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FOCUS OF THE PRACTICE DOCTORATE IN NURSING

“Research- and practice-focused doctoral programs in nursing share rigorous and demanding expectations, a scholarly approach to the discipline, and a commitment to advancement of the profession. Both are terminal degrees in the discipline, one in practice and one in research. However, there are distinct differences between the two degree programs. For example, practice-focused programs understandably place greater emphasis on practice, and less emphasis on theory, meta-theory and research methodology, and statistics than is apparent in research-focused programs” (American Association of Colleges of Nursing [AACN], 2006, p. 3).

“Practice-focused doctoral programs are designed to prepare experts in specialized advanced nursing practice. They focus heavily on practice that is innovative and evidence-based, reflecting the application of credible research findings. The two types of doctoral programs differ in their goals and the competencies of their graduates” (AACN, 2006, p. 3).

The Winona State University (WSU) Doctor of Nursing Practice (DNP) Project produces a tangible and deliverable academic product that is derived from the practice immersion experience, and is reviewed and evaluated by a DNP Project Committee. The DNP Project documents outcomes of the student’s educational experiences, provides a measurable medium for evaluating the clinical immersion experience focusing on the application of evidence, and summarizes the student’s growth in knowledge and expertise. The DNP Project serves as a foundation for future scholarly practice within clinical settings.

According to the American Association of Colleges of Nursing (AACN, 2006), doctoral education is distinguished by the completion of a specific project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship. The DNP curriculum involves mastery of an advanced role within nursing practice and methods of practice improvement and change. The DNP curriculum involves planning, implementing, and evaluating a practice change in a scholarly manner. The DNP Project is used to demonstrate mastery of the DNP curricular content at Winona State University, to meet the University requirement for all graduate degree programs to contain a capstone writing experience, and to demonstrate mastery of the Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006):

I. Scientific Underpinnings for Practice
II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
V. Health Care Policy for Advocacy in Health Care
VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII. Clinical Prevention and Population Health for Improving the Nation’s Health
VIII. Advanced Nursing Practice

The components of each DNP Essential is described in the document Essentials of Doctoral Education for Advanced Nursing Practice (2006) available at:

The DNP Project may take a number of forms. Examples of DNP Projects include a practice change initiative, a leadership model implementation, or a health policy innovation. These projects may be represented by a pilot project, a program evaluation, a quality improvement project, an evaluation of a new practice model, or a consulting project focused on a leadership initiative. The DNP Project product will include a practice-oriented manuscript ready to be submitted to a peer-reviewed journal for publication. The theme that links these forms of scholarly experiences is the application of evidence to improve either practice or patient outcomes in a clinical practice setting. The DNP Project offers the foundation for learning skills to launch future scholarly contributions that can enhance healthcare.
DNP PROJECT PURPOSE AND OVERVIEW

The purpose of the DNP Project in the DNP Program at WSU is to provide the student with the opportunity to develop expertise in clinical practice, knowledge development to enhance quality of care and patient outcomes. The student will do this through a process of identifying a clinical problem or issue, developing a clinical question, and answering the clinical question by thorough appraisal of the evidence; evaluation of the clinical environment; implementation of evidence-based practice recommendations, policy, or leadership strategies; evaluation of outcomes; and dissemination of findings. Through this process, the student will have the opportunity to examine how nursing and related relevant theories can guide interventions, practice changes, policy development, and/or leadership strategies. The student will examine relevant evidence and propose practice recommendations based upon feasibility of answering the clinical question within the clinical environment. Whenever possible, the student will complete a DNP Project of greatest relevance to the goals of the clinical agency in which the Project is being conducted. Along with the DNP faculty Project Advisor, the student will work closely with his/her Clinical DNP Mentor in the NURS 775 Clinical Scholarship courses in structuring the clinical question and proposing the project.

DNP Project Post-Baccalaureate

The post-baccalaureate student will complete the DNP Project in a group of 2 – 3 students determined by the student(s) and the DNP Project Advisor. While group projects are preferred, individual projects may be allowed with consent of the DNP Project Advisor.

DNP Project Post-Master’s

The post-master’s student will complete the DNP Project either individually or with a group of 1 – 2 peers, whichever is determined as most feasible for completion of the project between the student(s) and the DNP Academic and/or Project Advisor.

DNP Project Committee

The DNP student’s Project Committee will consist of the following persons:

1. DNP Project Advisor/Chair – a member of the WSU DNP Graduate Faculty
2. Second Committee Member – a member of the WSU DNP Graduate Faculty
3. Third Committee Member – a member of the professional community (e.g., DNP Mentor, statistician, methods expert)

DNP Academic Advisor Role: Upon admission to the DNP program, each student will be assigned an initial Academic Advisor. The initial DNP Academic Advisor may be the graduate program director, a program coordinator, an instructor in the DNP program, or another DNP Graduate Faculty Member. All initial DNP Academic Advisors are familiar with the DNP program, have clinical expertise, and are a member of the DNP Graduate Faculty. The initial DNP Academic Advisor will provide student direction throughout the clinical specialty aspects of the program.
**DNP Project Advisor/Chair Role:** The DNP Project Advisor/Chair will be a doctoral graduate faculty member assigned to the student(s) by the DNP faculty ideally before completion of NURS 614. The DNP student’s clinical practice problem and faculty expertise will be considered when DNP Project Advisor/Chair assignments are made. The DNP Project Advisor/Chair may be the student’s initial DNP Academic Advisor or another graduate faculty member. WSU maintains a list of doctoral graduate faculty members available to serve as DNP Project Chairs. The list includes the faculty members’ clinical and/or research interests and expertise.

**DNP Project Committee:** After the DNP Project Advisor/Chair has been identified, the student(s) should meet with the Advisor/Chair to constitute the DNP Project Committee. The DNP Project Committee should be constituted no later than the first semester of NURS 775.

The major criteria for the Second Committee Member is DNP Graduate Faculty status and expertise in the clinical nursing phenomena of interest, the methodology used in the project, or other knowledge related to the student(s) DNP Project. The Third Committee member may be from within the professional community and may or may not have graduate faculty status at WSU (e.g. a clinical practitioner, or other individual(s) with specialized knowledge and expertise relevant to the DNP Project. Additional members beyond the minimum of three member may be added to the DNP Project Committee in select situations where additional expertise is warranted.

**Roles and Responsibilities from Proposal to Dissemination**

Completion of the DNP Project proposal always requires a series of drafts and revisions. Writing is a vital process for nurses in advanced roles. Quality writing is a necessary skill, and similar to learning clinical skills, applying feedback from peers and mentors helps refine the written product. See Appendix A, *Roles and Responsibilities of Student, Advisor/Chair, Committee Members of the DNP Project*, for a detailed explanation of the roles and responsibilities of the student, the Advisor/Chair, and the Committee Members within the DNP Project.

**DNP PROJECT PROGRESSION**

The DNP Project process is outlined below and illustrates how students’ progress with the DNP Project as they complete a sequence of NURS775 Clinical Scholarship courses and the learning objectives for the course (Appendix B *NURS 775 Clinical Learning Objectives*). *NURS 775 Clinical Scholarship* provides an opportunity for the student to demonstrate evidence-based practice strategies in a clinical setting. Students will actively work on their DNP Project under the direction of their DNP Project Advisor/Chair. The Clinical DNP Mentor will mentor the student within these courses, as well. A minimum of nine (9) Clinical Scholarship course credits are required for the DNP. Students must complete 60 clinical hours for each credit.

Enrollment in the clinical scholarship courses provides students with contracted access to the clinical site, DNP Mentoring, and faculty supervision during development, implementation, and completion of the DNP Project. The student develops a *Clinical Contract*, including learning objectives for the DNP Project each semester; reviews and receives approval of them with the DNP Mentor and DNP Project Advisor/Chair; and evaluates progress toward goals at the end of each semester (Appendix C). If students are conducting the DNP Project within a group, a *Level of Involvement sections of the Guideline for Grade Assignment to DNP Project* (Appendix D) will be completed by each group member each semester and will be used in the formative NURS 775 course evaluation process.
In *NURS 775 Clinical Scholarship*, students will need to show progression in their understanding of and demonstration of the *Essentials of Doctoral Education* (AACN, 2006). The outcome of the *NURS 775 Clinical Scholarship* coursework is a practice-oriented manuscript ready to be submitted to a peer-reviewed journal for publication. This manuscript will be the basis for the scholarly presentation at the DNP Project Dissemination Meeting and Final Examination. The quality of the project will reflect direct interaction/involvement in the clinical setting. Additional direct clinical hours may be required at faculty discretion to demonstrate competency consistent with the *Essentials of Doctoral Education for Advanced Nursing Practice* (2006).

**Semester I NURS 775** (3 credits; 180 clinical hours): The first clinical course is designed to help the DNP student identify, with the help of the DNP Project Advisor/Chair and the DNP Mentor, a clinical practice problem or issue. During the first clinical course, the student will:

1. Identify the clinical problem or issue
2. Review the relevant literature using a structured review process
3. Students may submit the first sections of the DNP Project Proposal paper to the DNP Project Advisor for review including the sections: Problem/Issue, Evidence, Theoretical Basis.
4. Collect baseline data related to the practice problem or issue (Obtain clinical agency and WSU IRB approval, if necessary)
5. Assess the readiness for change within the clinical setting and complete Readiness for Change paper
6. Determine the feasibility of addressing the clinical problem or issue within the context of a specific organization and population.
7. Complete 1st and (potentially) 2nd drafts of DNP Project Proposal paper.
8. Complete a Protection of Human Subjects Training Module if not previously completed.

**Semester II NURS 775** (3 credits; 180 clinical hours): The second clinical continues the DNP student’s work with the DNP Project Advisor/Chair and the DNP Mentor to fully develop the DNP Project Proposal (unless done in Semester I), the Institutional Review Board (IRB) Application(s), and begin implementation of the DNP Project. During this course, the student will:

1. Complete 1st and 2nd draft(s) of DNP Project Proposal paper (if not completed semester I)
2. Complete DNP Project Proposal paper
3. Complete the DNP Project Proposal Meeting and obtain Committee Approval of Proposal.
4. Obtain IRB approval for the DNP Project (if necessary).
5. After Proposal Committee and IRB (if necessary) approval, begin implementation of the DNP Project, collect data related to implementation, and evaluate outcomes as proposed.

**Semester III NURS 775** (3 credits; 180 clinical hours): The third (and additional if necessary) clinical scholarship course fosters project completion and dissemination to the various stakeholders. During this clinical course the student will:

1. Complete data collection and evaluate outcomes
2. Prepare and submit the final DNP Project Dissemination manuscript (may require multiple drafts).
3. Develop a poster (or other appropriate presentation determined with Project Advisor) for dissemination of the project process and outcomes.
4. Schedule and complete the Project Dissemination Meeting and Final Examination
5. Present poster (or other appropriate presentation) at a venue to be determined with DNP Project Advisor/Chair.
6. Disseminate results of the project to appropriate stakeholders at the clinical setting.
The DNP Project Dissemination manuscript forms the basis for the DNP Project Dissemination Meeting and Final Examination. The DNP student must pass the DNP Project Dissemination Meeting and Final Examination to graduate from the program.

*NURS 775 Clinical Scholarship* may be taken as many times as needed. A minimum of nine (9) credits of enrollment in *NURS 775* is required for graduation, and it is feasible that the project is completed within these nine (9) credits and within three semesters, however, project completion may not be achievable in all situations and may require additional credits/semesters and extend the student’s plan of study. For instance, if the project implementation is delayed at the clinical facility additional enrollment in *NURS 775* may be needed.

**Clinical DNP Mentor:** Each DNP student will select, with the input of his/her Advisor/Chair and the Clinical Placement Coordinator, a DNP Mentor for their clinical experience. The DNP Mentor must be an expert in the clinical, educational, or administrative area that the DNP student wishes to develop expertise.

When possible, the Clinical DNP Mentor shall possess the DNP degree. However, the Clinical DNP Mentor will not always be a DNP-prepared nurse in an advanced role. Examples of persons who might fill the position of DNP Mentor in the clinical setting include a nurse in an advanced practice role or other professional with a doctoral degree; an advanced practice nurse with considerable experience and scholarship in the field; a physician with specialized training and experience; a nurse with an administrative position as the Director, Vice President, President, Chief Executive Officer (CEO) or Chief Nurse Officer (CNO) within a health care organization; a doctorally-prepared nurse educator; a nurse with a business or other degree; an advanced practice nurse in private practice; and/or other doctorally-prepared professionals. The DNP Mentor must hold a position in the organization where he/she can facilitate the DNP student’s access to organizational information, decision-makers, and other personnel in order to complete the development and implementation of the DNP Project over nine credits of *NURS 775* Clinical Scholarship practicum within the organization.

When possible and practical, the DNP student is encouraged to select a DNP Mentor outside of his/her current work setting. In large organizations, the DNP student would be placed for the clinical scholarship courses with a clinical DNP Mentor outside the department or unit where he/she is employed. The differentiation between current employment and clinical scholarship hours and project(s) must be clear to the organization, the DNP Mentor, the DNP Clinical Scholarship Project Advisor/Chair and Committee, and the DNP student.

**Clinical Site:** The clinical site for the clinical scholarship courses is important to the development and implementation of the DNP Project. DNP students are encouraged to select a clinical site that can provide the facilities and expertise for their growth. The clinical site may be a hospital or long term care system, a health care system, an insurance company, a public health agency, a school/college of nursing, a research institute, a nonprofit agency, or other organization. WSU must have a clinical affiliation agreement with the clinical site, and students are responsible to complete all clinical agency requirements before starting clinical. The DNP student should begin discussing possible clinical sites early in the DNP program with the Initial Academic Advisor and Clinical Placement Coordinator so that the clinical affiliation contract can be in place when the student begins *NURS 775*.

At the completion of each *NURS 775* course, prior to the end of each semester, the student will complete a narrative self-evaluation and will submit this evaluation to the DNP Mentor and faculty. The faculty and DNP Mentor will each complete their own enumerative rating of the student. (Appendix E *Faculty/DNP Mentor/Self Evaluation of DNP Student*).
Clinical Practicum Requirements: See “WSU Graduate Student Handbook”

Clinical Hours: In order that the DNP graduate has the opportunity to meet The Essentials of Doctoral Education for Advanced Nursing Practice, the American Association of Colleges of Nursing (AACN, 2006) states that DNP programs should provide a minimum of 1,000 hours of supervised clinical practice post-baccalaureate. Practice experiences should be designed to help students achieve specific learning objectives related to the essentials and specialty competencies. These experiences should be designed to provide systematic opportunities for feedback and reflection. Experiences include in-depth work with experts from nursing, as well as other disciplines, that provide opportunities for meaningful student engagement within practice environments.

Post-baccalaureate DNP students will meet the 1,000 clinical hour requirement in a combination of direct care core clinical hours, specialty clinical hours, and a minimum of three (3) NURS 775 Clinical Scholarship courses; each three credit course contains 180 clinical hours for a total of 540 clinical hours in nine credits of NURS 775.

Post-master’s DNP students will meet the 1000 clinical hour requirement through a combination of up to 460 hours of clinical practice of supervised clinical practice in prior education and NURS 775 Clinical Scholarship courses. If the post-master’s DNP student is not able to verify that he/she has completed 460 hours of supervised clinical practice in prior education, the student will work with his/her Program Advisor to design individualized clinical experiences or develop a portfolio within the program to meet this standard. Post-master’s DNP students will complete a minimum of three (3) NURS 775 Clinical Scholarship Courses; each three credit course contains 180 clinical hours for a total of 540 clinical hours in nine credits of NURS 775.

At the end of each Clinical Scholarship Course, all students will submit a Student Clinical Log Form (Appendix F) and a Clinical Hours Summary (Appendix G) to systematically track clinical hours. The student and DNP Mentor will sign the forms prior to submission.

DNP PROJECT PROCESS

The DNP faculty expectations of the written DNP Project reflect the standards set forth by the WSU Graduate Council. Specifically, the standards state that the project should (a) reveal the student’s ability to analyze, interpret, and synthesize information; (b) demonstrate the student’s knowledge of the literature relating to the project or at least acknowledge prior scholarship on which the project is built; (c) describe the methods and procedures used; (d) present results in a sequential and logical manner; and I display the student’s ability to discuss fully and coherently the meaning of the results. The final written DNP Project manuscript will be evaluated based on specified criteria based on DNP program outcomes.

Each student’s three-member DNP Project Committee will review and approve the DNP Project at the Proposal meeting. The faculty members on the DNP Project Committee will also evaluate the student’s final performance on the DNP Project Dissemination. The DNP Project and its implications for practice improvement or change will be presented in a DNP Project Dissemination Meeting and Final Examination.

Successful completion of this Dissemination Meeting and Final Examination will constitute partial fulfillment of requirements for conferring of the DNP degree.
DNP Project Proposal Meeting

The student’s performance during the DNP Project Proposal Meeting serves as preliminary evidence that the student has the needed preparation and is qualified to pursue implementation of the DNP Project. When the DNP Project Advisor/Chair approves the proposal as ready for formal review, the student will coordinate a Proposal Meeting date with their Project Advisor/Chair and Committee members. The student should complete the DNP Project Proposal Meeting Scheduling Form (Appendix H) when the proposal date is approved by the student’s committee. The DNP Project Committee will provide peer review and advice on the proposal and on all phases of the conduct of the project. The overall purpose of the proposal meeting is to strengthen the proposal through peer review. During the Proposal Meeting, the members of the DNP Committee may, at their discretion, ask fundamental and developmental questions that review the students’ completed DNP coursework.

The approval/disapproval of the Project Proposal by the student’s DNP Project Committee will serve as documentation of the student’s ability to progress in the DNP Project. If a student does not receive approval of the Project Proposal by the committee, the student must correct any deficiencies and meet again with the DNP Project Committee. Students are allowed to repeat the Project Proposal Meeting once. If the student fails to receive approval for conduct of the DNP Project after the second attempt, the student is dismissed from the DNP program.

During the DNP Project Proposal meeting the DNP student(s) will present orally and in writing, the DNP Project Proposal. The proposal will contain the following sections:

- Introduction
- Statement of Clinical Practice Problem/Issue
- Review of the Evidence
- Theoretical Basis
- Plan for Application of the Evidence

The proposal will incorporate the guidelines for IRB approval at WSU and clinical organization IRB approval, if necessary. The DNP Project Committee will review the Proposal, questioning student(s) about various sections of the Proposal. This may include doctoral coursework taken in the DNP program and questions/comments about the planned intervention. After successful completion of the DNP Project Proposal Meeting, the committee will complete the DNP Project Proposal Approval form (Appendix I).

IRB Approval for DNP Projects

It is the responsibility of the DNP student to seek guidance from his/her DNP Project Advisor/Chair regarding the IRB procedures for conduct of the DNP Project. Generally, IRB approval is required if any human subjects are involved in any phase of the project, for example conducting a needs assessment, reviewing baseline data, and/or evaluating of project outcomes. WSU IRB submissions are sent to WSU’s IRB via IRBNet and to the clinical agency where the project will occur. Generally, IRB approval is sought following the DNP Project Proposal Meeting when the student’s DNP committee has approved the proposal; however, projects may require different data collection timing, so the student should work with his/her DNP Project Advisor/Chair. IRB policies, directions, forms, and examples for consenting are found at www.winona.edu/grants/forms.asp. All students must complete a Human Subjects Protection training module prior to submitting a Proposal to IRB. If the student plans to submit a manuscript, journals typically require IRB approval. It is recommended that the student submit an application to the appropriate IRB for review, regardless of the type of project (e.g. quality improvement [QI], education).
**Recommended Timeline Progression** of the DNP Project Across the Clinical Scholarship Courses *(NURS 775)*

<table>
<thead>
<tr>
<th>Semester Number/Course Enrollment**</th>
<th>NURS 775 Student Learning Outcome (every semester)***</th>
<th>Product</th>
<th>Clinical Activities to Complete By Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>NURS 775 Clinical Scholarship</strong> (3 S. H.)</td>
<td>• Employ evidence-based practice when planning, implementing, and evaluating health care for individuals, families, aggregates, systems, and organizations. • Integrate nursing theory, research, ethics, and related sciences into the delivery of culturally competent advanced nursing care for diverse populations and health care systems. • Demonstrate professionalism within an advanced nursing role. • Demonstrate leadership with inter-professional teams to analyze complex practice and organizational issues. • Apply knowledge and skills to enhance the quality and safety of health care in a variety of settings and for a variety of populations. • Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</td>
<td>DNP Project proposal paper introduction (only including sections Problem/Issue, Evidence, and Theoretical Basis) Readiness for Change paper Written proposal paper 1° and (potentially) 2° drafts Human Subjects Training Certificate</td>
<td>a. Preliminary clinical question determined b. Evidence review overview completed c. Clinical question revised based upon evidence d. Clinical environment assessed (clinical affiliation agreement with WSU must be in place prior to any clinical hours) to determine the organization’s readiness for change e. Protection of Human Subjects Training Module completed (at WSU and/or the clinical agency, whichever is required by the clinical agency for conduct of the project)</td>
</tr>
<tr>
<td>Semester Number/Course Enrollment**</td>
<td>NURS 775 Student Learning Outcome (every semester)***</td>
<td>Product</td>
<td>Clinical Activities to Complete By Semester</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------------------------</td>
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<td>-------------------------------------------</td>
</tr>
<tr>
<td>Summer</td>
<td>No enrollment</td>
<td>a. Student/s independent in depth review of evidence and development/revision of DNP Project Proposal based upon outcomes of Semester 1 NURS 775 learning experience completed</td>
<td></td>
</tr>
</tbody>
</table>
| 2. NURS 775 Clinical Scholarship (3 S.H.) | Proposal paper drafts not already completed in Semester 1  
IRB application, submission, and approval  
DNP Project Implementation | a. DNP Project Proposal paper completed  
b. DNP Project Proposal Meeting completed  
c. IRB application submitted to WSU and appropriate agency IRB, as needed.  
d. Implementation of DNP Project completed |
| 3. NURS 775 Clinical Scholarship (3 S.H.) | Manuscript drafts to DNP Project Advisor/ Chair  
Poster presentation at venue to be determined by DNP Project Advisor/Chair†  
Practice-oriented manuscript ready for submission to peer-reviewed journal | a. Evaluation of DNP Project implementation completed.  
b. Drafts of manuscript to Advisor/Chair  
c. DNP Project Dissemination product discussed and appropriate avenue for dissemination determined  
d. DNP Project Dissemination and Final Examination completed |

*Note: If the DNP Project is not completed by the end of the three semester, nine (9) credit sequence, the student needs to enroll in NURS 775 (3 S.H.) each semester until the Project is completed.

**Note: Student may register for three to six credits per semester. If student is registered for six credits, the clinical hours, Student Learning Outcomes, and Products to be completed would reflect the combined semesters (e.g. 1 and 2, or 2 and 3).

** *Note: Student Learning Outcomes for NURS 775 are based upon the Essentials for Doctoral Education for Advanced Nursing Practice (AACN, 2006) and the WSU DNP program outcomes.

† Poster venues may include: Kappa Mu, Poster Fairs, or National, Regional, Local conferences
DNP Project Dissemination and Final Examination Meeting

The DNP student registers for the final NURS 775 Clinical Scholarship course during the semester the student is ready to make a formal presentation of the completed project in the DNP Project Dissemination and Final Examination Meeting. The completed DNP Project is often of interest to other students, faculty, and community members, and guests may be invited to attend the public portion of the Dissemination Meeting. The student(s) completes the DNP Project Dissemination Meeting Scheduling Form (Appendix J). The Graduate Nursing Office will publish a Scheduled DNP Project Dissemination Meeting Form (Appendix K) and DNP Final Examination (Appendix L).

Students determine with their DNP Project Advisor/Chair how the meeting will be structured. The overall purpose is to provide an opportunity for students, committee members, and guests to discuss the project in terms of scientific merit, contribution to nursing practice knowledge, and implications for the discipline and professional practice. The responsibilities for students, Advisor/Chair, and committee members for the proposal meeting and the dissemination meeting are as follows:

- Student performance during the DNP Project Dissemination Meeting and Final Examination serves as evidence that the student has partially met the requirements for graduation with the DNP degree. To be eligible for the Dissemination and Final Examination Meeting, the student must have completed the Project and received approval to proceed from the DNP Project Advisor/Chair. The formal presentation portion is open to the public during which the student presents the DNP Project.
- Following the presentation, the public is asked to leave, and a formal question and answer period is completed between the student(s) and the DNP Project Committee. The members of the DNP Project Committee will ask questions at their discretion regarding expected DNP student learning based on the six program outcomes; this constitutes the Final Examination.
- The expected product for this meeting is a scholarly manuscript, based on the DNP Project. Following DNP Faculty Advisor approval of the final manuscript and scheduling of the Final Examination Meeting, the student(s) will send the manuscript (in either electronic or paper format per Committee Member preference) to the DNP committee members at least two weeks prior to the DNP Project Dissemination meeting, along with the author guidelines from the selected journal. Committee members will review the manuscript and provide feedback/edits at the meeting. Further revisions to the manuscript may be required following the Project Dissemination meeting based on recommendations from the student’s DNP Project Committee.
- The approval/disapproval of the student’s performance at the Project Dissemination Meeting and Final Examination by the student’s DNP Project Committee (Appendix M) will serve as documentation that the student has met all project expectations and is eligible for graduation, once all academic and clinical requirements have been met. If a student does not receive approval of satisfactory performance at the Project Dissemination and Final Examination by the committee, the student must correct deficiencies and meet again with the Dissemination Meeting and Final Examination committee. Students are allowed to repeat the Dissemination Meeting and Final Examination once. If the student fails to receive approval after the second attempt, the student is dismissed from the DNP program. The student has the right to appeal this dismissal as described in the Winona State University, Graduate Programs in Nursing, Graduate Student Handbook.
- Any final revisions requested by the DNP Project Committee will be submitted and approved by the DNP Project Advisor/Chair before the final course grade will be submitted.

Students who do not complete the DNP Project or do not pass the Project Dissemination Meeting and Final Examination of the project after being enrolled in nine (9) credits of NURS 775 are required to maintain registration in NURS 775 each semester until the Final Examination and Dissemination of the DNP Project is completed and approved by the DNP Project Committee.
DNP PROJECT PROPOSAL FORMAT

The following format is the recommended format for the DNP Project Proposal. Major topic sections include the Problem/Issue, Evidence, Theoretical Basis, and Plan for Application of the Evidence.

The items in **bold** are the major headings that can serve to organize your DNP Project Proposal paper. Student will provide a Title Page and Table of Contents for the DNP Project Proposal papers.

There must be adequate evidence for the proposed problem/issue. If the problem/issue has not been selected, refer to Problem Identification and Context Analysis (Appendix N).

**TITLE PAGE**

**ABSTRACT** (maximum 300 words)

**PROBLEM/ISSUE**

*Introduction to the Problem/Issue*
- Provide an overview of the problem/issue with supporting rationale.

*Purpose of Project*
- Purpose has logical flow from introduction to the problem/issue
- This is a broad reflection of the focus of your project.
- Offer background regarding the selection of the clinical practice problem, population of interest, and setting,

*Clinical Practice Problem/Issue Statement*
The clinical practice problem is intended to guide the review of the evidence. It is normally stated in a clinical practice problem format, such as PICO (Population, Intervention, Comparison, Outcome) or PICOT (Population, Intervention, Comparison, Outcome, Timeline). At this time, the intervention (I) may be broad, unclear, or unknown, since the evidence should guide the intervention.

**EVIDENCE**

*Search Strategy*
A. Discuss the search strategy/data extraction process (Record information in Tables O.-1 and O.-2 in Appendix O)
   1. Include appropriate literature databases (e.g. CINAHL, PsychArticles, PubMed) and clinical practice guideline databases such as:
      a. National Guideline Clearinghouse
      b. Cochrane Collaboration
      c. Best Evidence
      d. Joanna Briggs Institute
      e. Professional organizations/societies
      f. Others
B. Synthesize in a narrative format the following items:
   1. Literature search method(s)
   2. Selection criteria
   3. Publication years included in search
   4. Data abstraction process
   5. Inclusion/exclusion criteria with rationale
   6. Consider using an algorithm visually depicting the search process

Review of Evidence
A. Provide a brief introduction to the review of literature
   1. Describe level/type of evidence rating system, methods for analyzing the quality of each type of evidence
   2. Complete a Literature Review Table reflecting each piece of evidence (e.g. research studies, clinical guidelines, systematic reviews, expert opinion) (Appendix P)
   3. Utilize subject headings to organize evidence review into the following topics
      a. Provide a summary for each subheading section (e.g. overall strength of the evidence)

B. Research Evidence
   1. Procure, analyze, and synthesize current, sentinel, and landmark research evidence.
   2. Provide a review and synthesis of current research and other related literature

C. Review of Practice Guidelines
   1. Procure, analyze, and synthesize current guidelines on the topic(s) pertinent to your clinical question
   2. Rate each Guideline using the Appraisal of Guidelines for Research and Evaluation (AGREE II) Instrument (Appendix Q)
   3. Provide a summary critique of each Guideline that summarized strengths and weaknesses identified from the AGREE II assessment based on Domain ratings
   4. Synthesize the overall quality of evidence from Practice Guidelines
   5. Include the AGREE II appraisal of each Practice Guideline as an Appendix in the paper

D. Review of Systematic/Integrative Reviews
   1. Complete the Critical Appraisal of Systematic Reviews (Appendix R) for each systematic review included in the evidence search
   2. Provide a summary appraisal of each systematic/integrative review based on strengths and weaknesses identified from the Critical Appraisal
   3. Synthesize the quality of evidence from systematic/integrative reviews
   4. Include the Critical Appraisal of each Systematic/Integrative Review as an Appendix in the paper

E. Review of Meta-Analyses/Meta-Syntheses
   1. Critique each meta-analysis/meta-synthesis using the Critical Appraisal of a Meta-Analysis (Appendix S)
   2. Provide a synthesis of the quality and content of evidence from Meta-Analyses/Meta-Syntheses
   3. Include the Critical Appraisal of each Meta-Analysis/Meta-Synthesis as an Appendix in the paper

Search recently published evidence: To make certain your evidence is current, conduct a literature search for the time period following the literature used in the guidelines, systematic review(s), and/or meta-analysis(es) (if they are part of the evidence). If there is a well done recent guideline/systematic review/meta-analyses, the years covered by your literature search will be more limited than if there was not a recent guideline(s). In other words, continue searching the literature on your topic for relevant recent publications.
There must be adequate evidence to support the proposed problem or issue and the subsequent proposed recommendations for practice change.

**Evaluation of Evidence**
This is an essential step of the evidence-based practice project that moves the analysis beyond mere synthesis of evidence; you are critiquing the value of the strength of the evidence to answer your clinical question.

A. Based on your review of evidence, analyze/integrate/synthesize all to determine the comprehensive strength of what is known about the clinical problem. Examples of levels of evidence are provided in *Evaluation of Evidence* (Appendix T). Other categories of evidence are available; the healthcare organization that serves as the setting for your project may have a rating system that is preferred. Establish evidence rankings according to an established category that is most appropriate for your project.

B. Interventions should then be evaluated for effectiveness as related to DNP Project. Not all literature included in the Review of Literature reflect interventions studies. Only intervention studies are included in the evaluation of effectiveness. Examples of rating systems are provided in *Evaluation of the Level of Effectiveness* (Appendix U). Record on *Summary of Effectiveness Table* (Appendix V) and summarize according to this table.

C. Identify gaps in clinical knowledge related to the clinical problem.

**THEORETICAL BASIS**

Theoretical base for investigation of the clinical problem or implementation of the intervention is provided. This may include a conceptual framework; mid-range theory to guide the formulation of the intervention; theoretical framework for implementation (i.e., change theory, EBP models); or a description of how the project fits the organizational nursing department’s theory of practice, or the organizational strategic plan or mission statement.

**PLAN FOR APPLICATION OF THE EVIDENCE**

**Identification of the Problem or Issue**
A. State the revised clinical question based on the summary of the evidence
B. Describe the selected intervention(s) from the evidence as appropriate to the clinical question
C. State in PICO or PICOT format, or another published/accepted format within the discipline

**Utility/Feasibility**
A. Determine the clinical feasibility and usefulness of your proposed intervention/implementation
   1. Feasibility includes human resources, time involvement, adequacy of human and physical resources, training/education needs if applicable, space needs, institutional interest and commitment, or others.
   2. Note how the proposed participants and setting compare with those described in the literature.
B. Analyze the benefits and risks for the proposed intervention/implementation.
C. Summarize the information related to feasibility and utility. Presenting the information in the *Analysis of Utility/Feasibility* (Appendix W) may be helpful.

**Summary of Recommendations**
A. Statement of the recommendations for intervention(s) based on application of the evidence
Plan for Implementation of the EBP Practice Change

Detail your implementation strategy. What do you propose as effective strategies to promote behavior change and implementation of evidence? How will it be carried out in the allotted time? What is the role of your clinical agency?

A. EBP Implementation Model - State which specific evidence-based practice model will be used for implementation/dissemination of the project (e.g., PARiHS, Iowa, Rogers, Johns Hopkins, ACE Star)
   1. The implementation/dissemination model may or may not be the same model used for the Theoretical Model
   2. The implementation model will guide steps of the implementation process. Consider providing a table with implementation model steps/processes and corresponding clinical activities related to project

B. Participants/Practice Setting/Clinical Context
   1. Identify and describe the sample and setting. Approximately what number/% of participants you will need? (Type of facility, number of beds, setting where the project will be implemented, type of patients seen in this setting, rationale for selecting this setting)
   2. Identify inclusion and exclusion criteria for selecting your participants
   3. Recruitment plan (as needed). Include a copy of your recruitment materials in the appendix (also needed for IRB approval, if applicable). Determine in consultation with Project Advisor and Project Mentor whether an informed consent process will be necessary (i.e. institutional requirements vary). If necessary, provide a description of who will obtain consent, and how and when consent will be obtained, and include a written consent template in Appendix if used.

C. Readiness for Change - Identify the organization’s readiness for change (some may stem from the “Readiness for Change” paper)
   1. Include a summary of the organizations’ readiness for change (may include pertinent information or a summary from your “Readiness for Change” Paper).

D. Summary Plan for Implementation - Construct a summary of the plan for implementation of the EBP practice change.

E. Measurement Methods/Tools
   1. Outcome measurement: What indicators will you use to measure the success of implementing the innovation/change? You may want to include proposed structure, process, and intermediary outcome indicators. Outcome indicators will be specific, measureable, attainable, relevant, and timely (SMART), and may include patient, nursing, and/or organizational outcomes, feasibility, quality indicators, and individual or organizational performance outcomes (Melnyk & Fineout-Overholt, 2015). Goode (2000) includes other outcomes: “patient preferences, clinical expertise, benchmarking data; cost effective analysis; pathophysiology; retrospective or concurrent chart review; quality improvement and risk data; international, national, and local standards; infection control data” (p. 223).
   2. Describe the instrument.measurements to be used to measure your variables/outcome measures (directly or as a proxy measure; how scored; limitations) and describe why this instrument.measure is appropriate.
   3. If using an established tool, identify the reliability and validity properties. Describe what populations this tool has been used in and how that is different/similar to the population you plan to use it on. Provide an electronic copy of the instrument and permission for use (if not public domain) in your appendix. If not using an established tool, describe some validity measures, at the least, and determine reliability with data collection, if possible.

F. Data Collection Process and Logistics
   1. Identify who will collect data and how they will be trained. If more than one person is collecting data, discuss how you will determine inter-rater reliability.
2. Describe the process of data collection (e.g. access to and recruitment of subjects/data, informed consent, privacy provision, administration of the tool, any anticipated barriers to data collection). Be specific, as this information is needed for IRB submission.
3. Identify the time frame for data collection (e.g., before you implement the change, how long you will wait before you re-measure those same variables). May be helpful to do a project timeline as an appendix (e.g. Gantt chart, work breakdown structures).

G. Plan for Data Analysis
1. If using quantitative data, describe how statistical procedures or other procedures will be utilized and why they are appropriate (What level of data will the tool yield?).
2. If using qualitative approach, describe the qualitative process that will be used to analyze the data.
3. Describe how you will prepare the data for analysis (i.e., Who will enter data? Into what computer? Will there be double entry of data to insure no mistakes? Who will transcribe narrative? How have these individuals been trained? Who is the statistical consultant for the project?).

H. Proposed Budget, Time, and Resources Plan
1. Provide a budget table. This will help you think through the resources needed. Think about whom will finance each aspect of the investigation. If you are the only financial support, you will have to manage the project accordingly. If you plan on a grant application, include details.
2. Provide a timeline for implementation of the plan (e.g. Gantt Chart). This might change as you progress with the project. Usually every step takes longer than you anticipate. Be prepared to alter your plans if needed.
3. Identify resources available and/or needed (e.g., information technology, databases, personnel, statistician, settings)
4. Complete a cost analysis and resources needed to implement change.
5. Identify deficiencies and how to alleviate those to achieve this plan (What you do not have and how you might get it; skills you may need to develop; consultants you may need to secure).

Writing Form and Style
This is not a specific heading of the paper; however, the paper will be judged on the following in terms of professional presentation. See Appendix X for Evidence-based Practice Project Grammar and Writing Checklist. Put all tables and Figures in separate Appendices.

- Use of clear, organized progression in writing
- Use of correct grammar and sentence structure
- Correct use of APA in body, text, tables, appendices, reference list, and reference citations
- Limited to page number recommendations provided
- Use of current reputable evidence appropriate for topic

Alternative EBP Process Formats
If other EBP process formats are desired, the student(s) may negotiate an alternative format with the Project Advisor/Chair. Examples of alternate EBP formats include:

- Johns Hopkins Nursing Evidence-Based Practice
- Agency for Healthcare Research and Quality: Knowledge Transfer
Promoting Action on Research Implementation in Health Services (PARiHS) Model

Iowa Model of Evidence-Based Practice to Promote Quality Care
- Permission to use and/or reproduce the Iowa Model can be found at: http://www.uihealthcare.org/otherservices.aspx?id=1617

**Completion of the Proposal**
Once your DNP Committee and DNP Faculty Advisor have made a final approval of your proposal, complete the needed IRB submissions. When you receive IRB approval(s), you may move forward with your proposed plans for the project.
References


# Appendix A
## Roles and Responsibilities of Student, Advisor/Chair, Committee Members of the DNP Project

<table>
<thead>
<tr>
<th>Stages of the DNP Project</th>
<th>Student</th>
<th>Advisor/Chair</th>
<th>Committee Members</th>
</tr>
</thead>
</table>
| Overall                  | • Share responsibility for thoughtful consideration of the factors that influence the scholarly nature of the DNP Project; respond to feedback as appropriate.  
                           | • Direct the design, development, implementation, and dissemination of the DNP Project in consultation with the DNP Project Advisor and Committee. | • Share responsibility for thoughtful consideration of the factors that influence the scholarly nature of the DNP Project  
                           |                           | • Work with the student(s) throughout proposal development, project completion, and DNP Project Dissemination | • Share responsibility for thoughtful consideration of the factors that influence the scholarly nature of the DNP Project  
<pre><code>                       |                           |                                                                 | • Respond to questions raised by the DNP Project Advisor/Chair regarding any changes in the approved method presented in the proposal as the study proceeds. |
</code></pre>
<table>
<thead>
<tr>
<th>Stages of the DNP Project</th>
<th>Student</th>
<th>Advisor/Chair</th>
<th>Committee Members</th>
</tr>
</thead>
</table>
| Proposal                 | • Identify a date and time for a committee meeting at which the proposal will be discussed among student(s) and committee members.  
• Communicate appropriately with the Project Advisor/Chair and committee members, such as the timeline of the project or other elements of the project.  
• Notify the Graduate Programs in Nursing Administrative Assistant of the date and time of the proposal meeting so that room scheduling and form generation is accomplished in a timely fashion.  
Information that needs to be provided is: date, time, committee chair and members, title of proposal, and technology needs (See Appendix H)  
• Send a copy of the proposal to all committee members. The student negotiates in what form (paper copy or electronic) the committee prefers to receive the proposal and provides the proposal in that form. Two weeks prior to the meeting is the customary timeline for submission of the proposal to committee members unless special arrangements have been made.  
• Discuss with DNP Clinical Scholarship Project Advisor/Chair the format for the formal presentation.  
• Present a brief (15 minute) formal overview of the proposed project at the committee meeting, and then answer questions and provide clarification for the committee members. | • Bring all forms that need to be signed to the proposal meeting. The Graduate Programs in Nursing Administrative Assistant usually prepares these at the time the student schedules the proposal meeting (See Appendix I).  
• After the proposal, deliver signed proposal forms to the Graduate Programs in Nursing Administrative Assistant, who then forwards copies to the Graduate Office, the student(s), and the student's file(s).  
• Review and approve Human Protection Subjects Forms (if applicable), return to student for submission to WSU human subjects’ protection committee and clinical agencies, as needed (See “Human Subjects Approval” below.). | • Critically review the proposal.  
• Attend proposal committee meeting(s).  
• Decide to approve the proposal as is, approve the proposal with the understanding that students will work with the DNP Project Advisor/Chair to address written comments and concerns of committee members, or do not approve the proposal.  
• If the proposal is not approved, the student and DNP Project Advisor/Chair will need to make significant changes and convene another committee meeting.  
• Following approval, all committee members must sign the form “DNP Project Proposal – Committee Approval” (See Appendix I). |
| Project Dissemination Meeting and Final Examination | • Identify a date and time when all committee members can attend.
• Notify the Graduate Programs in Nursing Administrative Assistant at least 3 weeks in advance of the presentation in order to assure (a) room scheduling is completed, (b) posting of the date, time, and one paragraph abstract is completed, and (c) relevant paperwork is generated in a timely fashion (See Appendix J). Student must notify the Graduate Programs in Nursing Administrative Assistant if an ITV room is needed or if other distance technology will be used.
• Send a copy of the completed Project, along with a written memo verifying the time, date, and place of the meeting, to committee members. Two weeks prior to the meeting is the customary timeline for submission of the proposal to committee members unless special arrangements have been made.
• Present a brief (15 minutes) formal overview of the study at the Dissemination Meeting, and then answer questions and provide clarification for committee members. Discuss with committee Advisor/Chair the format for the formal presentation.
• Present poster at Scholarly event, Commencement Day Activities or other venues. |
| --- | --- |
| | • Bring all forms that need to be signed to the DNP Project Dissemination Meeting and Final Examination. The Graduate Programs in Nursing Administrative Assistant usually prepares these at the time the student schedules the final oral examination (See Appendix M).
• Prepares questions for the Final Examination that reflect program outcomes and the student’s project
• After the meeting, deliver signed forms to the Graduate Programs in Nursing Administrative Assistant, who then forwards copies to the Graduate Office and the student’s file(s).
• Give students a copy of the signed forms when all changes have been completed to the DNP Project and the final product is ready for binding/printing and disciplinary dissemination in whatever form is chosen between the student and the DNP Project Advisor/Chair. |
| | • Determine whether the completed project satisfactorily meets WSU DNP Program expectations around DNP Project competencies. If the DNP Project is found to be satisfactory, students successfully meet the DNP Project degree requirement. If the DNP Project is found to be unsatisfactory, written recommendations are given to the student(s) and the presentation is rescheduled within a stipulated time span. |
Appendix B

NURS 775 Clinical Learning Objectives

These Clinical Learning Objectives will be accomplished through the series of NURS 775 courses

1. Employ evidence-based practice when planning, implementing, and evaluating health care for individuals, families, aggregates, systems, and organizations.
2. Integrate nursing theory, research, ethics and related sciences into the delivery of culturally competent advanced nursing care for diverse populations and health care systems.
3. Demonstrate leadership with inter-professional teams to analyze complex practice and organizational issues.
4. Demonstrate professionalism within an advanced nursing role.
5. Apply knowledge and skills to enhance the quality and safety of health care in a variety of settings and for a variety of populations.
6. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
Appendix C

NURS 775 Clinical Contract and Objectives

Clinical Contract
NURS 775: Clinical Scholarship

The clinical contract presents the student's personal objectives of the course that reflect the overall course objectives. For each objective the methods/approaches that will be used to achieve it will be indicated. A plan for the evaluation of the achievement of each objective will be developed. A summary of the achievement of each objective will be written at the completion of the course.

A separate form/table for each objective will be developed. The DNP Project Advisor/Chair and DNP Mentor will indicate approval of the objectives and plan with signatures at the end of the forms. The following form/table is an example. Develop an approach that presents the information in a professional manner.

<table>
<thead>
<tr>
<th>Clinical Objective:</th>
<th><strong>Employ evidence-based practice when planning a practice change for individuals, families, aggregates, systems, and organizations.</strong></th>
</tr>
</thead>
</table>
| Clinical Activities:| 1) Conduct a comprehensive search of the literature including research, guidelines, policies, and procedures utilizing multiple databases and electronic sources.  
2) Meet with stakeholders to clarify roles, responsibilities, scope of problem/issue.  
3) Assess the readiness for change of the clinical environment  
4) Conduct a needs assessment (e.g. chart review, staff survey)  
5) Complete Human Subjects Protections training.  
6) Complete and submit Readiness for Change paper.  
7) Complete and submit Draft #1 Proposal paper. |
| Clinical Evaluation Plan: | Obtain a B or better on Readiness for Change paper.  
Obtain a B or better on Proposal Draft #1 paper.  
Faculty/Mentor/Self Evaluations will reflect ratings of 2 or better. |
| Evaluation Summary: | Summarize your achievement of the objective (at the completion of the course). |

Approval of objectives, activities, and evaluation plan.

Project Advisor: ___________________________ Date: _____________
Comments: __________________________________________________________________________

DNP Mentor: ___________________________ Date: _____________
Comments: __________________________________________________________________________

DNP Student: ___________________________ Date: _____________
Appendix D

Guideline for Grade Assignment to
DNP Project Evaluation Tool

This evaluation tool is used for both the DNP Project Proposal paper and DNP Project Dissemination manuscript. Successful completion of these will result in a pass/no pass status assigned by the DNP Project Chair and Committee at the completion of each formal meeting. The grade for Clinical Scholarship (NURS 775) will be assigned based upon the following criteria.

The final grade assigned will be consistent with the grading policy of the Office of Graduate Studies found in the WSU Graduate Catalog as follows:

A = Excellent  B = Good
C = Average   D = Poor
F = Failure

Criteria for Grade Earned for DNP Project
The grade earned for the DNP project in NURS 775 will reflect the final outcome as well as the process toward the outcome. Each of the areas below will be addressed by the consistency (e.g., always, usually, sometimes, infrequently, and rarely) and quality (e.g., superior, excellent, good, and poor) expected of a DNP student.

Structure
Writing Style
Consistency: ___ always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)
Quality: ___ superior (A) ___ good (B) ___ poor (C)

Use of APA
Consistency: ___ always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)
Quality: ___ superior (A) ___ good (B) ___ poor (C)

Concepts Flow in an Organized Manner
Consistency: ___ always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)
Quality: ___ superior (A) ___ good (B) ___ poor (C)

Process
Communication with DNP Project Advisor
Consistency: ___ always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)
Quality: ___ superior (A) ___ good (B) ___ poor (C)

Communication with Committee Members
Consistency: ___ always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)
Quality: ___ superior (A) ___ good (B) ___ poor (C)
Communication with the Graduate Programs in Nursing Administrative Assistant

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Outcome (for Proposal Meeting)

Synthesis of the Evidence

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Integration and Evaluation of Evidence into the Discussion for implementation of the Project

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (D)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Plans for Implementation of Project

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Plans for Evaluating Outcomes

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Professional Presentation

Presentation Offers a Succinct Overview of the Proposal or Final Project

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Presentation Style Shows Good Voice Quality, Easy to Understand, Minimal Distractors

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Presentation is Visually and Esthetically Pleasing

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)

Presentation is Professional and Logical

Consistency:

- always (A) ___ often (B) ___ sometimes (C) ___ rarely (D) ___ never (F)

Quality:

- superior (A) ___ good (B) ___ poor (C)
Level of Involvement in DNP Project (for DNP Groups Only)

If you are doing your DNP Project with other group members, please complete this form prior to both the Proposal meeting and the Dissemination and Final Examination meeting.

If the level of involvement of any author in proposing or completing the DNP project is not consistent with the other author(s), the grade will be reduced by one level.

If the level of involvement in proposing or completing the DNP project is substantially less than the other author(s), the grade will be reduced by two levels.

If the level of involvement in proposing or completing the DNP project is deemed unsatisfactory by the DNP Project Chair and the other authors, the student may be removed from the group. Each Group Member will evaluate the other members of the group using the following items.

Group Member Being Evaluated: _______________________

The criteria that you will use to determine participation are: (Likert scale 1-5; 1 = not at all; 2= somewhat; 3= moderately; 4 = substantially; 5 = extensively)

1. This team member contributed to the group process. 1 2 3 4 5
   This team member appeared to have completed the background work necessary to contribute fully to the project/assignment. 1 2 3 4 5

2. This team member was effective in moving our project forward. 1 2 3 4 5

3. This team member participated equally in contributing to the assignment. 1 2 3 4 5

4. This team member submitted work that was well written and complete. 1 2 3 4 5
   This team member participated in meetings. If absent, she/he communicated this to the group when the meeting was scheduled and sought out information that was missed. 1 2 3 4 5

5. This team member submitted work by the deadlines agreed upon. 1 2 3 4 5

Total: ____________________________

Please share any additional comments that you may have about this group member.

*This information will guide the Proposal and -DNP Dissemination and Final Examination meetings regarding the NURS 775 grade for that semester.

Grade Determination

The students will be asked to leave the room for a short period of time at the completion of the final oral examination. The committee will decide if the DNP Project was defended satisfactorily and will discuss proposed grade for the course. The student will be informed of pass/no pass status of the DNP project at the completion of the final oral examination. A final grade will be submitted by the DNP Project Chair when changes suggested by the committee have been made to the manuscript and the bindery form has been completed.
Appendix E

Faculty/DNP Mentor/Self Evaluation of DNP Student

<table>
<thead>
<tr>
<th>Area for Evaluation</th>
<th>Semester One</th>
<th>Semester Two</th>
<th>Semester Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Integrate nursing theory, research, ethics and related sciences into the delivery of culturally competent advanced nursing care for diverse populations and health care systems.</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
</tr>
</tbody>
</table>

**Semester One:**
Student self-evaluation:

**Semester Two:**
Student self-evaluation:

Prior to the end of each semester, the student will complete a narrative self-evaluation and will submit this evaluation to the DNP Mentor and faculty. The faculty and DNP Mentor will each complete their own enumerative rating of the student.

Student’s overall performance is rated on the following scale:

- **4** = Outstanding performance, excellent judgment, very effective
- **3** = Above average, completes above minimum performance independently, very effective
- **2** = Adequate, satisfactory, fair, safe, completes expected minimum performance without excessive supervision, does not go beyond minimal expectations
- **1** = Poor, inadequate, unable to meet minimum expected performance despite supervision
- **NA** = Not applicable, no opportunity to assess. Has zero value.
<table>
<thead>
<tr>
<th>Area for Evaluation</th>
<th>Semester One</th>
<th>Semester Two</th>
<th>Semester Three</th>
</tr>
</thead>
</table>
| **Semester Three:**  
  Student self-evaluation:                                                            |              |              |                |
| 2. Demonstrate leadership with inter-professional teams to analyze complex practice and organizational issues. | 4 3 2 1 NA   | 4 3 2 1 NA   | 4 3 2 1 NA     |
| **Semester One:**  
  Student self-evaluation:                                                            |              |              |                |
| **Semester Two:**  
  Student self-evaluation:                                                            |              |              |                |
| **Semester Three:**  
  Student self-evaluation:                                                            |              |              |                |
| 3. Employ evidence-based practice when planning, implementing, and evaluating health care for individuals, families, aggregates, systems, and organizations. | 4 3 2 1 NA   | 4 3 2 1 NA   | 4 3 2 1 NA     |
| **Semester One:**  
  Student self-evaluation:                                                            |              |              |                |
| **Semester Two:**  
  Student self-evaluation:                                                            |              |              |                |
| **Semester Three:**  
  Student self-evaluation:                                                            |              |              |                |
<table>
<thead>
<tr>
<th>Area for Evaluation</th>
<th>Semester One</th>
<th>Semester Two</th>
<th>Semester Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td><strong>Semester One:</strong></td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Semester Two:</strong></td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Semester Three:</strong></td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Demonstrate professionalism within an advanced nursing role.</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td><strong>Semester One:</strong></td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
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<tr>
<td><strong>Semester Two:</strong></td>
<td>Student self-evaluation:</td>
<td></td>
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</tr>
<tr>
<td><strong>Semester Three:</strong></td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area for Evaluation</td>
<td>Semester One</td>
<td>Semester Two</td>
<td>Semester Three</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>6. Apply knowledge and skills to enhance the quality and safety of health care in a variety of settings and for a variety of populations.</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
<td>4 3 2 1 NA</td>
</tr>
</tbody>
</table>

**Semester One:**
Student self-evaluation:

**Semester Two:**
Student self-evaluation:

**Semester Three:**
Student self-evaluation:

Student
Signature: ___________________________ Date: ___________________________

Faculty or DNP
Mentor Signature: ___________________________ Date: ___________________________
Appendix F

NURS 775 Clinical Scholarship: Student Clinical Log Form

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Clinical Practicum Activities (Activities Toward Completion of DNP Project)</th>
<th>Student Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total clinical Hours this Semester: _______________________________________

DNP Student Signature: _______________________________________

DNP Mentor Signature: _______________________________________
APPENDIX G

Winona State University
Graduate Programs in Nursing

NURS 775: Clinical Scholarship
[Semester, Year]

Clinical Hours Summary

Student Name: ___________________________________________________

Semester/Year: ___________________________________________________

Course: _________________________________________________________

Course Faculty: ___________________________________________________

Mentor: _________________________________________________________

Total hours with mentor over semester: ______________________________

Mentor Address _________________________________________________

Mentor: _________________________________________________________

Total hours with mentor over semester: ______________________________

Mentor Address _________________________________________________

____________   # of total hours

_______________________________________

Student signature

Date
Appendix H

DNP Project Proposal Meeting Scheduling Form

Student Names: __________________________________________________________

Title of Project: _______________________________________________________

Committee Chair: _______________________________________________________

Committee Members: ____________________________________________________

Date: __________________________________________________________________

Time: ___________________________________________________________________

Technology Needs: ______________________________________________________
(e.g., PowerPoint Capability, ITV, Phone Connection, Adobe Connect, etc.)

Adobe Connect: https://connect.shot.smsu.edu/classn775/
Appendix I

DNP Project Proposal Approval

TO: Sonja J. Meiers, PhD, RN
   Professor and Director, Graduate Programs in Nursing

FROM: Student Name

RE: FACULTY ENDORSEMENT and PROPOSAL REVIEW COMMITTEE

DATE:

DNP PROJECT TITLE:

DNP PROJECT COMMITTEE:

Advisor/Chair
Signature: ________________________________

Member Signature: ________________________________

Member Signature: ________________________________

Date of Proposal approval by Committee: ________________________________

1 - Graduate Office
2 - Student File
Appendix J

DNP Project Dissemination Meeting Scheduling Form

<table>
<thead>
<tr>
<th>Student Names:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Project:</td>
<td></td>
</tr>
<tr>
<td>Committee Chair:</td>
<td></td>
</tr>
<tr>
<td>Committee Members:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>Technology Needs:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(e.g., PowerPoint Capability, ITV, Phone Connection, Adobe Connect, etc.)</td>
</tr>
</tbody>
</table>
Appendix K

Scheduled DNP Project Dissemination Meeting Form

Winona State University
Notice of DNP Project Presentation

(Student Name)

TITLE:

PLACE: Rochester – N/A
       Winona – N/A
       Adobe Connect:

DATE: TIME:

DNP PROJECT COMMITTEE:

ABSTRACT:

**************************************************
Committee  – 3
Student     1
Posting     1
Appendix L

Winona State University
DNP FINAL EXAMINATION FORM

To:

From:

Date:

RE:

A Final Examination for ________’s DNP Project entitled:

has been scheduled for:

Date:

Time:

Room: Rochester – N/A
       Winona – N/A

Adobe Connect:
# Appendix M

## Report of DNP Final Examination

**Student:**

______________________________

**Committee Members:**

______________________________

**Date:**

______________________________

<table>
<thead>
<tr>
<th>Graduate Outcome</th>
<th>Sample Item</th>
<th>Level of Performance (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Integrate nursing theory, research, ethics and related sciences into the delivery of culturally competent advanced nursing care for diverse populations and health care systems.</td>
<td>You have made some recommendations for nursing practices changes in your area of interest. What theoretical and research or evidence do you have to support these recommendations? Describe the process for evaluating evidence the student will use to direct and manage care for clients at all levels.</td>
<td>□ Exemplary □ Competent □ Emerging</td>
</tr>
<tr>
<td>2. Demonstrate leadership with inter-professional teams to analyze complex practice and organizational issues.</td>
<td>You have made practice recommendations in your DNP project. What leadership strategies did you employ in implementation of your recommendations? How did you evaluate the effectiveness of your leadership?</td>
<td>□ Exemplary □ Competent □ Emerging</td>
</tr>
<tr>
<td>3. Employ evidence-based practice when planning, implementing, and evaluating health care for individuals, families, aggregates, systems, and organizations.</td>
<td>Describe how you will utilize evidence gained through practice to improve nursing and health care practice; and the role of policy in this process.</td>
<td>□ Exemplary □ Competent □ Emerging</td>
</tr>
<tr>
<td>4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</td>
<td>Describe how you evaluated the health care system in which you implemented your DNP Project? Describe how you evaluated the outcomes of your project and how you might utilize these findings to improve care in the health care system and in the greater populations?</td>
<td>□ Exemplary □ Competent □ Emerging</td>
</tr>
<tr>
<td>5. Demonstrate professionalism within an advanced nursing role</td>
<td>How has your approach to professionalism in nursing changed throughout the DNP program? What new responsibilities may now be expected or required of you as a DNP prepared nurse in an advanced nursing role?</td>
<td>□ Exemplary □ Competent □ Emerging</td>
</tr>
<tr>
<td>6. Apply knowledge and skills to enhance the quality and safety of health care in a variety of settings and for a variety of populations.</td>
<td>How do your recommendations influence healthcare delivery, patient outcomes and systems management? How can he outcomes of your project impact populations of patients beyond those involved in your project?</td>
<td>□ Exemplary □ Competent □ Emerging</td>
</tr>
</tbody>
</table>

**Exemplary:** addresses questions accurately and provides clear, scholarly, evidence-based discussion demonstrating knowledge synthesis. Demonstrates a high level of critical thinking and analysis.

**Competent:** addresses questions accurately with knowledgeable responses, incorporating multiple resources. Demonstrates critical thinking and analysis.

**Emerging:** addresses issues and questions at a superficial level; some inaccuracies. Demonstrates lack of, or weak knowledge integration. Minimal demonstration of analysis or synthesis in answers.
DNP Final Examination Results:

CIRCLE ONE

- Passed

- Passed with deficiencies (no more than one ‘emerging’ area): Describe:

Recommendations:

- Not Passed (Two or more ‘emerging’ areas). Describe.

Recommendations:

Committee Members

Committee Chair: 

Member: 

Member:
Appendix N

Problem Identification and Context Analysis

The first step in the process is to identify the problem/issue. The problem/issue can be identified by anyone on the health care team. It may be identified through quality indicators, a unit based concern, or even one staff member’s concern about care quality and effectiveness. Possibly a staff member has read an interesting research article and asks about the application of the findings to their patient population. The problem could be identified through the review of procedure guidelines by a quality committee. Regardless of how the problem/issue is identified, there are some initial questions to ask about the problem/issue.

PICO is one approach that has been recommended to help define the clinical question and to assist in searching the literature (Wyer, Allen, & Corrall, 2004). The first two letters of the acronym help to identify the problem/issue and direct the use of appropriate search terms. The last two letters help to summarize the review. The acronym PICO represents the following:

- Patient/population: Identify the specific type of patient or population you are interested in researching.
- Intervention: What medical condition are you concerned with? The search on interventions could include prognosis, a specific therapy, diagnostic tests, or assessments.
- Comparison: Does the evidence support that a proposed intervention is more or less effective than current practice or no intervention at all?
- Outcomes: Effectiveness (efficacy) of the clinical outcomes on the patient or patient population of interest.

Some authors add an S (for ‘study design’, see Grove, Burns, & Gray, 2013, p. 474) or a T (for ‘timeframe’, see Melynyk & Fineout-Overholt, 2015). Collaborate with your project advisor as to the best format for your project.

The establishment of a team for evidence-based practice is essential for the identification and clarification of a nursing problem/issue. The team needs to consist of all partners with a vested interest in the problem/issue or will be affected by a change in practice related to the problem/issue (the stakeholders).

Think about who should be on the team. Presenting the problem/issue to various departments/committees within the organization might help identify those who would like to be involved or need to be involved due to their role or influence in the organization. It helps if every person on the team is interested in the topic, as the process requires commitment of time and the ability to advocate for the project.

When the group meets, an Action Plan needs to be developed. This step is a key component of the Toolkit for Promoting Evidence-Based Practice from the University of Iowa Hospitals and Clinics. The Action Plan details the process steps to be completed, who is responsible for each step, and a completion date for each step. A Gantt chart is often used to document and track the steps in the project. Table N.1 provides an alternate format for following the various essential steps of an Action Plan.
Table N.1  
Action Plan Table

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities to be Completed</th>
<th>Person(s) Accountable</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Projected</td>
</tr>
<tr>
<td>1. Identify topic</td>
<td>Prioritization of topics…..</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elicit input of stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gain support of stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Set focus and limits of project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Form team</td>
<td>Identify potential members</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invite identified members</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Select team leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Find evidence</td>
<td>Electronic search and retrieval of literature</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Search and retrieval of current guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Examination of stakeholders</td>
<td>Assessment of environmental and personnel factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Critique of literature</td>
<td>Complete scientific merit review</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete utility review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix O

Locate and Procure Relevant Literature: Database Search and Abstraction Process

Finding the Evidence

The focus of this phase of the process is on finding the current evidence. Approaches to searching the literature are reviewed in the section on literature searches. In addition to the computer search strategies, you will need to search for current guidelines and systematic reviews of evidence. Refer to the ONS Web site for more information: https://www.ons.org/Research/PEP

Remember to keep track of the searches you have completed. The search strategy needs to be described for others to be able to replicate it! Document! Document! Document!

Consider developing a table for documenting the searches completed. Table O.1 helps to determine how the literature was found and to make a decision about the adequacy of the literature search.

Table O.1
Databases Searched and Data Abstraction

<table>
<thead>
<tr>
<th>Date of Search</th>
<th>Keyword Used</th>
<th>Database/Source Used (CINAHL, OVID, ProQuest, Google Scholar, etc.)</th>
<th># of Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Listed</td>
<td>Reviewed</td>
</tr>
</tbody>
</table>

Table O.2
Rationale for Literature Included and Excluded

<table>
<thead>
<tr>
<th>Author (year)</th>
<th>Title</th>
<th>Included and Rationale or Excluded and Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*First list ‘Included’ literature alphabetically by author, then list alphabetically by author all literature ‘excluded’.
Appendix P
Literature Review Table

A Literature Review Table presents a summary of the method, results, and conclusions of the studies (unless another EBP model is followed that includes this information). This summary table will allow the team members to compare studies as efficiently as possible. Consider the table a working copy; additional information can be added throughout the work of the team. Table P.1 is a sample of a Literature Review Table follows.

*Include system used to rate Level of Evidence prior to the Literature Review Table.

Table P.1
Literature Review Table

<table>
<thead>
<tr>
<th>Author (Year)</th>
<th>Purpose</th>
<th>Sample/Setting</th>
<th>Design/Framework/Intervention</th>
<th>Variables/Instruments</th>
<th>Results</th>
<th>Implications</th>
<th>*Level of Evidence</th>
</tr>
</thead>
</table>

Appendix Q

Appraisal of Guidelines for Research and Evaluation (AGREE II) Instrument

The AGREE II tool can be found and downloaded at:

Appendix R

Critical Appraisal of Systematic Reviews

If a systematic review has been completed you need to determine how well the review was done. The extent to which scientific review methods were used to minimize the risk of bias and of error determines the quality of the review. Duffy (2005) provides a list of questions to help with the rating of the review. The more questions that receive a “Yes” response, the higher the quality of the review.

1. Research Question
   a. Does the review address a clearly defined issue?
   b. Does the review describe:
      i. the population studied?
      ii. the intervention/treatment given?
      iii. the outcome(s) considered?
   c. Is the review question clearly and explicitly stated?

2. Literature Review
   a. Were comprehensive search methods used to locate studies?
   b. Was a thorough search of appropriate databases done?
   c. Were other potentially important databases explored?
   d. Were the search methods thoroughly described?
   e. Were conclusions drawn about the possible impact of publication bias?
   f. Were the overall findings assessed for their robustness in terms of the selective inclusion or exclusion of doubtful or biased studies?

3. Study Selection
   a. Were inclusion criteria for selecting studies clearly described and fairly applied?

4. Critical Appraisal
   a. Was study quality assessed by blinded or independent raters?
   b. Was the validity of included studies assessed?
   c. Was the validity of studies assessed appropriately?
   d. Are the validity criteria reported?

5. Similarity of Groups and Treatments
   a. Were reasons given for any differences between individual studies explored?
   b. Are treatments similar enough to combine?
   c. Do the included studies seem to indicate similar effects?
   d. If not, was the heterogeneity of effect assessed and discussed?
6. Data Synthesis
   a. Were the findings from individual studies combined appropriately?
   b. Are the methods used to combine studies reported?
   c. Was the range of likely effect sizes presented?
   d. Were null findings interpreted carefully?
   e. Were the methods documented?
   f. Are review methods clearly reported?

7. Summary of Findings
   a. Is a summary of findings provided?
   b. Are specific directives for new research proposed?
   c. Were the conclusions supported by the reported data?
   d. Are the recommendations based firmly on the quality of the evidence presented?

Other resources to consider for the appraisal of systematic reviews is:


Another method is to use the questions below that are adapted from Oxman, Cook, and Guyatt (1994). The website provides a tool for rating reviews based on 10 questions. The 10 questions follow. (The on-line tool has more specific aspects to consider when completing the rating).

Questions to consider when appraising a systematic review
1. Did the review address a clearly focused question?
2. Did the review include the right types of studies?
3. Did the reviewers try to identify all relevant studies?
4. Did the reviewers assess the quality of all the studies included?
5. If the results of the studies have been combined, was it reasonable to do so?
6. How are the results presented, and what are the main results?
7. How precise are the results?
8. Can the results be applied to your local population?
9. Were all important outcomes considered?
10. Should practice or policy change as a result of the evidence contained in this review?

Three broad issues need to be considered when appraising the report of a systematic review:
   • Is the study valid?
   • What are the results?
   • Will the results help locally?

The 10 questions on the tool are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. You are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicized prompts are given after each question. These are designed to remind you why the question is important.
Appendix S

Critical Appraisal of a Meta-Analysis

Questions to ask

1. Are the results of the individual studies included similar across studies?
2. Are the differences between studies truly differences or did the differences occur by chance?
   a. Examine the extent to which the CIs of the individual studies overlap. The greater the overlap, the more comfortable one can be in combining results.
   b. Examine whether the authors conducted statistical analysis of heterogeneity; the degree of difference among study findings. The more significant the test (often chi-square), (＜.05), the less likely the observed differences were due to chance alone.
3. Does the review address a sensible clinical question?
4. Does the review describe population, intervention/treatment, outcome(s) considered?
5. Is the review question clearly stated?

Literature Review

1. Were comprehensive search methods used to locate studies?
2. Was a thorough search of appropriate databases done?
3. Were other potentially important databases explored?
4. Were the search methods clearly described?
5. Were conclusions drawn about the possible impact of publication bias?
6. Were the overall findings assessed for their robustness in terms of the selective inclusion or exclusion of doubtful or biased studies?

Study selection

1. Were inclusion and exclusion criteria clearly described and fairly applied?

Critical Appraisal of the Studies

1. Was study quality assessed by blinded or independent raters?
2. Was the validity of included studies assessed?
3. Was the validity of studies assessed appropriately?
4. Are the validity criteria reported?
5. Were the primary studies of high methodological quality?

Similarity of Groups, Treatments and Outcomes

1. Were reasons given for any differences between individual studies explored?
2. Are treatments similar enough to combine?
3. Are the outcome measures similar between studies?
4. Do the included studies seem to indicate similar effects?
5. If not, was the heterogeneity of effects assessed and discussed?
6. How precise were the results?
Data Synthesis

1. Were the findings from individual studies combined appropriately?
2. Are the methods to combine studies reported?
3. Was the range of likely effect sizes presented
4. How precise were the results?
5. Were null findings interpreted carefully?
6. Are review methods clearly reported?
7. Application of results to Patient Care
   a. Is a practice change warranted? Were all the important outcomes considered? Are the benefits worth the costs and potential risks?

Reference:
Appendix T

Evaluation of the Evidence

Level of Evidence

There are numerous rating scales or systems (around 121 according to Cooper, Betts, Butler & Gentry, 2010) to rate the level of evidence that the study has for an intervention/activity. “No single schema is currently available (or likely to become available in the near future) that can be used to grade evidence across all types of scholarly work….the evidence-gathering process will differ from clinician to clinician and from researcher to researcher” (Cooper et al., 2010, p. 224). Determine which rating system you wish to use in rating the strength of scientific evidence and use it throughout the paper.

Here are some suggestions; you may find a rating scale that best fits your type of evidence. Be sure to cite which rating system used throughout:

- The level of evidence rating method proposed by Ackley, Swan, Ladwig, and Tucker (2008) is a common one, and others have a similar numbering system:

  Level I: Evidence from a systematic review or meta-analysis of all relevant RCT’s (randomized control trial) or evidenced-based clinical practice guidelines based on systematic reviews of RCT’s or three or more RCT’s of good quality that similar results.

  Level II: Evidence obtained from at least one large (multi-site) well-designed RCT.

  Level III: Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental).

  Level IV: Evidence from well-designed case-control or cohort studies.

  Level V: Evidence from systematic reviews of descriptive and qualitative studies.

  Level VI: Evidence from a single descriptive or qualitative study.

  Level VII: Evidence from the opinion of authorities and/or reports of expert committees.
The Agency for Healthcare Research and Quality (AHRQ) used the following method to evaluate the quality of evidence when creating clinical guidelines:

*High Quality Evidence*

Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes (at least two consistent, higher-quality randomized controlled trials [RCTs]*, or multiple, consistent observational studies with no significant methodological flaws showing large effects).

*Moderate Quality Evidence*

Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality, size, or consistency of included studies; generalizability to routine practice; or indirect nature of the evidence on health outcomes (at least one higher-quality trial* with >100 subjects; two or more higher-quality trials* with some inconsistency; at least two consistent, lower-quality trials*; or multiple, consistent observational studies with no significant methodological flaws showing at least moderate effects).

*Low Quality Evidence*

Evidence is insufficient to assess effects on health outcomes because of limited number or power of studies, large and unexplained inconsistency between higher quality studies, important flaws in study design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.

*Or prospective studies on risk prediction or studies of diagnostic accuracy when appropriate.

More information can be found at: [https://innovations.ahrq.gov/help/evidence-rating](https://innovations.ahrq.gov/help/evidence-rating)
Appendix U

Evaluation of the Level of Effectiveness

**Level of Effectiveness**

Level of effectiveness is another aspect of rating of the evidence that is essential. The level of effectiveness takes into consideration the research design as well as the strength of the result of the study. So first the level of evidence is determined, and then the rating of the effectiveness is completed. You are addressing if the recommendation/intervention will be/might be effective for your stakeholders or for others. Below are examples of level of effectiveness ratings:

- The U.S. Preventive Services Task Force (USPSTF) assigns one of five letter grades to each of its recommendations (A, B, C, D, or I). See Table S.1.

What the Grades Mean and Suggestions for Practice

The USPSTF updated its definitions of the grades it assigns to recommendations and now includes "suggestions for practice" associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit (AHRQ, 2010-2011).

Table U.1

**USPSTF Recommendations**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestions for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The USPSTF recommends the service. There is high certainty that the net benefit is substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>B</td>
<td>The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>C</td>
<td>The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.</td>
<td>Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.</td>
</tr>
<tr>
<td>D</td>
<td>The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.</td>
<td>Discourage the use of this service.</td>
</tr>
<tr>
<td>I</td>
<td>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.</td>
<td>Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms</td>
</tr>
</tbody>
</table>
- Oncology Nursing Society (ONS) (n. D). The Oncology Nursing Society has developed a site entitled “Putting Evidence into Practice”. Users will note that the ONS gives helpful definitions in support or not in support of effectiveness or harmfulness of the identified intervention as follows:

  Recommended for Practice:
  Likely to be Effective
  Benefits Balanced with Harm
  Effectiveness Not Established
  Effectiveness Unlikely
  Not Recommended for Practice

- Ackley, Swan, Ludwig, and Tucker (2008) proposed the following method:

  Effective: Research validates the effectiveness of the nursing activity or intervention, preferably with Level 1 or with Level 2 evidence.

  Possibly Effective: There are some research studies that validate the effectiveness of the nursing activity or intervention, but with insufficient strength to recommend that nurses institute the activity or intervention at this time. Generally, more research is needed.

  Not Effective: Research has shown that the nursing activity or intervention is not effective and generally should not be used.

  Possibly Harmful: There are some studies that show harm to clients when using the nursing activity or intervention, and the nurse should evaluate carefully whether the activity is ever appropriate.
Appendix V

Summary of Effectiveness Table

Following the review of levels of evidence, a summary judgment of the level of effectiveness of the nursing intervention or activity can be made and formatted according to the following table. Include table V.1 in the narrative summary.

Table V.1
Summary of Effectiveness

<table>
<thead>
<tr>
<th>Intervention/Activity of Interest</th>
<th>References</th>
<th>Level of Effectiveness for Implementation/Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Appendix W

Analysis of Utility/Feasibility

After the critique of the literature and ranking of the evidence a critique of research applicability is essential for evidence-based practice. The Joanna Briggs Institute has developed excellent instruments for review of various types of research, as well as other sources of data. This site also has a form for addressing clinical feasibility and usefulness, benefits and risks, and cost analysis. The Utility Table (W.1) from the ONS web site was adapted for purposes for this paper. It can be completed as a review of the scientific merit critique of the studies:

Table W.1
Analysis of Utility/Feasibility

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Citation(s)</th>
<th>Finding(s)</th>
<th>Fit with Setting</th>
<th>Fit with Sample</th>
<th>Feasibility of Implementation</th>
<th>Benefits</th>
<th>Risks</th>
<th>Resources Needed</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Appendix X
Evidence-based Practice Project Grammar and Writing Checklist

Writing your evidence-based practice (EBP) project is a continual cycle of refinement. Writing style, grammar, and punctuation are the foundation to having a well-written document. Heiman and Cronin (2005) state that the editing process of a paper constitutes approximately 70% of the time that it takes to write the paper. Thus, this aspect of the writing process should be given great attention. The *Publication Manual of the American Psychological Association* (APA, 2010) is a great resource for understanding writing style, grammar, and punctuation.

Your EBP advisor/chair is not to be used as an editor. Each submission of your paper should be well written and edited. The checklist (Table W.1) is designed to assist you in identifying the common APA errors. You must submit this checklist to your advisor with each submission of your project paper.

Table X.1
Evidence-based Practice Project Grammar and Writing Checklist

<table>
<thead>
<tr>
<th>As authors of this thesis/EBP project, we have reviewed the document for the accuracy of the following items:</th>
<th>Initials of student who completed this activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Headings are at the appropriate level and formatted correctly (APA, pp. 62-63)</td>
<td></td>
</tr>
<tr>
<td>2. Font is Times New Roman, size 12</td>
<td></td>
</tr>
<tr>
<td>3. Pagination upper right corner and in the same font as the narrative (APA, See sample papers p. 41+)</td>
<td></td>
</tr>
<tr>
<td>4. Margins are set appropriately</td>
<td></td>
</tr>
<tr>
<td>5. Two spaces are used at the end of each sentence in the narrative</td>
<td></td>
</tr>
<tr>
<td>6. Spacing between paragraphs is set at double (See APA presentation on D2L under the course “Graduate Programs in Nursing Helpful Resources and Info”). No “extra space” before or after paragraphs or headings</td>
<td></td>
</tr>
<tr>
<td>7. Comma used appropriately in a seriation (APA, pp. 63-65)</td>
<td></td>
</tr>
<tr>
<td>8. Commas used appropriately (APA, p. 88)</td>
<td></td>
</tr>
<tr>
<td>9. Colon vs. semicolon used appropriately (APA, pp. 89-90)</td>
<td></td>
</tr>
<tr>
<td>10. Direct quotes have quotation marks and have a page number included in the citation (APA, p. 170+ &amp; p. 92)</td>
<td></td>
</tr>
<tr>
<td>11. Direct quotes that require block quotes (40+ words) APA, pp. 170-171</td>
<td></td>
</tr>
<tr>
<td>12. Sources are cited correctly within the text (APA, p. 174+)</td>
<td></td>
</tr>
<tr>
<td>13. ‘et al.’ used appropriately in citations (always when six or more authors; after the first time when 3-5 authors) (APA p. 177 for table)</td>
<td></td>
</tr>
<tr>
<td>14. Citations within parenthesis are in alphabetical order</td>
<td></td>
</tr>
<tr>
<td>15. Use of the word “and” in the narrative and the “&amp;” sign within citations in parenthesis and on the reference list (APA, p. 175)</td>
<td></td>
</tr>
<tr>
<td>16. ‘that’ vs. ‘which’ used appropriately (APA, p. 83)</td>
<td></td>
</tr>
<tr>
<td>17. Hyphens used appropriately (APA, pp. 98-100)</td>
<td></td>
</tr>
<tr>
<td>18. Use of (a), (b), (c) - NOT 1, 2, 3 unless separate paragraphs (APA, pp. 63-64).</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Use of words vs numbers to express numbers (APA, p. 111)</td>
</tr>
<tr>
<td>20.</td>
<td>Numbers used correctly (when to write out and when to use numbers [generally, under 10 write out] APA, pp. 112-113).</td>
</tr>
<tr>
<td>21.</td>
<td>When using abbreviations, write the words out fully the first time with the abbreviation in parenthesis (APA, p.107)</td>
</tr>
<tr>
<td>22.</td>
<td>Reviewed reference list basics (APA, p. 181+) and reference list is accurate</td>
</tr>
<tr>
<td>23.</td>
<td>Only one space between items in the reference list</td>
</tr>
<tr>
<td>24.</td>
<td>Use active voice (APA, p. 77)</td>
</tr>
<tr>
<td>25.</td>
<td>Proper use of pronouns/Avoid ambiguous pronouns (APA, pp. 79-80)</td>
</tr>
<tr>
<td>26.</td>
<td>Parallel construction used before/after a conjunction (APA, p. 84-85)</td>
</tr>
<tr>
<td>27.</td>
<td>Consistent use of singular and plural within sentences (APA, p. 179+)</td>
</tr>
<tr>
<td>28.</td>
<td>Language is non-biased (APA, pp.71-77)</td>
</tr>
<tr>
<td>29.</td>
<td>Have avoided starting sentences with “there”, “this”, and “it”</td>
</tr>
<tr>
<td>30.</td>
<td>Transition sentences used between thoughts and paragraphs</td>
</tr>
<tr>
<td>31.</td>
<td>All statistical abbreviations (r, p, f) are in italics (APA, p. 119)</td>
</tr>
<tr>
<td>32.</td>
<td>Appropriate formatting of tables and figures, including number and title, and gridlines (APA, pp. 129-140) and (APA, pp. 153-161)</td>
</tr>
<tr>
<td>33.</td>
<td>Decimal points are aligned in the statistical tables (Help function in Word)</td>
</tr>
<tr>
<td>34.</td>
<td>“Repeat headers” are used in the literature table (Help function in Word; APA presentation on D2L under the course “Graduate Programs in Nursing Helpful Resources and Info”)</td>
</tr>
<tr>
<td>35.</td>
<td>All references in the narrative are on the reference list</td>
</tr>
<tr>
<td>36.</td>
<td>All references on the concept map are in the narrative</td>
</tr>
<tr>
<td>37.</td>
<td>All citations on the literature table are on the reference list</td>
</tr>
<tr>
<td>38.</td>
<td>Congruency between narrative, map, and literature table</td>
</tr>
<tr>
<td>39.</td>
<td>Addressed all the comments by the faculty member and if you have chosen not to follow a suggestion, you have written a note to the faculty explaining your rationale as to why you did not follow the suggestion</td>
</tr>
<tr>
<td>40.</td>
<td>Have considered using the Writing Center in Rochester or Winona for assistance.</td>
</tr>
</tbody>
</table>