## 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  
• 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. |
<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). |
<table>
<thead>
<tr>
<th>Project Dissemination Meeting and Final Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify a date and time when all committee members can attend.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Present poster at Scholarly event, Commencement Day Activities or other venues.</td>
</tr>
</tbody>
</table>

| • 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>Employ evidence-based practice when planning a practice change for individuals, families, aggregates, systems, and organizations.</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: ______________

5
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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent</td>
</tr>
<tr>
<td>B</td>
<td>Good</td>
</tr>
<tr>
<td>C</td>
<td>Average</td>
</tr>
<tr>
<td>D</td>
<td>Poor</td>
</tr>
<tr>
<td>F</td>
<td>Failure</td>
</tr>
</tbody>
</table>

**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
2. This team member appeared to have completed the background work necessary to contribute fully to the project/assignment. 1 2 3 4 5
3. This team member was effective in moving our project forward. 1 2 3 4 5
4. This team member participated equally in contributing to the assignment. 1 2 3 4 5
5. This team member submitted work that was well written and complete. 1 2 3 4 5
6. 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
7. This team member was on-time for group meetings. 1 2 3 4 5
8. 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>Student:</th>
<th>DNP Mentor:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Academic Term: __________________________  Clinical Site: __________________________

Faculty: __________________________

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>
<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:
<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>Semester One:</td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester Two:</td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester Three:</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>Semester One:</td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester Two:</td>
<td>Student self-evaluation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester Three:</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

Student Name: ________________________________

Semester/Year: ________________________________

<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: _______________________________________________________

13
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><strong>Student Names:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of Project:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Committee Chair:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Committee Members:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Technology Needs:</strong></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 Melynk & Fineout-Overholt, 2015). Collaborate with your project advisor as to the best format for your question.

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>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Identify topic</td>
<td>Prioritization of topics…..</td>
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<tr>
<td></td>
<td>Elicit input of stakeholders</td>
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<td></td>
<td>Gain support of stakeholders</td>
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<td></td>
<td>Set focus and limits of project</td>
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<td>2. Form team</td>
<td>Identify potential members</td>
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<td></td>
<td>Invite identified members</td>
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<td></td>
<td>Select team leader</td>
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<tr>
<td>3. Find evidence</td>
<td>Electronic search and retrieval of literature</td>
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<td></td>
<td>Search and retrieval of current guidelines</td>
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<tr>
<td>4. Examination of stakeholders</td>
<td>Assessment of environmental and personnel factors</td>
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<td>5. Critique of literature</td>
<td>Complete scientific merit review</td>
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<tr>
<td></td>
<td>Complete utility review</td>
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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 <em>(CINAHL, OVID, ProQuest, Google Scholar, etc.)</em></th>
<th># of Hits</th>
</tr>
</thead>
<tbody>
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<td>Listed</td>
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<td>Reviewed</td>
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<td></td>
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<td>Used</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>
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</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 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>
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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>
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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) (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 to identify 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 within 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></td>
<td>As authors of this thesis/EBP project, we have reviewed the document for the accuracy of the following items:</td>
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<tr>
<td>16.</td>
<td>‘that’ vs. ‘which’ used appropriately (APA, p. 83)</td>
</tr>
<tr>
<td>17.</td>
<td>Hyphens used appropriately (APA, pp. 98-100)</td>
</tr>
<tr>
<td>18.</td>
<td>Use of (a), (b), (c) - NOT 1, 2, 3 unless separate paragraphs (APA, pp. 63-64).</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>
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<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>
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<tr>
<td>24.</td>
<td>Use active voice (APA, p. 77)</td>
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<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>