy lifestyle. To fulfill this expectation, nursing students must be free of chemical impairment during participation in any aspect of the nursing program including classroom, laboratory and clinical settings. Substance abuse is a major problem that compromises the learning environment and impairs judgment interfering with the ability to provide safe, effective and supportive care. Appropriate treatment of substance abuse and addiction is critical to nursing education and practice.

Definition: A chemically impaired student is a person who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medication, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic chronic use that has produced psychological and/or physical symptomatology, which interfere with the student's ability to fulfill role expectations.

Procedures: This health problem must be immediately addressed when identified within the nursing student population. Following are the procedures to be followed when a student is suspected of being chemically impaired.

1. Remove the student to a private area. Discuss the sign(s) and/or behavior(s) observed and allow the student to provide an explanation. Question the student regarding the use of any substance and, if used, what, when, and how much was used and by what route it was taken. When impairment signs/behaviors are observed during a clinical practicum session, the student is removed from the area and relieved of further nursing responsibilities for the day. A written warning is issued, a make-up assignment may be given and the student is instructed to arrange for transportation home.

2. A report of observed student behavior is prepared by the involved faculty member in concert with the clinical preceptor when applicable and is submitted to the master's or DNP program director. A copy of the report will be placed in the student's file.
3. A group conference will be convened within one week. The conference group consists of the involved student and faculty member, the master's or DNP program director and the graduate chairperson. The purpose of the group conference will be to convey concern for the student's welfare and to present the student with procedural requirements. If chemical impairment is the problem, these procedures require student agreement to enter into a "Student Wellness Contract" for professional evaluation of chemical dependency status and determination of a treatment plan.
4. During the conference the academic consequences resulting from chemical impairment will be explained. The student will be requested to agree to the contract and to confirm understanding of both the terms and the academic consequences of the contract by signature. Should the student choose not to agree to the contract, he/she will be dismissed from the nursing major.
 - a. Participation in clinical nursing courses will not be permitted until the terms of the contract are fulfilled.
 - b. A semester grade of "I" (Incomplete) or "W" (Withdraw) will be assigned for these courses depending upon the amount of course work completed to date, the time remaining in the semester, the ability of the student to satisfactorily complete the course requirements and the treatment recommendation of the chemical dependence evaluator.
5. Following the initial screening, the evaluator will determine the prescribed treatment. If no treatment is required, the evaluator will prepare a written report to the Master's or DNP program director and chairperson. Upon receipt of the written recommendation of the chemical dependency evaluator that no treatment for chemical impairment is required, the student may return to all courses in progress.
6. When treatment is indicated, completion terms of the contract must be fulfilled. Upon completion of the program, the student may resume participation in clinical nursing courses contingent upon the approval of a written request for reinstatement submitted for the semester he/she desires to return. If additional chemical impairment occurs subsequent to implementation of these procedures, the student will be dismissed from the nursing major.
(Sources noted in Policy Manual)

AWARDS & SCHOLARSHIPS

Caring Award

The Caring Award is given to one graduate student each year. The award recipient will be selected by the Graduate Committee with nominations solicited from faculty teaching master's courses. Requirements of this award include: full or part-time enrollment in the Master of Science in Nursing program or DNP Program. Award recipient will receive an award certificate and a check for \$500.00.

DNP Student Handbook – Appendices

Appendix A: Course Progression Plan

See next page

SCHOOL OF NURSING DOCTOR OF NURSING PRATICE (DNP)

Post-Master's Program Progression Plan

	Post-Master's DNP Option	Cr	Semester/Year				Immersion Hours
			Fa	Sp	Su1	Su2	
NURS 702	Leadership/Quality Improvement	3					O:
NURS 701	Scientific Underpinnings for Clinical Scholarship	3					
NURS 704	Clinical Research/Analytic Methods	3					R:
NURS 791	Directed Readings I	1					
NURS 708	Interprofessional Collaborative Practice	3					O:
NURS 703	Advanced Epidemiology and Biostatistics	3					O:
NURS 709	Population Health	3					R:
NURS 792	Directed Readings II (w/ 709)	1					
NURS 706	Economics, Finance, Business Management	3					
NURS 707	Information Technology/Decision Support	3					O:
NURS 705	Health Policy and Advocacy	3					O:
NURS 720	DNP Project Planning Seminar	1					R/P:
NURS 730	DNP Proposal Development	3					R/P:
NURS 740	DNP Project Implementation	2					R/P:
NURS 750	DNP Project Evaluation & Dissemination	1					R/P:
NURS 005	DNP Immersion Hours (if needed)	0					
	Total Credits Required	36					

Expected Proposal Date: _____

Expected Graduation Date: _____

Transfer credits _____

Pre-admission hours accepted: _____

DNP Immersion Hours/Project Hours: _____

Total DNP Hours (Min 1,000): _____

DNP Student signature & date

DNP Director signature & date

Appendix B: Plan of study Document

See next page



RHODE ISLAND COLLEGE

SCHOOL OF NURSING GRADUATE PROGRAM

Name _____ ID# _____ Date _____

Address _____ Phone _____

Department: Nursing

Program: Doctor of Nursing Practice

Please submit a signed original to the office of the Dean of the School of Nursing. This form is to be completed by the student with the assistance and approval of the Graduate Adviser. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered as an officially accepted degree candidate until an approved Plan of Study is on file in the office of the Dean of the School of Nursing. **Changes in the Plan of Study can be made with the graduate adviser's approval by completing the Request for Changes in the Plan of Study form.**

PLAN OF STUDY

<u>DEPT.</u>	<u>COURSE NO.</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
NURS	701	Scientific Underpinnings for Clinical Scholarship	3
NURS	702	Systems Leadership/Quality Improvement	3
NURS	703	Advanced Epidemiology and Biostatistics	3
NURS	704	Clinical Research and Analytic Methods	3
NURS	791	Directed Readings I (concurrent with NURS 704)	1
NURS	705	Health Care Policy and Advocacy	3
NURS	706	Economics, Finance, Business Management	3
NURS	707	Information Technology/Decision Support	3
NURS	708	Interprofessional Collaborative Practice	3
NURS	709	Population Health	3
NURS	792	Directed Readings II (concurrent with NURS 709)	1
NURS	720	DNP Project Planning Seminar	1
NURS	730	DNP Proposal Development	3
NURS	740	DNP Project Implementation	2
NURS	750	DNP Project Evaluation & Dissemination	1

Credits transferred: _____

TOTAL for Program 36

Student _____ Date _____

Advisor _____ Date _____

DNP Program Director _____ Date _____

Dean, School of Nursing _____ Date _____

cc: Records Office
Student



RHODE ISLAND COLLEGE

Appendix C: DNP Project Team Roles and Responsibilities and Organizational Mentor Agreement Form

See next Page



RHODE ISLAND COLLEGE

Dear _____,

Thank you for your willingness to mentor a Rhode Island College Doctor of Nursing Practice student. The emphasis of the Doctor of Nursing Practice program is to develop practice scholars who are skilled in the critical appraisal of evidence and are able to effectively translate evidence into practice to drive meaningful, sustainable and scalable improvement at the system and aggregate/population level. Developing the doctoral level competencies required of this program depends on the committed efforts of a team with varying areas of knowledge and expertise. As a practice focused degree – the mentorship of an expert in the practice setting is fundamental to student success. While the time requirements for your participation in this role are modest, the benefits for the student will be extraordinary. Should you have any questions or concerns at any time, please do not hesitate to contact me at jdilibero@ric.edu or by phone at 401-456-9720. Thank you again for your contribution to the development of our students!

Sincerely,

Justin DiLibero, DNP, RN, APRN-CNS | Assistant Professor
Director, Doctor of Nursing Practice Program
Rhode Island College School of Nursing
Rhode Island Nursing Education Center
South Street Landing – Office M100
350 Eddy Street | Providence, RI 02903
jdilibero@ric.edu | 401-450-9720

About the Doctor of Nursing Practice Degree – Focus on Practice Scholarship

The following is intended to provide a basic overview of the scope and focus of the DNP Scholarly Project. The DNP program faculty will help students to develop their projects so that they demonstrate an appropriate focus. This is not the responsibility of the organizational mentor, but is provided for information purposes only.

The Doctor of Nursing Practice is a practice focused versus a research focused doctoral degree. As practice scholars, Doctor of Nursing Practice students are prepared to generate new *practice* knowledge. Key areas of difference in practice versus research scholarship are outlined below as taken from the American Association of Colleges of Nursing (2015) Report from the Task Force on the Implementation of the DNP:

1. Graduates of both research- and practice-focused doctoral programs are prepared to generate new knowledge. However, research-focused graduates are prepared to generate knowledge through rigorous research and statistical methodologies that may be broadly applicable or generalizable; practice-focused graduates are prepared to generate new knowledge through innovation of practice change, the translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes. New knowledge generated through practice innovation, for example, could be of value to other practice settings. This new knowledge is considered transferrable but is not considered generalizable.
2. Organizational and systems leadership knowledge and skills are critical for DNP graduates to develop and evaluate new models of care delivery and to create and sustain change at the organization and systems levels. Practice includes leadership, advancing the quality of nursing care and the profession of nursing through policy evaluation, development, and advocacy, and the creation and maintenance of healthy work environments. The development and trial of new models of care delivery may be partially based in generalizable evidence, based in transferrable evidence from another practice site, or when no evidence exists, based on experience and new/innovative thinking. The ability to develop and adapt care delivery and evaluate outcomes is essential for DNP graduates to mold practice and improve the health and well-being of populations. For example, evaluation of outcomes may include rapid cycle testing or rapid cycle prototyping used in quality improvement processes...
3. These delineations in knowledge generation are not to be construed as a hierarchical structure of the importance of these two types of knowledge generating methods. The application and translation of evidence into practice is a vital and necessary skill that is currently lacking in the healthcare environment and the nursing profession. The DNP graduate will help to fulfill this need. As a result DNP and PhD graduates will have the opportunity to collaborate and work synergistically to improve health outcomes.

The DNP Scholarly Project should:

- a. Focus on a change that impacts healthcare outcomes either through direct or indirect care
- b. Have a systems (micro-, meso-, or macro- level) or population/aggregate focus
- c. Demonstrate implementation in the appropriate arena or area of practice
- d. Include a plan for sustainability (eg. Financial, systems or political realities, not only theoretical abstractions)
- e. Include an evaluation of processes and/or outcomes (formative or summative). DNP project should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research
- f. Provide a foundation for future practice scholarship

(American Association of Colleges of Nursing, 2015).

The DNP program culminates in a final DNP Scholarly Project. Throughout the DNP program students complete coursework contributing to the requisite knowledge and skills for successful completion of the final project including coursework in Leadership and Quality Improvement, Interprofessional Collaboration, Advanced Epidemiology and Biostatistics, Clinical Research and Analytic Methods, Health Care Policy and Advocacy, Economics, Finance and Business, and Information Technology and Decision Support. During many of these courses, students will also complete practice immersion hours in the practice setting focusing on opportunities for professional development related to the DNP essentials and to the coursework. Examples of immersion hours include activities such as attending a regional or national conference, developing an abstract and/or presenting in a local, regional or national forum, developing collaborative relationships and/or developing an understanding of organizational processes and infrastructure such as by attending or participating in meetings/committees. Organizational mentors may assist with activities related to the practice setting and as agreed upon.

Students also complete course work directly related to their scholarly project including Directed Readings I and II, DNP Project Planning Seminar, DNP proposal Development, DNP Project Implementation, and DNP Project Evaluation and Dissemination. Students typically move through this course sequence from proposal development through implementation and evaluation within the period of 4 semesters as follows:

NURS 720 DNP Project Planning – Spring Semester

NURS 730 DNP Proposal Development – Summer Semester (IRB application should be ready for submission by the end of the summer semester or sooner).

NURS 740 DNP Project Implementation – Fall Semester

NURS 750 DNP Project Evaluation and Dissemination – Spring Semester

** All activities related to completion of immersion hour experiences and/or the DNP Scholarly Project must be above and beyond the student's usual job requirements.

Students are supported in the completion of the DNP project by a team including members with varying roles and responsibilities. At Rhode Island College the DNP Project Team consists of the following members:

DNP Academic Advisor (DNP Program Director)	Justin DiLibero, DNP, RN, APRN-CNS	401-456-9720 jdilibero@ric.edu
Graduate Chair (Ad hoc)	Joanne Costello, PhD, MPH, RN	401-456-9570 jcostello@ric.edu
DNP Project Advisor (RIC Faculty/1st reader)		
Content Expert-Faculty (RIC Faculty/2nd reader)		
Project/Organizational Mentor		

The roles of each DNP project team member are as follows:

1. DNP Program Director: Provides initial guidance through the preliminary phases of project development. Assists the student in identifying project team members. Provides high level oversight to ensure appropriate progression through the DNP Project Course Sequence and Timeline
2. The DNP Project Advisor/1st reader: Requirements for this role include doctoral preparation (DNP or PhD), currently serving in a faculty role at Rhode Island College. The DNP project advisor is assigned by the DNP program director in consultation with the Graduate Chair and is selected based on consideration of best fit. The project advisory may have expertise with the student's project areas of interest, methodologies, etc. The DNP project advisor is responsible for guiding students through all phases of project development, from preliminary planning, through proposal development, implementation and evaluation. In addition the DNP project advisory serves as 1st reader for the student's written paper.
3. Faculty Content Expert/2nd reader: Requirements for this role include doctoral preparation (DNP or PhD), currently serving in a faculty role at Rhode Island College. The faculty content expert is selected based on area of expertise and alignment with the student's DNP project. This member provides additional guidance to the student in collaboration with the DNP project advisor/1st reader and also serves as a second reader for the student's written work.
4. DNP Project Organizational Mentor: The organizational mentor is a member from the practice setting who is selected by the student. The individual does not need to hold RIC faculty appointment nor a doctoral degree. The organizational mentor serves as a mentor to students as they pursue advanced experiences related to practice, leadership and scholarship, and helps the student navigate through organizational process as they progress through the DNP scholarly project. The student and organizational mentor are responsible for reviewing the information below and signing the organizational mentor agreement.

DNP Scholarly Project – Team Member Specific Responsibilities

Student Responsibilities:

1. Identify learning objectives and alignment with DNP essentials on Immersion hours form for all classes
2. Distribute objectives for organizational mentor and faculty for approval by the second week of the term or as stated on the syllabus
3. Provide organizational mentor with organizational mentor agreement form, course materials and evaluation forms.
4. Return signed Organizational Mentor Form and CV/Resume to DNP Program Director
5. Maintain professionalism in all aspects of practice experience
6. Seek assistance and feedback from organizational mentor and DNP project advisor throughout practice experience
7. Demonstrate achievement of outcomes and objectives
8. Distribute all evaluations and return completed forms to DNP Program Director at the completion of the semester
9. Provide feedback to mentor following completion of the practice experience.

Specific Responsibilities of the Organizational Mentor:

1. Provide a CV/Resume kept on file at the RIC SON DNP Program Office
2. Provide a signed copy of the Organizational Mentor Agreement form
3. Provide feedback to the student on identified learning objectives
4. Assist students to successfully navigate organizational processes
5. Assist students in navigating the IRB process at the practice agency (NOTE: in some settings the organizational mentor is required to be listed as the Primary Investigator (PI) in the practice setting)
6. Assist students in identifying organizational resources and organizational contacts relevant to the students project and learning needs
7. Complete an evaluation of the student at the end of the term.
8. The organizational mentor will serve as a 3rd reader of the students DNP paper at the completion of the program. The paper will have already been approved by the faculty 1st and 2nd reader. The Organizational mentor will review to ensure that the paper is logical and factually sound. The 3rd reader is not expected to provide detailed editing review.

DNP Project Advisor/Faculty Responsibilities

1. Assist student with identification of learning goals and outcomes for the course
2. Approve planned practice activities, in conjunction with the organizational mentor and consistent with the student learning outcomes.
3. Monitor student progress in achieving student learning outcomes and provide feedback, as required, to the student and mentor.
4. Provide guidance, feedback and evaluation for all aspects of project design and development
5. Provide guidance, feedback and evaluation of all written work
6. Make self available to the student and mentor to determine the efficacy of the practice experience and assess the student's performance.
7. Evaluate each student's achievement and progress in relation to the clinical outcomes, with input from the organizational mentor.



RHODE ISLAND COLLEGE

Doctor of Nursing Practice Program Organizational Mentor Agreement Form

I have reviewed and agree to the above guidelines and responsibilities

Organizational Mentor (Print): _____

Signed: _____ Date: _____

Student (Print): _____

Signed: _____ Date: _____

To be completed by DNP Program Director

- The CV/resume for the organizational mentor has been received and individual is approved to serve as the organizational mentor for the student listed

Name (Print) _____

Signed: _____ Date: _____

Appendix A

The below provides additional information on the essential competencies of the DNP as taken from *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006):

Essential #1: Scientific Underpinnings for Practice

The DNP program prepares the graduate to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
 - a. Determine the nature and significance of health and health care delivery phenomena;
 - b. Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate;
 - c. and evaluate outcomes.
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

Essential #2: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

The DNP program prepares the graduate to:

1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work:
 - a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
 - b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
 - c. Develop and/or monitor budgets for practice initiatives.
 - d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
 - e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.

3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

Essential #3: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

The DNP program prepares the graduate to:

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
 - a. Collect appropriate and accurate data to generate evidence for nursing practice.
 - b. Inform and guide the design of databases that generate meaningful evidence for nursing practice.
 - c. Analyze data from practice.
 - d. Design evidence-based interventions.
 - e. Predict and analyze outcomes.
 - f. Examine patterns of behavior and outcomes.
 - g. Identify gaps in evidence for practice.
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

Essential #4: Information systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

The DNP program prepares the graduate to:

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.

3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

Essential #5: Health Care Policy for Advocacy in Health Care

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

Essential #6: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

Essential #7: Clinical Prevention and Population Health for Improving the Nation's Health

The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.

2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.

3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

Essential #8: Advanced Nursing Practice

The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.

2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.

3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family, or group) and other professionals to facilitate optimal care and patient outcomes.

4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.

6. Educate and guide individuals and groups through complex health and situational transitions.

7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

Appendix D: Immersion Hours Documentation Form

See next page



DNP PRACTICE IMMERSION HOURS DOCUMENTATION FORM

Instructions: Objectives for immersion hours should be submitted to the DNP director for approval within the first 2 weeks of the start of each semester. Listed course-related objectives should be individualized to each student's specific area of focus. Each student should also identify 1-2 student-specific objectives for immersion hours. These objectives should be related to the course content, attributable to one or more of the DNP essentials and allow the student to build upon their individual DNP level competencies. Immersion hours may be completed in the work setting however, these activities must be over and above the student's individual job responsibilities/activities. Completion of immersion hours and achievement of objectives is validated by the DNP director or project advisor at the end of the semester. The form is signed by both the faculty member (DNP director or project advisor) and the student and is submitted to the DNP director for approval at the end of the semester.

Student Name: _____ Student ID: _____

Course Number: _____ Course Name: _____

Allotted Hours: _____ Required/Optional: _____

Objective 1: _____

DNP Essential: _____

Objective 2: _____

DNP Essential: _____

Objective 3: _____

DNP Essential: _____

Objectives approved by:

DNP Director: _____ Date: _____

Validation of completion of hours and achievement of objectives (Complete at end of semester)

Immersion hours completed YES NO
Objectives met YES NO

DNP Director/Project Advisor: _____ Date: _____

Student Signature: _____ Date: _____



Appendix E: DNP Scholarly Project – Attestation Form

Attestation: I agree to the following:

- I have read, understand, and agree to abide by all Rhode Island College policies and procedures concerning the protection of human subjects as outlined in the links below and/or available in the links provided at <http://www.ric.edu/irb/Pages/default.aspx>
 - Getting Started with Topaz
www.ric.edu/irb/Documents/Getting%20Started%20with%20TOPAZ.pdf
 - RIC IRB Webpage:
<http://www.ric.edu/irb/Pages/default.aspx>
 - IRB Policies and Procedures http://www.ric.edu/irb/documents/IRB_PoliciesandProcedures.pdf
 - Quick tips for students
<http://www.ric.edu/irb/documents/IRB%20quick%20tips%20for%20students.pdf>
 - Additional links
<http://www.ric.edu/irb/Pages/Policies-Manual,-Tips-for-Students,-and-Links.aspx>
<http://www.ric.edu/irb/Pages/Submitting-an-Application.aspx>
 - Creating an Original Protocol
<http://www.ric.edu/irb/documents/Creating%20a%20Protocol%20Request.pdf>
 - Frequently asked questions
<http://www.ric.edu/irb/Pages/Frequently-Asked-Questions.aspx>
- Application for approval of the DNP scholarly project will not be submitted to RIC IRB or any outside site required until my proposal has first been approved by my DNP Project Advisory **and** DNP program director in writing via the DNP Proposal Approval Form
- Application to RIC IRB will take place only after appropriate approvals have first been obtained from any outside sites as required
- No participants will be enrolled or data collected prior to written approval from Rhode Island College and any other sites as required
- There will be no changes in the DNP Scholarly Project activity without prior approval from RIC IRB and any outside sites as required

DNP Student (Print): _____

DNP Student Signature: _____ **Date:** _____



RHODE ISLAND COLLEGE

SCHOOL OF NURSING

Appendix F: DNP Scholarly Project Proposal Approval Form

The DNP Scholarly Project Titled:

To be completed by Student: _____ Student ID: _____

Meets all requirements of NURS 720 and NURS 730 and is approved for submission to RIC IRB and to any other site as required. Submission to RIC IRB will take place only after approval is received from any outside agency as required.

Written Proposal

Approve: _____ Failed: _____

Proposal Presentation:

Approve: _____ Failed: _____

DNP Scholarly Project Advisor:

Print: _____

Sign: _____ Date: _____

DNP Program Director:

Print: _____

Sign: _____ Date: _____

Appendix G: DNP Scholarly Project Proposal Template

NURSING 730 – DNP Scholarly Project Proposal Paper and Executive Summary

The final deliverable for this course is a finalized DNP Scholarly Project Proposal Paper and Executive Summary. The DNP scholarly Project Proposal Paper is written in Draft form in NURS 720 and is completed/refined in NURS 730 and is also synthesized into a concise, logical executive summary.

Over the course of the semester the student will complete/refine the required sections of the paper as outlined in the rubric. After successful completion of all components the student will synthesize this material into a concise and logical executive summary demonstrating the significance of the topic area/problem to practice, and demonstrating clear and logical connections between the state of the science, considerations related to the local context, problem statement, purpose statement/study question, theoretical framework, methodologies, evaluation/analysis plan, and implications for practice.

Students should refer to Moran, Burson, Conrad (2020) Ch. 12 and additional/specific readings as outlined below, as well as the both the Ogrinc, et al., (2015) SQUIRE 2.0... Revised Publication Guidelines from a Detailed Consensus Process, and “Explanation and Elaboration of SQUIRE 2.0 Guidelines” (SQUIRE) as a reference for each section of the paper.

(NOTE: terminology for each section may vary slightly depending on reference. Students are expected to address the key components for each section as appropriate for their individual topic. Students are expected to have completed the readings in the “readings and assignments” section above. References provided in this rubric provide additional information regarding the formatting and general requirements for the section of the proposal in which they are listed).

Grades will be determined based on the following criteria:

DNP Scholarly Project Paper and Executive Summary	Potential points	Awar ded point s	DUE
<p>Title</p> <p>Title should be brief but should inform the reader about the topic. The title is the author’s first opportunity to capture the attention of the audience.</p> <p>Succinct title stating clearly stating the intent of the project to improve health care and articulating the intervention and purpose of the project</p> <p>Refer to Moran, et al. p. 280</p> <p>SQUIRE: Title section</p>	S/U		
<p>Introduction</p> <p>Introduce the DNP project and an explanation for the importance of this topic. This section sets the stage for the remainder of the proposal.</p> <p>1-3 paragraphs</p> <p>SQUIRE: Introduction; Problem Description Sections</p>	S/U		

<p>Background and Significance</p> <p>This section expands upon the introduction. Provide a concise, logical, clearly written description of current knowledge of problem including key studies to illustrate the current state of the science.</p> <p>1-3 pages</p> <p>SQUIRE: Problem Description; Available Knowledge Sections</p>	<p>S/U</p>	
<p>Problem Statement and Study Question</p> <p>Provide a concise and clearly articulated statement describing the depth and breadth of the problem why it is a concern and why it should be evaluated.</p> <p>The problem statement leads to the development of a well-defined study question</p> <p>Refer to Moran, et al. p. 133, 282-283</p> <p>SQUIRE: Problem Description; Available Knowledge Sections</p> <p>1 paragraph</p>		
<p>Literature Review</p> <p>Provide a concise review of the literature providing the evidence necessary to defend a logical argument supporting the need for and value of the proposed scholarly project.</p> <p>Provides a logical and concise description about what is known about the problem, present external data that support the need for the project, and present data the support the project plan.</p> <p>SQUIRE: Available Knowledge Section</p> <p>3-5 pages</p>	<p>S/U</p>	
<p>Organizational Assessment/Local Problem</p> <p>Describe the nature and severity of the problem at the local level including organizational assessment of organizational culture, physical and sociocultural factors and interpretation of these factors that may impact the effectiveness and generalizability of interventions. <i>(how has this problem impacted populations and/or practice at the local level, describe any previous work leading up to the current project, etc.).</i></p>	<p>S/U</p>	

<p>Discusses factors related to organizational readiness for change, barriers and facilitators, to change (including stakeholders) and other organization specific factors (i.e. cost, policies, alignment with strategic plan). May include SWOT analysis and/or force field analysis.</p> <p>1-2 pages</p> <p>Refer to Moran, et al. p. 128-133;135; 285</p> <p>SQUIRE: Problem Description and Context Sections</p>		
<p>Purpose Statement/Specific Aims</p> <p>Limited to one or two key areas that are clearly articulated. Describes what the project will accomplish. It should provide a clear understand of what the proposal is about just from reading the purpose statement.</p> <p>1 paragraph</p> <p>Moran, et al., p. 136; 285</p> <p>SQUIRE: Specific Aims Section</p>	S/U	
<p>Conceptual/Theoretical Framework</p> <p>May include formal or informal frameworks, models, and/or theories to explain the problem, reasons or assumptions that were used to develop the intervention and reasons why the intervention is expected to work.</p> <p>For DNP projects these often include change theories, QI models and EBP models as well as theories and conceptual frameworks from nursing and related fields.</p> <p>A clear description of the conceptual/theoretical framework is provided and the connection to the problem and selection of interventions is clear.</p> <p>1-3 paragraphs</p> <p>Moran, et al., p. 136; 285-286</p> <p>SQUIRE: Available Knowledge Sections</p>	S/U	
<p>Methods</p> <p>This section describes how the project will be done, connecting it to the project purpose. The section describes ethical aspects in implementing the improvement, human subject considerations, description of the participants; setting; and tools/instruments that will be used to evaluate the phenomenon of interest, data collection, process improvement/intervention, and evaluation plan.</p> <p>Setting</p>	S/U	

<p>Describes the environment where the project will take place. This provides a clear picture of the setting for those who may want to replicate the project in the future.</p> <p>Refer to Moran, et al. p. 288</p> <p>SQUIRE: Context Section</p> <p>Participants</p> <p>Discusses who participants will be chosen, provides a description of participants, and identifies the number of participants that will be included. An accurate description of the sample population helps the reader understand the composition of the sample and the degree to which the results of the project may or may not be transferrable to another setting.</p> <p>Refer to Moran et al., p. 288-289</p> <p>SQUIRE: Context Section</p> <p>Intervention</p> <p>Describes the process step by step and from start to finish in enough detail for others to duplicate it. Includes the rationale for the intervention, a broad overview of the description of the intervention, and the operational plan. Often includes a logic model. Described in sufficient detail that others could reproduce it.</p> <p>Refer to Moran et al., p. 289-290</p> <p>SQUIRE: Intervention Section</p> <p>Measures/Tools/Instruments</p> <p>Describes the measurement strategies and tools/instruments that will be used to evaluate the phenomenon of interest. Dependent variables and/or outcomes are clearly delineated, as well as the strategies used. The instruments chosen to measure the outcome should be consistent with the project purpose/clinical question and population of interests. Includes consideration for validity and reliability of instruments.</p> <p>Refer to Moran, et al., p. 290-291</p> <p>SQUIRE: Measures Section</p> <p>Analysis</p> <p>Describes the process for evaluating results and analyzing data. Provides details of qualitative and quantitative methods used to draw inferences from the data. Aligns unit of</p>		
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<p>analysis with level at which the intervention was implemented. Describes analytic methods used to demonstrate the effect of time as a variable.</p> <p>Describes the plan for evaluating the results of the project and analyzing data. The evaluation plan identifies the criteria that will be used to evaluate what worked and what may not have worked in the project and serves as a mechanism to help the student determine needed next steps or recommendations. This section describes the overall goals of the project and/or outcomes-based performance measures that will be used to assess change, the description of how the goal will be evaluated, and the reason for using the chosen evaluation method.</p> <p>The plan for statistical analysis is also included in this section. This includes the selected level of significance, test to be used and rationale for its selection and appropriateness in measuring the variable of interest, use of statistical software.</p> <p>Refer to Moran et al., p. 291-292</p> <p>SQUIRE: Study of the Intervention and Analysis Sections</p> <p>Ethical Considerations</p> <p>Addresses ethical considerations including potential conflicts of interest, Authorizations from IRBs, ethical concerns related to the safety of participants, how much information will be shared with participants, whether informed consent is needed, inclusion of stipends for participation, how confidentiality will be protected. Includes considerations related to the collection and storage of data</p> <p>Refer to Moran et al., p. 287-288; 241-243</p> <p>SQUIRE: Ethical Considerations Sections</p> <p>Monitoring/Feedback/Communication Plan</p> <p>A discussion of the plan for monitoring of progress, unforeseen barriers or opportunities during project implementation should be included. Plan for use of PDSA cycles during implementation should be included as appropriate. The proposal should describe how data from these tests of change may be used to modify the intervention during the implementation phase. This section should also include the feedback and communication plan</p> <p>2-6 pages</p> <p>Refer to Moran et al., p. 367-370, 232-233; 142</p>		
<p>Sustainability Assessment and Plan</p> <p>Describe your current assessment and plan for optimizing sustainability of your scholarly project</p>	S/U	

<p>Moran et al., p. 292-293;</p> <p>https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/NHS-Sustainability-Model-2010.pdf</p> <p>1-2 pages</p>		
<p>Financial Considerations</p> <p>Discuss the cost/benefit analysis, project budget, funding sources and other aspects related to financial considerations that re relevant to your project.</p> <p>Describe any potential conflicts of interest</p> <p>Moran et al., p. 325-327</p> <p>1-3 Paragraphs</p>	S/U	
<p>Resources</p> <p>Describe available resources which can be leverage to achieve project goals.</p> <p>Key Stakeholders</p> <p>Identify key stakeholders from executive leadership to frontline staff, from healthcare professional to the public, and from public, private, and community sectors as appropriate for your project.</p> <p>Support for Project</p> <p>Describe your plan for garnering support and engaging stakeholders at all levels to facilitate the success of your project</p> <p>2-4 paragraphs</p>	S/U	
<p>Implications for Practice</p> <p>Discuss the implications of the project for advanced nursing practice. Clearly demonstrates connection to patient outcomes as well as outcomes at the process, nursing/healthcare professional and system levels.</p> <p>Key areas to discuss include:</p> <ul style="list-style-type: none"> • Clinical Significance • New insights which will contribute to the current knowledge base • Potential for scaling and spreading to other areas • Implications for future research and/or practice scholarship <p>Moran et al., p. 293</p> <p>1-3 Paragraphs</p>	S/U	

<p>Conclusion</p> <p>Provides a brief summary of key points.</p> <p>1-3 Paragraphs</p>	S/U	
<p>References</p> <p>Appropriate APA formatting. Appropriate references included. Majority are original sources and < 5 years. Historical articles may be included. References are sufficient for scholarly appraisal of the state of the science around project topic, and to support all aspects of the project design.</p>	S/U	
<p>Appendices</p> <p>Timeline/PERT Chart</p> <p>Budget/cost-benefit analysis</p> <p>Risk/Mitigation Plan (<i>Optional – see Moran p. 326</i>)</p> <p>Force Field Analysis</p> <p>Communication Plan</p> <p>Data collection Tools</p> <p>Consent Forms (<i>As necessary</i>)</p> <p>Sustainability Assessment</p> <p>Other appendices as needed</p>	S/U	
<p>Executive Summary – Develop an executive summary for the DNP Project Proposal Executive Summary using the template provided at the end of the syllabus. The executive Summary should include the below headings and should cover each topic in sufficient detail to understand these aspects. The executive summary should be written in Times New Roman, 11pt font, single spaced, using 1.5 inch margins. The executive summary is limited to 3-5 Pages.</p> <ul style="list-style-type: none"> • Background and Significance • Problem • Purpose/Specific Aims • Framework • Methods: • Evaluation/Analysis Plan: • Implications for Practice • References <p>Refer to Moran, et al. p. 281</p>	S/U	

Appendix H: DNP Scholarly Project Final Paper and Presentation Template

NURSING 720-750 DNP Scholarly Project Final Paper

****For Reference Only. Students will begin developing the Final Paper During NURS 750****

For the DNP Scholarly Project Final Product, the student will:

1. Develop a manuscript of publishable quality
2. Develop and submit an abstract for poster presentation to a regional, national, or international conference
3. Develop a final professional poster for presentation at a local, regional, national or international conference
4. Develop a final PowerPoint Presentation

This assignment will be graded based on the following criteria:

The proposal will be used as the basis for the final paper. All sections previously written must be reviewed and updated. While the proposal is written in future tense, the final paper is written in past-tense. The SQUIRE 2.0 guidelines are used as a general guide for the final scholarly paper. The student should review the SQUIRE 2.0 guidelines, Moran et al., Ch. 15, as well as previous readings as outlined for each section in the NURS 720 and NURS 730 syllabi.

Students must pass all sections of the paper to receive a passing grade for the course. Failure to pass the project paper will result in a course failure. The grade for the proposal in NURS 720 and/or NURS 730 does not factor into the grade achieved for the DNP Scholarly Project Final Paper in NURS 750.

The below criteria are based on the SQUIRE 2.0 Guidelines and are meant to provide a formal framework for reporting on scholarly studies designed to assess the nature and effectiveness of interventions to improve the quality of care.

It may not be possible or appropriate to include every aspect outlined in the SQUIRE 2.0 Guideline depending on the specific nature of each individual project; however, authors should *consider* every item when developing the final manuscript.

The below represents a set of author guidelines for a hypothetical journal. Manuscripts are expected to adhere to the SQUIRE 2.0 Guidelines, while following the general format as provided in the rubric. Remember that for the SQUIRE 2.0 guidelines, it is important that each of the items is considered by the author and included in the manuscript as appropriate; although not necessarily in the order that they appear on the SQUIRE 2.0 guidelines.

The final paper should not exceed 15 double-spaced pages (excluding title page, references, tables and figures, and appendices).

DNP Scholarly Project Final Paper	Potential points	Points Awarded	Due
<p>Title</p> <p>Title should be brief but should inform the reader about the topic. The title is the author's first opportunity to capture the attention of the audience.</p>	S/U		

<p>Succinct title stating clearly stating the intent of the project to improve health care and articulating the intervention and purpose of the project</p> <p>Moran et al., p. 280-281</p> <p>SQUIRE: title section</p>			
<p>Structured Abstract</p> <p>Provide a structured abstract of no more than 250 words. The abstract provides a logical summary of key information including the following subheadings</p> <p>Background</p> <p>Purpose/Specific Aims</p> <p>Methods</p> <p>Results</p> <p>Conclusion</p> <p>Key words:</p>	S/U		
<p>Introduction</p> <p>Introduce the DNP project and an explanation for the importance of this topic. This section sets the stage for the remainder of the manuscript.</p> <p>1-3 paragraphs</p> <p>SQUIRE: Introduction; Problem Description Sections</p>	S/U		
<p>Background and Significance</p> <p>This section expands upon the introduction. Provide a concise, logical, clearly written description of the nature and significance of the problem.</p> <p>Describes current knowledge of problem including key studies to illustrate the current state of the science.</p> <p>1-3 pages</p> <p>SQUIRE: Problem Description; Available Knowledge Sections</p>	S/U		
<p>Problem Statement and Study Question</p>	S/U		

<p>Provide a concise and clearly articulated statement describing the depth and breadth of the problem why it is a concern and why it should be evaluated.</p> <p>The problem statement leads to the development of a well-defined study question</p> <p>Refer to Moran, et al. p. 133, 282-283</p> <p>SQUIRE: Problem Description; Available Knowledge Sections</p> <p>1 paragraph</p>		
<p>Literature Review</p> <p>Provide a concise review of the literature providing the evidence necessary to defend a logical argument supporting the need for and value of the proposed scholarly project.</p> <p>Provides a logical and concise description about what is known about the problem, present external data that support the need for the project, and present data that support the project plan.</p> <p>SQUIRE: Available Knowledge Section</p> <p>2-3 pages</p>		
<p>Organizational Assessment/Local Problem</p> <p>Describe the nature and severity of the problem at the local level including assessment of organizational culture, physical and sociocultural factors and interpretation of these factors that may impact the effectiveness and generalizability of interventions. (<i>how has this problem impacted populations and/or practice at the local level, describe any previous work leading up to the current project, etc.</i>).</p> <p>Discusses factors related to organizational readiness for change, barriers and facilitators, to change (including stakeholders) and other organization specific factors (i.e. cost, policies, alignment with strategic plan). May include SWOT analysis, and/or forcefield analysis.</p> <p>1-2 page</p> <p>Refer to Moran, et al. p. 128-133;135; 285</p> <p>SQUIRE: Problem Description and Context Sections</p>	S/U	
<p>Purpose Statement/Specific Aims</p> <p>Limited to one or two key areas that are clearly articulated. Describes what the project will accomplish. It should provide a clear understand of what the proposal is about just from reading the purpose statement.</p>	S/U	

<p>1 paragraph</p> <p>Moran, et al., p. 136; 285</p> <p>SQUIRE: Specific Aims Section</p>			
<p>Conceptual/Theoretical Framework</p> <p>May include formal or informal frameworks, models, and/or theories to explain the problem, reasons or assumptions that were used to develop the intervention and reasons why the intervention was expected to work.</p> <p>For DNP projects these often include change theories, QI models and EBP models as well as theories and conceptual frameworks from nursing and related fields.</p> <p>A clear description of the conceptual/theoretical framework is provided and the connection to the problem and selection of interventions is clear.</p> <p>1-3 paragraphs</p> <p>Moran, et al., p. 136; 285-286</p> <p>SQUIRE: Available Knowledge Sections</p>	S/U		
<p>Methods</p> <p>This section describes how the project was done, connecting it to the project purpose. The section describes ethical aspects in implementing the improvement, human subject considerations, description of the participants; setting; and tools/instruments used to evaluate the phenomenon of interest, data collection, process improvement/intervention, and evaluation plan.</p> <p style="padding-left: 40px;">Setting</p> <p style="padding-left: 40px;">Describes the environment where the project took place. This provides a clear picture of the setting for those who may want to replicate the project in the future.</p> <p>Refer to Moran, et al. p. 288</p> <p>SQUIRE: Context Section</p> <p style="padding-left: 40px;">Participants</p> <p style="padding-left: 40px;">Discusses how participants were selected, provides a description of participants, and identifies the number of participants that were to be included. An accurate description of the sample population helps the reader understand the composition of the sample and the degree to which the results of the project may or may not be transferrable to another setting.</p>	S/U		

<p>Refer to Moran et al., p. 288-289</p> <p>SQUIRE: Context Section</p> <p>Intervention</p> <p>Describes the process step by step and from start to finish. Includes the rationale for the intervention, a broad overview of the description of the intervention, and the operational plan. Often includes a logic model. Described in sufficient detail that others could reproduce it.</p> <p>Refer to Moran et al., p. 289-290</p> <p>SQUIRE: Intervention Section</p> <p>Measures</p> <p>Describes the measurement strategies and tools/instruments used to evaluate the phenomenon of interest. Dependent variables and/or outcomes are clearly delineated, as well as the strategies used. The instruments chosen to measure the outcome should be consistent with the project purpose/clinical question and population of interests. Includes consideration for validity and reliability of instruments.</p> <p>Refer to Moran, et al., p. 290-291</p> <p>SQUIRE: Measures Section</p> <p>Analysis</p> <p>Describes the process for evaluating results and analyzing data. Provides details of qualitative and quantitative methods used to draw inferences from the data. Aligns unit of analysis with level at which the intervention was implemented. Describes analytic methods used to demonstrate the effect of time as a variable.</p> <p>Identifies the criteria used to evaluate what worked and what may not have worked in the project and serves as a mechanism to help determine needed next steps or recommendations. This section describes the overall goals of the project and/or outcomes-based performance measures that were used to assess change, the description of how the goal was evaluated, and the reason for using the chosen evaluation method.</p> <p>The statistical analysis method(s) is also included in this section. This includes the selected level of significance, test used and rationale for its selection and appropriateness in measuring the variable of interest, use of statistical software.</p> <p>Refer to Moran et al., p. 291-292</p> <p>SQUIRE: Study of the Intervention and Analysis Sections</p>			
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<p>2-5 pages</p> <p>Ethical Considerations</p> <p>Addresses ethical considerations including potential conflicts of interest, Authorizations from IRBs, ethical concerns related to the safety of participants, management of informed consent, inclusion of stipends for participation, protection of confidentiality. Includes considerations related to the collection and storage of data</p> <p>Refer to Moran et al., p. 287-288; 241-243</p> <p>SQUIRE: Ethical Considerations Sections</p>			
<p>Results</p> <p>Discuss initial steps of intervention, evolution over time, and any modifications required.</p> <p>Report data related to changes in processes in care delivery, and outcomes at the patient and/or system/aggregate levels.</p> <p>Report observed associations between outcomes, interventions and relevant contextual elements</p> <p>Report any unintended consequences</p> <p>Report details about any missing data</p> <p>1-2 pages</p> <p>SQUIRE: Results Section</p>	S/U		
<p>Discussion</p> <p>Summarize key findings, including relevance to the methods, conceptual/theoretical framework, and specific aims</p> <p>Describe the particular strengths of the project</p> <p>Discuss the nature of the association between the interventions and outcomes</p> <p>Compare results with findings from other publications</p> <p>Describe any reasons for differences between observed and anticipated outcomes including the influence of contextual factors</p> <p>Discuss limits to the generalizability of the work</p>	S/U		

<p>Describe any factors that may have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement or analysis</p> <p>Discuss efforts to minimize or adjust for limitations</p> <p>2-4 pages</p> <p>SQUIRE: Discussion Section</p>			
<p>Conclusion</p> <ul style="list-style-type: none"> • Usefulness of the work • Sustainability <p>https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/NHS-Sustainability-Model-2010.pdf</p> <ul style="list-style-type: none"> • Potential for spread to other areas • Implications for practice • Implications for future research and/or practice scholarship • Suggested next steps <p>1-3 paragraphs</p> <p>SQUIRE: Conclusion Section</p>	S/U		
<p>References</p> <p>Appropriate APA formatting. Appropriate references included. Majority are original sources and < 5 years. Historical articles may be included. References are sufficient for scholarly appraisal of the state of the science around project topic, and to support all aspects of the project design.</p>	S/U		
<p>Appendices</p> <p>Timeline/PERT Chart</p> <p>Budget/cost-benefit analysis</p> <p>Risk/Mitigation Plan (<i>Optional – see Moran p. 326</i>)</p> <p>Force Field Analysis</p> <p>Updated Sustainability Assessment</p> <p>Communication Plan</p> <p>Data Collection Tools</p>	S/U		

<p>Consent Forms (<i>As necessary</i>)</p> <p>Literature Review Matrix</p> <p>Other appendices as needed</p>			
<p>Scholarly Writing</p> <p>Written in narrative format. Writing is clear, accurate and demonstrates logical connections and flow between sections. Student's thoughts and opinions are well-supported.</p>	S/U		
<p>Formatting</p> <p>Uses appropriate grammar, free of spelling errors, and demonstrates sentence structure and APA formatting appropriate for doctoral level work. Adheres to 18 page maximum (not including title page, references and any appendixes). A minimum of 5 primary articles are cited.</p> <p>APA formatting includes:</p> <p>Title page, abstract, running head, margins, font, 11 or 12 pt font, double spacing, appropriate in text citations and reference page (including only references in paper, references generally within the past 5 years unless a classical reference.</p>	S/U		

Appendix I: DNP Scholarly Project Completion Form

See next page



NURS 750: DNP Scholarly Project Completion Form

Student Name: _____ Student ID: _____

Has successfully completed the DNP Scholarly Project titled:

_____ on (date):
_____ In partial fulfillment of the requirements for the Doctor of Nursing Practice degree at
Rhode Island College.

Final Written Paper:

Approve: _____

Failed: _____

Presentation (Oral and Poster)

Approve: _____

Failed: _____

DNP Scholarly Project Advisor:

Print: _____

Sign: _____ Date: _____

DNP Program Director:

Print: _____

Sign: _____ Date: _____

Appendix J: DNP Organizational Mentor Evaluation of Student

See next page



Student: _____

Date: _____

Mentor: _____

Practice Site: _____

Doctor of Nursing Practice
Evaluation of Student by DNP Organizational Mentor

Thank you for your willingness to work with a Rhode Island College Doctor of Nursing Practice Student in completion of required immersion hours and completion of the DNP Scholarly Project. Please provide an evaluation of the students' performance in the following areas for the semester. As always, please do not hesitate to contact me should you have any questions or concerns at jdilibero@ric.edu.

A = Strongly Agree; B = Agree; C = Neither Agree nor Disagree; D = Disagree; E = Strongly Disagree

Table with 5 columns (A-E) and 12 rows of evaluation criteria for the DNP Student.

Comments:



Appendix K: DNP Organizational Mentor Evaluation – Student Evaluation of Mentor

See next Page



Student: _____

Date: _____

Mentor: _____

Practice Site: _____

**Doctor of Nursing Practice
Evaluation of Organizational Mentor by Student**

The purpose of this survey is to provide an opportunity to evaluate your experience with your organizational mentor. Please evaluate each of the items below based on the following scale:

A = Strongly Agree; B = Agree; C = Neither Agree nor Disagree; D = Disagree; E = Strongly Disagree

The Organizational Mentor:	A	B	C	D	E
2. Provided guidance in developing personal goals as needed					
2. Advocated for appropriate experiences to meet objectives					
3. Consider student input and suggestions in all steps of the DNP Project					
4. Assisted in identifying and fostering collaboration with key stakeholders for the DNP project					
5. Was available to meet with the student as necessary					
6. Provided constructive feedback in a professional manner					
7. Was knowledgeable about the practice area, DNP scholarly project topic, and/or the practice setting.					
8. Communicated effectively with the student					
9. Reach out to address issues when advice was needed.					
10. Role modeled essential skills for advanced nursing practice					
11. Assisted the student to address issues as necessary					
13. Demonstrated authentic leadership					

Comments:

